

Neighborhoods for Neurons:

A community approach for early childhood development in San Francisco

In this issue:

- 1 Big announcement
- 2 Setting our priorities
- 3 Building key partnerships
- 4 Addressing health needs outside of the clinic
- 5 Proposed initiatives
- 6 Resource spotlight
- 7 Special thanks

Big announcement

Hello again everyone, it is with great enthusiasm I share with you all that I have accepted an offer of admission to UC San Francisco School of Medicine starting Fall 2019. As many of you know, during our initial conversations I may have mentioned my intent to matriculate this Fall but had not solidified plans on where I would end up. In sincerity, I am truly honored and excited to spend the next 5 years of my training in an enriching educational environment and to be surrounded by like-minded pioneers for health. Most pertinent to each of you, this allows me the opportunity to remain local during my medical training and to be more proactively involved in driving this work forward. Going to UCSF is idyllic for continuing to monitor, evaluate, and grow the efforts and impact of this project.

To no one's surprise, medical school is expected to require a significant portion of my time and energy. Luckily, we accounted for this early in the planning process so that I could retain a leadership role while also maintaining my studies. First, the work has received positive attention from established health equity programs at ZSFG and we have built a collaboration to maintain the core workflow as I ramp down my involvement. Secondly, I am looking to collaborate with medical students who share my vision for a future where health is within reach for everyone and are able to help provide support to our community partners. I believe in emboldening a culture of empowerment, to draw on the strength of others, and together we can create extraordinary things.

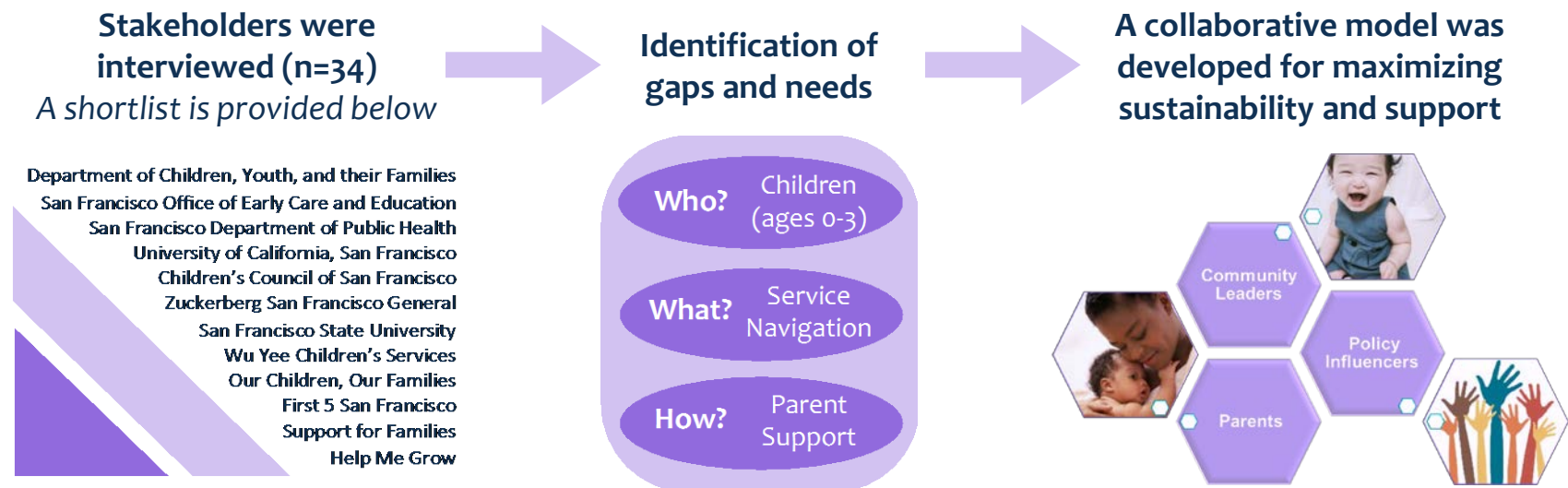
To provide any feedback or discuss possible collaboration efforts, please reach out to me through: Kyle.Lakatos@ucsf.edu



