

Raising the Bar: Exemplary Head Start Health Services Advisory Committees

Steve Shuman: Hello, my name is Steve Shuman. I'm a senior training and technical assistant associate in the National Center on Early Childhood Health and Wellness. The Administration for Children and Families created the National Centers to promote excellence through high quality, practical resources and approaches that build early childhood program capacity and promote consistent practices across communities, states, tribes, and territories. Today, we will be discussing Health Services Advisory Committee in Head Start. All Head Start and Early Head Start programs are required to establish and maintain the Health Service Advisory Committee, or HSAC. The HSAC is an advisory group, usually comprised of local health care providers, community representatives, Head Start staff, and families. The HSAC plays a role in community planning by encouraging strong communication, cooperation, and the sharing of information among organizations to improve the delivery of health services to children and families. Collaborative relationships with community organizations promote access to community services for children and families that are responsive to their needs and the assist Early Head Start and Head Start programs to respond to community health needs.

Effective partnerships are the key to the success of this approach. These partnerships enable Head Start to not only respond to the needs of enrolled children and families, but also to create and sustain connections that build healthier communities for everyone. Today, we have a panel of Head Start leaders who have established and maintained exemplary Health Services Advisory Committees with fully engaged members that play meaningful roles in their programs and in their communities. They have also found solutions to many of the challenges that we frequently hear from programs, such as recruiting and retaining membership on the Health Services Advisory Committee. Our panelists represent a diverse cross-section of Head Start and Early Head Start programs, and it's my pleasure to welcome them. I'm going to let each introduce themselves and briefly describe their program. Amada, would you like to start?

Amada Flores: Hi, my name is Amada Flores. I'm the Health Services Specialist for the Community Council of Idaho, Migrant and Seasonal Head Start program. Here in Idaho, our program has 10 Head Start centers across the state of Idaho, and we have funded enrollment of 797 kids. So again, and total Head Start during the summer, and in the winter, we operate six of those 10 for winter programs.

Steve: Thank you, Amada. Tina, would you like to introduce yourself and describe your program?

Tina Handeland: Yes. My name is Tina Handeland and I am the Director of Zaasijiwan Head Start, which is located in northern Wisconsin. We are a tribal program and we have Early Head Start Home-based, Early Head Start Center-based, and Head Start, serving 112 children.

Steve: Thank you, Tina. And which tribe is primarily part of your grantee?

Tina: Lac du Flambeau Band of Lake Superior Chippewa Indians.

Steve: Thank you. Okay. Sandra, would you like to introduce yourself?

Sandra Reece: Sure. My name is Sandra Reece and I'm the Health Specialist with Mid-America Regional Council. As part of Mid-America Regional Council, Mid-America Head Start is part of the Department of

Early Learning. We serve 2,000 plus children in Head Start and Early Head Start programs. We are in three county areas, Jackson Clay, and Platte Counties, which consist of urban, rural, and suburban areas. And we have various program options, Center-based home-based, and family child care.

Steve: And Sandra, your program is operating in those counties in Missouri, is that right?

Sandra: Yes, in Clay, Platte, and Jackson County, Missouri.

Steve: Thank you. And then Kansas City is part of that one of those counties? Yes, Kansas City is part of that, it's part of the Jackson County. So Kansas City is part of Jackson County. We partner with four school districts and four delegate agencies to do the direct services.

Steve: And you are joined today by another member of your program and Health Services Advisor Committee. Carol, you want to introduce yourself?

Carol Dietzchold: Hi, I'm Carol Dietzschold and I support Mid-America Head Start as a Health Consultant on child health and development issues.

Steve: Well thank you, Carol. We're glad that you and Sandra are here to talk about Mid-America's Health Services Advisory Committee. Casy, we don't want you to make you last just because your last name begins with a z, but would you introduce yourself?

