Creating an Effective Health Services Advisory Committee

Nydia Ntouda: On today's webinar, we have our presenter, Steve Shuman, who will officially introduce themselves, Steve.

Steve Shuman: Thank you so much, Nydia. I am the director of outreach and distance learning for the National Center on Health Behavior Health and Safety. One of Nydia's many colleagues.

I also serve on the center's COVID-19 workgroup, looking at our resources and how we can help the Head Start and early childhood community, managing the pandemic, and give our advice, when asked, to the Office of Head Start. I also chair the Office of Head Start Health and Safety work group, which is a cross-center group looking at many aspects of health and safety. But obviously, most recently around COVID-19.

We have lots of objectives for you today. We've juggled them a little bit in light of the program instruction and new performance standards that were released this past Friday. We will be talking about how the health services advisory committees can support effective and responsive health services, how they can help you review and develop policies and procedures, contribute to your recruitment strategies, and how they in turn can help you recruit and retain health service advisory committee members.

You can see we've abbreviated Health Services Advisory Committee as HSAC Sometimes pronounced "H-SAC", which is my prevalence. But many people say, "HAY-SAC", it doesn't matter. All the same thing. And finally, we've added this piece about developing an evidence-based COVID-19 mitigation policy in response to the supplementary information on establishing an evidence-based COVID-19 mitigation policy, again, released this past Friday.

The new standard, which is 1302.47(b)(9), refers to that policy as something that the program has an evidence-based mitigation policy developed in consultation with the health services advisory committee that can be scaled up or down based on the impact of COVID-19 in the community to protect staff children and families from COVID-19 infection. We have a handout that you'll see in the chat. The handout has resources around your health services advisory committee. It also has resources on the COVID-19 mitigation policy.

What is an HSAC? For those of you that are unfamiliar, it is in the program performance standards, at the top of Subpart D on health. A program must establish and maintain a health services advisory committee that includes Head Start parents, professionals, and other volunteers from the community. These are all voluntary positions.

It is an advisory group. It's not necessarily a group that has to approve. But serves, as the new standard refers to, in consultation. As you can see, there isn't a lot of detail in your health services advisory committee. The Office of Head Start has given us a lot of flexibility to make it work for you. We'll be talking about that as we move forward.

We have a few polls today. We'd love to know where you're at with your health services advisory committee. Just let us know. Does your program have an HSAC? You're in the process of building it? Have you met recently? Do you meet at least twice a year? You meet more than twice a year?

We have over 1,000 folks online, so we'd like to see lots of participation. We're getting some great responses here. It seems like we're starting to slow down, Barbara. And a way to save some time. Let's see what the results are. About 52% of the respondents let us know that their HSAC meets twice a year. And in all the years that I've been doing this, which is quite a few, that seems a quite typical response.

Although, as you'll see, there's no requirement to meet twice a year or less than – or no restriction to meet more than twice a year. Given that the program instruction is asking programs to have their COVID-19 mitigation policy by March 7, some programs may want to consider a special meeting or another way to reach out in consultation. Thank you for that. You can take down the results, Barbara. And Nydia if you wouldn't mind bringing us to the next slide.

A successful health services advisory committee has five key elements. We're going to try to cover a number of these today. Our resources on the handout cover all five of these key elements. We want programs to think about a plan for their HSAC, not just do it because it's in the standard. The standard is there so that your health services advisory committee can really help your program.

It should not be a burden. It should not be an extra task. It's something that can really work for you if you do it with intention. A clearly articulated plan with a representative membership. That we're going to talk about in just a moment. That membership has a recruitment and orientation process that is responsive to the members and to the needs of your program.

Obviously, we want your health services advisory committee to work effectively. And, as with everything, we want to do some ongoing monitoring, evaluate your activities to make sure that they're working for you and the members. The health services advisory committee builds on this broader program vision and mission. It can enhance the work of the program by supporting the program's philosophy and helping program staff and managers understand how to integrate health practices into your work. Ultimately, this vision and mission of your program will guide all of the work of your health services advisory committee.