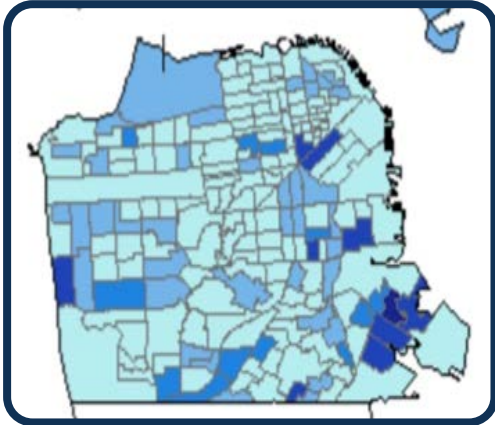
Setting our priorities (how we got here)

A series of over 30 interviews were conducted with various stakeholders of LIFC across San Francisco. Stakeholders were identified using a snowball sampling method. Each stakeholder was interviewed in-person or over the phone with a questionnaire developed to identify the following: the current concerns for LIFC living in San Francisco; locations where the stakeholder organizations felt would be most appropriate to house an early childhood development initiative; the components of an ideal intervention; and the metrics and evaluations most appropriate to track the intervention effectiveness. The responses were documented in a standard form.

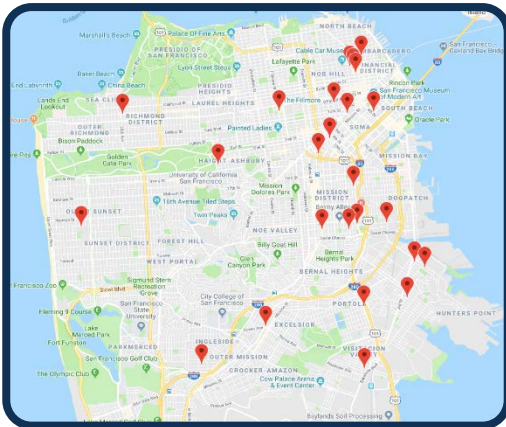
The interviews were systematically reviewed in two passes. First, all of the stakeholders were stratified into one of four categories based upon their affiliation (i.e., community organizations, government department representatives, medical providers, or academic institutions). Following stratification, each interview was reviewed to identify common themes, with similar topics being grouped together (e.g. oral and nutritional health). Finally, a second analysis of the writeups was conducted, and any theme that was explicitly mentioned more than 15 times was considered a priority in the final grouping. The topics were then sub-categorized into three categories based upon the magnitude of political capital, institutional inertia, and financial support needed to make a change (see the “block-ades” from the prior update). A full detailing of the analysis process will be provided via an upcoming publication later this year.



Neighborhood map of LIFC in San Francisco



Map of the 26 FRCs across San Francisco**



*Data from the 2017 SF-CPAC
Early Childhood Education Needs Assessment

**Data from First 5 SF Website

Building key partnerships

Putting families needs first

In building this community-designed health intervention, it was important to keep our end-users (the parents and communities) at the forefront of our planning process. During the last two months, we have developed relationships with local community organizations that support families within our city. Family Resource Centers (**FRCs**) were a commonly suggested touch point for parents based on the stakeholder interviews. From prior research, we have been able to identify and prioritize our work in neighborhoods with disproportionately low-income families and children (**LIFC**) living in San Francisco. At every point in the planning process we have been diligent to seek input and feedback from FRCs on the next steps.

What the FRCs do

Each FRC focuses their efforts to support families living within their surrounding neighborhoods through promotion for the following services:**



Culturally-relevant teaching of parenting techniques



Provide navigation of social support services to families



Community building for families to connect with other families



Promoting activities for child's healthy brain and socioemotional development



Fostering happy and healthy development for children to be successful in school

Addressing health needs outside of the clinic

The provider perspective

During provider interviews, a commonality that arose was the lack of time available to help address the needs of a child or a family extending beyond the acute healthcare needs (represented by the teal sections (*right*)). Many factors impacting health are determined by a family's socioeconomic or living conditions (represented by the blue outer arcs (*right*)). One provider is quoted with:

“We have evidence of how socioeconomic factors impact health outcomes, but clinic time is limited to making sure the baby is alive.”