Casy Ziegler: Sure. My name is Casy Ziegler, and I'm a Program Coordinator and the Health Coordinator for Heartland Early Education in Salina, Kansas. We have a three county service area with a funded enrollment of 301 Head Start and 188 Early Head Start. Our program options include double session, full-day/full-year, childcare partnerships, home-based, and school day/school year with more school day, school [Inaudible].

Steve: Terrific. Casy, thank you and thank you everybody for joining us today and being willing to share your experiences. Many programs, as I said earlier, identify recruiting and retaining committee members as one of their biggest challenges. Sandra and Carol, can you describe how your Health Services Advisory Committee works, and how you recruited people from the greater Kansas City area?

Sandra: Sure. The Mid-America Head Start Health Services Advisory Committee is comprised of grantee and delegated partnership agency staff and community members with expertise and experience in multiple areas of health. The Mid-America Head Start grantee staff works together as a team to facilitate the health services advisory committee. Outside of Mid-America Head Start Staff, Health Services Advisory Committee members include parents, oral health and medical providers, nutritional service providers, mental health service providers, managed care plan representatives, health departments and various other state and local community health and advocacy providers.

Carol: Okay, we started this out as a grassroots effort and the Community Connections Networking Group is 50 plus members and they meet twice a year. But all of those members work interdependently with Head Start and with each other for working with families, within our communities and with the community at large. And this grassroots effort started with Sandra going out with other members of Mid-America Head Start to visit different health care entities within the Kansas City community. And from that grew a grassroots campaign to build, where we went into the community partners to actually take a educational tour with us, called the Portrait of a Healthy Child. And we took that tool with us to visit provider offices, to explain what Head Start was all about, and how the Head Start regulations

mirrored the regulations under Medicaid's rules for health care for children. And from that, we developed this three-part educational tool that has a bi-folder. And it has a postcard and a poster that is left within the physician and dental offices. And from those, the parents were able to understand the what, when, and why of the health care requirements, and could actually use that tool and reference that tool inside the provider's offices. Sandra, you want to tell them what [? all ?] went up there?

Sandra: Sure. I would just like to say that's the greatest strategy was good, old-fashioned one to one conversations. As Carol mentioned, we went out to meet with various providers to get them on board with being part of the Health Benefits Advisory Committee. We had committee members to engage other people within the community, to support the Health Services Advisory Committee. So going out, conducting one to one conversations, which is very much important, a part of the whole grassroots organizing principle. And so from there, being able to get individuals as well as providers' offices and other organizations on board, to support the work of Head Start.

Steve: Sandra and Carol, thank you. It sounds like you're using really powerful community organizing skills. I love Sandra, that you said good old fashioned one to one conversations. And Carol, you underscored the intentionality, where you had the materials that you brought to show what Head Start expects for children who are healthy, and left materials for follow-up as well. So those are all really intentional strategies that you incorporated into your efforts. On a regular basis, Sandra, how many members of your Health Services Advisory do you have?

Sandra: We have 40 plus members that meet with us twice a year, and then we have individual members, part of the Health Services Advisory Committee, that meets with us throughout the year. They maybe provide training, they may provide access to services. We have one that is currently working with us to host an oral health roundtable, where we are bringing in a dentist to support us with oral health needs. And the whole goal is that these groups of dentists that are currently working Head Start will be able to reach other dentists that are not working in Head Start, and so how they can support us with that effort. We know that people come together based on friendships, based on relationships, and based on the nature of the work.

Steve: I love it. And it sounds like you have these two formal meetings, but people are engaged in one way or another throughout the year, so that's --

Sandra: Right. Yes, Head Start Health Services Advisory Committee is fluid, which means that you may have individuals who can meet with you at all times, and then you may have individuals that cannot. So we have to find ways to get those individuals who are not able to meet consistently continue to be engaged.

Steve: Okay. Well thank you. I think we have a picture of Mid-America Regional Council's Health Services Advisory Committee. Thanks. We're going to be coming back to both of you. Amada, your program stretches across a large rural area, and meets the needs of migrant and seasonal families. You mentioned to me that you are required to be quite creative across the 10 centers that you operate at different times of the year. And you have some really intentional ways that you go about recruiting families, in particular. You want to talk about that?