As you begin goal setting and planning for your health services advisory committee, the program director and health manager, and others should meet to determine a vision for the role of the HSAC. The HSAC is intended to help your program solve health-related problems, as well as serve as a resource or tool for meeting your program's overall goals, and address tasks like this new COVID-19 mitigation policy development.

Your program doesn't have to report to the HSAC or involved in all the health services. It's really meant to be a focused way for improving health services. Don't get overwhelmed at the idea of creating or sustaining an HSAC to oversee everything that you're doing related to health. You can consider starting small and addressing a particular pressing concern, to begin with.

Make it work for you, make it work for your members. You can have workgroups, you can have subcommittees. And, as you'll see, you can have members that attend meetings in person, you can have members that attend meetings virtually, you can have members that are accessible by phone or email. There are many possible members that could join your HSAC.

Health and human service professionals might include representatives of local health clinics, hospitals, dentists, and physicians. Other community volunteers may include individuals representing organizations providing health services, such as mobile medical and dental vans, mental health clinics, and community mental health centers and services to pregnant people.

For those who are in rural or isolated areas, such as a reservation or frontier community, you may not have an easily accessible set of community health and behavioral health resources. Reach out beyond your community. Consider ways to link those people in at the state or even regional level to help you get the kind of advice that you need from your health services advisory committee.

You may need to find new ways to form those relationships outside of your community and really broaden the scope of your potential HSAC members. As I said, all members don't have to attend every meeting. They can review materials, contribute to each other in more discrete and defined ways. Just you asking them to make that commitment will link them to your health services advisory committee.

A representative membership provides a valuable community context and perspective. These members become a source of data to inform your planning and activities. Families in your program are experts. They know their children and community issues and have firsthand experiences of services, their strengths, and their gaps.

The health services advisory committee can serve as a collaborative model for bringing families and community partners together. Remember, the recipients of your health service advisory committee actions are the children, families, and staff you serve. There are so many staff who frequently sit on health services advisory committees.

The health service advisory committee is a resource for embedding health into your overall program goals. Since your management team is making decisions about your program, it really is important to have their buy-in at your HSAC meetings. Include managers in the HSAC. The HSAC is not just the domain of the health manager or a health coordinator. The most successful HSACs have full participation from the management team to help turn advice into action.

Program leadership serves as a liaison for informing the governing body or tribal council and the Policy Council of the work of the HSAC.

Engaging program leadership helps to ensure that the PC and the governing board, body, or tribal council see the work of the HSAC as integral to achieving the program's expected outcomes. The buy-in and participation of your program's management team is critical to the success of your HSAC. As I said, the management team can turn advice into action, remembering that health is everybody's business.

A number of years ago, ACF did a study on Head Start health managers, and that study identified a number of common categories of staff members from staff. About 87% of the respondents said they included program administrators, another 80% included nutritionists and nutrition experts. About 3/4 identified mental health staff sitting on their HSAC.

Then a little less than 70% included health educators, family service workers. But a quarter included teachers and classroom staff. Another quarter said they included other Head Start and Early Head Start staff. There's nobody that can't contribute to your health services advisory committee. A link to the study is on your handout.

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. The perspective creates the context for a family-centered focus for conversations with other HSAC members. Participation on the HSAC allows you to support parents, grandparents, and other family members as advocates for their children's health, and to develop leaders to improve the health of everyone in their community.

There are lots of community members that you can consider for your HSAC. Aligning community membership with your health goals is a value add for both you and your other HSAC members. Many health professionals, particularly those who work on a fee-for-service basis, can't interrupt their busy schedules to attend meetings.

This doesn't mean they can't be useful to your program. The question to ask is, "are they available?" If the health manager can pick up the phone, send an email, call when needed, send a message when needed, then they should be allowed to serve on your committee. Attendance at meetings should not preclude membership. However, to fully involve members who can attend meetings, consider sending them agendas and materials in advance, the minutes, and notes afterwards, comment sheets so that they can give you the advice and consultation that you're looking for.

