



WEAVING CONNECTIONS

The Health Services Advisory Committee



ADMINISTRATION FOR
CHILDREN & FAMILIES



THE NATIONAL CENTER ON
Health

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“You have a canvas, you know, and you can paint what you want on it, and that can be your Health Services Advisory Committee.”

—Tracey Yee, Head Start Expansion Director

Preface

Since its inception as a six-week summer program in 1965, Head Start national leaders have embraced a comprehensive vision of health that assures children’s basic health needs are met, encourages practices that prevent illnesses and injuries, and promotes positive health behaviors. To ensure that this vision of the Head Start program becomes a reality in every community, the Office of Head Start charges each grantee to establish a Health Services Advisory Committee (HSAC). This advisory group, usually composed of family members, managers, staff, health professionals, and other community partners, assists the program in developing a philosophy for its health services and guides staff in delivering services that respond to the needs and resources of both the program and the local community.

Recognizing the importance of the HSAC, the Office of Head Start developed *Weaving Connections* to orient and train HSAC members in their critical role. Since its release in 2002, thousands of Head Start managers have used this multi-media package to introduce HSAC members to Head Start, the health needs of Head Start children and families, and the ways that members can make a difference. *Weaving Connections* has become a core training document in every Head Start program.

While the basic content of the package remains sound, the Office of Head Start has asked the Head Start National Center on Health to update *Weaving Connections* to reflect recent changes, including the requirements from the Improving Head Start for School Readiness Act of 2007. We are pleased to offer this updated version, which serves as a hands-on tool for both new and existing health managers. For new health managers, it can serve as a guide. In addition, much of the content is still appropriate for a seasoned health manager or an HSAC that wants to become even more effective. The updated version includes the following:

- ◆ Updates of all original sections
- ◆ Improved readability of some sections
- ◆ Suggested related resources from the Head Start National Centers
- ◆ A new module that discusses how to use contemporary technologies to promote HSAC participation

The original video and this updated document are available to download from Head Start’s [Early Childhood Learning and Knowledge Center \(ECLKC\)](#).

We hope that this updated version of *Weaving Connections* will help you and your HSAC meet your ultimate goal of improving health outcomes for children and families.

Introduction

The goal of Head Start is to promote the school readiness of low-income children from birth to age 5 by enhancing their cognitive, social, and emotional development. To achieve this goal, “Head Start programs focus on family engagement and provide comprehensive services—health, educational, nutritional, social and other services”¹—to families.

In order for children to be ready for school and life, they need to be healthy and safe. Staff support healthy physical and social-emotional development for children by encouraging practices that prevent illness or injury and promoting positive, culturally relevant health behaviors that enhance life-long well-being. Staff also assist families in connecting with a medical and dental home if these important relationships have not already been established.

Head Start² programs design and provide services according to the Head Start Program Performance Standards (HSPPS). These are the mandatory regulations to which programs must adhere to maintain the highest possible quality.

To ensure high-quality, comprehensive services for children and families, the Improving Head Start for School Readiness Act of 2007 (Head Start Act) directs programs to “establish goals and measurable outcomes for the provision of health, educational, nutritional, and social services . . . related to the program mission and to promote school readiness” (Sec. 642[f][9]). To meet this expectation, the HSPPS require all agencies:

“to establish school readiness goals: ‘the expectations of children’s status and progress across domains of language and literacy development, cognition and general knowledge, approaches to learning, physical health and well-being and motor development, and social and emotional development that will improve readiness for kindergarten goals’ and that ‘appropriately reflect the ages of children, birth to five, participating in the program’ (45 CFR Chapter XIII Head Start Regulation Part 1307.2 and 1307.3 [b][1][i], as amended).”³

For information on how health links to school readiness, see *Making the Link Between Health and School Readiness*.

1. Office of Head Start. (2013). *Head Start program facts: Fiscal year 2012*. Washington, DC: Office of Head Start. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/mr/factsheets/docs/hs-program-fact-sheet-2012.pdf>
2. Head Start is used throughout this document to refer to both Head Start programs for preschool children and Early Head Start programs for infants and toddlers except as noted.
3. Office of Head Start. (2011). *Head Start approach to school readiness—Overview*. Washington, DC: Office of Head Start. Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/st/approach/pdf/OHSApproach-to-School-Readiness_Overview.pdf

Weaving Connections: The Health Services Advisory Committee

The Head Start Program Performance Standards (HSPPS) require that every Head Start program form and maintain a Health Services Advisory Committee (HSAC) to advise the planning, operation, and evaluation of health services in Head Start and Early Head Start programs (1304.41[b]). The local HSAC is a critical component of Head Start’s comprehensive services. By offering guidance on building and maintaining high-quality health services and health-related policies, the HSAC promotes school readiness.

The Improving Head Start for School Readiness Act of 2007 also requires programs to:

“promote better linkages between Head Start agencies and other child and family agencies, including agencies that provide health, mental health, or family services, or other child and family support services, such as services provided under section 619 or part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).”⁴

The HSAC is an advisory group, usually composed of the following:

- ◆ 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

Committee members offer their services on a volunteer basis (i.e., they are not compensated for their participation). The committee members meet to discuss program issues in the medical, oral health, mental health, nutrition, and human services fields.

The advisory committee supports Head Start’s objective to provide continuous and accessible health care for children and families. Its members are knowledgeable about prevalent community health problems. Using their expertise, they can respond to questions from Head Start staff and offer solutions.

For example, the HSAC can provide 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

4. Improving Head Start for School Readiness Act of 2007, Section 642B[2][B][iv] (2007).

- ◆ 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
- ◆ Administering medication
- ◆ Obtaining records from staff physicals
- ◆ Complying with applicable regulations regarding sharing personally identifiable child and family health information
- ◆ Integrating emergency planning within the broader community
- ◆ Supporting injury prevention activities to promote child safety
- ◆ Providing child developmental surveillance and screening

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 HSAC plays an important role in weaving community connections and ensuring that Head Start programs provide comprehensive, integrated, and effective health services to children and their families. HSACs can assist local programs in a variety of activities, such as the following:

- ◆ Developing health plans, policies, and procedures
- ◆ Training staff and families
- ◆ Accessing health resources through community-based and onsite services

In addition, the HSAC can contribute to the community assessment by responding to questions on a variety of topics:

- ◆ Availability of local providers, including managed care providers
- ◆ Changes in Medicaid
- ◆ Implementation of SCHIP
- ◆ Sources of funding for local health services
- ◆ Ways to inform community health providers about the health needs of Head Start children and families

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.

Local health providers also provide specialized insight about children’s health. 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

Head Start Program Performance Standards (HSPPS) make it clear that all of the program threads—early childhood development and health, family and community partnerships, and program management—must be woven together to support improved outcomes for children and families. The HSAC supports improved outcomes by building relationships among the threads of a community. It helps to weave a close-knit group of families, Head Start staff, and health providers working together to improve health services for low-income children and their families. The HSAC can assist programs to develop, implement, and evaluate program and school readiness goals. Once goals are in place, the HSAC can help the program to “assess progress on anticipated outcomes for children, families, and the community throughout the five year project period.”⁵

The Contents of Weaving Connections

The Video

A multimedia training package was released in 2002 that included a video, a set of written materials, and a CD with electronic versions of all of the written materials. The video *Weaving Connections* from the original resource is available on the ECLKC. It tells the story of five HSACs in different parts of the country that accomplished measurable outcomes for the children and families they serve. The video shows what all programs can achieve if they put their minds and resources to the task.

You can use the video to inspire viewers and provide a general overview of HSACs and their potential. You can also use it in coordination with the written materials you’ll find here, which include modules that use the video to train HSAC members and recruit potential members. If your audience includes Spanish speakers, a Spanish language version of *Weaving Connections* is also available on the ECLKC.

5. Office of Head Start, (2014) ACF-IM-HS-14-02, Federal Oversight of Five Year Head Start Grants. Washington, DC: Office of Head Start. Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/standards/IMs/2014/resour-im_002_03182014.html

In the video, five Head Start programs share their success stories:

- ◆ **Helping Children**, *Port Gamble Indian Reservation, Washington*. Christopher is able to be fully included at Head Start and enjoys increased mobility and independent activity at home.
- ◆ **Building Relationships**, *College Park, Maryland*. Maria has access to the prenatal health care and medication she needs in order to deliver a healthy baby.
- ◆ **Advocating for Change**, *Fairfax, Virginia*. Medicaid reimbursement rates for dental providers are increased, helping Medicaid-eligible children far beyond those enrolled in Head Start.
- ◆ **Empowering Parents**, *Seattle, Washington*. Parents become better advocates for themselves and their children.
- ◆ **Strengthening Communities**, *Washington, D.C.* Bontivia is empowered to make a difference that not only protects her children from lead poisoning but also helps other families do the same.

The Head Start programs shown in the video represent examples of well-functioning HSACs that were operating in the country at that time, but these success stories did not happen by accident. Each HSAC had to start from the beginning, developing policies and procedures that made these stories possible.

Just as the term *development* refers to children, families, or organizations, it can also apply to your HSAC. Keep your HSAC's developmental stage in mind as you begin to plan how to use the *Weaving Connections* materials. [Table 1](#) will help you to determine where to begin when using these materials.

Each Head Start and Early Head Start program has a system that can lead to positive health outcomes. An effective HSAC can be an important piece of that system. Look at how each of the following HSACs made its dream of success a reality:

- ◆ In the case of Christopher, the HSAC worked with the program to streamline its protocols for individual education plans (IEPs) for children with special health care needs to meet the individual health and learning needs of all children, including Christopher.
- ◆ In the case of Maria, the HSAC at her program revisited its purpose after beginning to serve Early Head Start (EHS) families. The program broadened its membership to include community leaders in prenatal and infant care. With this expanded purpose and membership, the program put systems in place that allowed it to respond quickly and effectively to meet the health care needs of Maria and other pregnant women in the program. This HSAC continued to work on creating systems to ensure that Maria and the other EHS families in the program had secure medical homes so that their acute health care needs could be handled in the context of relationships with primary care providers.
- ◆ In the case of raising the reimbursement rate for Medicaid dental care, several HSACs worked together, pooling information and resources to serve as strong advocates for the entire community. Together they responded on a systemwide level to a problem that they became aware of through the experiences of Head Start families.

- ◆ In Seattle, where parents were learning to become their own health advocates, the HSAC was a resource for thinking through what kind of action was needed to help families cope with changes to managed care. The HSAC functioned as both an information source and a planning resource at a time when the larger system of health care delivery was changing rapidly.
- ◆ And finally, the HSAC in Bontivia’s community served the program by helping to design and analyze a community health needs assessment that allowed the program to anticipate lead screening as a likely issue for Head Start families.

Table 1. Using the Training Modules

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: Designing the Tapestry— <i>Developing an Action Plan for the HSAC</i>
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: Choosing the Threads— <i>Evaluating your Membership and Developing a Recruitment Plan</i> NEW Handout 2.3: Strategies to Problem Solve Recruitment Challenges
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: Gathering the Threads— <i>Engaging and Orienting HSAC Members</i>
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: Piecing the Quilt Together— <i>Making the HSAC Work</i>
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.	NEW Module 5: Working from a Distance— <i>Using Technology to Connect HSAC Members</i>
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.	UPDATED Module 6: How Warm Is Your "Blanket"— <i>Evaluating Effectiveness and Planning Next Steps</i>

The Written Materials

The 2014 revision of *Weaving Connections* includes the five original training modules with updated text, some new handouts, and a new module. This new module explores technology resources that expand how an HSAC operates, including virtual HSAC meetings, electronic document sharing, and other collaborative and networking activities. The revision also includes important components of the original document:

- ◆ *Weaving Connections* video script, which is still available on the ECLKC
- ◆ Updated introduction
- ◆ Information on Head Start and health services
- ◆ Answers to frequently asked questions

HSACs may find some of the information about Head Start and health services useful when orienting new HSAC members. In addition, check frequently for new Head Start resources on the [ECLKC](#).

Training Modules

A successful HSAC has five key elements:

1. A clearly articulated **action plan**
2. A representative **membership**
3. Responsive **recruitment and orientation** of HSAC members
4. Effective **operations**
5. An **evaluation** of HSAC activities

Now think about the success stories from the video. Which key elements were in place in each agency that contributed to this success? Which key elements does your local HSAC have? Which ones need to be strengthened? The training modules are intended to support a program's ability to put these key elements in place so that the HSAC can be a vibrant resource for systems that support health in Head Start.

Each of the modules includes these components:

- ◆ **Training objectives:** Describe the knowledge and competencies that are the focus of the module.
- ◆ **Self-evaluation questions:** Help your health manager think about where your program is and where to begin with the activities offered in the module.
- ◆ **Training activities:** Use or modify these materials in any way that best serves your program.
- ◆ **Handouts and references:** Share additional resources for the training activity. These include references to additional training materials that also address the training objective for the module.

How to Support Success

In most cases, the day-to-day management of the HSAC is the responsibility of the health manager within the Head Start program. For this reason, health managers will most likely use the training modules in this guide to train their fellow staff members and the membership of the HSAC.

However, your Head Start director and other members of your management team can also play an important role in supporting the success of the HSAC. The following ideas summarize the thinking of the original *Weaving Connections* design team—an expert advisory group that included directors, families, health managers, and training and technical assistance staff—about how administrative staff can support success:

- ◆ Create a climate where new ideas are welcome.
- ◆ Make sure that any community assessment includes information about health and wellness to help the HSAC plan.
- ◆ Embrace a vision of health and wellness that includes prevention and early intervention.
- ◆ Be a good community partner. Your participation on community boards and committees raises the awareness of potential HSAC partners.
- ◆ Support families' participation by making resources, such as transportation and child care, available to offset their cost of participating.
- ◆ Make sure that health managers' workloads allow for time to plan and manage the HSAC.
- ◆ Lend your prestige and credibility to the HSAC by attending the meetings, recognizing members, and following through on requests that come from the HSAC.

Many states have established Health Manager Networks. They are communities of practice that support the work of health managers, including HSACs. To find out if a network is available near you, email nchinfo@aap.org and type Health Manager Network in the subject line. Include the city and state in which your program is located.

With adequate support and a commitment to success, you may find that your local HSAC can accomplish amazing things for your program and for the health of the children and families you serve.

Head Start and Health Services

Head Start and Early Head Start

Head Start

Head Start is a national program that provides education and comprehensive child development services for low-income, preschool children ages 3 to 5 and social services for their families. The U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start awards grants to local public or private, nonprofit or for-profit agencies. Each program meets the unique needs of its local communities. At least 10 percent of the enrollment in each program must include children with disabilities.

Migrant and Seasonal Head Start Programs

Migrant and Seasonal Head Start programs provide comprehensive services to children from birth to age 5 of eligible mobile and seasonal farm worker families. Both Migrant and Seasonal families typically meet the annual Head Start poverty income guidelines. In addition, migrant families:

- ◆ Engage in agricultural labor
- ◆ Have changed their residence from one geographic location to another in the preceding two-year period

Seasonal families typically:

- ◆ Engage primarily in seasonal agricultural labor
- ◆ Have not changed their residence to another geographic location in the preceding two-year period

Head Start staff tailor health services to the needs of these families. For example, Head Start may schedule health appointments before the migrant families arrive at sites and make night and weekend appointments to accommodate the families' work schedules. They also assist families in arranging follow-up care at their new location.

Most children in Migrant and Seasonal families are eligible for Medicaid and SCHIP. Federally qualified health centers, including [Migrant Health Centers](#) in some parts of the country, work with Head Start staff to meet the health needs of migrant families.

American Indian and Alaska Native Programs

Grantees that operate American Indian and Alaska Native (AIAN) Head Start and Early Head Start programs include federally recognized Tribes, consortia, and Alaska Native corporations. They vary in size, geography, and population.

AIAN Head Start programs have a long-standing relationship with the Indian Health Service. Many tribal families receive their health care from the Indian Health Service. Tribal health departments provide treatment, referrals, or payments for medical and dental health care or for related services. In some cases, managed care organizations are responsible for tribal health care.

Early Head Start

In 1994, the Head Start Reauthorization Act established Early Head Start to assist low-income families with infants and toddlers, including children with disabilities, and pregnant women and their families. All Early Head Start programs operate on a year-round basis. Participants receive the same comprehensive child development services—education, health, nutrition, and mental health—and social services as Head Start families. Some programs provide home-based services to pregnant women and families with infants and toddlers. Early Head Start programs must coordinate with Head Start or other local preschool programs to ensure continuity of services and smooth transitions for children and families. They may also coordinate with local home visiting programs funded through the [Maternal Infant and Early Childhood Home Visiting Program \(MIECHV\)](#).

Head Start Health Services

The Philosophy of Head Start Health Services

When Head Start first began, voluntary community health providers offered many health services onsite, such as immunizations and medical and dental treatment. Today, Head Start programs place an emphasis on partnerships with local providers to connect families to medical and dental homes in their communities. These partnerships enable Head Start to respond to changes in the health care delivery system.

To comply with the HSPPS and to best meet the needs of families, programs design their services to take into account a variety of factors, including the results of their community assessment. Programs then determine whether to be a broker of health services, a provider of direct health services, or some combination of the two.

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. Staff refer children with suspected health or developmental problems for evaluation and treatment when needed. Health care providers, including oral health and mental health providers, address children's conditions or illnesses in an effort to improve the health of the child and to prevent further problems. Each medical provider also offers [anticipatory guidance](#) (advice for families about age-appropriate

health and developmental issues) that can reinforce the health messages families receive from Head Start staff. Using developmental surveillance (the process of recognizing children who may be at risk for developmental delays)⁶ and screening, the medical home supports referrals for children who need specialized health services. HSACs can help programs develop protocols to address the needs of children with special health care needs who may not meet the criteria for special education services. The health manager can talk with families, the medical home, and health specialists (when appropriate) and also work with the disabilities coordinator to make referrals to special education providers (when indicated) to meet children’s individualized health and learning needs.

Some services Head Start programs provide include the following:

- ◆ Assisting families in finding an ongoing source of continuous, accessible health care (medical and dental homes)
- ◆ Locating sources of funding for health services
- ◆ Working with Medicaid and SCHIP agencies to determine a child’s eligibility for medical assistance
- ◆ Supporting the physical health (including oral health and medical care) and mental health of children
- ◆ Promoting child safety and preventing injuries
- ◆ Connecting families to additional nutrition services (e.g., Supplemental Nutrition Assistance Program, WIC, food pantries) when needed
- ◆ Integrating physical activity into everyday activities
- ◆ Individualizing services to meet the needs of all children, especially children with special health care needs and disabilities
- ◆ Tracking health services
- ◆ Offering health promotion activities, including information about well child care, child health and development, and preventing childhood injuries
- ◆ Developmental surveillance and coordinating services among the medical home, special education provider, the program, and the family

Head Start Program Performance Standards (HSPPS) Requirements for Health Services

Ongoing Source of Continuous, Accessible Health Care

Head Start staff members make an effort to coordinate health services with families. They strive to ensure that each child has a source of continuous, accessible, coordinated care that serves as a medical and dental home.

The HSPPS requirement to conduct a community assessment offers opportunities for staff to identify and evaluate what health services are available locally. This activity:

6. American Academy of Pediatrics. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118(1), 405–420.

- ◆ Supports efforts to find each child a medical and dental home
- ◆ Supports families to maintain continuous, accessible health care
- ◆ Assists the staff to offer broad preventive health care

When needed, staff work with families to establish a source of continuous health care. These efforts include:

- ◆ Determining the values and beliefs of families regarding preventive health and health maintenance for family members
- ◆ Assisting families in applying for Medicaid or SCHIP services
- ◆ Working with Medicaid and SCHIP agencies to determine a child's eligibility for medical assistance and to identify Medicaid and SCHIP providers
- ◆ Seeking help from the HSAC to identify potential providers, sources of funding for health services, and ways to inform community health providers about the health needs of Head Start children and families
- ◆ Providing financial support for health services when there are no other resources
- ◆ Helping families get appointments with medical and dental providers

Once a family has a medical and dental home, staff review children's health records to ensure that children receive all of the treatment and preventive services recommended by their providers or the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) periodicity schedule.