Amada: Sure. You know, the Community Council of Idaho has been operating for 45 plus years, and I've been working here for the last 18 seasons. So I've seen different ways of operate Health Services

Advisory Committee, and I think that we've gotten to a place where it really works for us, because we are so rural. So what we did is we created a Health Services Advisory structure, and that demonstrated how HSAC is interconnected. We call it HSAC instead of HSAC. It's okay. Of how we call our committees, but just so that you know. And we wanted to represent how our center HSACs and our state HSACs are interconnected, and I'll explain just a little bit.

And we needed to have that structure so that we can have policy council approval of how we wanted to implement our HSAC. So first of all in our structure, we have center HSAC meetings. And so what that means is that 10, each 10 of our facilities across the state of Idaho, put together their own Health Services Advisory Committee and they meet two times a season. The case manager and the education coordinator at each of those facilities are the facilitators of the committees.

So they help guide the parents, and they help make sure that they understand the process and what's required as far as documentation. And then there is the HSAC parent representative and an alternate that is part of that. And there's an election process that I'll explain in just a minute. And then we go in our structure to our state HSAC. The state HSAC is, they meet two times a year, and we have representations of each of our centers, HSAC representatives and their alternates, come to that. And we also invite our community members. We try to have one or two community members participate in that state HSAC. And of course our center's staff facilitators, case managers, and education coordinators are part of that. So then I'm going to go back to what we do at our center HSACs. We created a HSAC orientation brochure. We want to make sure that our staff at our facilities understand the purpose and how to explain this to our parents. So that's why we put together this brochure. It's in English and in Spanish so that we can provide an orientation at our election night. So each center goes through center election night, and at that election night, they receive orientation about the program, about the different committees we have, and then so our case managers and education coordinators go up and they provide the HSAC orientation before elections are made. And then they elect a parent representative, a HSAC parent representative, and an alternate for their center.

The case manager and the HSAC representative -- sometimes the education coordinator as well -- they schedule a planning meeting and they decide what the next topics will be. You know, what is going on locally health-wise. What is it that they want to talk about, what's going on at a local, state, and national level? They decide the topics that are going to be included. The case manager will bring a report that we call the Strengths and Needs Assessment. These questions are asked during our enrollment process, and so we use that to show the parents -- this is what the parents at our Head Start are saying is important to us -- or important to them. And so they see how we can incorporate their interests into our discussions at HSAC. So we tie that in so that we can grasp an interest from the parents that are invited to the Health Services Advisory Committee.

Steve: Amada, I really appreciate you describing so much of this integration of the Health Services Advisory Committee into the family engagement process, and really create this powerful mechanism for including families right from the very beginning, both their strengths and interests, as well as their representation. I just want to clarify, when you describe your they state HSAC, you're describing something for your entire agency, not for the state of Idaho, is that correct?

Amada: Yes, it's for our whole agency. So the local HSAC parent representatives and our staff from each of the facilities come together for a state HSAC meeting, and it's very unique how we do this. And you know, dealing with technology is a difficult thing, but we video conference. And so we have -- the main

HSAC is held here at our central office in Caldwell, Idaho, and we call into central Idaho, to east Idaho. And the parents and the staff get together at those locations and we video conference. We stream them in and we have telephones all connected and going so we can hear each other. And, you know, the meeting that -- the parent HSACs, the parent representatives are actually the ones that take the lead. We're, like you said, our staff are just the facilitators, but we ask our parents to take the lead so that we can help them build those skills on how to present, how to build that inner authority. And it just, it really builds a strong HSAC for our agency at a state level when parents take the lead at their local centers, because they're representing the rest of the families at their center at the state HSAC.

Steve: Amada one last question. Can you talk a little bit about the health professionals that are also part of these groups, besides the families?