Based on that same Head Start health manager study, the most common categories of HSAC members were medical care providers, that 90% included medical care providers. Almost 90% included oral health care providers. But 3/4 included public health departments or boards of health, 70% WIC or other community food or nutrition service providers.

60% were happy to say, behavioral health providers. That may be an area where you really want to recruit, given how much attention has been paid to the mental health of children, families, and staff, particularly during the pandemic. About half of the respondents said they included disability specialist on their HSAC. Another half included other government agencies or officials. There were others that included folks from the school district, part B, and part C providers, other social service providers.

Even – and I love this one – about a quarter of the program said that they brought in Head Start and Early Head Start staff from other Head Start recipients, so that they had the insight of how another program does their work. Amongst our REGION XI programs, about 80%, included representatives from the Indian Health Service.

But with all that said, we want to encourage you to think outside of the box. 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. Doulas and lactation consultants can identify important concerns for expectant families and families with infants receiving Early Head Start services.

You may want to add members to your HSAC based on the needs you identify during your community assessment, your program self-assessment, and annual updates to address current or emerging health needs. And I don't think I have to tell you. The emerging health needs that we've been facing for the last three years. If you don't have folks that can address some of the COVID mitigation that we want you to be considering in your policy, it may be a good time to consider adding people with infection control expertise onto your HSAC.

The HSAC provides a unique opportunity to engage decision-makers, health professionals, and families in meaningful discussions that address substantive issues and even inform your committee's recruitment efforts for new members. 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 sect members to advise you on critical health issues that impact the well-being of the children and families in your program.

There are two resources that our colleagues at PMFO and PFCE, the National Center for Program Management and Physical Operation and the National Center for Parent Family and Community Engagement, have created, and didn't make it to the handout so I'm going to add those to the chat right now. And you can link to them. And we'll make sure that they get into the follow-up email that Nydia mentioned earlier.

They are two good resources when you're looking at community partnership building. We have an opportunity for you to add to the chat. Who have you tried to recruit to your HSAC? let's see what happens in the chat here. We know there's a lot of you. There's about 1,300 people. Folks from the WIC office, pediatricians, nurses, mental health consultants, dentists, Ob-Gyn, epidemiologists, eye doctor, health insurance reps.

This is great. I'm glad we see folks that are thinking outside of the box. We're glad that we're able to tap drug and alcohol specialist, domestic violence, excellent, first aid, social workers, teen pregnancy, food pantry managers, grandparents, school nurses, people from the Lead Program. Extension office folks. Every state has extension office people that are waiting to be tapped. I saw something on sickle cell anemia go by, that's great. Lions Club, community organizations like the Lions Club, great. Air quality specialists. Ooh, that's a good one. Assistant fire chief,

We're going to let that keep going by. And I'm going to move on. Thank you for all your contributions. Don't hesitate. Your contributions are so helpful to the rest of the folks who are watching the chat. Thank you. Let's go to the next slide there for a moment because There's been lots of discussion to social determinants of health and health equity that have risen to the top of discussions around COVID-19. I hope that your health service advisory program knows that Head Start programs are considered a health equity intervention.

A report from the National Academies, called Vibrant and Healthy Kids, Aligning Science, Practice, and Policy to Advance Health Equity, points out that children enrolled in Head Start programs have better access to oral health care, health insurance. The program has positive impacts on a number of health-related areas, including obesity, immunization, hearing, and vision.

Head Start programs are designed to help reduce health disparities, eliminate barriers, and provide a healthy foundation to ensure children enter school ready to succeed. Your Head Start health services advisory committee can play an important role in the journey to health equity for children, families, and staff. The link to that National Academy report is also on your handout.

I would hope that you would consider using your community assessment to identify potential HSAC members. You can determine membership criteria, expertise, availability, diversity, interest, familiarity with early care and education, to get community partners whom you want to recruit and retain. It looks like a lot of you have really begun to think of that or have been thinking about that for quite some time. Select members who represent the breadth and depth of your program's health services.

Any of you working in Head Start health knows that we have a huge breadth of health services that meet to try to meet the needs of all of our families and children. This doesn't have to be a lifetime commitment. Keep members as long as they want to contribute, and as long as you need their input. Your priorities and needs, and those of your members, may change from one year to the next. Maybe there'll be a time when we don't need to focus on COVID-19.