Well Child Care Visits

In addition to ensuring that Head Start families find an ongoing source of continuous, accessible care, the HSPPS require a determination by a health care professional that a child is up-to-date on a schedule of well child care. Since health care requires family engagement, Head Start staff members support families in finding a health care provider. Only continuous care will identify and address problems quickly.

Well child care includes the following:

- ◆ Scheduled age-appropriate preventive and primary health care
- ◆ The latest immunization recommendations from the Centers for Disease Control and Prevention (CDC) for the routine administration of vaccines
- ◆ Any additional recommendations from the local HSAC based on prevalent community health problems

Staff obtain a schedule for this care from the EPSDT program of the Medicaid agency of each state, and they support families in scheduling and keeping appointments for future preventive and primary health care. Some states and Tribes follow the Recommendations for Preventive Pediatric Health Care, the periodicity schedule developed by Bright Futures, American Academy of Pediatrics. The Indian Health Service also provides maternal and child health guidelines in the Indian Health Manual.

Tracking Health Progress

One aspect of health service management is to assist families with children who need further examination and treatment. The goal is for children to complete treatment and follow-up in a timely fashion. To accomplish this, the Head Start staff member responsible for tracking a child's health care works carefully to review a child's health records, and checks regularly with families and staff to determine the status of examinations, treatments, immunizations, and any diagnostic testing.

Head Start staff members also help families use the referral procedures necessary to obtain health care services. For example, a child with a heart condition will require the services of a specialist. Head Start staff are available to work with the health care provider and the family to make sure that the child receives any necessary referrals for specialty care.

To track health care services, staff must maintain child health records. Staff review records with the parent or the child's legal guardian and maintain policies and procedures to protect the confidentiality of the individual child's and family's health information. The records include the results of any examination and treatment plan and indicate progress in completing treatment for all conditions requiring follow-up. Head Start also facilitates transitions for families and transfers a child's health records to a new provider or educational setting upon parental request.

Screening

When a child enrolls in Head Start, staff assess the child's health quickly to identify any health concerns. The emphasis is on scheduling preventive and primary health care. The screening also enables staff and partners to ensure prompt intervention to address problems. For example, a screening can identify children who need an evaluation to determine if they need vision services or hearing aids, mental health services, special education, or other related services.

The screening procedures must be sensitive to the child's cultural, linguistic, and developmental background. Because families have primary, long-term responsibility for their children's health, Head Start staff engage families in all aspects of the screening process.

The screening process is particularly important for children with disabilities. Some children who enroll in Head Start have previously identified disabilities and require immediate services. Staff may also identify other children with disabilities during the screening process. With parental permission, staff refer children with a suspected disability to special education providers. The local education agency (LEA) or early intervention (also known as Part C) provider then evaluates each child to determine whether he or she has a disability as defined in the Individuals with Disabilities Education Act (IDEA).

The U.S. Department of Health and Human Services and the Department of Education developed a cooperative agreement for coordinated screening through the former Federal Interagency Coordinating Council (FICC). This committee ended with the Individuals with Disabilities Education Act of 2004. Local and state Interagency Coordinating Councils continue to organize disability services that support timely screening and referrals. Coordinated screenings also provide an excellent opportunity to engage families.

Both Head Start and special education staff provide families with information about child development, behavior, and services (including WIC, Medicaid, and SCHIP).

The Head Start Act requires that each child receives developmental, sensory (visual and auditory), and behavioral screening using research-based screening tools. Screening allows programs to identify children with possible motor, language, social, cognitive, perceptual, and emotional problems within 45 days after entry into the program. Some medical homes use recognized developmental screening tools (e.g., the Ages and Stages Questionnaire, Denver) as well as hearing and vision screening during their well child visits. With parent or guardian consent, the medical home can share screening results with the program. If screening is not conducted in the medical home, Head Start's other health partners in community agencies may offer some direct services, such as onsite screening. Programs can also use their HSACs to establish policies regarding the sharing of developmental screening results with the child's medical home. This collaboration avoids duplication of services and promotes coordination of developmental screening efforts.

Child Health Status

Within 90 days of the child's entry, a health care professional must determine each child's health status to ensure that the child is, or is brought up-to-date, on an age-appropriate schedule of well child care including immunizations.

There are special provisions about screening and health status determination for programs serving the children of Migrant and Seasonal farm workers because Migrant and Seasonal Head Start programs operate for shorter periods of time. (*Please note*, the strategies that Migrant and Seasonal programs use may also be useful to programs that have longer timelines.) In Migrant and Seasonal programs, screening and child health status determination must take place within 30 days of a child's entry into the program. This necessitates the following:

- ◆ Scheduling health services before or during the first weeks of the program
- ◆ Obtaining records from other programs the children have attended
- ◆ Arranging night and weekend appointments to accommodate migrant work schedules

Family Engagement in Health

Families are principally responsible for maintaining the health and nutrition of their children. Head Start staff support families in enhancing healthy habits at home and finding supplemental health, nutrition, and mental health services. Grantee and delegate agencies provide educational programs and engagement activities for families on medical, dental, nutritional, and mental health issues. The staff share information using expert guest speakers, hands-on experiences, print materials, and one-on-one interactions. The programs respect families' attitudes, cultures, languages, beliefs, and educational levels. Staff also use community resources and consult with the HSAC when developing educational programs for families. Some Head Start programs use their HSAC as "healthy literacy champions" who educate and support families in better understanding their children's health needs.

The medical and oral health education program assists family members in understanding how to enroll and participate in a system of ongoing family health care rather than relying on emergency or urgent care. Agencies provide names and addresses of providers and information about after-hours care. When appropriate, the staff help family members apply for Medicaid or SCHIP health benefits so the child will have a medical and dental home during and after Head Start enrollment.

Staff encourage family members to become active partners in their children's medical and dental care and to accompany their children to appointments, provide emotional support, and request explanations of conditions and procedures. If the schedules of working family members limit their availability for appointments, staff look for night clinics or services provided at unconventional times. They also encourage family members to model healthy behaviors by going to doctors and dentists themselves.

Staff offer families opportunities to learn about preventive care, emergency first aid, hazards and safety practices, and general health information, as well as ways to detect signs of health problems. They offer nutrition education and make themselves available to families to discuss the nutritional status of their children. Mental health professionals assist families in promoting a positive mental health environment for children, help them recognize stress and other risk factors that can affect healthy development, and know when and how to ask for help. Staff may offer group opportunities for families to share experiences and develop solutions to parenting challenges with their children. They also provide opportunities for individual families to have confidential discussions about mental health concerns. They may work with the program's mental health professional(s) to make referrals for mental health evaluation and treatment, connecting families whenever possible to local providers who understand the health beliefs and customs of Head Start families.

Early Head Start programs also offer extensive support to pregnant women and expectant families. Staff support families in accessing comprehensive prenatal and postpartum care by referring them to health care providers immediately after enrollment. Families also participate in early and continuing risk assessments, health promotion and treatment, and mental health interventions and follow-up. Staff offer education to pregnant women and expectant families on the following kinds of topics:

- ◆ Fetal development
- ◆ Risks of substance abuse during the prenatal period
- ◆ Labor and delivery
- ◆ Postpartum recovery (including maternal depression)
- ◆ Benefits of breastfeeding

Staff also make accommodations and referrals to support breastfeeding and the nutritional needs of newborn infants. In addition, health staff schedule newborn home visits with enrolled families two weeks after a baby's birth to ensure the well-being of both the mother and the infant.

Child Health and Safety

Head Start aims to support healthy physical development by encouraging practices that prevent illness or injury, as well as by promoting positive, culturally relevant health behaviors that enhance lifelong well-being. This means that all programs must develop policies and procedures concerning health emergencies, conditions of short-term exclusion, medication administration, injury prevention, hygiene, and first-aid kits. Finally, Section 649(m) of the Improving Head Start for School Readiness Act of 2007 requires programs to examine their emergency preparedness plans to ensure their ability to respond to large-scale emergencies, train staff in emergency plans, and communicate with families about emergencies that take place.

Child Nutrition

Head Start promotes child wellness by providing nutrition services that supplement and complement those of the home and community. Each program's child nutrition services help families meet children's nutritional needs, establish good eating habits that nurture healthy development, and integrate physical activity into their everyday lives.

To do this, programs must provide the following nutritional services:

1. Identification of each child's nutritional needs
2. Meal service in center-based programs and family child care homes
3. Linking families to nutrition services when needed, such as WIC, SNAP and local food pantries
4. Food safety and sanitation protocols

Child Mental Health

The HSPPS related to mental health focus on supporting the mental well-being of children, families, and staff. The regulations require programs to do the following:

- ◆ Share mental health information with staff and families
- ◆ Build collaborative relationships with children, families, mental health professionals, and community mental health agencies
- ◆ Secure the services of mental health professionals on a schedule of sufficient frequency
- ◆ Design program practices that respond to the mental health needs of children and families

HSACs can include a mental health professional to advise and support the program's mental health services. Programs may also create separate Mental Health Service Advisory Councils to focus specifically on mental health. For more information on mental health services in Head Start, review the [Center for Early Childhood Mental Health Consultation](#) website.

Ongoing Collaborative Relationships

Head Start programs are encouraged to form partnerships with health care, mental health, and nutritional services organizations, including local health departments, community health centers, managed care organizations, medical or dental schools, and professional associations. The HSAC can offer information about providers and resources in the community.

Grantees' and delegate agencies' discussions with state, tribal, and local officials can lead to local collaborations. Other resources for families include local elementary schools, libraries and museums, providers of child care services, mental health organizations, special education and related service providers, emergency responders, and any other organization or business that provides support and resources to families. Collaborations with local elementary schools, special education and related service providers, and child care providers can support successful transitions between Head Start and other child care settings and between Head Start and elementary schools. In addition, these collaborations can involve support for meeting individual regulatory timelines and requirements; joint training; multiple funding sources for full-day services; shared facilities, resources, and equipment; and coordinated use of transportation.

Head Start programs also develop written agreements with LEAs and early intervention programs that provide services to infants, toddlers, and young children with disabilities. These agreements may include some of the activities listed throughout this section. Strong collaborative relationships make it easier to implement, evaluate, and improve written agreements.

Finally, Head Start agencies contribute to community efforts to prevent and treat child abuse and neglect by collaborating with local child abuse prevention programs and with agencies serving children and families affected by physical, sexual, or emotional abuse or by neglect. They also make important contributions by seeking service providers who are familiar with the culture and language of the families they serve.

Frequently Asked Questions

Learning about the HSAC

Q: How many times a year should the HSAC meet?

A: The Head Start Program Performance Standards do not specify how many meetings must take place in a year. This decision is best determined at a local level and depends on what families need, current health conditions, community health practices and issues, and so forth.

Q: Does a medical doctor or dentist need to be on the committee?

A: The Head Start Program Performance Standards do not dictate who must serve on the committee. This is a local decision that depends on the needs of the community, community resources, and other factors, such as meeting schedules and locations. A workable solution might involve having an office manager, nurse practitioner, or dental hygienist serve as a representative for a doctor or dentist. The representative should be knowledgeable about child health issues, general office procedures, and basic information on state insurance reimbursement. Including local providers on the HSAC can help programs address community health issues, develop health policies and procedures, and connect families to medical and dental homes.

Q: How many people need to be on the committee?

A: There is no specific number, but the size of the committee should be manageable. Membership should be based on the most recent community assessment. Membership will change as community resources and needs change. For example, it might be appropriate to add a member who is a representative from a SCHIP program, since this low-cost health insurance is available for families with incomes that exceed their state Medicaid income guidelines.

Q: Does the HSAC have to report to the Policy Council and other advisory committees?

A: This is not a requirement of the Head Start Program Performance Standards, but it is certainly a best practice. Families are an integral part of the HSAC and can share the concerns of all families with HSAC members, not just those on the Policy Council. The HSAC can offer technical expertise on policies affecting families (such as exclusion policies) and the community (natural disaster).

Q: If we have a Head Start grant and an Early Head Start grant, can we just have one HSAC?

A: Yes, as long as there is adequate representation on the committee so that the health needs of pregnant women, infants, and toddlers are addressed along with the needs of preschoolers. Some factors to consider when combining committees include geographic location (travel distance) and population density (whether the service area is entirely rural, urban, or some combination of both).

Q: Are we required to have by-laws?

A: No, but having them adds legitimacy. This is especially true when the committee needs to represent the program to an outside agency or organization. By-laws also help when adding new members, replacing members, or changing officers.

Q: Can the health manager be the chairperson of the HSAC?

A: In the absence of by-laws that state otherwise, the answer is “Yes.” However, a best practice would be that one of the providers or community representatives serves as chairperson. This gives the committee more status with the larger health care community, particularly when it is dealing with a community issue.

Q: What time during the program year should meetings be scheduled?

A: It is a good idea for the HSAC to meet before the grant application is sent to the Regional Office for refunding so the committee can review and comment on the health plan and send it to the Policy Council for final approval. The timing of other meetings is at the discretion of the health manager and/or chairperson.

Q: Does a person have to attend the meetings to be a member?

A: No. Many health professionals (particularly those who work on a fee-for-services basis) cannot interrupt their busy schedules to attend meetings. This does not mean they cannot be useful to the program. The question to ask here is “Are they available?” If the health manager can pick up the phone and call them when needed, then they should be allowed to serve on the committee. For HSACs that have established by-laws, attendance at meetings should not preclude membership. However, to fully involve members who cannot attend meetings, the health manager will need to send them agendas and materials in advance of the meetings, along with comment sheets that they can send back.

Q: Should any other staff from the program be a member of the committee?

A: Yes. If health staff rely on social service staff and/or family service workers to do their fieldwork, then these staff persons should be represented. Obviously, nutrition, mental health, and disabilities staff members should attend if they report to someone other than the health manager. Also, include members of any other advisory committees your program might have. Involving the director is also helpful. If a meeting is scheduled that is important to the community, then it should be important enough for the head of the program to attend. This is good practice.

Q: Must the HSAC approve the program's health plan?

A: No. The HSAC does not have the authority to approve or disapprove a health plan. That authority rests with the Policy Council. The HSAC is advisory only. Its role is to review and comment on the plan.

Script from *Weaving Connections* Video⁷

Opening

(Voice) Richard Black, Parent

It kind of makes you feel as if you can cut through a lot of the bureaucracy and whether you just want to walk in and you have something on your mind, you feel a lot more open that you can go and you can speak to anyone about anything.

(Voice) Janet Schultz, Health and Disabilities Coordinator

The networking among the membership of the Health Services Advisory Committee is wonderful.

(Voice) Tracey Yee, Head Start Expansion Director

You have a canvas, you know, and you can paint what you want on it, and that can be your Health Advisory Committee.

Narrator

Head Start and Early Head Start programs offer high-quality early childhood education, health, and social services along with a strong parent involvement focus to low-income children nationwide.

Head Start sees every community as a fabric made up of tightly woven threads. These threads, the children, families, and community members, weave intimate connections to create a colorful tapestry that reflects its strengths and warmth.

The Health Services Advisory Committee, as required by the Head Start Program Performance Standards, brings together staff, families, and community members to address emerging health issues; develop plans, policies, and procedures; as well as mobilize community resources.

The following stories show different actions that Advisory Committees can take to help children, build relationships, advocate for change, empower families, and strengthen communities.

Dr. Mimi Kanda, Pediatrician and former Director of Health and Disability Services, Head Start Bureau

A good Health Services Advisory Committee makes a big difference in terms of the outcomes for the children, for the families, and for the program itself.

7. Because this is a historical document, individual titles and agency affiliations have not been updated and appear as they did in the original release of *Weaving Connections*.

You know, really, in a way the sky is the limit, and each program has the latitude to really shape its Health Services Advisory Committee in the best way possible.

Helping Children

Port Gamble, Washington

Narrator

By assisting a Head Start or Early Head Start program in responding to the health needs of a particular child, the Health Services Advisory Committee helps improve health services for all children in the program.

For Christopher and his mother Penny, this support was critical to their lives from the moment of his birth.

Penny Purser, Parent

Christopher came to the Head Start at 6 weeks old, and his challenges were from birth. He was born with spina bifida. He had one clubfoot. He had a shunt put in to relieve some of the hydrocephalus around the brain. So he's had a great deal of challenges to overcome and Head Start's been real supportive with everything.

Narrator

Planning and effective communication allow the Health Services Advisory Committee to support staff in responding to children's needs.

Kari Decoteau, Head Teacher

I think that just about every person on this reservation knows of his disability and is there to help.

Jaclyn Haight, Early Childhood Program Director

Everyone understands the story, and what his needs are, and you work together and troubleshoot along the way.

Penny Purser

The Advisory Committee is there to help and step in and give whatever help and support that they can. So that's just part of our working together.

Danette Ives, Health and Human Services Director and HSAC Chairperson

Everybody is pretty much involved with everybody. I think that is how the whole coordination comes along.

Jaclyn Haight

A good example of how the Health Service Committee can help a Head Start or Early Head Start program is, for us it was the purchase of some special equipment that we needed for Christopher. And we had to say okay, these are costs of, it was a Ready Racer and a stander.

A good Health Services Advisory Committee makes a big difference in terms of the outcomes for the children, for the families, and for the program itself.

Penny Purser

With the Head Start funds and the contract health service they were able to pull their funding together and get him a set, so he had the same equipment here that he had at home.

Narrator

The Health Services Advisory Committee in Christopher's community is one part of a team of people who are working to make sure that Christopher, and other children with special health care needs, can have a meaningful Head Start experience.

Ellen Price, Christopher's aunt

It's given him the chance to be mobile and to experience things that he may not have otherwise been able to do. And it's given him a sense of independence.

Kari Decoteau

The team of people that work for Christopher . . . everybody cares so much about him. He's just so much a part of this school.

There's a lot of people out there that really do take care of him, and it takes a lot of people to raise that little boy.

Building Relationships

College Park, Maryland

Narrator

Health emergencies call for immediate action. Health Services Advisory Committees help to ensure that systems are in place to mobilize community resources.

This Head Start program and its committee members work together to develop policies and procedures for health emergencies.

Sandra Carton, Chief, Migrant and Seasonal Head Start Programs Branch

Parents suffer a lot of isolation. They frequently don't speak English. And we do use the Advisory Committee as a way to link those parents with the community and to know that there are members in that community that are interested in their well-being.

Janet Schultz, Health and Disabilities Coordinator

Maria and her husband are parents of a 4-year-old little girl and 23-month-old twin girls. And she is now expecting her fourth child.

Narrator

When Early Head Start staff learned that Maria was at risk of losing her baby, they contacted the partners in the community that the Health Services Advisory Committee had helped them establish.

Maria Hercules, Parent

When I started having complications with my pregnancy, she called and asks and went to see me.

Janet Schultz

She was monitored for a few days and was prescribed a medication to prevent premature contractions early in pregnancy.

Maria Hercules

When I start to buy the medicine, it's a little hard because I have to take it every 4 hours. It's expensive medicine.

Narrator

Following the policies and procedures developed by the Health Services Advisory Committee, Early Head Start staff started a plan of action that called on the resources of the committee. The medication was delivered directly to Maria—at no charge.

Maria Hercules

These people, they gave me the medicine for keeping my baby.