Amada: Yes, so we have just a variety of different community partners. We have pediatricians, we have dentists that come to our local and state HSAC meetings, dietitians, phlebotomists, we have nutritionists come in, we have the local health department. They're the strongest representation at our HSACs. At our center HSACs and also for our state HSACs. They are very involved. And as you know, the health departments have different types of services. So when we have different discussions, we ask our community partners that are part of our HSAC, and when we need to, we also call and ask other community representatives to join us. And when we do that, they tend to want to continue coming, because they like the conversation and they like being involved in a community effort. So whenever we have a topic that we need to talk about, we ask the community partner that is related to that topic to present some educational information. And then we go into discussion, and then if there's further clarification, then they step in and provide that clarification that is needed to ultimately make decisions for the program, because this Health Services Advisory Committee has been a big part of policy update, improvements, service coordination, and so it really takes a strong HSAC to be able to do that. And parents are very engaged in that process because they provide their input, what's going to work for them, what doesn't work for them. And then the community partners are there listening to what works and what doesn't work. And then we figure out the best way to provide services, or to update policies and procedures that makes sense.

Steve: Thanks, Amada. Tina, unlike what is Sandra and Carol described for the large area that they cover, or the large geographic area that Amada covers in her program, you work on a much different scale, a much smaller American Indian community. Can you talk about how you recruit people on and off the reservation onto your committee?

Tina: Well most of the people that we recruit for the agencies are from the reservation. And part of that is because most of our resources are here. And so when it comes to children's health, the most important aspect of recruitment and retention is finding those individuals from agencies who share that same passion in providing services to infants and toddlers. That seems to be the key element for us. And making sure that those individuals are, or -- no, I shouldn't say making sure. What these individuals tend to be more committed to serving on boards with those specific things in mind. And it's also crucial, I think, for us, is to set our dates early in the year and immediately secure a site. Preferably the same site so that it develops some consistency. And that pretty much covers what happens on a small scale. And you meet with some frequency, as I remember from our earlier conversation.

Steve: You want to talk about how often you meet?

Tina: Yes, typically in the summer time around July, we have one meeting and we get everybody together to find out what dates work the best, right before, especially, like our larger activity, like the child development days. And we will set dates that start in October, and then we continuously meet up until the child development days. And then we also have a debriefing meeting that we do after the child development days are done. And you have some very specific expertise on your committee that meets many of the needs that your families have. If you want to talk about some of the experts that you have on your group? Some of them come from community health. We have nutrition or dietitian, we have some agencies that come from what's called Great Lakes Intertribal Council, and there are many programs that specific agency services, in terms of working with early childhood. There are also different representatives from our domestic abuse shelter. We have an optometrist, dental staff, and quite a few nurses and other people that provide home visiting services to the families.

Steve: One of the things that I was really struck by, Tina, when you and I spoke earlier is how familiar your committee members are with the families you serve, and that would include being very comfortable serving a tribal community. Have you specifically made that happen on your committee, or do people come with that expertise or interest?

Tina: Well part of that is that making sure that we're providing services for the children in those areas. And what the Health Service Advisory Committee can do is recommend a certain individual to see if they would be a good fit. And otherwise, we -- being so small, we can do that one on one, or the face to face contact, and that is also very helpful.

Steve: Thank you, thank you, Tina. I really appreciate you describing all that. Casy, we're going to give you a chance to talk about how you've gone about recruiting and retaining members in your community in Kansas. Casy: Well I think the most important idea that I try to keep in front of me is relevant. And I think that if the Health Services Advisory can be relevant to me, be helpful to me, it can also be helpful to other early childhood and health agencies in our community. So I think I always keep that in the front of my mind. And I think part of it is the size of our community. Salina is a town of about 50,000 and there's a group of us that have been in early childhood for, I don't want to say it, but for decades, and we cross paths all the time on all different kinds of committees. And it's those same people that I've recruited to be on Health Services Advisory and they've got by in. They know what I do, they know what I can do for them, I know what they can do for me. It's a two-way street.

