Virtual Health Services Advisory Committee Meetings

Steve Shuman: Do you think you're getting the most out of your Health Services Advisory Committee, or HSAC? Have you ever wondered about innovative ways to engage your members? This health chat offers strategies to help you maximize the effectiveness of your HSAC. You can use the information in this health chat in one of two ways. Individuals who are new to Head Start or your role in running an HSAC will find information on slides 5 to 15 to help you learn more about HSACs and how your HSAC can support the health services your program provides.

Those who are already familiar with HSACs and may have challenges recruiting or engaging members will find strategies on slides 16 through 58 that you can use to recruit, engage, and retain HSAC members when there are geographic, financial, or time constraints that make it difficult for them to meet face-to-face. All the supplemental materials for this presentation can be found on the Early Childhood Learning and Knowledge Center, or ECLKC. Look for the "Materials" link underneath this recording.

My name is Steve Shuman. I have been a Head Start director, and I have been providing technical assistance and training on early childhood public health topics since 1987. My colleague, Nancy Topping-Tailby, and I are from the Head Start National Center on Health. Nancy is also a former Head Start and Early Head Start program director and a behavioral health clinician who has worked with Head Start staff and families for more than 20 years at a local, state, and national level.

Nancy Topping-Tailby: Thanks, Steve. This health chat focuses on some concrete ways to enhance your work with your Health Services Advisory Committee (HSAC) based on our own experiences as well as those of many other Head Start health leaders responsible for managing HSACs. Participants who view this health chat will increase your understanding of how to use HSACs to strengthen health services for enrolled children and families, identify the benefits of virtual meeting technology, apply new strategies to recruit, engage, and retain HSAC members, and strengthen collaborations with and improve contributions from HSAC members. This health chat features information from the revised version of Weaving Connections and from lessons learned from programs that effectively use technology.

The Head Start Program Performance Standards require every Head Start and Early Head Start agency and delegate to establish and maintain a Health Services Advisory Committee. The HSAC has broad advisory functions that are determined by each program to implement health services that meet the needs of enrolled children and families. HSACs can make recommendations but don't have decision-making authority.

Committee members include families, staff, especially health staff, managers, and program directors and community representatives, health professionals such as dentists, pediatricians, social workers, and mental health professionals. The offer their services on a volunteer basis and are not compensated for their participation. The HSAC's membership should represent the breadth and depth of your program's health services. The members of the HSAC best determine their own meeting schedules.

The Health Services Advisory Committee plays an important role in weaving together multiple community connections. HSACs can assist local programs in a variety of activities including developing and reviewing health-related plans, policies, and procedures, training staff and families on health topics, accessing community health resources, and connecting families to medical and dental homes. The goal of Head Start health services is to promote children's healthy growth and development. This means that staff and families work together to prevent health problems, identify children's health concerns, and obtain treatment for an illness or health condition once it has been identified.

Effective partnerships are the key to success. These partnerships enable Head Start to support the health and wellness of Head Start families, improve coordination and communication among families, providers, and program staff, and respond to changes in the health care delivery system. Your Health Services Advisory Committee supports Head Start health services by embracing and supporting your program's goals, objectives, and expected outcomes. For example, it can help your program meet your program and school readiness goals. HSACs can also help to develop policies in response to changes in health status in the center and the community. Each program's Health Services Advisory Committee may offer guidance and support to build and maintain high-quality health services.

The HSAC plays an important role in ensuring that your program provides comprehensive, integrated, and effective health services to enrolled children and their families. When HSAC members are aware of your program's needs, they can advise you on how to strengthen the health services you deliver and mobilize community resources. HSACs can offer great problem-solving strategies on a range of issues. For example, from choosing the right surfacing for your new playground to respond to a spike in illness or an outbreak of lice in a particular center. Now, Steve will tell you about how your HSAC and strengthening community collaborations that promote health and well-being.

Steve Shuman: In 2012, the Advisory Committee on Head Start Research and Evaluation outlined several recommendations to further promote the health and well-being of the children and families who attend Head Start and Early Head Start programs. The recommendations specifically address increasing collaboration among all Head Start stakeholders including health professionals and health professional organizations within the community to better leverage local resources and to improve the consistency of messages and services for local Head Start programs. To do this, you have to establish ongoing collaborative relationships with community organizations that will promote access to and improve the delivery of community services for children and families.