Janet Schultz

As a result, we have this wonderful, beautiful, healthy little boy.

Maria Hercules

It was a little hard, but now I'm so happy, you know.

They always, always when I need it, they be with me. That's really great.

Dr. Mimi Kanda

Like many, many other things in Head Start, you know, it's relationship building. It's partnership development. It's patience. And it's the willingness to really work with people and the willingness to listen to people and to be creative.

Advocating for Change

Fairfax County, Virginia

Narrator

The solution to some health policy issues may mean going beyond the local level. This Head Start program used its committee to work with other local programs to form a State Health Services Advisory Committee.

Anne Taggart, Disabilities Coordinator

Some things cannot just be solved within your community. It has to be dealt with by the state agencies.

Kimbra Reeves, Family Service Coordinator

Sometimes the people on the local level don't have the power; they don't have enough power. Where when we take it to the state we get more answers.

Anne Taggart

We have at our local community level, we have Health Service Advisory Committees. Then we also have representatives who go to our State Health Advisory Committee.

Male dentist at state-level HSAC meeting

So for every dollar that came in from Medicaid, the dentist was about losing 25 percent . . .

Anne Taggart

The Medicaid reimbursement rate for dentists was extremely low. Our families were trying to get access to dental services. They were looking in the larger community for dentists who accept Medicaid. There was not that many dentists that were taking Medicaid.

Narrator

The local Health Services Advisory Committee took this issue to the statewide committee for action at the state level. Head Start staff, parents, and health care providers, and others, worked together to convince the state to increase the Medicaid rates. This allowed families to have greater access to oral health care.

Dr. Valsala Pal, Public Health Dentist

Since the Medicaid reimbursement was higher, I was able to get specialists to help me out with handling these children.

Narrator

Parents like Richard care deeply about the quality of oral health services their children receive. Parents participate on the committee to make sure their voices are heard.

Richard Black, Parent

It makes you feel really good to know that they have people here who are in the forefront and almost pioneers on issues like this. It just lets you know that even at the grass roots level if you start small this can be something that can have a big effect nationwide.

Empowering Parents

Seattle, Washington

Narrator

This Health Services Advisory Committee empowers parents by teaching them about the health care system and how to make it work for *their* children.

Marty Varela, Peer Health Educator and Past Policy Council Chair

The Health Services Advisory Committee is doing something that's really unique, and that's that they're taking a problem that seems like it belongs to a certain group, and they're exposing it. You know, they're shedding light on it.

Tracey Yee, Head Start Expansion Director

Our Health Advisory Committee helped us write a grant, and a few of those members sort of became a Peer Health Committee, and we wrote a grant all around helping parents teaching other parents how to navigate the health care system.

Shannon Blas, Peer Health Education Program Manager

We train Head Start parents. They learn to navigate through the managed care system and how to partner with their doctor. Then they go back to their sites and they do what's called a "teachback."

Tracey Yee

When we tell them they're going to get up in front of a group of other parents, a lot of them say, "I can't see myself doing that."

But then, you know, weeks later, they are doing it, and the response they get from their parents that they're teaching, I think, is so wonderful, that they really do become energized.

Marty Varela, at teachback to group

In the description it says, "How big is the gash?"

Narrator

Parents like Marty actively participate on the committee and help teach other Head Start families to understand the health care system.

With three small children of her own, Marty knows how difficult it can be to manage the health care of children.

Marty Varela

This program has given me some information and it's just like, you know, you've got a secret, and you want to tell as many people as possible.

They're much more willing to listen to you, because they perceive that you are one of them, and I am. I am, first and foremost, a Head Start parent.

Tracey Yee

To hear parents say that they are advocating for themselves in their doctors' offices, and that they're carrying histories of their child's health with them, from provider to provider, or when they move For us to hear that, I think is the biggest success.

Dr. Stuart Shorr, Pediatrician and HSAC Peer Health Subcommittee Member

There's a lot of personal satisfaction. I find that I'm able to use my pediatric expertise to help make certain policies and give certain guidelines, which are beneficial to preschoolers.

Marty Varela

I think the most important component of Head Start is that they're not trying to do it all by themselves. They're collaborating with community members.

Strengthening Communities

Washington, DC

Dr. Mimi Kanda

Because Head Start has such a strong emphasis on prevention, then the Health Services Advisory Committee's mission is not just to address problems as they arise, but to be very proactive, and to think of prevention and early intervention and how wonderful things can be made to happen in the community.

Bontivia Ben, Parent

I have three kids. I have one is 1-year-old, 3, and 7.

Narrator

Bontivia's children were suffering from a health problem that had broader implications for the entire community.

Bontivia Ben

They were tested at their regular health assessment, and I was called a couple of days later, and they told me that their lead level was high and that they needed to be re-tested, and my house needed to be checked.

Narrator

Bontivia, a member of the Health Services Advisory Committee, informed the community about this community problem.

Bontivia Ben, at HSAC Meeting

I had a problem with them coming out. I called. I talked to the Director of Lead, and he informed me that they had a backlog. But as far as being a parent and other parents, there should have been some kind of communication of letting you know that there is a backlog or what is going on. Nobody told me anything.

Dr. Habib Shariat, Director, Ambulatory Pediatrics, Howard University Hospital, and HSAC Co-Chair

We have like about 20, 25 members coming from different areas of the community. Bringing their expertise, listening to the needs of the community members.

Deborah Byrd, Head Start Director

As advocates in this community, that's totally unacceptable. We will not accept that they have a backlog.

Leslie Johnson, Head Start Director

Most of the homes are over 60 and 100 years old. So the chances are that anyplace you live, there is lead-based paint.

Bontivia Ben

They just boosted me more to call because I wouldn't have called on my own. So I probably just waited 'til somebody might have called me back.

Theresa Shivers, Chief, Health Maintenance and Special Needs Branch

The parent becomes her own advocate. I don't have to be there to hold her hand. But I do have to be there to be a role model to give her an example to go by.

Bontivia Ben

The people encouraged me to keep calling, so I did. And I got a great response back.

Right now, I'm happy to say that everything is in process. Last week, someone from the lead department came and did an evaluation of the whole house to do the estimate so everything could be fixed that needs to be fixed.

And I'm happy to say too that their lead level has gone down tremendously.

Narrator

By bringing the resources of the Committee to focus on the issue, the whole community will now benefit from Bontivia's actions.

Theresa Shivers, at HSAC Meeting

What about all those other parents out here who don't have anyone else to march down or walk with them down this road?

Leslie Johnson

I would like to see this group maybe put that on the burner as an issue to be addressed.

Bontivia Ben

Participating in more meetings, it gave me the strength and the courage to speak up.

Dr. Janet Unonu, Director, Nutrition and Health, and HSAC Co-Chair

When she goes to the meetings now and speaks to other parents, and that's what we really want to see. Because she is the one that is going to make that change in her community.

Bontivia Ben

It turns out that they really are happy that I am there, and that they can find about more things that goes on in parents' lives and their kids' lives so they can find a better way of helping people.

Closing

Dr. Mimi Kanda

The more you can engage people in the community and one group brings another in, and before you know it you have a whole tapestry of people involved. This is something that's bigger than any one of us, and that really has such an impact for the future.

Narrator

The Health Services Advisory Committee: helping children, building relationships, advocating for change, empowering parents, and strengthening communities.

Weaving connections that create a healthy future for children and families.

Credits—Final Voices

Theresa Shivers

Doors begin to open up in your own mind about, my goodness, I didn't realize how much power we have. My goodness, I didn't realize how many lives get changed. My goodness, I didn't realize how many health issues come out.

(Voice) Robin Brocato, Health Specialist, Head Start Bureau

It's dynamic. It's responsive. It involves parents.

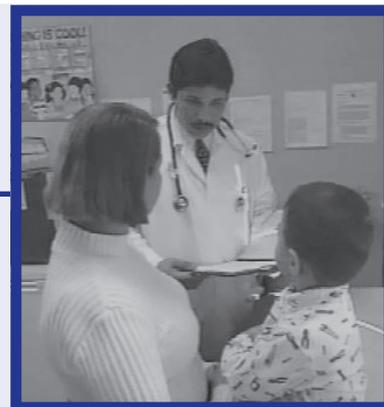
(Voice) Tracey Yee

I think the role of parents becomes really important because they are the voice of their reality.

(Voice) Richard Black

It makes you feel really good to know that your kid is going to get the quality care.

Modules At-a-Glance



Weaving Connections modules offer training to build and maintain HSACs that offer significant contributions to Head Start health services. Each module includes:

- ◆ Training objectives
- ◆ Self-evaluation questions
- ◆ Intended audience
- ◆ Materials
- ◆ Activity introduction
- ◆ Steps

Table 2 provides an overview of the modules, listing the steps, time frame for completion, and handouts for each module. Trainers can use these tools to organize and plan the sequence of each module. Programs can also determine where they should begin by reviewing [Table 1](#).

Table 2: Overview of Modules

Module	Steps	Time	Handouts
Module 1: Designing the Tapestry — <i>Developing on Action Plan for the HSAC</i>	Step 1: Conduct a health priorities survey	Several weeks	Handout 1.1: Sample Health Priorities Survey
	Step 2: Gather existing information about health issues and program health systems	Several weeks	Handout 1.2: Health Priorities Summary Form (1)
	Step 3: Identify your common purpose	2 hours	Handout 1.3: Health Priorities Summary Form (2)
	Step 4: Create action plans for HSAC members	35 minutes	Handout 1.4: Definitions Handout 1.5: Action Plan Template

Module	Steps	Time	Handouts
Module 2: Choosing the Threads — <i>Evaluating Your Membership and Developing a Recruitment Plan</i>	Step 1: Prepare the materials	1 hour	Handout 2.1: Illustration of "Health Connections Blanket" Handout 2.2: Recruitment Checklist Handout 2.3: Strategies to Problem-Solve Recruitment Challenges
	Step 2: Prepare the training room	15 minutes	
	Step 3: Weave a "health connections blanket"	40 minutes	
	Step 4: Analyze gaps and develop recruitment goals	20 minutes	
	Step 5: Make a plan for building new relationships	30 minutes	
	Step 6: Admire your beautiful blanket!	5 minutes	
Module 3: Gathering the Threads — <i>Engaging and Orienting HSAC Members</i>	Step 1: Engage members	Several weeks	Handout 3.1: Identifying Health Services Advisory Committee Key Players
	Step 2: Gather information about your audience	25 minutes	
	Step 3: Watch <i>Weaving Connections</i>	25 minutes	
	Step 4: Get excited about your HSAC!	35 minutes	
	Step 5: Follow-up	Several weeks	
Module 4: Piecing the Quilt Together — <i>Making the HSAC Work</i>	Step 1: Make a PACT for an effective meeting	35 minutes	Handout 4.1: PACT definitions Handout 4.2(a): HSAC Planning Handout 4.2(b): Scenarios Handout 4.3: Ways to Make Meetings Matter Handout 4.4: Coping with Challenging Group Members Handout 4.5: Tips for Managing Conflict
	Step 2: Make a PACT for effective follow-up	35 minutes	

Module	Steps	Time	Handouts
Module 5: Working from A Distance — <i>Using Technology to Connect HSAC Members</i>	Step 1: Define technology needs	30 minutes	Handout 5.1: Types of HSAC Activities, Challenges to Participation, and Technology Solutions
	Step 2: Find technology tools to meet identified HSAC needs	30 minutes (2 to 3 weeks research)	
	Step 3: Develop a technology plan	1 hour	Handout 5.2: Directory of Virtual Meeting Tools
Module 6: How Warm Is Your "Blanket"? — <i>Evaluating Effectiveness and Planning Next Steps</i>	Step 1: Create an evaluation plan	20 minutes	Handout 6.1: Evaluation Basics
	Step 2: Ask the right questions for your program	20 minutes	Handout 6.2: Evaluation Models
	Step 3: Practice a process evaluation	45 minutes	Handout 6.3: Factors to Consider When Evaluating an HSAC
	Step 4: Decide how to use the evaluation information	45 minutes	Handout 6.4(a): Sample Evaluation Plan Handout 6.4(b): Sample Evaluation Plan Example Handout 6.5: Plan to Use and Share Evaluation Results

Module 1: Designing the Tapestry



Developing an Action Plan for the HSAC

This training module presents activities and resources to help the Health Services Advisory Committee (HSAC) develop an action plan to meet its program and school readiness goals, objectives, and outcomes. Just as the strengths and needs of each child and family are unique, the strengths and needs of each community and program are unique as well. Each HSAC, therefore, needs an action plan to address program and community health issues that impact children's ability to learn.

Training Objectives

After using the resource materials and completing the activities in this module, the Head Start staff person(s) responsible for the HSAC will be able to:

Develop and/or update an action plan for the HSAC that:

- ◆ Helps the program implement its plan(s)
- ◆ Fits the specific role the committee plays in the Head Start or Early Head Start agency
- ◆ Fits the role the committee/program plays in the community

Coordinate a planning process for the HSAC each year that:

- ◆ Includes families, staff, and current HSAC members
- ◆ Clarifies how the HSAC's work contributes to the outcomes that the program expects to accomplish during the five-year project period
- ◆ Uses data from the Annual Self-Assessment, ongoing monitoring, community assessment, five-year grant planning cycle, and the Program Information Report (PIR)

Self-Evaluation

What are some questions each program might ask as its members begin to think about an action plan for their HSAC?

Before beginning this module, ask yourself the following questions about your program's HSAC. These are open-ended, reflective questions that may need some time and discussion with others to answer. Answering these questions will give you an idea of where your program is starting from and what your first steps should be.

Self-Evaluation Questions

- What has the HSAC done to address the health needs of the children, families, and staff as well as community health issues?
- Has the HSAC helped the program accomplish its program and school readiness goals, objectives, and outcomes?
- What sources of data has the HSAC reviewed to determine whether the program is making progress on the program and school readiness goals, objectives, and outcomes it established for the five-year project period?

"You know, really, in a way the sky is the limit, and each program has the latitude to really shape its Health Services Advisory Committee in the best way possible."

—Dr. Mimi Kanda, former Director of Health and Disability Services, Head Start Bureau

Intended Audience

The intended audience for this training activity is HSAC members. This module helps members develop an action plan for their work. It is an ongoing process with steps to accomplish over time. If your program is creating or re-establishing a HSAC, convene program managers, staff, family members, and community health partners who support health services to create the HSAC action plan.

Materials

You will need the following materials for the activities in this module:

- ◆ Copies of handouts for each participant:
 - ◆ Handout 1.1: Sample Health Priorities Survey
 - ◆ Handout 1.2: Health Priorities Summary Form (1)
 - ◆ Handout 1.3: Health Priorities Summary Form (2)
 - ◆ Handout 1.4: Definitions
 - ◆ Handout 1.5: Action Plan Template
- ◆ The video *Weaving Connections* (available on the [ECLKC](#) website)
- ◆ A flipchart and markers

Activity Introduction

Before a weaver begins to thread her loom, she knows what she wants the final product to look like. She plans carefully to set her warp and weave in just the right way to achieve her design. The HSAC's action plan guides your members to help the program achieve the intended outcomes for children and families. In this activity, we will outline a set of steps your program can take to arrive at goals and objectives for your HSAC.

Step 1: Conduct a Health Priorities Survey

Who: Health Manager

Time: Completed over several weeks

Head Start programs plan their work through shared leadership. Managers, families, staff, and community partners (including health professionals) are part of the development process. The task in Step 1 is to gather and organize data about the health priorities of families, the staff, and the community.

To prioritize health issues, survey families, staff, and community members about what matters most to them. You will want your program's health services plan to respond to the priorities and needs of the families, staff, and larger community. Building on survey data about priorities for children's health, your program develops a health services plan that aligns with the program and school readiness goals.

Handout 1.1 Sample Health Priorities Survey is an example of a simple survey to use with families, staff, and community health partners. You can use the survey in two ways.

1. Hand it out to families, allowing them to respond in writing and drop the response into a collection box at centers or group socialization events. Provide surveys in the languages that families speak.
2. If families are not comfortable responding in writing, include the survey in the agenda at Parent Committee meetings or socializations. A facilitator can ask questions, using interpreters when necessary, and record the answers for the health manager.

The health manager can aggregate all of the responses using a summary form. **Handout 1.2 Health Priorities Summary Form (1)** is one example. Do not edit or omit any responses. Note common themes and ideas.

Surveys are most successful when:

- ◆ They contain only a few questions that are brief and direct.
- ◆ Respondents have the opportunity to answer and return the questionnaire right away. *Otherwise they are less likely to return it.*
- ◆ The purpose of the survey is clear, and respondents understand why the information is important.

Dr. Arnold Crayton, the MCH director for Kraft County says: "My program gets as much out of my participation on the HSAC as Head Start does. Head Start knows that I need them to help get out important health messages to Head Start families, and they need me to keep them linked into the health services community. We both benefit."

June River Valley's HSAC was having a hard time retaining HSAC members. Gail, the health manager, began doing "exit interviews" with members who were not attending and learned that they did not feel that the agenda of the HSAC was relevant to community health priorities. In response, Gail conducted a series of staff and parent discussion groups. As a result, the program and the HSAC became more proactive about two health issues that the community was concerned about: the impact of pesticide runoff on local water quality and the need to manage the increase in childhood asthma. Attendance at meetings and participation between meetings is now way up!

For more on developing and communicating plans, see "What Head Start Leaders Need to Know," on the Early Childhood Learning and Knowledge Center (ECLKC) website.

- ◆ The survey describes how the program will use the information.
- ◆ Respondents have an incentive for completing the survey (e.g., "As a thank-you for completing our survey, we offer you this coupon").

Step 2: Gather Existing Information about Health Issues and Program Health Systems

Who: Health Manager

Time: Completed over several weeks

The community assessment, ongoing monitoring, the Annual Self-Assessment, and expected outcomes during the five-year project period are important sources of information. Follow these steps to identify your program's strengths and areas for improvement and any health issues:

- ◆ Review data from the Annual Self-Assessment and community assessment to identify health issues. Look at data collected throughout the five-year project period to identify long-standing challenges, new issues, or successful strategies.
- ◆ Look at PIR and ongoing monitoring data to identify the effectiveness of health services delivery. Does the data show areas of strength? Are there any challenges that relate to health issues?
- ◆ Ask partners to share data that may be relevant to you. For example, do medical homes report a rise in specific illnesses or conditions within the community? Is there a shortage of dental providers for children under age three?
- ◆ Record this information on [Handout 1.3 Health Priorities Summary Form \(2\)](#).
- ◆ Put together a packet of information that includes the information gathered in **Handouts 1.2** and **1.3** and other important background materials. The health manager and HSAC members can use this information to develop the HSAC action plan.

Step 3: Identify Your Common Purpose

Who: The HSAC membership, the Head Start or Early Head Start management team, and other interested individuals such as families and staff

Time: 2 hours, with breaks as needed

Schedule a HSAC meeting to review program and school readiness goals, objectives, and outcomes (See [Handout 1.4: Definitions](#)). Using information about priorities

from Step 2, select a goal and corresponding objectives and outcomes to guide your work. At the end of the meeting, your HSAC will have an action plan for its activities.

Steps 3 through 5 outline activities to help participants draft the action plan.

- ◆ For each participant at the meeting, prepare a packet with the results from steps 1 and 2. Include a handout listing all of the program and school readiness goals, objectives, and outcomes with room for note taking.
- ◆ If the group has not already seen it, begin the meeting by showing the video *Weaving Connections*.

The next portion of the process will be a self-reflection exercise for each participant. Post the following questions so that everyone can see them:

1. Which program and/or school readiness goals best align with the health and wellness priorities you identified for the Head Start and Early Head Start community?
2. How do the objectives and outcomes for these goals guide the program's health services? Are there ways to strengthen health services?
3. What can the HSAC do to support the Head Start and Early Head Start program to accomplish the goals, objectives, and outcomes related to health and wellness?