One of the things I've heard over the years is how hard it is sometimes to keep family members on the health service advisory committee. I've been so lucky to talk to successful HSACs over the years to find out the strategies that they used to engage and empower families. It can be intimidating for family members to join an HSAC. They may not have experience with providing input as an advisor.

Think about how you can help empower family members to play a role on your HSAC. This may include providing a handout on the role of the HSAC, and why it's important to have parents or other family members on the committee. Paying for leadership training to help family members learn about strategies to speak up in groups, have a family member who has been on the committee for a while, serve as a mentor or a buddy to new recruits.

Keep in mind that we don't want to discourage someone from participating just because they think the meeting times are too onerous. Find ways to include them, too. Varying meeting times can also be a strategy for engagement. Parents and providers may struggle making meeting times during the workday. Offer morning, evening, or even weekend times that may work better for some participants.

Ask and listen. Ask parents their goals, expectations, and priorities for Head Start. Their health services and listen incorporate those ideas. Develop multiple levels of participation. Parents and all members will have various degrees of flexibility and time to participate. Offer them different ways to engage. Involve parents and families in the planning. Outline specific ways to get involved before, during, and after the meeting.

Once you have identified who you need on your HSAC to address the health concerns of children and families in your program, the next step is to figure out how to recruit them. Here are some specific strategies that you may want to consider. For each person you want to recruit, ask the group to select the best person on the group to build the new relationship. This might be a current HSAC member or a Head Start or Early Head start parent, or a staff person.

Record this information 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 candidates. Select and prepare someone to reach out and follow up with potential members. Develop clear written expectations, so they can carry those out with defined roles and time commitment.

Describe past achievements and current objectives. Find ways to showcase your families and children and all that new members can get from working with our Head Start families. Document your efforts. Keep a record of the strategies that work, and who you've contacted.

We have another poll. This one has two questions. Could you bring this up, Barbara? We're asking, how did your HSAC meet before the pandemic? And how does your HSAC meet now? If you can remember, before the pandemic, in-person, virtually, or both? What are you doing now?

We have almost 1,400 people on, where about half of our participants have responded so far. We'll give you another few seconds here. Looks like we're slowing down. Oh, we're speeding up. OK, Barbara, let's close the poll and show the results.

83% of folks were meeting in person before the pandemic. I'm glad you can remember that far back. I have difficulty. And now we have just a bit above 50% meeting virtually. Another 32%

meeting both in-person and virtually, so hybrid. I am glad to see that folks are meeting, and folks are considering that perhaps in-person isn't always the way to meet. Although, it can still be a good way to maintain relationships. I am not mentioning it on today's webinar. I know lots of HSACs use food to recruit their folks to come to meetings, so encourage their folks. Can you take down the poll now? Next slide, please. I'm sorry, Nydia.

Now that you have your members, how are you going to keep your members? The common barriers that we have seen over the years have been getting people to be able to commit to the time, the expense – if they're getting paid to be somewhere else, then it may be hard to attend a meeting – or the distance.

Distance can be a long distance in a rural or frontier community. Or it can be a short distance that just takes a lot of time to get there. I live in Southern California, and I know programs in Los Angeles may have to allot 90 minutes just to go a few miles across town. If you're having trouble getting members to join or stay on your health service advisory committee, think creatively not only about how you recruit them but also these challenges to participation.

Think about the mutual benefits of finding new ways to meet. Now that folks have seriously developed a virtual model or a hybrid model, that may be a new way to keep folks successfully on your health service advisory committee. It is so important to realize that particularly our health professionals, but all our professionals really may have a hard time devoting hours to attend a meeting.

And in a survey – it's now about 10 years old. I'm sure that it's even more now. But in a survey that the Physician's Foundation did, fewer than one-quarter of respondents had time to assume additional duties. That was 10 years ago. Less than a quarter had time to do something besides their clinical practice. Imagine how overwhelmed folks are now, with even fewer people available.