Steve: I love that two-way street metaphor, because I'm always about and trying to create successful community engagement is a win-win. That it's not just for Head Start, it's also for all of your participants, that they're getting something out of it. Easy: Right. As much as we want to think we can, we can't do everything for everybody. And so we do need all those community agencies to help us. And we all know that health is vital to a child's learning, and if children are healthy and parents are healthy, that allows them to make school a priority for their children, because they have less things to worry about.

Steve: Thank you Casy. You had some interesting activities come out of all of this community engagement. You want to talk about some of your successes that you've had there in Kansas? Casy: Sure. I would have to say, I would echo what one of the other programs said, that the health department is a big part of our HSAC, as we call it. We've -- everything from when Zika virus came out, doing updates on that, to now we have the WIC program come to our main enrollment event that we have in the summer. They come and sign up people at WIC at the same time we're doing that. And they do hemoglobins for us and that's been a great partnership. We also have a great partner in our Safety

Net clinic, especially their dental clinic. Dr. Abbick he is a true -- what's the word I'm looking for -- Sorry. Advocate for -- advocate for children. And we have an under-served dental population, I think for the whole state of Kansas, but definitely in Salina. And we have a real trouble with dentists wanting to see children under the ages of three. And he had recruited a dental surgeon who had come from Overland Park, which is the Kansas City area about three hours away, who would come to our community once a month and do procedures at the Hospital for children who could not have things done in just a dental office. And that was a great partnership. Unfortunately that pediatric dentist retired. But I know that Dr. Abbick is looking for another one.

The other thing Dr. Abbick brought was a few years ago, there was a big to do in our community about fluoridation in water and whether it should be there and what things it could be causing. And there was really quite a community uprising and people wanting to take the fluoride out of our water. And Dr. Abbick brought that to our group. He knew that he had people there that could understand what he was saying, and people that could also put it out to lots of other families about the importance of fluoridation, fluoride in the water. And that did not end up -- we still have fluoride in our water in Salina Kansas, and I really think our group had a big part to do with that. We also, in Kansas, have what's called Kansas Mission of Mercy, and it is a yearly event that happens, I think it rotates between about four cities across the state, and they do dental services for families. And we had it in our community two years ago, and Dr. Abbick again, was the -- he's the one that put it all together. And he made sure that there were slots available by appointment for children to be able to be seen at KMOM, which is Kansas Mission of Mercy. So that was a huge benefit to not only our community, but for the hundred mile radius, probably, around us.

Steve: Well thank you. Sounds quite involved, both inside the Head Start program and in the larger community that you are part of. Tina, I wonder if you can talk about some of the activities that your group is involved with on a regular basis? I know you talked about having them involved in your annual Child-find effort, and then some other more regular activities during the year.

Tina: Yes. Throughout the year, the agencies provide a lot of parent education trainings on health topics. And there are quite a few topics that they come in to help with. Also we have the dental walk overs that we do, and that's in late spring. The children walk with their classes over to the dental clinic, and that way they're able to get their screenings done. And we also have monthly onsite dental education and nutritional education that are provided for us. And that's also very -- it helps to identify any issues early with the children, if maybe they are showing signs of cavities and working with a health coordinator. And also, we have, onsite, are the mental health observations and consultations. And again, the neat thing is that all the resources are under the auspices of the tribe, and that makes it a little bit easier to gather those MOUs and make these things possible.

Steve: Terrific. Good to hear. Amada, some of the activities that your both local and state groups have engaged in have really been quite impressive. So you want to talk about some of the things that your groups have done?

Amada: Yes. So I think that our HSAC has built really strong relationships with community partners. And when we put together events to address some of the things that come up as a need, or when we need them to provide input at a professional level, they typically step up. And that is so true to one of the projects that our program is currently ending, unfortunately. This program is ending, and I'll tell you a little bit more about that. A couple of years ago, we applied for a grant through Cambia Foundation and

we were approved for \$200,000. And the reason that we were approved was because we were able to identify a need that was not typical and that was very unique to the population that we serve. And it came about through a HSAC discussion of our rates of childhood obesity within our program. And at the state level, the childhood obesity rate was a little bit over 11% within preschool age. And within just our program, it was up 34%, so almost three times the state percentage. So we wanted to take action as a program, and the HSAC agreed that we need to move forward with some grant writing, to see if we could put together a health literacy program. So we partnered with the University of Idaho and they helped us right the grant. They helped us with additional research in the state of Idaho, and we found that the farm working community, that there was very little data for the farm working population as it related to childhood obesity.