Ask each participant to take 10–15 minutes to respond to the posted questions. At the end of this time:

- ◆ Ask participants to divide into small groups of three or four. Groups should include participants from a variety of roles, such as families, staff, managers, and community partners.
- ◆ Instruct the small groups to allow each member to respond to the questions.
- ◆ Ask each group to report out.
- ◆ Based on the responses, identify the program and/or school readiness goals, objectives, and outcomes that will direct your HSAC's work.

Step 4: Create Action Plans for HSAC Members

Who: The HSAC membership

Time: 35 minutes

Now that you have selected the goals, objectives, and outcomes that will guide your HSAC's work, you need to fill in the details. An action plan is your roadmap for accomplishing your goals and objectives, and action planning always includes tasks, roles, and timelines. Therefore, as a group:

- ◆ Define the tasks to meet the goals, objectives, and outcomes.
- ◆ Assign roles and responsibilities to each task.

- ◆ Determine timelines for completion.
- ◆ List resources to help you accomplish each task.
- ◆ Include a column for updates to communicate where you are in the process of completing tasks before you reach your deadline.

As discussed in Module 6, you will want to determine how to measure your success in each task. For example, the HSAC advises the health manager on ways to increase health literacy during a health fair she is planning. To measure the increase in health literacy, the program will assess what families report they learned at the health fair.

You can use [Handout 1.5: Action Plan Template](#) if your program does not already have a standard format.

Handouts

Handout 1.1: Sample Health Priorities Survey

Handout 1.2: Health Priorities Summary Form (1)

Handout 1.3: Health Priorities Summary Form (2)

Handout 1.4: Definitions

Handout 1.5: Action Plan Template

Health Priorities Summary Form (1)

Directions: Using data collected from the health priorities survey (Handout 1.1), record answers to all of the questions for the respondents listed in each column. Use direct quotes and include all comments. Once you have recorded all comments, group the responses by themes. For example, families may indicate accessing medical homes is a top health issue for children and families. You can group all of the comments related to this theme underneath the title “access to medical home.”

	Families	Staff	Community Health Partners
<p>Top Health Issues for the Community (Question 1)</p>			
<p>Top Health Issues for Head Start and Early Head Start Children and Families (Question 2)</p>			
<p>How Head Start and Early Head Start Should Contribute to Health and Wellness (Question 3)</p>			

Health Priorities Summary Form (2)

Directions: Using program data, indicate which data sources identify health issues, as well as program strengths or areas for improvement. Prioritize health issues by identifying whether several data sources include the same results. You can highlight or use stickers to identify these common results.

	Strengths	Areas for Improvement	Health Issues Identified
Annual Self-Assessment Data			
Community Assessment Data			
PIR Data			
Monitoring Data			
Other Data			

Definitions

Goals: Goals are broad statements that describe what a program intends to accomplish. Using the acronym **BROAD**, goals should be:

- B**—Bold, beyond current expectations
- R**—Responsive, based on program and community data and representative of family voices
- O**—Organization-wide, engaging for all of the organization and connected to school readiness goals
- A**—Aspirational, motivated by engaging emotions and written with intention
- D**—Dynamic, with a view to the future

Objectives: Objectives are elements of goals. Like goal statements, they describe what a program wants to accomplish. Objectives support the attainment of a goal by breaking the goal down into **SMART** elements.

- S**—Specific, clearly defined
- M**—Measurable, concrete criteria for measuring progress
- A**—Attainable, challenging yet achievable
- R**—Realistic, possible for the program to accomplish
- T**—Timely, appropriate given the programs' needs and resources

Outcomes: Statements of results that the organization intends to accomplish. Each outcome reflects the goals and objectives of the program. For example, an outcome of a Head Start program with a goal of supporting school readiness is that every enrolled child is fully immunized.

Action Plans: An action plan is your roadmap for accomplishing your goals and objectives. Plans break down what needs to be done into a series of tasks. Plans typically include a timeline. They include when, where, and who will carry out the tasks necessary to achieve the goal. They also include the measurement tools you will use to determine whether you have met your objectives.

Action Plan Template

Action/Strategy	Person(s) Responsible	Timeline	Measurement Tools	Resources

Module 2: Choosing the Threads



Evaluating Your Membership and Developing a Recruitment Plan

The resources and activities in this module are to help a program identify the key health players in the community and develop a strategy to recruit members for the Health Services Advisory Committee (HSAC).

Training Objectives

After completing the activities in this module, the Head Start and Early Head Start staff person(s) responsible for the HSAC will be able to:

1. Describe and celebrate the network of existing community health partnerships
2. Identify areas where additional partnerships would be beneficial to the program and to Head Start and Early Head Start families
3. Develop a plan to identify and recruit members to form a committee that:
 - ◆ Responds to community needs
 - ◆ Includes leaders in community health, such as health care providers, public health professionals, and first responders
 - ◆ Includes families, staff, and community members
 - ◆ Provides useful advice and guidance to the agency in its mission to serve children and families

“There’s a lot of people out there that really do take care of him, and it takes a lot of people to raise that little boy.”

—Ellen Price, Christopher’s aunt

Self-Evaluation

What are some questions each program might ask as its staff begin to think about recruiting members for their HSAC?

Before beginning this module, ask yourself the following questions about your program's HSAC. These are open-ended, reflective questions that may need some time and discussion with others to answer. Answering these questions will give you an idea of where your program is starting from and what your first steps should be.

Self-Evaluation Questions

- What is our program's recruitment strategy for community advisory committees?
- Are we able to attract the people we want or just the people "we get"?
- How do we identify the key players in health care services for children and families in this community? Are they "at the table" for Head Start?
- How do we currently orient new members? How do we evaluate that orientation?

Intended Audience

The following activity can be conducted with the current membership of the HSAC and other interested members of the Head Start and Early Head Start community, especially families and members of the management team.

Materials

You will need the following materials for the activities in this module:

- ◆ Copies of handouts:
 - ◆ Handout 2.1: Illustration of "Health Connections Blanket"
 - ◆ Handout 2.2: Recruitment Checklist
 - ◆ Handout 2.3: Strategies to Problem-Solve Recruitment Challenges
- ◆ Multicolored construction paper, preferably in eight different colors
- ◆ A corkboard and tacks or pins

Activity Introduction

Once a weaver chooses a design, she must find the colors and textures of fabric that will make her tapestry not only beautiful but also strong. Programs follow a similar process when they conduct a gap analysis to analyze:

- ◆ Program needs
- ◆ Resources available for the HSAC
- ◆ Areas where more support is necessary

As Head Start and Early Head Start programs weave an effective HSAC, they must identify and recruit members of the community who will enable the committee to effectively address the program's health priorities.

Step 1: Prepare the Materials

Who: The trainer

Time: 1 hour before the training workshop

In this activity, you are going to make a “blanket” of health providers in your community. To do this, group participants will weave strips of construction paper together: the horizontal threads will represent general categories of health providers, and the vertical threads will represent specific providers in those categories. See [Handout 2.1: Illustration of “Health Connections Blanket”](#).

While each community is unique, each community's health categories will probably include the following:

- ◆ Primary health care providers for children from birth to age 5
- ◆ Primary health care providers for women who are pregnant and/or postpartum
- ◆ Nutrition services, such as Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP)
- ◆ Early childhood mental health
- ◆ Adult mental health and substance abuse
- ◆ Emergency services, such as housing assistance, domestic violence services, child protective services, and first responders
- ◆ Oral health providers
- ◆ Health services for any prominent linguistic or cultural group in your area that is not well served by the mainstream providers

“I’ve been with Head Start for almost 10 years, and the membership of the HSAC has needed to shift with the times. I never would have dreamed we would have an obstetrician and an HIV educator sitting around that table—but now with the programs we are offering and the families we serve—that is who needs to be there.”
—Urban Agency

“Our program serves 10 rural counties in the Northern Plains with several hundred driving miles between sites. HSAC members from communities a long way from the Administrative site had a hard time making it to meetings on a regular basis. Last year we went to video teleconference meetings at four sites, and that has made recruitment much easier.”
—Rural Health Services Manager

Crane Valley Head Start knows that the HSAC members have busy schedules. They hold quarterly meetings during breakfast and start and end exactly on time. They also mail their agenda and any background materials one week in advance.

If you can, get eight different colors of construction paper—one for each category listed above. If you can identify additional categories, try to get additional colors for those categories too.

Prepare for the activity by cutting and labeling strips of construction paper in the following way:

1. Cut strips of paper about 4 inches wide by 3 feet long, preferably in as many colors as you have categories.
2. Label each wide strip with a health service category (such as the ones listed above). You should have enough strips so that each one can be labeled with one category of basic health services that Head Start and Early Head Start families use.
3. Cut narrow strips of paper about 1 inch wide by 3 feet long in as many different colors as there are wide strips.

Step 2: Prepare the Training Room

Who: The trainer

Time: 15 minutes

Once you have cut and labeled the strips of construction paper, it's a good idea to set up the room you will use for the training beforehand. To make assembling the health connections blanket easier, pin the wide, horizontal strips to a corkboard about three inches apart. This will make weaving in the narrow strips vertically much easier. (See [Handout 2.1 Illustration of “Health Connections Blanket”](#) for an illustration.)

Step 3: Weave a “Health Connections Blanket”

Time: 40 minutes

The task of the group is to weave together a blanket of health connections. The large paper strips representing the health categories are like the fixed threads on a loom. The narrow strips are the threads that we will use to weave, and each represents a specific provider. The narrow provider strips should match the colors of the fixed threads. For example, if your adult mental health provider category is on a red wide strip, write the name of your local provider in this category on a red narrow strip.

Break up into groups and assign each group one or two health categories. Give each group the narrow strips of construction paper that correspond to their health category.

For example, if a group is responsible for dentists and that category is written on a wide blue strip of construction paper, give that group the narrow blue strips.

Next, ask each of the groups to brainstorm a list of local providers in their health category and to write those names on their narrow strips of construction paper. Offer participants a resource such as a community directory of health care or public health professionals that includes their specializations. Ask participants to include providers who can assist Head Start children even if they currently have no relationship with your Head Start program.

Now it's time to weave your blanket! Have each group go to the corkboard where the wide category strips are pinned and weave their narrow strips into the blanket.

For a narrow strip to be woven into the blanket, it must be labeled with the name of a specific provider or agency in the community where an established relationship with Head Start or Early Head Start exists. This might be a well-functioning referral relationship, one with a formal memorandum of understanding (MOU), a representative that provides training, or co-located services. Narrow strips naming specific agencies with which Head Start has well-functioning relationships can be woven into the blanket. If a group identified important providers or agencies with whom there is not currently a well-functioning relationship, have them set those strips aside.

Step 4: Analyze Gaps and Develop Recruitment Goals

Time: 20 minutes

When the blanket is woven with all the strips where relationships exist, stand back and take a look at what you have created. As a group, discuss the following questions:

- ◆ Are there any established relationships with health providers that we haven't included?
- ◆ Are there any categories or colors that are missing or underrepresented?
- ◆ Do the colors reflect the children's health issues? For example, if program data show that a large number of children failed their hearing screening, does the blanket show that the program has established relationships with pediatric audiologists and hearing specialists?
- ◆ Do the variations in color on the blanket correspond to the community health priorities? For example, if mental health has been identified as a priority area for the community, are there enough narrow strips of construction paper in that category? If not, how can more of that color be woven into the blanket?

Now ask the group to look at the pile of narrow strips they have labeled with providers or agencies that do not have a well-functioning relationship with Head Start or Early Head Start. As a group, talk about the following issues:

- ◆ Which of those providers or agencies are likely candidates for a mutually beneficial relationship with the Head Start or Early Head Start program?
- ◆ Of those, which ones represent a category of service that is pertinent to one of the Head Start community's health priorities?
- ◆ Of those, which represent a category of service that is currently underrepresented on the HSAC?

These are your priority candidates for recruitment to the HSAC, or if that is not currently an option, another kind of relationship with the Head Start or Early Head Start program. Use **Handout 2.2: Recruitment Checklist** to record those individuals you hope to recruit.

Step 5: Make a Plan for Building New Relationships

Time: 30 minutes

For each health provider with whom you would like to establish a mutually beneficial relationship, ask the group to select the best individual to build the new relationship. This might be a current HSAC member, a Head Start or Early Head Start parent, or a staff person. Record this information on **Handout 2.2: Recruitment Checklist** to keep track of the potential HSAC members you wish to recruit and the person who will be responsible for contacting each candidate.

Next, have the group brainstorm to help the assigned recruiter develop a plan to approach the candidate. Consider:

- ◆ Ways that a relationship with this provider or agency might benefit Head Start.
- ◆ Ways that a relationship with Head Start or Early Head Start might benefit this provider or agency.
- ◆ The types of materials and information to send prospective HSAC members. How will these materials be different from the ones you use with families?
- ◆ Talking points for what to say during the first phone call or meeting to introduce the idea of participating on the HSAC.
- ◆ A clear plan for what the candidate's next steps should be if the first contact goes well. For example, who from Head Start will call them? When is the first meeting? When can the candidate visit a center?
- ◆ A deadline for contacting each of the priority candidates and weaving those strips into the Head Start health partnership blanket.

Handout 2.3: Strategies to Problem-Solve Recruitment Challenges will help you consider the challenges to participation and develop recruitment strategies to overcome these barriers. You can also use some of the techniques described in Module 3 to orient staff, families, and community members to the HSAC.

Step 6: Admire Your Beautiful Blanket!

Time: 5 minutes

Take some time to appreciate the rich and complicated network of relationships you have with community health partners. Congratulate yourself for all the work and commitment that this reflects.

Frequently, the level of effort required to maintain community partnerships (e.g., going to meetings, responding to requests for information, and being visible at community forums) is not factored into anyone's workload. Assigning a name to each narrow strip and asking that individual to take responsibility for developing a relationship with a provider is one way to make that workload visible and explicit.

Remember to take advantage of informal and naturally occurring relationships. Perhaps it has always been the job of the health manager to attend the local immunization coalition meeting, but one of the family members is a health activist who has been doing community health outreach for them. It may make more sense for the parent to represent Head Start at that forum.

"Until the Head Start program invited me to serve on the HSAC I had no idea how comprehensive the Head Start Program Performance Standards were! I am much more active than I used to be in encouraging my public health nurses to make connections with Head Start."
—Public Health Nursing Supervisor

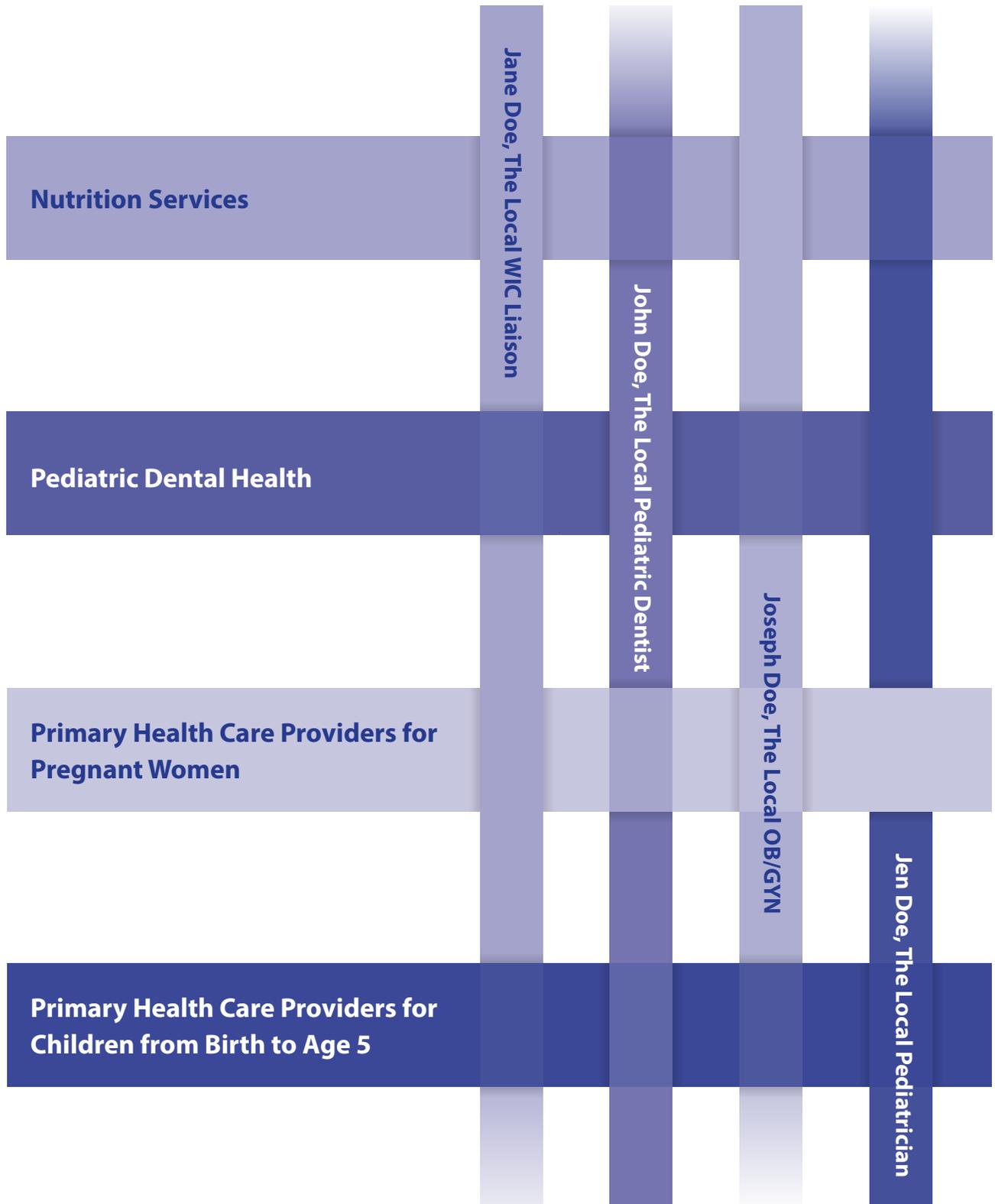
Handouts

Handout 2.1: Illustration of "Health Connections Blanket"

Handout 2.2: Recruitment Checklist

Handout 2.3: Strategies to Problem-Solve Recruitment Challenges

Illustration of "Health Connections Blanket"



Recruitment Checklist

Health Category	Provider	Person Responsible for Liaison	Initial Contact	Follow-up	Next Steps
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
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			<input type="checkbox"/>	<input type="checkbox"/>	
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			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Strategies to Problem-Solve Recruitment Challenges

In **Module 2: Choosing the Threads**, we discussed strategies that Head Start and Early Head Start programs can use to identify and recruit key health members for their Health Services Advisory Committee (HSAC). This handout offers additional recommendations to help programs deal with challenges that make it difficult for individuals to participate in HSAC activities.

Before you begin to explore strategies to deal with recruitment challenges, consider:

- How has our program recruited potential HSAC members in the past?
- Which strategies were most successful?
- What are some of the barriers that may prevent potential HSAC members from participating?
- How does our HSAC's recruitment plan deal with these barriers?
- Is there anything we need to do differently?