I was so glad that folks recognized that there's a benefit to virtual meetings. Programs really can find ways to engage local health experts over the time and distance challenges by using technology. These members can contribute by using virtual meeting tools and use something as simple as a telephone to attend a meeting.

The health services advisory committee can also create an online community. I can tell you that we have recipients who have used MyPeers as a closed work group to engage folks and use that to maintain all the information you want to share across your health services advisory committee. You can access the kind of expertise that you're interested in getting by using technology.

How have you been recruiting new HSAC members? What keeps your members coming back? Let's find out in the chat. What strategies have you used? Policy counsel? Good food? Taco bar? [Laughs] I love that. I live in Southern California. We have a lot of taco bars.

Outside meetings, excellent. Parent's suggestions, phone calls, brief targeted meetings. I love that. Luncheons, networking, county health council meetings. I know that. I was working in a region, and they talked about these various community health networking meetings that were so helpful.

Beautiful, we're getting lots of good communication, absolutely. Beautiful. We're going to let those keep going by. Because we want to make sure we have plenty of time to talk about policies. Next slide, please.

Once you've recruited, and you've worked to retain your members, you really want to keep the folks actively involved. Nobody just wants to sit there and feel like they're being talked at. Be sure that you have oriented new members. Part of the performance standards in 1301 under program governance, speak to an agency providing training and technical assistance, or orientation, not only to the governing body, but to any advisory committee members.

You want to really look at that standard as a way to consider whatever other orientation and training and technical since you're offering your other Policy Council and governing body and tribal council members training to include your health service advisory folks in that as well.

Establishing an onboarding training really helps to orient new members to their roles. Some people may need one-on-one, or it may be something that you do annually, depending on how you structured your committee. But really help folks with an explanation of what Head Start health services are. Not everybody knows how comprehensive our health services are in Head Start, or what the community really can do to help those move those along and support our children and families.

HSAC members need to know about the requirements, such as staying up-to-date on EPSDT schedules. They need to know the population that you're serving. You may reach out, particularly if you're looking beyond your immediate community, to folks who aren't familiar with the demographics of your community. You want to give them some background on who you are serving, and what is expected of them as they serve on the committee.

You can consider workgroups or subcommittees. If one of your goals is about helping children achieve a healthy weight, you may want to have a healthy weight subcommittee that is made up of physical fitness folks and nutrition folks, folks with IMIL or some other kind of healthy weight experience and use them in a subcommittee rather than folks that may have infection control, for instance, expertise. You want to use them on a different workgroup.

But this idea of making it a win for you, and a win for them. What are they being able to take away? I love telling the story of a program in Kansas where a big organization like the United Way, came knocking on the door of the HSAC and said, "we'd like to join with you because you are speaking for the whole community. We think we can do more work if we're a partner with you than if you come over to our committee." That kind of thing can be quite exciting when the community acknowledges it as a win-win.

And now it's time to really roll up your sleeves and get to work. This is the last poll. What is it that your HSAC is doing? Can you bring that up, Barbara? Choose the statement – you can choose as many as you like on this one – that best describes what you're doing. And you may need to – some of you may find that you need to scroll on the pull to get to that last one about program self-assessment.

I see lots of folks are – review program data. Look for ways to help families get the services they need. Increasing health care providers' understanding of Head Start. Some programs are using them in self-assessment. Some programs are using them to provide learning opportunities for staff and families. Barbara let's close the poll here and share the result.

When you're looking at these, you want to make sure that when you are providing this information, you're also giving folks an opportunity to make it a two-way street. That it's not you talking at them, but it's really a collaborative relationship of you and your members. Next – let's close the poll, take down the results, and next slide. Thank you. Nydia.

I'm just going to go over this one quickly. Hopefully, you can see that there are so many ways that HSACs can be involved. Many of you responded to training, and helping families access community health resources, and reaching out to other community health organizations and other providers.

I was glad to see how many of you are using your HSAC to help refer families through the program. As many of us are looking to find new ways to recruit children. Your HSAC can play that role because, hopefully, most of your HSAC members see children and families in their agencies or practices.