In addition, and to ensure that your program is responsive to community needs, you will need to facilitate strong communication, cooperation, and information-sharing efforts among program staff, families, and all of your community partners. Your Health Services Advisory committee can engage community members with varied expertise. This may include dental hygienists, community health workers, physicians, office practice managers, nutritionists, social workers, and nurses. Clinicians and other health professionals provide credible expert health information and offer evidence-based perspectives.

They can assist with community assessments, program planning and policies, recruit other health providers to serve Head Start children, and refer families to Head Start and Early Head Start programs. Families play a central role in the Health Services Advisory Committee. They bring their perspective about the availability and quality of local services as well as the gaps and barriers to care for low-income families. This perspective creates the context for a family-centered focus for conversations with other HSAC members. The Health Services Advisory Committee provides a unique opportunity to engage decision-makers, health professionals, and families in meaningful discussions that address substantive issues.

Many members of your HSAC can contribute data, adding to your own data sources. Each member will also bring his or her perspective to help you analyze your aggregated data. This analysis can drive decisions, identify areas needing to be addressed, and even inform your committee's recruitment efforts.

For instance, if you discover high rates of asthma among the children in your program, you may want to recruit experts in environmental health, housing, asthma education, and medication management on your committee so you have the right HSAC members to advise you on critical health issues that impact the well-being of program participants. Your Head Start program and your community benefit when your Health Services Advisory Committee members represent both the diversity of the community and the diversity of its health and safety needs.

First responders, such as EMTs and firefighters, can bring a strong knowledge of emergency preparedness while pediatricians and dentists can speak about physical and oral health. Nutritionists and dieticians can address issues of healthy weight. And doulas and lactation consultants can identify important concerns for expectant families and families with infants. But first you need to make sure that you can define the criteria for membership so that you encourage participation from community partners that you want to recruit and retain. If you have trouble getting members to join, think creatively not only about how you recruit them but also about challenges to their participation.

The timing and location of meetings can be very important considerations. Lunchtime is quite popular among many programs. Early morning meetings may work best for others. Some programs hold meetings following pediatric grand rounds at their local hospital. Attendance is excellent because they found times when members could take a moment from their duties to sit down and reflect on how to better serve children and families. There are very real challenges to participating in meetings. Family members may be working or attending school. Taking time off to go to a daytime meeting is often impossible. Working professionals also face challenges that make it difficult to take time away from work when everyone is busy and accountable to their own organization.

In fact, a 2012 survey by the Physicians Foundation found that fewer than one-quarter of respondents had time to assume additional duties. Benjamin Franklin was famously quoted as saying, "Time is money." Today, there is a cost to doing business including attending meetings. There is an associated cost when providers are not engaged in direct care. Geographic distance is another significant challenge for many health professionals who would like to attend a Health Services Advisory Committee on site. Distance can be a barrier in an urban setting. It is even more of a challenge in rural and frontier communities, tribal lands, or geographically diverse communities when grantees are spread over ten or more counties. Some specialists and experts may be even further away. In one study, the average distance families had to travel to see a developmental pediatrician was 44 miles. Other specialists reported an average of 75 miles.

Nancy Topping-Tailby: Fortunately, there are solutions to these challenges. Programs can use technology to engage local health experts with time and distance challenges. These members can contribute by using virtual meeting tools. Members can use something as simple as a telephone to attend a meeting. The Health Services Advisory Committee can also create an online community to share documents and post information in between meetings. Meeting this way allows an HSAC to draw upon a wider group of members including working parents and professionals with relevant knowledge or skills who may work some distance from the program or whose schedules do not permit them to attend meetings in person. Instead of spending several hours traveling, attendees can take an hour or so to attend the meeting from the convenience of their home or office.

In addition, those unable to attend the meeting can review an archived recording and discuss issues and trends after the live meeting. Members can also build productive working relationships by connecting with each other in between regular meetings. The National Center on Health has created a directory of virtual meeting tools that list a wide range of free or low-cost collaboration tools using technology. It can be found on the Early Childhood Learning and Knowledge Center. To access the directory, look for the "Materials" link underneath this recording.