There may be many reasons why your program has been unable to engage potential HSAC members. Understanding why it has been difficult to engage health care providers in the HSAC is the first step to developing an effective recruitment plan. Consider:

- Potential HSAC members tend to be highly committed and have busy schedules. Understanding these challenges will help you tailor your recruitment efforts.
- Individual health care providers and public health professionals vary widely in their areas of expertise and their understanding of low-income families. Guarantee the best match by connecting your program's specific needs to the specialization and interests of the person(s) you are recruiting.
- Health care providers and public health professionals are trained in data-driven decision-making and rely on scientific evidence for all of their work. Ensure that data drives all HSAC activities, and your program knows how to effectively share health data with health care partners. This may help to encourage their interest and continued participation.
- HSAC members may need flexibility to participate in meetings and HSAC activities. **Module 5** provides an overview of technology solutions to use when members cannot physically gather in the same room at the same time.

Some overall strategies to consider include:

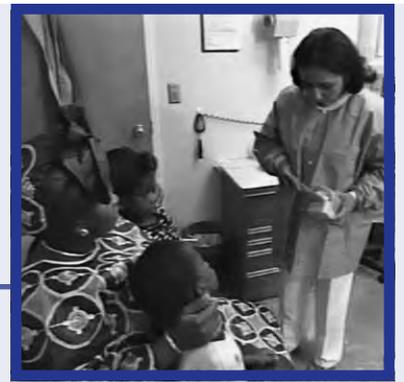
1. **Find a “Head Start Health Champion”:** Build a relationship with interested individuals at a clinic, hospital, private practice, or health department. They may be the office manager, receptionist, or assistant, but they should know the workplace inside and out—and have the knowledge to help move HSAC activities forward. Understanding what motivates them and how the collaboration with your program can support both organizations will help you gain their buy-in.
2. **Work with state and regional (AIAN & MSHS) Head Start collaboration office directors to build relationships with health organizations that work at the state level or with special populations:** Building relationships at the state level will help you focus your recruitment efforts on individuals with the time and ability to support your HSAC work. Organizations to connect with include:
 - Your state department of health
 - State chapters of primary care provider associations (e.g., the American Academy of Pediatrics (AAP), American Dental Association)
 - [Federally qualified health centers \(FQHCs\)](#)
 - [AAP chapter child care contacts](#), who can represent their chapter on early education and child care topics
 - Hospital associations
 - State-affiliated American Public Health Associations
 - State Interagency Coordinating Councils
 - State first responders organizations
3. **Reach out to retired or senior physicians who may have more time to commit to HSAC activities:** Build connections to national and state health care associations to find local providers who may be looking for volunteer opportunities to support organizations like Head Start. These individuals have years of expertise and proven experience that make them uniquely skilled at problem-solving public health issues.
4. **Ask current HSAC members to talk about HSAC participation as a recruitment strategy:** HSAC members can reach out to health care providers with whom they have relationships. Health care providers may write letters about Head Start for their organizational newsletters. Families can talk to their child’s health care provider or their obstetrical provider about opportunities to join the HSAC.

There also are specific strategies to cope with various challenges. Use Table 3 to highlight or add ideas that you will use.

Table 3. Strategies

Challenge	Strategy	Notes
<p>Time: Scheduling meeting times and time required to complete HSAC activities</p>	<ul style="list-style-type: none"> • Make a schedule of members’ office/on-duty hours and call hours to select possible meeting times 	
<p>Location: Determining where (location) and how to hold the meeting</p>	<ul style="list-style-type: none"> • Schedule meetings at medical centers or hospitals where potential HSAC members work • Consider using distance technology when someone cannot attend a meeting (Module 5) 	
<p>Purpose: Meeting the needs of partners as well as the program</p>	<ul style="list-style-type: none"> • Develop or revisit your HSAC’s action plan to ensure it matches the needs of potential members and organizations 	
<p>Membership: Including experts who can support the HSAC action plan</p>	<ul style="list-style-type: none"> • Match program needs to HSAC member specializations and interests 	
<p>Roles: Defining roles that meet the needs of health care providers, including varying levels of participation</p>	<ul style="list-style-type: none"> • Develop multiple levels of participation to allow potential HSAC members flexibility in the amount of time needed to participate 	
<p>Work: Creating tasks that align with the varying commitments health care providers can make</p>	<ul style="list-style-type: none"> • Connect activities to HSAC members’ responsibilities within their day-to-day work 	

Module 3: Gathering the Threads



Engaging and Orienting HSAC Members

The *Weaving Connections* video tells the story of five different Head Start Health Services Advisory Committees (HSACs). And even though they all have the same goal—improving health outcomes for children and families—each one has different expectations and ways to implement health services. This is because every community is different and unique. Use *Weaving Connections* to help you develop your HSAC into a committee as unique and beautiful as the community it serves.

You can use this video in a number of ways, including:

- ◆ To encourage staff to participate on your program's HSAC
- ◆ To brainstorm ideas for improving your HSAC's services to children and families
- ◆ To help engage both families and community members

This module includes a few ideas for using *Weaving Connections* with different audiences. Use the ideas as starting points for thinking about how to get staff, families, and community members excited about becoming active members of your local HSAC!

Training Objectives

After using the resource materials and completing the activities in this module, Head Start and Early Head Start staff members, families, and community members will be able to:

1. Identify the key characteristics of a Health Services Advisory Committee, including:
 - ◆ How to engage HSAC members
 - ◆ How the HSAC fits into the health services offered to Head Start children and families
 - ◆ When and how often the HSAC meets

Self-Evaluation

What are some questions each program may ask as its staff begin to think about engaging members in their HSAC?

Before beginning this module, ask yourself the following questions about your program's HSAC. These are open-ended, reflective questions that may need some time and discussion with others to answer. Answering these questions will give you an idea of where your program is starting from and what your first steps should be.

Self-Evaluation Questions

- How do we currently orient new members? How do we evaluate that orientation?
- What strategies do we use to make family members feel welcomed and valued?
- What opportunities do we offer HSAC members to observe and participate in Head Start classrooms and/or homes?

"Doors begin to open up in your own mind about, my goodness, I didn't realize how much power we have. My goodness, I didn't realize how many lives get changed. My goodness, I didn't realize how many health issues come out."

—Theresa Shivers,
Chief, Health
Maintenance and
Special Needs

2. Identify reasons why being a member of an HSAC is important, including:
 - ◆ What members can contribute
 - ◆ How the HSAC can affect a community
 - ◆ How members can affect the HSAC

Intended Audience

The following activities can be conducted with three different audiences:

1. **Staff members.** Use these activities during an in-service training to get staff members excited about participating on your local HSAC.
2. **Families.** Because families are the primary educators and caregivers of their children, it is important to help families improve their health outcomes. You can use these activities to orient families to the importance of the HSAC and to the benefits that being involved can offer.
3. **Community members.** Getting community members involved with your local HSAC is often a challenge. Medical and dental professionals are busy people with many commitments. Use these activities to give them an introduction to Head Start, Early Head Start, and HSACs in a way that will get them excited and show them what their involvement potentially offers.

Materials

You will need the following materials for the activities in this module:

- ◆ Copies of **Handout 3.1: Identifying Health Services Advisory Committee Key Players**
- ◆ A flipchart and markers
- ◆ The video *Weaving Connections*

Activity Introduction

Once the weaver has the design for her tapestry and has decided which threads to use, she must gather these threads and prepare them for weaving.

In the same way, if HSAC members are not excited and enthusiastic about how their work can affect the lives of children and families, they will be less effective. HSAC members who have a passion for their work from the beginning are more likely to stick with it through the less exciting and less rewarding times.

Step 1: Engage Members

Who: Health Manager

Time: Over several weeks

You will need to spend some time, both on the phone and in person, encouraging people to come to a meeting to get involved in your HSAC. You can get them excited by explaining the ways that their participation can improve health services for Head Start children. You can also explore how the HSAC can support their own work.

When attempting to engage families who speak another language, try to find translators who can participate in an orientation meeting, such as clinic staff, Head Start staff, or other families.

Step 2: Gather Information About Your Audience

Time: 25 minutes

Steps 2–4 are activities to do during an HSAC orientation meeting. These activities focus on using the video *Weaving Connections*.

Before viewing *Weaving Connections*, help the group become familiar with one another and get a feel for their experience with Head Start, Early Head Start, and HSACs. Following are three sets of questions to use with staff, families, or community members to help them think about Head Start and Early Head Start and their role in health services. Some participants may not be able to answer the questions. Reassure them that after working through the steps in this module, they will have a much better understanding of your Head Start or Early Head Start program and your HSAC. Record each participant's answers.

For Staff

- ◆ What is Head Start and Early Head Start's role in the health of children and families?
- ◆ What is your role?
- ◆ How can the HSAC help you reach your program and school readiness goals?
- ◆ Who participates on this committee?
- ◆ Why should you participate?

For Families

- ◆ What do you expect from Head Start and Early Head Start health services?
- ◆ What is your role in Head Start and Early Head Start's health services?
- ◆ How can you get involved?
- ◆ What does the Head Start Health Services Advisory Committee (HSAC) do? What kinds of things can it accomplish?
- ◆ Who participates on this committee?
- ◆ What would you like the HSAC to address?

For Community Members

In addition to questions about HSACs, ask community members to brainstorm about what they know about Head Start and Early Head Start. Use participants' answers to these questions to decide if you need to give a brief overview of Head Start and Early Head Start services before playing the video. If an overview is needed, briefly discuss your program.

- ◆ What services does your Head Start and Early Head Start program provide?
- ◆ What segment of the community does it serve?

For more introductory recruitment information on Head Start, see the video and training materials *Nurturing the Promise*.

- ◆ How does it support the health of children and families?
- ◆ How can community members get involved in Head Start and Early Head Start?
- ◆ What is a Health Services Advisory Committee? What kinds of things can it accomplish?
- ◆ Who participates on this committee?

Step 3: Watch *Weaving Connections*

Time: 25 minutes

For all viewers

Pass out **Handout 3.1. Identifying Health Services Advisory Committee Key Players**. As participants watch *Weaving Connections*, ask them to fill out the chart by identifying the key players on each HSAC featured, their contribution to the success story, and if this success story could have happened without their contribution. Also, request that they pay particular attention to the differences among the HSACs featured. Participants will probably notice that each HSAC is as unique as the community it serves!

Note: The *Weaving Connections* video is also available in [Spanish](#) on the ECLKC website.

Step 4: Get Excited About Your HSAC!

Time: 35 minutes

Broaden your understanding of HSACs

Once the video has finished, ask participants for their initial reactions.

- ◆ Was there anything that surprised you?
- ◆ Was there anything that made you excited or enthusiastic?

Then ask participants to add to the list that you drafted as a group before watching the video.

- ◆ What can your local HSAC accomplish that you hadn't thought about before?

For more on including families, see Research To Practice Series from the Head Start National Center on Parent, Family and Community Engagement, available at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/rtp-series.html> and The Head Start Parent, Family, and Community Engagement Framework, available at <http://eclkc.ohs.acf.hhs.gov/hslc/standards/IMS/2011/pfce-framework.pdf>.

As a group, talk about the participants listed as “key players” on **Handout 3.1 Identifying Health Services Advisory Committee Key Players**

- ◆ Is there anyone now on your list of “key players” whom you hadn’t considered (such as dentists, families, and so forth)?
- ◆ Do you think each HSAC could have been as successful as it was without the unique contributions of these key players? Why? Why not?
- ◆ Did Head Start and Early Head Start staff make up most of the key players? Or was the involvement of families and community members also important?
- ◆ Do you think that Head Start and Early Head Start staff members could accomplish the work of their HSAC on their own?

Next, brainstorm about the role of each HSAC. Ask participants such questions as:

- ◆ What impressed you the most about the role of the HSAC in each story?
- ◆ How was the HSAC in each story different? How were they the same? Do you think every HSAC has to be the same? Why? Why not?
- ◆ How can the HSAC help you achieve positive health outcomes for yourself and your family or for others in the community?

How You Can Help

Now spend some time talking about how participants can become involved, or increase their involvement, in their local HSAC.

- ◆ Can you think of a situation where a HSAC could have helped you, or where you could have been helpful to the HSAC?
- ◆ Why is it important that HSAC members represent the entire community? How could you contribute?

Provide a detailed description to your audience about how your local HSAC functions, including:

- ◆ Roles and responsibilities of HSAC members
- ◆ Times and dates that the HSAC meets
- ◆ Membership of your HSAC

Finally, before you end your session, ask participants if they have any other questions about your HSAC. Provide contact information for people in your program who could spend some time answering specific questions and providing more information.

Step 5: Follow-up

Time: Completed over a follow-up period of several weeks

Put together a packet of information about Head Start that describes the history and mission of Head Start and celebrates special features and recent successes of your program. Create your own brochure that represents who you are and what your goals are.

If members of the HSAC have not visited Head Start classrooms, try to schedule a visiting day or open house during which they can see Head Start in action.

Handouts

Handout 3.1: Identifying Health Services Advisory
Committee Key Players

Identifying Health Services Advisory Committee Key Players

As you watch *Weaving Connections*, use the chart below to record the key players on each Health Services Advisory Committee featured in the video. These are the people who you feel made a significant impact on the course of each story. Also record their contribution to the committee and whether you think the success story could have happened without this person.

Key players (i.e., Head Start staff, families, community members)	Contributions	Could this success story have happened without this person?

Module 4: Piecing the Quilt Together

Making the HSAC Work



What makes Health Services Advisory Committees (HSACs) work? First, these committees work best when they develop action plans and articulate them well. Second, the HSAC is most successful when the Head Start and Early Head Start programs invite specific community members to join the HSAC and when they welcome parent participation. Now it's time to attend to the operation of the committee. A healthy and effective HSAC will have people working well together, communicating effectively, using their time efficiently, following through, and being accountable for the decisions they make. All of those things take planning and strong facilitation and organizational skills. When these things do happen, goals are achieved, and the members of the committee feel a sense of purpose and satisfaction that helps them stay involved. Because there are many resources available that focus on the mechanics of running an effective meeting, this module focuses on the PACT model (see pages 71–76) for effective meeting planning and follow-up.

“Our HSAC meets every other month, and on the off month I send out a brief action update by email to each of the members. I think it is important to let them know how we are using the information and recommendations they made at the last meeting, and it only takes about 30 minutes. It’s respectful to let them know that we not only value, but act on, their contributions.”

—Head Start Health Manager

Self-Evaluation

What are some questions each program might ask as it begins to think about how effectively their HSAC is working together?

Before beginning this module, ask yourself the questions below about your program's HSAC. These are open-ended, reflective questions that may need some time and discussion with others to answer. Answering these questions will give you an idea of where your program is starting from and what your first steps should be.

Self-Evaluation Questions

- How do we know that our HSAC meetings are accomplishing what we need them to accomplish?
- What do we do to ensure that the meeting environment is conducive to expressing and respecting different perspectives?
- What is our conflict resolution strategy?
- How do we make decisions; for example, regarding consensus and voting?
- If HSAC members leave the committee, what do we do to find out about their experience?
- What are we doing to ascertain if current members feel as though their time is being well spent?
- What are we doing to find out if current members feel as though their contribution is valued?
- To whom do we communicate our actions? What do we do to make sure that our written communications are effective?
- How do we involve the HSAC in our operations or policymaking between meetings?

Training Objectives

After using the resource materials and completing the activities in this module, the Head Start and Early Head Start staff person(s) responsible for the HSAC will be able to:

1. Plan and run effective HSAC meetings that will help improve health services for children and families
2. Maintain effective HSAC involvement, use HSAC members' time and energy effectively, and deal with common challenges
3. Maintain communication between the HSAC and others by:
 - ◆ Ensuring an understanding of HSAC activities among other committees and groups in the agency
 - ◆ Providing two-way communication between families and the HSAC

For more on leadership, see Foundation II: Leadership, Systems, and Services in the resource, *Learning for New Leaders: Head Start A to Z* from the National Center on Program Management and Fiscal Operations at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/learning/foundation-2.html>.

Intended Audience

This learning activity offers meeting facilitation skills for HSAC members and Head Start health staff. Participants will learn strategies to organize activities during and outside of HSAC meetings.

Materials

You will need the following materials for the activities in this module:

- ◆ Copies of handouts
 - ◆ Handout 4.1: PACT Definitions
 - ◆ Handout 4.2(a): HSAC Planning
 - ◆ Handout 4.2(b): Scenarios
 - ◆ Handout 4.3: Ways to Make Meetings Matter
 - ◆ Handout 4.4: Coping with Challenging Group Members
 - ◆ Handout 4.5: Tips for Managing Conflict
- ◆ A flipchart and markers

Activity Introduction

This activity introduces the PACT model⁸ for effective meetings and for meeting follow-up. The word *pact* comes from *compact*, which means “to make an agreement or covenant between two or more parties.”

When a community partner agrees to serve on a Health Services Advisory Committee, a pact is made whereby she or he agrees to contribute time, expertise, and passion, and the Head Start program agrees to put that contribution into action to serve the community’s children and families. The PACT model is one way of building competencies to honor the pact between HSAC members and Head Start and Early Head Start programs.

We are using the acronym PACT in two ways: first, in the planning *before* a meeting, and second, in the follow-up *after* a meeting.

8. Adapted from Fahey, P., & Lang, C. (1995). *Mastering change: Head Start Phase III management training*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

“I think the Health Services Advisory Committee is doing something that’s really unique, and that’s that they’re taking a problem that seems like it belongs to a certain group, and they’re exposing it.”
—Marty Varela, parent

Making a PACT for Effective Meetings

PACT for *before* meetings is a planning acronym reminding HSAC leaders of the elements for effective meetings. It stands for:

P = Purpose

A = Agenda

C = Chairperson or facilitator

T = Team ground rules

Making a PACT for Effective Follow-up

PACT for *follow-up* is an acronym reminding HSAC leaders of the elements for effective meeting follow-up. It stands for:

P = Plan of action

A = Accountability

C = Communication

T = Timely follow-up

Step 1: Make a PACT for an Effective Meeting

Time: 35 minutes

To begin the activity, distribute **Handout 4.1 PACT Definitions** and introduce the planning acronym: PACT.

Using a flipchart, write *PACT* vertically down the left side of the paper. Divide your group into teams of four or five. Try to have people from different agencies or with different perspectives on each team.

Ask each team to read one of the scenarios in **Handout 4.2(b) Scenarios**. Next, ask them to work through the questions listed on **Handout 4.2(a) HSAC Planning** to determine how an HSAC could help the health manager deal with the situation.

Ask the group to help you outline how to plan *before* the next HSAC meeting to make sure the **purpose**, **agenda**, designated **chairperson** or **facilitator**, and **team ground rules** are clear.

- ◆ What is the **purpose** of the meeting?
- ◆ What is the **agenda**? What are the key topics, speakers, time limits, and expected outcomes?
- ◆ Who will serve as the **chairperson**?
- ◆ What are the **team ground rules**?

Though these do not need to be developed before each meeting, all group members should understand and revisit these questions frequently to ensure that they remain relevant to the group's work.

Have each group share their PACT, and as a group, verify that all of the elements of PACT are included.

Step 2: Make a PACT for Effective Follow-up

Time: 35 minutes

Now you have the framework for a good meeting of the full HSAC. The next step is to determine how HSAC members can help you with follow-up *after* the meeting.

Return to your groups, and use the scenarios to discuss how the follow-up *PACT* acronym can be used to develop a plan for effective follow-up. Have each group go through the questions on **Handout 4.2(a) HSAC Planning** for the follow-up PACT.

- ◆ What is the **plan of action**?
- ◆ Who is **accountable** for which steps in the plan? Emphasize that the Head Start staff person and the HSAC members have different roles.
- ◆ What **communication** is essential among the people who are carrying out the plan?
- ◆ What is the **time frame** for carrying out the plan? At what point will you re-evaluate what you have achieved and make plans for what could come next?

Encourage the groups to be creative, to draw upon their experiences with similar situations, and to build the scenario as needed.

Next, ask each group to share its PACT with others. Invite the whole group to offer suggestions for improving the PACTs.