Here is where I really want to lift up this idea that your HSAC can provide science-based information to you, to the policy council, to the governing body, and to other program leaders to guide decision-making. This is where this COVID-19 mitigation policy really fits with a key activity that the HSAC can engage in.

What is a health policy? This is a definition developed by our colleagues at the Pennsylvania chapter of the American Academy of Pediatrics, the ECELS program. A health policy is a statement of what the program intends to do about any aspect of the program that affects the health and well-being of children and adults who are involved with it.

Minimally, it should address program compliance with applicable regulations. But it can also describe the commitment of the program to best practices, such as those that are identified in caring for our children. Optimally, it should describe the performance that the program wants to achieve, like reducing unhealthy weight among children in their program. Policies should be explicit and measurable. They're not goals, but they can define expected performance. And the link to the Model Child Care Health Policies is on your handout, as well as on this slide.

Effective health policies allow programs to align health, safety, and wellness practices with the Head Start Program Performance Standards, public health, and licensing regulations in states with quality information systems, QRIS, Quality Rating Information Systems, and best practice recommendations.

There's lots of ways that you can tap into what's expected of you as a program at the floor, as well as the expectations to reach higher and achieve more. Health policies address emerging health concerns. We don't have to mention COVID-19 to know that we have emerging health concerns.

We're also seeing flu, RSV, and strep A right now. And reflect the most current science-informed and evidence-based practices. Clear and concise procedures outline the specific steps required to implement these health policies. Your health policies include the steps or the procedures to make them happen. What is this health procedure? They are these steps to implement the policy and monitor their effectiveness. Clearly written health procedures ensure that everybody knows what to do, and consistently does it the same way. Health procedures are the steps required – oh, I mentioned that already, excuse me.

They also identify the staff responsible for implementing procedures to ensure coordination across service areas and systems. When we establish internal, ongoing monitoring procedures that allow the collection of data to evaluate compliance with the policies and the procedures, as well as federal and local guidelines, regulations, and mandates. You want to include monitoring for expectations for the frequency, how often you're going to monitor. And what tools you're going to use, and who's going to do that.

Have a process for tracking and completing any corrective action your internal monitoring identifies. Then you can generate the reports to share that. Lots that you can bring into your procedures, as that are part of your policies to keep your policies current and effective.

You really want your HSAC so that you can solicit broad input from all the stakeholders. When you're developing, adapting, or reviewing these policies. Getting the right people is critical. We've talked about that. You want to think about – if you're trying to do something like a COVID-19 mitigation policy, make sure you have the right people that can give you the best possible advice.

Some programs have longstanding members that you've retained. You've been working together for many years. But this new Head Start Program Performance Standard allows you the opportunity to perhaps refocus and really make the HSAC more vibrant by recruiting new members with expertise in emerging issues.

The Caring for Our Children online standards database is one source for current science-informed and evidence-based practices. We're going to look at that in just a moment. And other recommendations that you may get come from the Office of Head Start, from the Centers for Disease Control, from your state tribal, territorial, and local health agencies. Your HSAC can help you review policies annually, after an incident occurs, or a new situation emerges, or a

new regulation is established. Your HSAC can help your staff and families understand these policies and procedures after you've shared them. They can understand the rationale of how they were created.

This is a slide that we've added to this webinar after Friday's release. We're trying to be current and responsive. You can see on the left – excuse me, on the left-hand side, we've taken from caring for children some elements of a written plan, which include planning and coordination, communications, infection control, child learning, program operations, and procedures for staff and family training. On the right-hand side are the elements in the program instruction that was released on Friday.

Let me say that most of you – one would hope all of you. But most of you probably already have an infection control policy. You've probably added to it during the pandemic. The New Head Start Program Performance Standards, 1302.47(b)(9) that I mentioned earlier, requires you to have this evidence-based COVID-19 mitigation policy developed in consultation with your HSAC.

As we've learned over the last three years, we all need to be aware of the fluctuations in COVID-19 community levels. Your policy should allow programs to be responsive to these and other changing conditions. An effective policy is able to scale up or scale down as the impacts or risks of COVID-19 increase or decrease.