You can tailor the way you use these tools to meet the needs and capabilities of the members of your network. The directory briefly describes several types of tools and their uses. It offers a quick view with examples of each type. Since many of these tools are designed for different purposes, you'll want to select the tool or tools that best suit your needs. An instant messenger or IM service allows people to have an online conversation known as a group chat by typing to each other and sending messages that you can view instantly. Group email lists or LISTSERVs link many people together with one email address. File-sharing allows multiple people in different locations to work on projects collaboratively at the same time or at their convenience.

A group website allows members to see calendars, post questions and events, and view documents. Social media sites allow members to follow new information almost instantly.

Steve Shuman: So what does this technology look like in action? The East Coast Migrant Head Start Project has the unique challenge of working across 12 states. Agency-wide meetings regularly take advantage of virtual technologies.

In the following clip, you will hear from staff participating in a virtual obesity task force meeting. Their agency's Health Services Advisory Committee recommended this task force to promote healthy active living.

[Video begins]

Deborah Booth: Because we are a multi-state grantee with both delegate agencies and direct services, communication has always been something that we pay a lot of attention to and how we do that. We particularly like being able to do this when you're really trying to work on a project together because you can get that back and forth with each other using the video conference than you can over the phone.

Megan Squires: It's really great to bring all the perspectives in from the different regions, and that's what I appreciate it about it most, because what's going on in Alabama is very different from what's going on in Florida. It's good for us to hear those perspectives and to be reminded of them. We're all on the same page about where our kids are.

Female video conference participant: But I don't know how that impacts the other -- because --

Deborah Booth: We have found it very helpful and useful, and it's certainly not just the fiscal part of, you know, decreasing travel costs, but also, wear and tear on our staff because they still do a fair amount of travel, as you would with the multi-state program.

Female video conference participant: Embedding that whole, that line into our procedures.

Megan Squires: Everyone feels more on-point. Sometimes, when we're all together in a group meeting in person, the conversation might stray, so it's kind of neat to pay attention to the different dynamics with using a video conference. Moving forward, this is something that we want to think we want to target all kids, if there's a plan of action that we want to think about. What can we do, you know, to get this more part of our culture?

Deborah Booth: Being able to have meetings for like my department and I get to see them at the same time and we're not doing conference calls and they didn't have to travel here, it has tremendously helped what we do. Probably see what's happening at home, and maybe we can work at home. There are so many games out there and activities out there that could help with the learning as well.

Megan Squires: It doesn't impact the quality of the services that we're providing. If anything, it's just -- it's a great resource. It's an enhancement. I think for me it's awesome because I really like to see the person over there, but also I've had my mentors and managers come on and do how Sophia says... Like any meeting where the more perspectives and wisdom and knowledge that you bring to, in this case, virtual table, the more likely you are to come away with plans and strategies that will be more meaningful and more effective. So, you know, it does just help us to facilitate better planning, so it's a great tool.

Megan Squires: People feel like they have to be more present physically and verbally. They feel more responsibility to be part of the meeting and have more quality comments to say, I think, kind of like they would in an in-person meeting. We can bring more stakeholders into the meeting and they can be hundreds of miles away.

Steve Shuman: The East Coast Migrant Head Start Project researched technology options to plan for a major expenditure and choose the right technology package for their program. And while it was a considerable outlay, it has substantially reduced travel costs. But remember that the directory of virtual meeting tools provides a number of low-cost technology options, too. The National Center on Health wants to thank everyone at the East Coast Migrant Head Start Project for allowing us to observe their meeting for sharing their time and expertise and, most of all, for sharing the many lessons learned for how to run successful virtual meetings.

Nancy Topping-Tailby: It's not easy to run a good meeting. It can be even harder to run an effective virtual meeting. Running a successful virtual meeting requires careful planning, skilled facilitation, and technical support. Before the meeting, set an agenda in advance. If it's a lengthy meeting with many people attending, your agenda should also list the timing and objectives for each agenda item. By making the purpose clear, everyone will feel that their time is well used. Your advanced preparation shows respect to the participants and to the organization.

Any handouts, documents that will be reviewed by the group, and available slides and visuals should be attached along with the agenda as a backup in case the technology doesn't work. Family members may need materials translated into the languages they are most comfortable reading. If participants are going to review a large document, such as policy and procedure manuals, give them plenty of time to read and comment. Include the phone number and/or the URL on the agenda and in any messages that you send. Appoint a backup facilitator and review the agenda together. Make sure this individual knows the host code to your conference call or virtual meeting software so they can run the meeting, if you are absent or unable to connect.