Rockland Community Action Head Start asks site directors to take turns as facilitator at HSAC meetings. The facilitator meets with the health manager before the meeting to review the agenda. At the meeting, she is responsible for facilitating the discussion, keeping the group on task, and time management. Site directors know more about the HSAC and are building their management and facilitation skills. The health manager feels that she can participate more fully without worrying about both participating and facilitating.

For more on building and maintaining effective teams, see Module 2 of the National Training Guide, *Cultivating Successful Management Teams*.

Points to Reinforce

The **planning** stage should clearly identify the problem and outline the role the HSAC can play in solving problems.

Accountability is critical to good committee work. The health manager or staff member assigned to the HSAC must be responsive, resourceful, and able to motivate. The HSAC members must see that their work is valued. The HSAC chairperson should encourage HSAC members to attend meetings, stay on task, and offer focused guidance.

Communication not only takes place among the HSAC members but with the community at large. Check to ensure the group has plans for different types of communication. At what point does the work of the HSAC need to be shared with other managers, staff, and families in the Head Start and Early Head Start program?

HSAC members usually need short **time frames** and concrete tasks to conduct their work. Staff will need to check in with HSAC members within a week or two, share information, and adjust plans.

Handouts 4.3, 4.4, and 4.5 are additional resources for running an effective meeting.

Handouts

Handout 4.1: PACT Definitions

Handout 4.2(a): HSAC Planning

Handout 4.2(b): Scenarios

Handout 4.3: Ways to Make Meetings Matter

Handout 4.4: Coping with Challenging Group Members

Handout 4.5: Tips for Managing Conflict

PACT Definitions

Making a PACT for Effective Meetings

- P** Every meeting has to have an effective **purpose** that is clear to all its participants. Meeting because you feel you have to is one purpose but not one that inspires effective action.
- A** Each meeting needs to be guided by an **agenda**. A good agenda serves as a road map for the meeting and allows participants to arrive prepared and able to contribute. Elements of an effective agenda include a list of key topics, leaders and speakers, time limits, and expected outcomes.
- C** The **chairperson** or facilitator is responsible for keeping the team on task. While each chairperson brings an individual style to the job, an effective chairperson needs to (1) clarify the purpose of the meeting, (2) make sure that all participants have a chance to contribute, (3) keep the group on task and on time, (4) summarize agreements and lead the group to shared decision-making, and (5) bring closure to each agenda item.
- T** **Team ground rules** are necessary for maintaining a climate that allows for effective work. The group should specify team ground rules and meeting behavior that each member agrees to help enforce. Common ground rules include listening respectfully, staying within time limits, and arriving promptly. It can be especially helpful to have ground rules about how to handle conflict and divergent opinions. The group does not need to develop ground rules before each meeting, but they should revisit them frequently to make sure everyone understands them and that they remain relevant to the group's work.

Making a PACT for Effective Follow-up

- P** Most agenda items should result in a **plan of action** describing what will be done as a result of the discussions that take place and decisions that are made at a meeting. It is discouraging to attend meetings where discussion never leads to action. An effective facilitator pushes the group to define what actions need to occur to resolve the issue under discussion.
- A** After a plan of action is in place, someone needs to track **accountability**. This means making sure that for each plan of action there is a designated person who agrees to act and a time frame that defines when to act. Between HSAC meetings, the facilitator checks in with members and staff to remind, encourage, and support them in their responsibilities so that plans are implemented.
- C** The HSAC's work will be invisible unless there is a conscious effort to **communicate** with the Head Start community. An agenda item for each HSAC meeting should include discussing those items or actions from the meeting that need to be communicated to the Policy Council and governing body, staff, families, and community health providers.
- T** Finally, a good facilitator plans for a **timely evaluation** of the group's work. This can start with a simple check-in with group members about the process of the meeting. The facilitator then moves on to a formal plan to evaluate participants' satisfaction and the effectiveness of the HSAC's actions in supporting the program's health and wellness goals.

HSAC Planning

The Meeting PACT

Imagine that you are the convener of a Head Start Health Services Advisory Committee (HSAC). You are faced with one of the scenarios in **Handout 4.2(b)** and are planning a meeting to respond. For the scenario you choose, answer each of the following questions:

1. What might the role of the HSAC be in this situation? If you called a meeting to respond to the issue, what would the purpose of the meeting be? How would you communicate that purpose to the committee?
2. Create an agenda for the meeting. Are there agenda items that would require members to prepare ahead of time? If so, how far ahead of time would you need to get the agenda out? Do you need to assign pre-meeting tasks? What outcomes or results would you hope for from this meeting?
3. What would your tasks be as the chairperson of this meeting?
4. What ground rules would you try to establish as the chairperson?

The Follow-up PACT

Imagine that the meeting has finished and was effective. Using your same scenario, how would you answer the following questions to ensure that follow-up occurs?

1. What decisions made at the meeting resulted in an action that needs to happen before the next meeting? What elements need to be in a plan of action?
2. Who should be responsible for each element in the plan of action? What aspect of this person's role makes him or her suitable to be responsible for this action?
3. Who in the community needs to know about this plan? How are they going to be contacted? Who is going to contact them?
4. When will the plan of action be carried out? When will it be reevaluated?

Scenarios

Scenario 1

Your agency has had a Head Start grant for many years. However, you've recently begun EHS services. You need to learn about services to pregnant women. You know that many expectant mothers in your community are having a difficult time affording the medications, vitamins, and healthy food recommended by their physicians or midwives. You don't know what other barriers to healthy pregnancy might be faced by newly enrolled EHS families. How could the HSAC help?

Scenario 2

Reviewers have just left your agency. You know that they expressed concerns about the following issues:

"Ten of 12 children had incomplete immunization records in their files. During their interview, none of the three health aides could describe the system for tracking immunizations, and 15 of 20 parents interviewed described receiving ad hoc health care services from hospital emergency rooms."

"Parents are not given sufficient information on building healthy practices in their families. Several parents stated that they had asked (through their centers' parent committees) for education related to healthy eating and oral health. Staff identified posters in centers with such information but told us that there was no follow-up. Meals served at centers did not meet the Dietary Guidelines, and during classroom observations, we saw four lunches served that were very high in fat: hot dogs, chili with fatty meat, hamburgers, and frozen pastries. None of these meals included any fruits or vegetables."

"Eleven of 12 children observed had problems with dental caries. Two of the children had dental problems severe enough to be easily observable (teeth rotted). Each of the children had a documented screening, but no record showed any reference to follow-up care. The Family Service staff for each of the children told us that it is difficult to find dental care in this area, and they had no way of helping the families."

How could the HSAC help?

Scenario 3

There are many families living near a busy street, which also runs close to your center. Recently, a child was hit in that street by a car. The child is an older sibling of a Head Start child. Medical providers on your HSAC have not been interested in engaging in advocacy on this safety issue; families are shy about bringing it up. Many families (outside of HSAC members) are pushing for some action from Head Start. The health manager is overwhelmed. How could the HSAC help?

Scenario 4

Your Head Start director and Policy Council are happy to let the health manager assume all health-related work. They are pleased that there are no problems with health records and that teachers receive lesson suggestions about health topics. However, everyone has noticed a prevalence of obesity among children, families, and staff. People don't want to deal with it. Could the HSAC be helpful?

Scenario 5

Recent waves of immigration to your area have resulted in increasing rates of tuberculosis (TB). People are scared. A consultant for your agency said that everyone needs TB tests three times a year and that children from families where TB is present are a danger to other children. Staff want to know if working with these children puts them at risk. How could your HSAC help?

Ways to Make Meetings Matter

Directions: Rank yourself and your team on how well you perform these tasks.

Low (don't do this well) 1 2 3 4 5 **High (do this well)**

1. Have a reason to meet. It is not enough to meet *just because we have always met*. There are seven important reasons for having a meeting:
 - Sharing information
 - Collecting ideas
 - Planning action
 - Solving problems
 - Making decisions
 - Implementing new plans and goals
 - Providing feedback
2. Be prepared. Be clear about the agenda and have your work ready to share. Make certain the appropriate people are present.
3. Check in. Give each participant who desires it time to make a brief statement expressing how he or she is feeling. This technique can be used at the beginning of a meeting or during a *challenging* discussion to gauge the reactions of individuals.
4. Be fully attentive and participate. If it is important to be at the meeting, it is important to remain active in the discussion. Using meeting time to catch up on paperwork, sort files, or email communicates a detachment you may not intend to convey.
5. Assume a positive intent. Assume that everyone present agrees with the action plan for the group, desires to contribute in positive ways, and intends to support one another. A positive attitude is one of the most important ingredients in a successful meeting.
6. Listen for understanding and speak with clarity. Listen first to understand what is meant. Listen to words and observe feelings expressed through body language.
7. Ask questions until you fully understand. Clearly articulate your ideas, insight, response, or critique.
8. Remain "charge neutral." *Charge neutral* means remaining calm and clear in your tone and physical presence. No matter what you feel, do not allow emotions to cloud your interaction. You can communicate a lot of information when calm.
9. Strive for team decision-making. Seek to understand all points of view and make a decision that all members can live with and will support when the meeting is over. One method of team decision-making is building consensus: teams fully discuss problems, understand perspectives, and work to reach the best team solution possible.
10. Get closure. Do not move from a topic until everyone present understands the next step. Be clear about issues and decisions, such as the next meeting date.
11. Critique briefly. Discuss what went well and what can be done to make the next meeting more effective.

Coping with Challenging Group Members

Characteristic	What to Do
The Silent One <i>Doesn't comment but may have much to offer</i>	<ul style="list-style-type: none"> • Address by name and invite thoughts, ideas, input on "easy" questions. • Say to group: "I'd like to hear from everyone in turn. Let's start with Mark and go around the group." • Pay attention to nonverbal cues. • Make a point of talking to this person during breaks.
Monopolizer <i>High need to hear herself talk</i>	<ul style="list-style-type: none"> • Politely say, "That's a good point . . . now let's hear from some others." • Redirect the conversation by saying, "Could we talk about this more at the break?"
The Arguer <i>Doesn't just disagree in a healthy or constructive way but constantly quibbles</i>	<ul style="list-style-type: none"> • Invite group reaction: "Would anyone like to comment on what Norma just said?" • Paraphrase or reframe the arguer's comments in a more helpful or positive light. • Ask if everyone can agree to disagree, and then move on. • Agree with the arguer when you realistically can. • If the arguer turns hostile, stay cool: "I can see you have strong feelings about this. Would you be interested in hearing how I [or other group members] feel about this?"
The Rambler <i>Not on the same page with the others</i>	<ul style="list-style-type: none"> • Interject with, "That's an interesting story; I'm not sure that it applies here. The issue here is . . ." • Use same redirection as with the Monopolizer.
The Griper <i>Assumes everyone else is as unhappy with everything as he is</i>	<ul style="list-style-type: none"> • Acknowledge complaints noncommittally. "I see. You have a point." • Invite suggestions: "What do you think you could do about that?" • "You've raised some interesting issues. What do the rest of you think about this?"
The Misinformer <i>Provides incorrect information</i>	<ul style="list-style-type: none"> • Does anyone else here have any information on this?" • "I understand that some people have believed <i>so and so</i>, and we've recently learned that (provide correct information)."
The Chatty One <i>Chats cozily with neighbors</i>	<ul style="list-style-type: none"> • Stop the group and say, "It's difficult to hear when side conversations are going on." Or, "We agreed on a ground rule that there would be only one conversation at a time." (If that's true!)

Adapted with permission from Eitingon, J. (1989). *The winning trainer* (2nd ed.). Houston, TX: Gulf Publishing

Tips for Managing Conflict

Conflict is about personal and organizational differences and preferences. All collaborative groups experience conflicts. Conflict can be managed through the following strategies:

Understanding Responses to Conflict. It is critical for partners to understand how they, as individuals, respond to conflict. People tend to respond to conflict in a number of ways. Each way has its benefits and drawbacks:

- Competing:** Focusing on winning, regardless of the cost to others
- Accommodating:** Neglecting one's own concerns and focusing instead on the concerns of others
- Avoiding:** Not addressing the concerns of anyone; instead, sidestepping conflict or putting it on the back burner until a "better" time—or never
- Compromising:** Looking for a middle ground—a way to give all partners some of what they want or ask for
- Win-win:** Seeking a solution that satisfies the concerns of everyone

Identifying Sources of Conflict. Uncovering conflict and pinpointing its source are two more steps toward conflict management. Typical sources of conflict include previous difficulties between organizations or partners, low trust and/or power struggles among partners, little or no concrete proof of progress, lack of authority to act, or too many competing demands on a partner's time. You can bring a hidden conflict to the surface and get people talking about how to resolve it by:

- Asking such questions as, "What's happening here?" or "What's on everyone's mind?"
- Initiating a discussion about the real source of a conflict.

Learning to Be Unconditionally Constructive. Being unconditionally constructive encourages the other side to act constructively in return. Here are some key points to remember:

- Think about your response before acting. Respond to the issue rather than reacting to your emotions.
- Try to understand the situation from the other person's point of view.
- Communicate clearly and briefly. Do not monopolize.
- Listen carefully and ask questions to clarify (not attack) the other person's position.
- Keep an open mind and look for potential points of agreement.
- Practice backing away and letting the group process determine the action.
- Do not ignore hostile actions but try to identify the underlying issues and bring them to the surface.

Creating a Conflict Resolution Process. Some tips on resolving conflict include:

- Revisit the purpose by asking the question, "If we want these results, what must we do about this conflict?"
- Get everyone's views on what the conflict is and possibilities for resolving it.
- Search actively for a compromise or a win-win solution.
- If settling a conflict seems impossible, agree to disagree while continuing to work together.
- Call a meeting for the sole purpose of resolving the conflict or dispute.
- Appoint a subgroup to study options for resolving or managing the conflict.
- Get a third-party facilitator or mediator involved in finding a solution to the conflict.
- Establish rituals for forgiveness and healing.

Adapted from Melaville, A., Blank, M., & Asayesh, G. (1993). *Together we can: A guide for crafting a profamily system of education and human services*. Washington: D.C.: U.S. Dept. of Education & U.S. Dept. of Health and Human Services.

Module 5: Working From a Distance



Using Technology to Connect HSAC Members.

This module provides “out of the box” strategies for communicating with and coordinating the work of HSAC members who may have geographic and/or time constraints. Head Start programs can benefit from the many free or low-cost solutions on the Internet that allow them to connect to and communicate with health care and public health providers who may not be able to participate in person.

Training Objectives

After completing the activities in this module, the Head Start and Early Head Start staff person(s) responsible for the HSAC will be able to:

1. Demonstrate how technology can increase HSAC members’ participation in program activities.
2. Identify specific technology solutions that will work for HSAC members.
3. Develop a technology plan that includes:
 - ◆ Purpose of preferred technology tools
 - ◆ Specific technology tools
 - ◆ Policies and procedures for technology management (including who will be responsible for managing the technology)
 - ◆ Technology training and support for HSAC members
 - ◆ Expected outcomes for each technology used

Self-Evaluation

What are some of the questions a program may want to consider as it begins to recruit health care providers?

Before beginning this module, ask yourself the following open-ended, reflective questions about your program's HSAC. You may need some time and discussion with others to answer. Answering these questions will give you an idea of where your program is starting from and what your first steps should be.

Self-Reflection Questions

- How has our program connected people within the program and the community in the past?
- Which strategies were most successful? Which were more challenging?
- How can we use technology to build on our successes and minimize challenges?
- What additional resources will we need to be successful?

Intended Audience

Staff can conduct the following activity with the current membership of the HSAC and other interested members of the Head Start and Early Head Start community, especially families, staff, and members of the management team.

Materials

You will need the following materials for the activities in this module:

- ◆ Copies of handouts
 - ◆ Handout 5.1: Types of HSAC Activities, Challenges to Participation, and Technology Solutions
 - ◆ Handout 5.2: Directory of Virtual Meeting Tools
- ◆ A flipchart and markers

Activity Introduction

To complete a tapestry, a weaver sometimes needs threads that are not easily accessible. The weaver may need to search for the missing threads. Head Start and Early Head Start programs may find they need to conduct a more in-depth search for HSAC members. Programs can use technology to engage local health experts who may not have the time to attend meetings in person or providers in more distant communities who can contribute virtually to the program's HSAC work. Understanding what tools are available and how to select a technology solution that best meets their needs can help HSACs recruit and retain health care professionals.

Step 1: Define Technology Needs

Who: The HSAC membership, the Head Start or Early Head Start management team, and Health Services staff

Time: 30 minutes

Organizations often see technology as a quick and easy solution to their problems. Yet not every tool works in every situation. Thinking critically about what HSAC members need, their skill and confidence in using technology, and which tools best support their needs will help programs select the right technology solutions and develop a plan to effectively use them.

To get started, participants will need to consider barriers such as how geographic location and time commitments impact participation in HSAC activities. Ask the group:

- ◆ What commitments make it challenging to participate?
- ◆ How does your geographical location and proximity to the program impact participation?
- ◆ What types of activities can technology support (e.g., communication before and after a meeting, participation in meetings, and/or ongoing assignments)?
- ◆ What kind of access to technology do you have?
- ◆ What technology works best for you?

Use the first two columns of **Handout 5.1 Types of HSAC Activities, Challenges to Participation, and Technology Solutions** to summarize your discussion. Write the type of activities in the first column and the challenges you discussed next to the appropriate activity in the second column. You will use this summary sheet again to brainstorm technology solutions in the next step.

Step 2: Find Technology Tools to Meet Identified HSAC Needs

Who: The HSAC membership, the Head Start or Early Head Start management team, and Health Services staff

Time: 30 minutes to brainstorm, 2 to 3 weeks for the health staff to research specific tools

Review **Handout 5.2 Directory of Virtual Meeting Tools** to determine solutions for the activities and challenges you identified in **Handout 5.1**. Consider each type of technology listed, and begin to determine which tools best match the needs of individual group members. For example:

- ◆ For HSAC members with limited or no access to computers, conference calls may be the best option.
- ◆ For HSAC members working on ongoing projects, such as reviewing policies and procedures, file-sharing tools may support the ongoing work of the committee by offering members a way to work on documents before and after meetings.

Once you determine a solution for the particular type of activity and challenge presented, list it in the third column of **Handout 5.1: Types of HSAC Activities, Challenges to Participation, and Technology Solutions**. The group will end up with a list of tools that best support HSAC activities and may reduce the challenges to participation.

To learn more about specific tools that your program can purchase or use online for free, review the chart in **Handout 5.2 Directory of Virtual Meeting Tools**. You may want to talk with others who have technology experience, including your agency's technology staff and/or consultants, public library staff, and colleagues in private businesses.

Step 3: Develop a Technology Plan

Who: The HSAC membership, the Head Start or Early Head Start management team, and/or Health Services staff

Time: 1 hour

Weavers always organize their tools as they work on the tapestry. An HSAC must function the same way. Technology is only as useful as the plan that people develop for how to use it.

To make the best use of the technology tools, the people who will be using the tools will need to develop a plan together. Health services staff, program managers, and HSAC members will likely need to consult with your in-house technology staff or consultants to determine and agree on:

- ◆ The purpose of each technology
- ◆ The specific technology tools that can help HSAC members complete the activities they need to accomplish

- ◆ Policies and procedures for technology management (including the person responsible for managing the technology)
- ◆ Technology training and technical support for HSAC members
- ◆ Expected outcomes for each activity and related technology

Using **Handout 5.1 Types of HSAC Activities, Challenges to Participation, and Technology Solutions**, you will find the purpose you identified for each technology and the specific tools you have selected to accomplish your work. You will need to draft policies and procedures for the technology as well. Your program may already have technology policies and procedures that you can use or adapt for these purposes. It is important to consider that HSAC members may also have to follow policies and procedures for their own organizations. As you write, review, or revise technology policies and procedures, make sure that they are acceptable to all HSAC members and align with partners' policies and practices.