So they put together a grant around meeting that need. And so Cambia did award us \$200,000 for a two year project. And it was around building the foundation to build a health literacy program, to prevent childhood obesity in the farm working population. So we -- I mean, it was great news when we first got that grant award, and it put us in action for many things. We had several community partners on our HSAC already, but we needed to reach out to even more. We had healthcare providers, nurses, nutritionists, diabetes coordinators, phlebotomists joined our HSAC team, and several other community partners across the state stepped up to help us coordinate the services, because this was a statewide project. So how we did that is that we established community partner agreements with our HSAC members and new HSAC members, saying that part of our agreement was for them to be part of the Health Services Advisory Committee and our program, at the local level and at the state level. And so I believe that they stayed with us during these last two years because everyone was actively involved, and they felt vested in our project. And I think that's the best way of how we were able to retain our community partners throughout this project. And so I feel very successful. I feel the program is very successful. This winter will be our last season that we're implementing the Cambia grant, and the University of Idaho is going to be looking at our data and doing the analysis of that so that we can report to our funding source. And so I hope to be able to share that with you guys. I know that I've seen preliminary data, but I am very anxious to see what the results of all our hard work will be.

Steve: It's very exciting. I think this idea of keeping people involved in a meaningful way is such an important part of retention. And the fact that they were also, because of their energy and their interests, were able to identify a significant amount of new dollars for a project, time limited though it is. But a significant amount of dollars to really get information that will help children and families as you move forward. So that's very exciting. Thank you. Sandra and Carol, I wonder if you can talk a little bit about some of the specific activities that your group engages in at Mid-America, both inside the program and outside in your community.

Carol: Okay, well this is Carol, and I can tell you about how the HSAC works within our Head Start itself. Our providers work hand-in-hand with all of our sites, whether it be a partnership or a delegate site. And they help us by promoting and holding health clinics, both medical and dental. Our managed care programs help with that also. They've set up specific EPSDT or physical exam days in conjunction with the health department. Our local education agencies, such as Parents as Teachers and Saving Sight from the Missouri Lions, do screening for us, developmentally and sensory screenings. We have a tremendous working relationship with the Kansas City health department and the red coalition too, because we have many of our children living in high risk areas, who through the age of five going into kindergarten, do annual lead screening for our children. And they come into all of our sites and do those. Also one of the

things that's been very integral within the HSAC members is to help us write a grant, in which we were able to purchase hearing and vision equipment, so that this equipment is sitting inside Head Start. So it can be taken either to each of the delegates or partnerships or they have their own that they can use. And secondary to that was, within that grant, we were able to work on having an interpreter for the different languages, and work with an interpreting service within the Kansas City area for our ESL families. And from that, we have a member of our committee who is now our medical director, and another member who is our oral health director. And so those people are in place to help us continue to navigate within the community. And we also have our safety net clinics, our [Inaudible] qualified health clinics who provide health and dental services to our uninsured and underinsured children. And in many cases, to members of their own family. So that's how we're working kind of one on one within the clinics, and Sandra will tell you how we're working within the state systems.