You want to consider all these elements as you develop your policy. You want to direct any questions you have regarding the new requirement to your regional office. Be sure to read the program instruction that is linked on this slide, and it's also in your handout. That program instruction, is called supplementary information on establishing an evidence-based COVID-19 mitigation policy.

What does it mean to be evidence-based? The National Center provided some advice a number of years ago on what this means. It seems to be a good working definition for our purposes here as well. It is this umbrella term that refers to the use of the best research available, the most current research available, and that's found in health sciences literature.

And clinical expertise, what clinical providers already know. They've been trained and they've been practicing; their clinical expertise is also important. You want to look for scientific references when you're looking for something that's evidence based. Information is more trustworthy if it's based on scientific studies. Professional journals are one good source of these studies, especially those with peer-reviewed articles.

A peer-reviewed article means that the article has gone through a process in which impartial experts who specialize in that field have reviewed the quality of writing, checked the accuracy, assess the validity of the research. Once they've accepted the article, suggested revisions, rejected articles that don't meet the standards, that's what gets published. They go through a stringent review process.

Many professional organizations publish journals that you can rely on. You want to check for dates. sometimes, if you're looking online, there may be an older article even though the date on the website is earlier. Don't rely only on one website. Check that the information from one site is consistent with other websites that you look at. And you'll begin to get the most trustworthy information.

The National Center created a self-learning module, that's on ECLKC – again, link in the handout – on how to find science-informed and evidence-based information. This module helps guide you as to what some trustworthy sources of information are. You want to look at government agencies like the CDC, institutions of higher ED like universities and colleges in your area, professional health organizations like the American Academy of Pediatrics, and organizations with early childhood health expertise like the National Association for Education and Young Children.

The best way to get information is to use the original source. You don't want to get something that's been passed down. You want to avoid personal stories and information from an online discussion forum. Beware of what you find on Facebook and Twitter. You want to make sure that it's coming from the best possible place.

Personal stories aren't always based on scientific fact. If someone's trying to sell something, you want to be suspicious of that. Beware of those claims and sites that are selling things. Be a little skeptical when there's an online discussion group that isn't being reviewed by an expert.

As I mentioned, caring for our children is one source that can inform your COVID-19 mitigation policy. You'll find in the program instruction and on our handout two standards, in particular, about policy development. But you can look at the many standards in caring for our children to help you look at infection control procedures and policy suggestions.

Your state, tribal, local, and territorial health departments, we mentioned earlier, are certainly a source. I know many of you have renewed relationships with them during the pandemic. We want folks to look at the Centers for Disease Control as a place for the most current information. They have worked closely with the office of Head Start in developing operational guidance for K-12 schools, and early care and education programs to support safe in-person learning. That consistently stays up to date.

We're almost at the Q&A part. There are many examples of other health policies and procedures that HSACs can be involved with. We certainly want to encourage HSACs to consider the importance of behavioral health. All the mental health needs of children and families as well as staff, and how to make sure that you're getting referrals to all the possible treatment interventions that families, children, and staff may need.

Finally, your HSAC members are your Head Start champions. They can speak for your program. They can recruit people to your program, and they can recruit other experts for your HSACs. Don't underestimate how much they can be an added value. I just want to go over a couple of the most important resources.

We have a whole section on ECLKC devoted to health services advisory committees that has videos and written documents that you can download, like weaving connections which is a wonderful toolkit that includes stories and tools about helping children, building relationships. If you are new to working on your HSAC, this is a great place to start. That is certainly all linked in the handout and on ECLKC. I'm going to ask Nancy to join me. We have about five minutes to answer some key questions. Nancy, can you come back and let me know what's been happening?

Nancy Topping-Tailby: Thank you. I've been very busy. Hi everyone. I'm glad to see so many people. I specifically left a couple of questions that I think would be helpful for other people to hear the answer. I'm just going to try and do them quickly. Here is one on any recommendations or resources for orienting new members?