At a minimum, your HSAC technology policies and procedures should include:

- ◆ Roles and responsibilities for managing the technology
- ◆ Agreement about costs (if applicable)
- ◆ Procedures for ensuring that all members have access to the necessary equipment
- ◆ Contingency plans for technology problems
- ◆ Policies regarding information sharing including confidentiality protections to address privacy issues and ensure that no personally identifiable health information is shared regarding an individual child or his or her family

Your technology plan also should include a training plan for all users that includes in-service training as well as technology support.

Finally, the plan may also include the expected outcomes for each technology. Evaluating each technology to determine how it supported the HSAC can help you determine whether you have chosen the right solution. Some examples include:

- ◆ Document-sharing tools: HSAC members complete a review and revision of program policies and procedures between regular HSAC meetings.
- ◆ Conference calls or Web-conferencing: HSAC members unable to attend meetings in person use conference call-in for every meeting and contribute to the agenda.

Once you have developed your plan, you are ready to integrate technology solutions into your HSAC to improve the effectiveness of your work.

Handouts

Handout 5.1: Types of HSAC Activities,
Challenges to Participation, and
Technology Solutions

Handout 5.2: Directory of Virtual Meeting Tools

Directory of Virtual Meeting Tools⁹

Introduction

Networks of professionals of any kind face many challenges to working together—funds, distance, and time management. But today's technology offers a wide variety of virtual meeting tools to help you meet these challenges, keep you connected, and make your work together more efficient and effective. You can tailor the way you use these tools to meet the needs and capabilities of the members of your network.

This guide briefly describes several types of tools and their uses; it also offers a "Quick View" of these tools and a few examples of each. Because many of these tools are designed for different purposes, you'll want to select the tool or tools that best suits your needs.

Technology is continually changing, so these examples represent a snapshot of only some of the available tools. Programmers will have developed new ones even before this document is released, and they will have added to or changed features of existing tools. Be sure to review carefully the websites that feature each tool before choosing any option, to ensure that it is the best one for your network members.

Whichever tools your network uses, be sure to put guidelines in place to ensure professionalism and confidentiality in all virtual interactions. For example, guidelines would ask members to refrain from posting or sending personal information, selling or sharing a list of network members with nonmembers, or posting any information that might compromise the confidentiality of children or adults in their program. These guidelines should be shared with all members when they join the network. You and other network members will also want to be aware of any policies that your individual programs have in place regarding social media or other Internet activities.

Virtual Meeting Tools

Conference Calling

A conference call involves connecting three or more people on a phone call. This can be done two ways: directly through a personal telephone call or through a conference call service.

- ❑ **Personal telephone call:** Your telephone service provider may offer more features than you know about, including a way to link two or more people on a call. Check your phone menu or user's guide or contact your service provider for more information. If this service is available to you, you may need no additional service to set up a conference call with members of your network.
- ❑ **Conference call service:** There are some free and many fee-based conference-calling services available. These services provide the ability to connect various numbers of callers, so be sure that the service you are considering can accommodate the number of people in your network who will be joining your calls. Typically this service involves sending a single

9. Adapted with permission from National Center on Health. (2014). *Directory of Virtual Tools for Health Manager Networks*. Chicago, IL: Author.

conference-line phone number (and sometimes a passcode) to all participants, who then dial in to join the call. Not all services offer a toll-free number, however. With some services, individual callers will incur costs for the call, in addition to the cost of the conferencing service itself.

Video Calling/Conferencing

The video capacity of computers, smartphones, and tablets allows you and your network members to see as well as speak to each other as you meet virtually. There are numerous video-calling technologies that you can use for one-to-one connections, and some of these also enable group video calls.

Anyone wanting to use video-calling technology will need a webcam in order to be seen on the call; many computers, smartphones, and tablets come with these built in. Those users without webcams already in their devices can purchase an external camera that plugs into their computers and provides the video for these calls.

There are three options for securing audio capacity during a videoconference. You may choose the microphone and speakers that are usually built into most computers. You can also install external speakers, which many people do because the sound quality tends to be better. Or you may choose to use a telephone connection while accessing video over the Internet.

Additionally, many instant message-type software options (see "Group Chat", below) have video-calling features that your networks could use.

Group Chat

An instant messenger (IM) service allows people to have an online "conversation", known as a chat, by typing to each other and sending messages that are viewed instantly. (IMs are not to be confused with text messaging, which is the term used for phone-to-phone mobile, not Internet-based communications.) IM is typically considered a one-to-one communication option, but most IM tools also allow you to set up instant, non-permanent groups. This group communication option is called a "Chat" or "Group Chat" rather than an "IM".

Many programs and applications allow for instant messaging and chat. Windows Live Messenger (now Skype messenger), AOL Instant Messenger (AIM), and Google Hangouts are among the most popular. Advances in IM software allow many of these programs to do much more than just text messages: they can send files and pictures, and they allow you to have audio connection over the Internet and even video chats.

These IM options are free with registration and sometimes include the option of upgrading for a fee to add more features. IM software typically allows you to communicate only with others who are using the same software (e.g., Skype to Skype). However, there are some chat programs or applications that allow you to talk to many different IM sources at once.

Email/Electronic Mailing Lists

Electronic mailing lists (sometimes referred to as “listservs” or “distribution lists”) do not require special software; users only need to have an email account or access to simple group email features, such as Yahoo! Groups or Google Groups. Email lists are a convenient and simple way to communicate with members of your HSAC to pose questions, solicit answers, have discussions, schedule meetings, and send information.

You can easily set up an email list by collecting email addresses from all HSAC members and creating a group contact. You can then include all members of the group in one email. By using “Reply to All,” members can respond to the whole group and maintain communication and conversations throughout a sequence of emails.

If you are initiating an interactive, electronic mailing list, you may want to suggest to the other HSAC members that they also set up the list in their own email contacts. This group contact will make it easy for them to initiate an email to all members, as well.

If your group email distribution list gets large, your emails may be flagged as Spam. You can avoid being perceived as Spam by using a group feature, such as Yahoo! Groups or Google Groups, to create your listserv. Because this kind of group sends mail to individuals who agree to receive emails by subscribing to the group, mass emails from this kind of distribution list are not flagged as Spam. To take advantage of this feature, one person will need to serve as the “administrator” to set up the group. This administrator creates the account with a name that is representative of your HSAC and invites members to subscribe. Members can then post comments, questions, or ideas that will automatically go to the email inbox of all subscribed members. Such groups can also be set up as a one-way communication for simply sending information, not enabling the group members to communicate among each other. In this case, only the administrator is able to send emails to the group. An HSAC might use this approach simply to send announcements about events or resources, and choose to use other tools for discussions. If you choose this method, it gives greater monitoring responsibility to the administrator, potentially limits the number of email messages sent, and possibly adds more time between responses.

Sharing Documents

Your HSAC may want to look at or work on a document together. You can do this in a number of ways:

- ❑ **Document Sharing.** If you just want others to see a document (e.g., you want to share a checklist or a parent flyer), you can either email it, or you can post it on a website (see “Website Design”, below) where your group can go to view it and, if they choose, download it to their own computers. Some group chat options also allow you to send files. The purpose is simply to allow others to view documents, not to edit or otherwise contribute to them.
- ❑ **Screen Sharing.** You can view a document with several people through screen sharing, which allows everyone involved to work on a document together. Screen-sharing software allows one individual to share his or her computer screen with others while all are online at the same time. Participants are invited to log on to a particular site; when they are all present, the individual whose document is being shared clicks on an icon that enables the others to see his or her screen “live” as they all work. This software is helpful for collaborative work (e.g., viewing a document together as you all discuss it and one person enters any changes) and/or for conducting presentations. Free software exists but is often limited to one-to-one sharing. For larger group sharing, most software must be purchased.

- ❑ **File Sharing.** Another way to work on documents together is through file sharing, which allows a user to upload documents to an online site that others who have been given site access can reach from any location. One person at a time can then work on the files or documents directly online; users do not download the files to their own computers, and they do not share a screen to view each other's work simultaneously. While they do not work together simultaneously (as with screen sharing), this file-sharing option allows users to edit, comment, and develop documents while working from the same file, rather than working separately on different versions or copies of the same document (and often creating nightmares around "version control"). You may need to download free software before using some file-sharing sites.

Website Design

Your HSAC may wish to create and launch its own website. There are low- and no-cost options that give you a template that you can customize to meet the needs of your group. For example, you might want to:

- ❑ Have a link on your website where you share files by posting resources for others to view
- ❑ Keep a calendar of events and meetings
- ❑ Have a discussion board

Password protection enables a network to limit access to some or all of the areas of a website to members only.

Social Media

Facebook, LinkedIn, Google+, and various other social media websites allow you to post text, images, videos, and other media to a public Internet space, which is then available for others to view whenever they please. Other people are also able to "follow" your social media account, which means they receive alerts whenever you post something to your space. Privacy controls for these media allow you to define the degree of public accessibility most appropriate to your particular space. Most of these sites also have ways for people to create specialized "sub-spaces," often called groups; hashtags (#); or pages created for a special interest, business, or marketing campaign. These groups can restrict access to invited members only and are useful to networks as private spaces for invited members to communicate.

For examples of each of these tools, see **Table 5. Quick View**.

Quick View of Virtual Meeting Tools

Table 5 provides a quick overview of each of the networking options described above to help you determine which you might need for the purposes and capacity of your HSAC. We list a few examples of each option; you may find others that you'll want to explore.

Unless otherwise indicated, the tools are compatible with both PCs and Macs. Some can also be used with smartphones and/or tablets; the product's website will indicate this feature.

Please note that in cases where HSAC members meet together in "real time", all participants must connect via the same tool to communicate as a group (e.g., you cannot hold a video conference with some participants using Skype and others using Google Video.)

Be sure to check technology requirements, terms of service, price, and privacy policies before using any online tools.

Key

✓ = Free

\$ = Some cost (Many offer free trials for a limited time. Consider trying before buying.)

N/A = Not available or not applicable

Talk = A group of people can talk with each other via telephone or over the Internet.

Type = A group of people can communicate in real time by typing text to each other.

See and Talk = A group of people can see each other on their screens while talking with each other.

Send/receive documents = A group of people can send documents to each other electronically.

Create/share documents = A group of people can create, review, and edit a document stored at a central location.

Table 5. Quick View

	Talk	Type	See and Talk	Send/receive documents	Create/share documents	Notes
Conference Calling						
Freeconferencecall http://www.freeconferencecall.com	✓/\$	N/A	N/A	N/A	✓	Conference calling space is free, but phone charges apply to participants. (Toll-free conferencing is available at 3.9¢/pp/per min.)
FreeConferenceCalling http://www.freeconferencecalling.com	✓	N/A	N/A	N/A	N/A	Domestic long-distance rates may apply as determined by each caller's carrier. If the caller has a nationwide long-distance plan, the conference call will likely cost nothing.
Instant Conference http://www.instantconference.com	✓/\$	N/A	N/A	N/A	\$	

	Talk	Type	See and Talk	Send/receive documents	Create/share documents	Notes
Meeting One www.meetingone.com	\$	N/A	N/A	N/A	N/A	A 30-day free trial is available.
NoCostConference http://www.nocostconference.com	✓/\$	✓	✓	N/A	✓	Fees may apply if you want to use this service without ads.
PGI www.pgi.com	\$	N/A	\$	N/A	\$	
TotallyFreeConferenceCalls http://www.totallyfreeconferencecalls.com	✓	N/A	\$	N/A	N/A	
Video Calling/Conferencing						
Adobe Connect http://www.adobe.com/products/adobeconnect.html	\$	\$	\$	\$	\$	A free trial is available.
FaceTime www.apple.com	N/A	N/A	✓	N/A	N/A	Available only for Macs (iPad, iPhone, iPod Touch, Mac with built-in FaceTime camera) and requires access to a 4G network or WiFi.
Google Hangouts https://www.google.com/hangouts	✓	✓	✓	✓	N/A	Up to 10 participants in live video calls for free.
Go To Meeting http://www.gotomeeting.com/	N/A	\$	\$	\$	\$	A 30-day free trial period is available.
Join.me www.join.me	✓	✓	✓	✓	✓	Allows users to share their screen to work on a document together, talk, or chat with up to 9 other people. (The Pro version allows more and costs @ \$19/mo.)

	Talk	Type	See and Talk	Send/receive documents	Create/share documents	Notes
ooVoo http://www.oovoo.com	✓	✓	N/A	N/A	✓	Free video chat, call recording, and screen sharing for up to 12 people. Premium service available for a cost.
PGI www.pgi.com	\$	N/A	\$	N/A	\$	Available for Mac, PC, iPad, iPhone, Blackberry.
Skype www.skype.com	✓	✓	✓/\$	✓	✓	Skype offers free videoconferencing for 2 people and charges a fee for 3 to 10 participants. It also links to Facebook accounts and takes voicemail messages.
Vidyo http://www.vidyo.com	N/A	✓	✓	\$	\$	12-way videocalling.
WebEx http://www.webex.com	N/A	✓/\$	✓/\$	✓/\$	✓/\$	As many as 3 people per meeting to meet for free.
Wiggio https://wiggio.com	✓	✓	✓	N/A	✓	Allows as many as 10 people on video chat and can also be used to send texts and poll members.
Group Chat						
AIM http://www.aim.com	N/A	✓	N/A	N/A	N/A	Cannot be used with Microsoft Explorer (for now); it requires Firefox, Safari, Chrome, or its desktop app.
Google Hangouts http://www.google.com/hangouts	✓	✓	✓	✓	N/A	Up to 10 participants in live video calls for free.

	Talk	Type	See and Talk	Send/receive documents	Create/share documents	Notes
Skype http://www.skype.com	✓	✓	✓/\$	✓	✓	Skype offers free videoconferencing for 2 people and charges a fee for 3 to 10 participants. It also links to Facebook accounts and takes voicemail messages.
Wiggio https://wiggio.com	✓	✓	✓	N/A	✓	Allows as many as 10 people on video chat and can also be used to send texts and to poll members.
Yahoo! Groups http://groups.yahoo.com	N/A	✓	N/A	✓	N/A	Makes free chat rooms and Instant Messenger for group members.
Email/E-Lists						
Any email account	N/A	✓	N/A	✓	N/A	Allows you to create a group email with all of your network members. Caution: Make sure members use "Reply to all" to maintain communications among everyone in your network.
Google Groups http://groups.google.com	N/A	✓	N/A	✓	N/A	Possible to set up a private group for invited members.
Wiggio http://wiggio.com	✓	✓	✓	N/A	✓	Allows as many as 10 to participate in a video chat and can also be used to send texts and to poll members.
Yahoo! Groups http://groups.yahoo.com	N/A	✓	N/A	✓	N/A	The "Moderator" sets up the group for invited members.

	Talk	Type	See and Talk	Send/receive documents	Create/share documents	Notes
Sharing Documents						
Dropbox www.dropbox.com	N/A	N/A	N/A	N/A	✓	Allows you to work on and store online up to 18 GB of files.
Google Drive https://drive.google.com	N/A	N/A	N/A	N/A	✓	Makes available 5 GB of free file storage and 25 GB at a low cost.
Join.me www.join.me	✓	✓	✓	✓	✓	Allows users to share their screen to work on a document together, talk, or chat with up to 9 other people. (The Pro version allows more and costs @ \$19/mo.)
One Drive https://onedrive.live.com	N/A	N/A	N/A	N/A	✓	Offers 15 GB of free storage if you have a Microsoft account.
PGI www.pgi.com	\$	N/A	\$	N/A	\$	Monthly fee starts @ \$19; discounts are available for annual accounts.
Quick Screen Share www.quickscreenshare.com	N/A	N/A	N/A	N/A	✓	Limits screen sharing to 2 people at a time.
Screen Leap www.screenleap.com	N/A	N/A	N/A	N/A	✓	The free version of its plan allows 1 hr/day of screen sharing. More is available for monthly fees.
Wiggio http://wiggio.com	✓	✓	✓	N/A	✓	As many as 10 people can participate on this video chat, which can also be used to send texts and to poll members.
Yahoo Groups http://groups.yahoo.com/	N/A	✓	N/A	✓	N/A	Makes free chat rooms and Instant Messenger available for group members.

	Talk	Type	See and Talk	Send/receive documents	Create/share documents	Notes
Website Design and Hosting						
GoDaddy www.godaddy.com	N/A	\$	N/A	N/A	\$	Fees are very low and support options are available.
Homestead www.homestead.com	N/A	\$	N/A	\$	\$	30-day free trial available.
Webs www.webs.com	N/A	✓	N/A	N/A	N/A	
Wix http://www.wix.com	N/A	✓	N/A	✓	✓	Premium plans available for a fee. Lower-cost options include ads.
Yahoo Webhosting http://smallbusiness.yahoo.com/webhosting	N/A	\$	N/A	\$	\$	A Yahoo account is necessary before logging in.
Yola www.yola.com	N/A	\$	N/A	N/A	\$	
Social Media						
Facebook www.facebook.com	N/A	✓	N/A	N/A	N/A	Private groups can be created that can only be viewed by invited members who have Facebook accounts.
Google+ https://plus.google.com	N/A	✓	N/A	N/A	N/A	This feature allows you to create private Circles or Communities of selected people and to conduct a video chat with as many as 10 people.
LinkedIn http://www.linkedin.com	N/A	✓	N/A	N/A	N/A	Discussion boards are available for group members with LinkedIn memberships.

	Talk	Type	See and Talk	Send/receive documents	Create/share documents	Notes
Twitter www.twitter.com	N/A	✓	N/A	N/A	N/A	This media has a 140-character-limit to messages sent to/among "followers"; it also has video-sending capacity.

Module 6: How Warm Is Your “Blanket”?



Evaluating Effectiveness and Planning Next Steps

The overarching goal of *Weaving Connections* is to help your HSAC become effective in supporting your program to achieve health and wellness outcomes for children and families. But how can you know if you are doing that? Answering this question requires a planned and systematic process of evaluation.

Evaluation is always best accomplished when it is considered from the very beginning. You want to start out with specific, important elements: shared and well-articulated goals, objectives, outcomes, and action plans (see **Module 1: Designing the Tapestry**). These lay the groundwork for an evaluation that will tell your program what it needs to know in order to make mid-course corrections and to celebrate its successes!

Training Objectives

After using the resource materials and completing the activities in this module, the Head Start staff person(s) responsible for the HSAC will be able to:

1. Define an evaluation purpose and plan for the HSAC.
2. Identify evaluation questions and methods for collecting, analyzing, and aggregating data to answer the evaluation questions posed.
3. Use and share evaluation information to make data-driven decisions about the HSAC and its work. The HSAC evaluation is part of program planning, ongoing monitoring, and Annual Self-Assessment systems. To understand how to integrate program and school readiness data into the annual HSAC planning process, revisit Module 1.

Self-Evaluation

What are some questions each program might ask as it begins to think about evaluating its HSAC?

Before beginning this module, ask yourself the following questions about your program's HSAC. These are open-ended, reflective questions that may need some time and discussion with others to answer. Answering these questions will give you an idea of where your program is starting from and what your first steps should be.

Self-Evaluation Questions

- What is our program's system for evaluating the process and effectiveness of the HSAC?
- What do we do to ensure that we incorporate evaluation results into planning so we support success and learn from our mistakes?
- How do we identify what the HSAC is accomplishing?
- How do we know that our HSAC activities are serving program and school-readiness goals?
- What strategies do we use to communicate our outcomes to families, staff, and the larger public-health community?
- Who in our program is responsible for evaluating the work of the HSAC?
- What strategies do we use to evaluate how members of the HSAC feel about their participation?