Sandra: Well I would say that the Health Services Advisory Committee members have been very instrumental in helping us to access state and local data systems through our HIE health information exchange consent form, which means where parents give consent to the Head Start program to query these registries, to obtain documents of any kind of physical screenings that have occurred at a provider's office, which reduces the duplication of services. So the Health Services Advisory committee was instrumental in helping us to just understand that that system exists within our community at the local and state level. Some of those systems consist of public health profiles, where we can obtain information about a child's immunizations, their lead screening, their health insurance. Show me back also provides opportunities for us to clear their system, to understand or find out their immunizations. And then email may helps us to gather other additional information. We also have partnership with a local information exchange, so we can look and find out if the child has had a physical, the results of screenings, heights, weights. If they have any kind of chronic conditions, that information is noted. So it helps us to be able to go out and request documentation of these physical exams. The Health Services Advisory has also helped us with establishing health processes, to receive health documentation of completed exams and screenings in a timely manner. Anybody knows that that can be difficult for many Head Start programs, with the receipt of complete exams, and sometimes you just have to ask for information over and over. Well through these processes, we are able to eliminate some of that, which has helped us to increase the completion of health requirements, helped us to manage children with chronic health conditions, provide monitoring to decrease, as I said earlier, duplication of services.

Steve: Sandra and Carol, thank you. All of you have described situations where the Health Services Advisory Committee is not something that is just done because it's in the performance standards, but it's a really important part of your program and your community, so that's really impressive. In all my conversations with all of you, I've been so impressed with the amount of work that you've put into it, but also the amount that your program gets out of it, so thank you for that. I wonder -- we hear from a lot of -- at the National Center, we hear from a lot of new health managers that really struggle with getting their Health Services Advisory Committees off the ground and successful. I wonder if you could each, maybe, have a word of advice to new people that are entering the field or experienced people that haven't felt the same levels of success that you've had. Casy, do you have some words of wisdom that you'd like to share? Casy: Just adding on to what you just said is if you just think of Health Services Advisory as another tool in your toolbox, that it should be helpful for you. And if it's not, then you could be doing it better.

Steve: Thanks, Casy. How about you, Tina, any words of wisdom?

Tina: Well I think most importantly, first of all establish collaboration. And again, find people who share that same passion. And then once that is initiated, continue to maintain that consistency.

Steve: Good advice. Amada, how about you? Do you have some advice for our listeners?

Amada: Yeah. So we know that it takes time to grow your HSAC and you just have to be a little bit patient. But I think that your center staff and parents are great resources. They will help you identify which community partners work well with Head Start and who would be interested in working together. And then take time to meet with your community partners. You might be surprised that we are all working and looking for ways to work together and to leverage our resources.

Steve: Beautifully said. Sandra and Carol, do you have some advice for your colleagues across the country?

Carol: Well this is Carol. And I'm a very visually context person, so I look at this like a climbing rose on a trellis. And what Sandra and I talked about is, you have to start with that root, that grassroots campaign. And as that root is established, then you're going to grow and it's going to grow season and season, and it's going to spread. And if you look at the trellis as the community, then the rose, the climbing rose is going to incorporate that community. And as it becomes stronger, it becomes a greater influence on that community, just like the rose becomes a greater influence within your garden. And so that's how I see it and that's how I feel like this committee works within all of the Head Starts across the country.

Steve: It sounds like you're more than just a visual person, you're also a gardener, Carol.

Carol: That might be also.

Steve: Sandra, how about some advice from you?

Sandra: I would say the greatest words of advice I would have is to build collaborations internally within your own organization as well as those relationships with community members, because that is where you're going to find the greatest strengths. And to find a champion that can support your work, and who will be able to speak on your behalf, even when you are not there.

Steve: Well said. Thank you all. Thank you Sandra, Carol, Amada, Tina, and Casey. I don't think I can say anything more or better than what you've said already. The relevance of the work that each of your committee members brings and the intentionality that each of you and your colleagues in your program engage in to make sure that the right people are there, that they're supported fully, that the parents are prepared to take on leadership roles, and that their needs and voices are heard, and that it benefits not only your program, but the community. On behalf of the National Center and Early Childhood Health and Wellness, let me thank you again for contributing to this recording, and extend our heartfelt gratitude for all you do for children and families.

We are going to make sure that those who are listening and watching this recording have an ability to contact you by reaching us first at the National Center on Early Childhood Health and Wellness at our email address, health@ecetta.info, in case they have some follow up questions.