Steve: As I said, that one standard in the 1301, in program governance, includes the HSAC in that list along with governing bodies, tribal councils, policy councils. There should be some orientation work already in place that you can draw from, that's specific to your program. On ECLKC, there are some wonderful resources about Head Start 101 if you're looking at the About Head Start pages, when you go to the ECLKC home page. You want to look at that.

You want to draw from your program data, so the reports that you've created at the end of the year, maybe your most current PIR information. All of that can really be a good way to describe your program. I think this part is the most important, Nancy. Looking at members that have been with you, what did they want to know, and what do they know now, so that they can really inform a solid orientation and ideally participate in that.

We have one program in Missouri that the HSAC members developed a packet that they give to new members. The HSAC members actually contributed to the written documents that are handed to new members.

Nancy: Thank you, Steve. There were a number of questions like this one. Which is, if you provide services to multiple counties, is an HSAC required for each county? Or just one per program with individuals from various locations?

Steve: The way that the standard is written it's about the program, not the county. If you're talking about your health services committee, you might recruit folks from each of the counties. I know we have lots of recipients who spread across multiple counties, which gives you more boards of health to draw from, more providers to draw from, and a greater diversity of demographics that you're serving. Your health services advisory committee wants to be representative. Another reason why you may want to consider some virtual options in your meetings.

But your policies, ideally, are program wide. Although, they may need to be responsive if there's changes in the county. I live in a county that's as big as some states, what happens in one part of the county may not be relevant to another part of the county. You also want to

make sure that you're using, if you have it, community health data that can be as responsive to your policy development as possible.

Nancy: Thank you, Steve. There's a comment in the questions that says, one program is combining five different counties. The comment that she shared is that all members really enjoy the cross-county conversation.

Steve: Oh, nice.

Nancy: Thank you for sharing that with us. There was a similar question also about what happens if you have a delegate agency, that one was something that folks wanted to know. And I know we're right at the top of the hour. Do you want to try and take one more?

Steve: I'll take one more and then close out.

Nancy: Some of these are a little technical, so I don't know if this is a good one to answer or not. This might be better directed to the recipient's program specialist. If a grantee office does not hold the license, rather the partner agencies are the license holders, does the grantee still need to create the mitigation policy? Or would each partner create their own mitigation policy? I think I'm going to answer that and say, that's a really complicated question. I would encourage the person who asked that question to reach out to your program specialist for the answer.

There is lots of comments, Steve, about folks have current – as you suggested, current plans already. They're wondering if they need to update them, or do I have a separate one? It's clear, again, We're just going to reiterate the guidance that it needs to be an evidence-based, right, COVID mitigation policy. Following whatever procedures, you have to establish, create, and have approved your local policies by March 7?

Steve: Right. Just to add to that, Nancy. This is an opportunity, if you already have a policy in place, that maybe your HSAC didn't consult with. This is an opportunity to share it with them, and get their feedback in the next little less than 60 days.

Nancy: That's right. Because the new performance standards requires that the policy has to be developed in consultation with the HSAC?

Steve: That's right. That may not have happened already. And an opportunity to make sure that what you've written is linked to the most current evidence. Because what we were talking about 2 and 1/2 years ago is different than some of the things that we're talking about now. And with that. Nancy, I'm going to turn it back to Nydia to take us out. I just want to remind people that they can continue to ask their questions. Nydia is going to let you know how. Go ahead.

Nydia: Thank you so very much once again to Steve Schuman, our director of outreach and distance learning, for all of this very important information. If you have more questions, go to

MyPeers, or write to health@ecetta.info. The evaluation URL will appear when the webinar ends. Do not close the Zoom platform, or you won't see that evaluation pop up.

Remember that after submitting the evaluation, you will see a new URL. This link will allow you to access, download, save, and print your certificate. You can subscribe to our monthly list of resources using this URL. You can find our resources in the health section of the ECLKC, or write us at health@ecetta.info. Thank you once again.

Steve: Nydia, I just wanted you to move those other two slides. People could see those URLs. They are on the handout as well. Here's where you can subscribe to our mailing list. And the next slide reminds you that you can ask questions at health@ecetta.info. Those resources about HSAC are on that website.