Intended Audience

This activity will be useful for an HSAC or a committee of the HSAC that is charged with developing an evaluation plan. This training activity will work best with a group whose HSAC has already completed the module on developing an action plan for the HSAC. If your group is not at this point, we recommend first completing **Module 1: Designing the Tapestry**.

Materials

You will need the following materials to complete activities in this module:

- ◆ Copies of Handouts
 - ◆ Handout 6.1: Evaluation Basics
 - ◆ Handout 6.2: Evaluation Models
 - ◆ Handout 6.3: Factors to Consider when Evaluating a HSAC
 - ◆ Handout 6.4(a): Sample Evaluation Plan
 - ◆ Handout 6.4(b): Sample Evaluation Plan Example
 - ◆ Handout 6.5: Plan to Use and Share Evaluation Results

Activity Introduction

The facilitator can review the background material on evaluation in [Handout 6.1 Evaluation Basics](#) and decide how much of it to present and discuss with participants. For some groups, this information may be too basic and for others it will be a good foundation to begin from.

Step 1: Create an Evaluation Plan

Time: 20 minutes

After reviewing the types of evaluation, lead a discussion asking the group which types of evaluation make the most sense for your HSAC. In most cases, a comprehensive plan for evaluation includes activities answering questions from each type of evaluation.

Step 2: Ask the Right Questions for Your Program

Time: 20 minutes

If members of your group are from the same program and if time allows, let participants continue the discussion about devising a real evaluation of their own HSAC.

The first step in creating an HSAC evaluation is asking the right question(s), and asking it in a way that points toward a data collection plan. An HSAC may have several evaluation questions that it seeks to answer as part of its ongoing monitoring. Effectiveness and compliance evaluation questions should flow from the HSAC's action plan.

After reviewing [Handout 6.2 Evaluation Models](#), ask the group to consider the following questions while taking into consideration the unique action plans for your HSAC. You also may want to review the first and second column of [Handout 6.3 Factors to Consider when Evaluating a HSAC](#) for this activity:

- ◆ What evaluation questions do we want to ask about our HSAC?
- ◆ For each question, what sources of data are available?
- ◆ Is the level of effort required to collect the data reasonable?
- ◆ What is the plan for data collection, and who will carry it out?
- ◆ When will we aggregate and analyze the data that is collected? What is the evaluation timeline?
- ◆ How will we use and share the data with the Policy Council, the governing body, managers, staff, and families?

Step 3: Practice a Process Evaluation

Time: 45 Minutes

Now ask the group to watch the video *Weaving Connections*. As they watch, ask participants to pay particular attention to the health issues in each story. They will be using these stories as starting points to develop research questions, outcomes, and a data collection plan for a process evaluation.

Show Weaving Connections.

After the video, break into small groups, each with four or five participants. Ask each group to choose and work with a story from the video. Each group will use the story as a starting point to design a process evaluation. While they will not implement the evaluations, the groups will practice forming questions and identifying outcomes and sources of data.

Stories:

- ◆ **Port Gamble Indian Reservation, Washington.** Christopher is fully included in Head Start and enjoys increased mobility and independent activity at home.
- ◆ **College Park, Maryland.** Maria has access to the prenatal health care and medication she needs to deliver a healthy baby.
- ◆ **Fairfax, Virginia.** Medicaid reimbursement rates for dental providers have increased, helping Medicaid-eligible children far beyond those enrolled in Head Start.
- ◆ **Seattle, Washington.** Parents become better advocates for themselves and their children.
- ◆ **Washington, D.C.** Bontivia is empowered to make a difference that not only protects her children from lead poisoning but that also helps other families do the same.

After each group has chosen a story, the group's task is to plan a process evaluation with the information that members have from the video. If the group does not have all the information it needs, its members should use their own experience to make up the information they need to proceed. It's okay to pretend for the purpose of this activity! If a small group has members from the same program, these members can also use a health issue from their own program for this activity.

Each group has 20 minutes to answer the following questions and respond on **Handout 6.4(a) Sample Evaluation Plan**. If the group has a hard time responding to the questions, the facilitator can prompt with the examples listed on **Handout 6.4(b) Sample Evaluation Plan Example**.

If you are doing a process evaluation of the HSAC portrayed in your story:

- ◆ What are your specific process evaluation question(s)?
- ◆ What evidence would you expect to see if you used the HSAC's resources well in this situation?
- ◆ What sources of information would you use in order to answer your question(s)?

- ◆ How will you use the evaluation findings for planning? How will you use and share what you learn? (Participants may want to refer to the [Head Start Program Planning Cycle](#)).

After 20 minutes, bring the small groups together to report back. Ask:

- ◆ What plans did you make for evaluating the process of the HSAC in your situation?
- ◆ How do you think those questions might translate to your own questions?

Step 4: Decide How to Use the Evaluation Information

Time: 45 minutes

Finally, ask the groups to consider how they will use the evaluation information and what kind of report or product will result. Using the results to inform planning is an essential part of evaluation. It allows you to make decisions based on the data you collect. For more information about the best ways to integrate HSAC evaluation data into your planning, ongoing monitoring, and Annual Self-Assessment systems, see the Head Start National Center on Program Management and Fiscal Operations (NCPMFO) webpage on the Early Childhood Learning and Knowledge Center website. Consider reviewing the module “[Data in Head Start and Early Head Start](#)” as a group.

In addition, if you are going to be effective in communicating your evaluation results to different audiences, you will need to customize your approach. Ask yourself the following:

- ◆ Who is the audience?
- ◆ What is the correct product to communicate evaluation results to this audience?

Use [Handout 6.5 Plan to Use and Share Evaluation Results](#) to brainstorm several solutions and ways to communicate evaluation results for each question. Include accountability measures that indicate how HSAC members will be sure to use data to develop their plans and share the results with all stakeholders.

Handouts

Handout 6.1: Evaluation Basics

Handout 6.2: Evaluation Models

Handout 6.3: Factors to Consider When Evaluating an HSAC

Handout 6.4(a): Sample Evaluation Plan

Handout 6.4(b): Sample Evaluation Plan Example

Handout 6.5: Plan to Use and Share Evaluation Results

Evaluation Basics

Every evaluation is driven by a question that needs to be answered. The evaluation activities are designed to provide information (data) to answer that question. Clearly defining this question, sometimes called the research question, is a critical first step in any program evaluation. When the research question is clear, you can identify the information you need and make a plan for data collection. Different types of evaluations ask different questions, all of which are useful in assessing effectiveness. What follows is a description of several types of evaluations and the questions they pose. **Handout 6.2 Evaluation Models** presents a summary table of these evaluation models.

Descriptive Evaluation. The research question in descriptive evaluation is, what did we do? While this seems like an obvious question, it is important to be able to describe what your committee does. Sometimes a program needs to provide this information to review teams or governing bodies, and sometimes for ongoing monitoring purposes. Sources of information that answer this question include meeting minutes, membership rosters, and tracking forms. These documents contribute to an important institutional memory that makes it possible for outsiders and new staff to understand the activities and history of a program.

Process evaluation. The research question in process evaluation is, how well did we use the HSAC? This evaluation helps the health manager or other management staff identify changes to improve the effectiveness of the HSAC. Process evaluation is also called “formative” or “implementation” evaluation. Process evaluation answers the following kinds of questions:

- Did we use the committee’s resources to help the program develop and improve systems that support health and wellness?
- Does our program have systems in place that allow us to keep the HSAC informed about the program’s health challenges and then incorporate their guidance into planning to resolve those challenges?

Sources of information that relate to these questions include interviews with HSAC members, health managers, and staff, asking how they have used the committee to respond to specific issues. This kind of information can be used for planning and building systems of communication between the committee and the rest of the program.

Effectiveness evaluation. The research question in effectiveness evaluation is, did we achieve the program and school readiness goals we selected? To answer this question, the HSAC must select clearly identified goals, objectives, outcomes, and action plans. Sources of information for effectiveness evaluation depend on the specific goal, objectives, outcomes, and action plans being measured. It may include health tracking records for issues such as immunization and screening rates, individual education plans (IEP), and classroom observations.

Compliance evaluation. The research question in compliance evaluation is, did we do what the Head Start Program Performance Standards and other regulations say we must? An HSAC has several levels of compliance to consider. At the most basic level, there are the performance standards about the HSAC, which require that the program “establish and maintain an effective Health Services Advisory Committee that includes families, professionals, and other volunteers from the community.” A more substantive approach to compliance evaluation will also take into consideration the program’s compliance with regulations concerning health and health services for staff, families, and enrolled children.

Client satisfaction evaluation. The research question in client satisfaction evaluation asks, what do families, staff, and the community think about health services in Head Start and Early Head Start in general and the HSAC in particular? While client satisfaction should not be the only component of an evaluation, it is a critical piece of information. One of Head Start's core values is partnership with families, and if families are not satisfied, they will not choose to remain in partnership. Another group to assess for satisfaction are the HSAC members. A regular check-in with advisory group members is one way to ensure that the program can retain and support valuable community partners. Sources of information for a client satisfaction evaluation include systematic questionnaires (conducted either on paper or by interview) or ongoing feedback mechanisms.

Evaluation Models

Evaluation Question	Sample Sources of Data (not a complete list)	Plan for Collecting Data
<p>Descriptive Evaluation:</p> <p>What did we do?</p>	<ul style="list-style-type: none"> • HSAC meeting minutes • Interviews with health managers • Interviews with staff • Interviews with HSAC members 	<ul style="list-style-type: none"> • Identify health issues and concerns in the life of the program during the past year. • Develop an interview protocol addressing how the HSAC was involved. • Conduct interviews.
<p>Process Evaluation:</p> <p>How well did we use the HSAC?</p>	<ul style="list-style-type: none"> • HSAC meeting minutes • Interviews with health managers • Interviews with staff • Interviews with HSAC members 	<ul style="list-style-type: none"> • Identify health issues and concerns in the life of the program during the past year. • Develop an interview protocol addressing how the HSAC was involved. • Conduct interviews.
<p>Effectiveness Evaluation:</p> <p>Did we achieve the program and school readiness goals we selected?</p>	<ul style="list-style-type: none"> • Will depend upon the specific goals, objectives, outcomes, and action plans but may include: • Child and family records • Program policies • PIR, Annual Self-Assessment, and monitoring data 	<ul style="list-style-type: none"> • Will depend upon the specific goals.
<p>Compliance Evaluation:</p> <p>Did we do what the HSPPS and other regulations say we must?</p>	<ul style="list-style-type: none"> • HSAC meeting minutes • PIR, Annual Self-Assessment, and monitoring data 	<ul style="list-style-type: none"> • Make sure that the Annual Self-Assessment asks the questions needed to answer the HSAC's evaluation questions.
<p>Client Satisfaction Evaluation:</p> <p>What do staff, families, and the community think about health services in Head Start and Early Head Start in general and the HSAC in particular?</p>	<ul style="list-style-type: none"> • Questionnaires for families, staff, and collaborating health partners 	<ul style="list-style-type: none"> • Develop a questionnaire or interview protocol. • Schedule a regular time to interview or survey the relevant stakeholders about Head Start health services and the HSAC.

Factors to Consider when Evaluating a HSAC

Table 6 is a tip sheet offering five factors to consider when evaluating the HSAC. Each factor includes evaluation questions and possible solutions to identified problems. This tool will help HSACs develop an evaluation plan and next steps.

Table 6. Tip Sheet

Factors to Consider	Evaluation Questions to Ask	Possible Solutions to Identified Problems
<p>Purpose</p> <p><i>Each HSAC begins by defining the purpose of its work.</i></p>	<ul style="list-style-type: none"> • Do the HSAC action plans meet the needs you have identified in your program? Why or why not? • Does each HSAC member have a clear understanding of the program and school readiness goals selected by the HSAC? Do they agree with the action plan? Why or why not? 	<ul style="list-style-type: none"> • Use your program and school readiness goals as a starting point for all HSAC action plans. • Find common goals across community health partners and HSAC members (see Module 1). • Engage all HSAC members in the discussion so they can participate in making decisions about the HSAC action plans. • Align action plans to results from program data about health service needs. • Create a written document that defines the HSAC's action plans, and have each member indicate his or her agreement.
<p>Membership</p> <p><i>HSAC members, while they represent their own professional organizations or groups on the committee, must have the time, energy and commitment to support the work of the HSAC.</i></p>	<ul style="list-style-type: none"> • Does the HSAC have the right membership to address the health issues or problems it has identified? • Are HSAC members able to attend and participate in meetings? • Do HSAC members have the time and energy to commit to HSAC work? 	<ul style="list-style-type: none"> • Recruit new members who represent partners not already on the HSAC. • Determine whether all current members need to continue serving as members or whether there are other ways some may partner with your program. • Collaborate with current members to address recruitment challenges. • Consider different ways to engage HSAC members (telecommunications, meeting locations and times, common interests and purposes).

Factors to Consider	Evaluation Questions to Ask	Possible Solutions to Identified Problems
<p>Meetings</p> <p><i>Well-crafted, organized meetings offer opportunities for HSAC members to engage in productive ways.</i></p>	<ul style="list-style-type: none"> • Does the HSAC meet frequently enough? • Are the meetings effectively managed to accomplish action plan steps? • What could be done better? • Should we consider alternate locations, videoconferencing options, or occasional virtual meetings to recruit and retain providers? 	<ul style="list-style-type: none"> • Meet more often to gather the group for shorter check-in meetings, or use telecommunication options to allow members to participate remotely. • Assign roles that suit people's engagement level in the HSAC (chairperson, deputy chairperson, secretary, meeting coordinator, timekeeper). • Use agendas, protocols, and other organizing tools to keep the committee focused during meetings. • Provide notes to each HSAC member, even when a member is unable to attend, and review these notes at the beginning of each meeting.
<p>Work</p> <p><i>Ultimately, the HSAC is an organized body meant to support the work of the program. Understanding how the HSAC's work is useful is critical to making it successful.</i></p>	<ul style="list-style-type: none"> • Does the HSAC focus on program issues instead of defining and accomplishing health tasks? • What will help the committee accomplish its action plans? • What will help the program meet the health needs of low-income children and families in your communities? 	<ul style="list-style-type: none"> • Consider whether you need advice or support in completing tasks to better serve children and families in your program. For example, you may need <i>advice</i> in accommodating a child with a feeding tube (discussion) or you may need <i>support</i> to collect child health status records from health and oral health care providers (task). • Use HSAC action plans to structure discussions or tasks. • Develop agenda items based on the amount of discussion and the need for support in accomplishing tasks. • Use the level of participation of members to determine who can support the completion of tasks and who can provide feedback and discussion.

Factors to Consider	Evaluation Questions to Ask	Possible Solutions to Identified Problems
<p>Follow-Up</p> <p><i>The work needs to continue when the meetings are over. Therefore, having systems in place to ensure HSAC members are continuing the work between meetings is essential.</i></p>	<ul style="list-style-type: none"> • Are action planning and follow-up activities effectively managed? • What kinds of accountability systems are in place to assure work occurs after the meeting is over? • Are the HSAC's agendas and meeting structure sustaining the interest and continued involvement of its members? 	<ul style="list-style-type: none"> • Decide on follow-up activities or action plans. • Determine how each member will be accountable for completing agreed-upon activities and tasks. • Assign one person responsibility for supporting follow-up and maintaining a record of completion. • Define how HSAC activities will be evaluated. • Hold an HSAC celebration when activities are complete, and review how activities have impacted children and families.

Sample Evaluation Plan

Research Question(s) What exactly do we want to know about how the HSAC was used in this situation?	Measurable Outcomes If the HSAC resolved the situation, what will we see as an outcome for individual children and families and for the program's systems?	Sources of Data Where do we need to find information to answer our question? Whom do we need to talk with? What documents might we review?	Next Steps How will we use the evaluation findings for planning? How are we going to use what we learned? How will we share the information? How will it be incorporated into planning?

Sample Evaluation Plan Example

Research Question(s) What exactly do we want to know about how the HSAC was used in this situation?	Measurable Outcomes If the HSAC resolved the situation, what will we see as an outcome for individual children and families and for the program's systems?	Sources of Data Where do we need to find information to answer our question? Whom do we need to talk with? What documents might we review?	Next Steps How will we use the evaluation findings for planning? How are we going to use what we learned? How will we share the information? How will it be incorporated into planning?
Christopher's program: <ul style="list-style-type: none"> • How did the HSAC help the EHS program respond to Christopher's special needs? • How has this responsiveness been systematized so that all children in the program benefit from Christopher's experience? 	Christopher's program: <ul style="list-style-type: none"> • Other children with special health care needs in Christopher's program are able to get the resources they need. • The classroom staff know whom they can turn to for resources and support in managing the needs of children with special health needs. 	Christopher's program: <ul style="list-style-type: none"> • IEPs and/or individual health plans • Interviews with classroom staff • Interviews with parents • HSAC minutes 	Christopher's program: <ul style="list-style-type: none"> • Review and revise policies for managing the needs of children with special health care needs. • Ensure that staff know whom to turn to for support in the day-to-day care of children with special health care needs.
Maria's program: <ul style="list-style-type: none"> • How did the program use the HSAC to help respond to Maria's need for medication? • How did the program use the HSAC to develop a system to meet the acute health care needs of all pregnant women enrolled in EHS? 	Maria's program: <ul style="list-style-type: none"> • There is a system in place to make sure that every pregnant woman has a medical home. • There is two-way communication (with the family's written permission) between the program and the medical home. 	Maria's program: <ul style="list-style-type: none"> • Reviews of EHS charts • Interviews with women enrolled in EHS • Interviews/surveys of medical providers for EHS women • HSAC minutes 	Maria's program: <ul style="list-style-type: none"> • Invite prenatal care providers to become members of the HSAC. • Make sure that health permission forms allow communication with prenatal care providers. • Plan to train EHS staff on pregnancy complications, e.g., signs and symptoms of preterm labor, preeclampsia.

Research Question(s) What exactly do we want to know about how the HSAC was used in this situation?	Measurable Outcomes If the HSAC resolved the situation, what will we see as an outcome for individual children and families and for the program's systems?	Sources of Data Where do we need to find information to answer our question? Whom do we need to talk with? What documents might we review?	Next Steps How will we use the evaluation findings for planning? How are we going to use what we learned? How will we share the information? How will it be incorporated into planning?
Bontivia's program: <ul style="list-style-type: none"> • When lead was identified as a community problem, how were the resources of the HSAC used to help not just the individual family but all Head Start families? • How did the HSAC's response contribute to solutions for other emerging health needs in the community? 	Bontivia's program: <ul style="list-style-type: none"> • The HSAC helps the health manager develop an education plan about lead poisoning for staff and families. • There is a system in place that includes lead screenings and for follow-up to occur when necessary. • The HSAC reviews community assessments on a regular basis to be alert to emerging health care issues that require advocacy. 	Bontivia's program: <ul style="list-style-type: none"> • Health education plans for home and center-based staff and families • Reviews of charts • HSAC minutes 	Bontivia's program: <ul style="list-style-type: none"> • Invite regional lead official to become a member of the HSAC. • Work in coalition with other community activists on a lead education campaign. • Make sure that the community assessment includes health issues and schedule an annual HSAC meeting to review the assessment.

Plan to Use and Share Evaluation Results

Evaluation Questions	How will you use and share data to plan solutions?	By whom?	By when?	How will you communicate your plan?	By whom?	By when?
Example: Do HSAC meetings solve program health issues?	Graphic illustration of pre- and post-data to demonstrate results	Health Manager	Next HSAC meeting	Staff meeting Policy Council meeting report	Health Manager or Program Director	Next meeting

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