Practice with the technology. Make sure you can navigate confidently and use the features of the technology you choose for your meeting. Prepare a contingency plan because technology can sometimes fail at a key moment. Whenever possible, have technical support available during the meeting to help you or any participants having difficulties. Some organizations employ technology staff. In addition, some virtual meeting companies that provide virtual meeting software also offer TA.

Steve Shuman: At the beginning of the meeting, be there 15 to 30 minutes early in the room, on the phone, and online, so you can boot up and test. There's nothing worse than watching and listening as somebody fumbles with the technology. Greet each arrival as they beep in by asking: "Hi, who just joined us?" Engage participants in small talk just as you would if you were face-to-face in a room prior to beginning the meeting. When everyone is assembled, introduce the attendees and their roles. Make sure everyone knows why they are at this meeting. Create a feeling of a team or community of purpose right from the very beginning. Keeping everyone feeling involved and welcome decreases the sense of isolation and distance among participants.

Nancy Topping-Tailby: Begin the meeting on time and don't start over for late-comers. It's unfair to the people who arrived on time and it slows down the meeting. Consider adding a note to the agenda that late-comers will be acknowledged by the facilitator perhaps at the 15-minute mark. Stay on taskand do not multitask. It is easy to lose focus. You already have a big job. Watch the clock, take attendance, record notes, and make sure the discussion is moving. Keep the pace lively. You don't have visual cues the way you might with an in-person meeting, so be sensitive to pacing. If you are sharing your desktop as a presenter, avoid excessive scrolling, sudden rapid cursor movements, or jumping too quickly between pages. It can be disorienting for viewers.

Make sure everyone has an opportunity to share. Keep track of who's not participating and call on them periodically. You can ask how might this apply to your area, or what factors would contribute to making this work. Try to get all participants to engage with each other, not just with you. Remember that not everyone is in the same room. If there are some attendees on the phone or online, the remote attendees may feel left out.

Speak clearly into the microphone. Limit private jokes, side conversations, or non-verbal language. Be sensitive to how easy it can be for someone who is joining virtually to feel isolated. Explain any activity that off-site participants can hear but can't see. Don't let the discussion drag on. Enlist the attendees to help keep the meeting on track. It gets them to take ownership of the meeting.

At appropriate points, ask: Do we have enough information to move forward? Are we in the weeds? Can we take that offline, especially if it doesn't involve the whole team. Recap at the end of the meeting. Reiterate the next steps, those responsible, and when items are due.

Steve Shuman: Within a day or two of the meeting, send out brief meeting notes and ask for corrections. Post any slides or visuals online and send everyone the link or a copy. Follow up on the items people are responsible for. Announce the date of the next meeting.

Nancy Topping-Tailby: Because health encompasses so many areas, the National Center on Health has created a variety of topical folders on the Early Childhood Learning and Knowledge Center to help guide the user to relevant resources.

You can find most of the materials the National Center on Health uses to promote Health Services Advisory Committees and community collaboration in the Health Services Management folder. The newly updated version of Weaving Connections preserves the framework of the original 2002 edition and all of the video materials while updating the text to align with the 2007 Head Start Act.

As noted earlier, it contains a new module on how to use technology to promote Health Services Advisory Committee participation. The other modules cover action planning, membership, recruitment, engaging and orienting, making the HSAC work, evaluating effectiveness, and planning next steps. A twenty-first century vision for your Health Services Advisory Committee is the June 2014 issue of the health services newsletter. Both Weaving Connections and the newsletter are available on the Early Childhood Learning and Knowledge Center.

There are other materials that will help you explore ways to work more effectively with pediatric practice staff. The fact sheet, the medical home, and Head Start working together may be a helpful resource for practices that are unfamiliar with Head Start. It is also on the Early Childhood Learning and Knowledge Center. In addition, you can share the article by Dr. Marilyn Bull that encourages pediatricians to consider working with Head Start and Early Head Start programs to meet the needs of their most vulnerable patients. The Head Start National Center on Health info line is available to answer your questions by email or phone. This concludes our health chat. Thank you for listening.