The community perspective

In my ongoing dialogue with our community partners, a persistent point was to ensure any intervention introduced retained strong cultural relevance. In every step of the design process, it was clear any form of community engagement would require actively taking a community-first and (*more importantly*) a community-driven approach for gaining short-term adoptability and long-term sustainability.

To address the large scale challenges LIFC face, our focus shifted toward building partnerships that support a holistic approach to health.

Health happens beyond the clinic visit

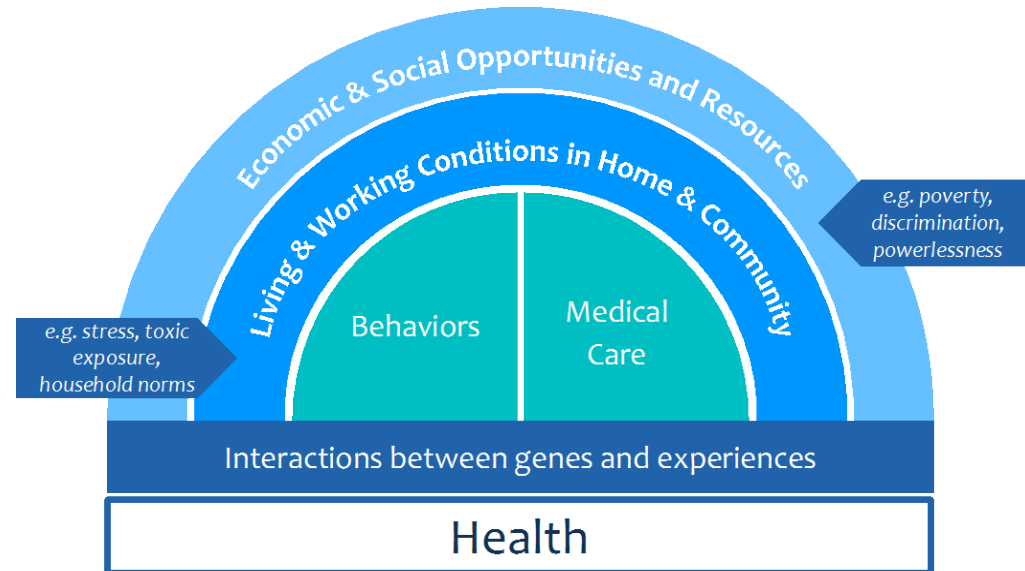


Image adapted from Braveman/Robert Wood Johnson Foundation

Goal: to build a collaborative referral model



FRCs can help with enrolling families into the public healthcare system



San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Community clinics can refer LIFC to FRCs based on family's zip code

Resource spotlight

vroom.org

In my ongoing pursuit to learn about this field, I am continually amazed by the current work of local organizations. In an effort to increase crosstalk between organizations and to spread knowledge on existing resources, I will be adding a section at the end of each update to raise awareness and highlight a program or resource.

Vroom is an app designed to support families with children ages 0-5 with helpful tips to promote brain development activities. The program sends text message tips customized to the age of a child daily to families. Alongside the tips, vroom provides information on the science behind each action, helping parents learn the impact and importance of different brain-building activities.



Vroom has partnered with many organization related to early childhood development. Vroom has put together community development plans to help anyone interested in improving early childhood development outcomes get started and incorporate their app into their own community.

Positive Feedback

- ✓ FREE – *Easy to recommend*
- ✓ Supports app markets for both Apple and Android
- ✓ Spanish language support available
- ✓ Customizable for age-appropriate tips
- ✓ Offers ideas for all types of engagement activities
- ✓ User interface is intuitive

Areas for Improvement

- More language options would be nice for various San Francisco populations (e.g., Chinese, Tagalog, etc..)
- As previously shared, many of our LIFC don't use or don't feel comfortable using apps/technology/data

Next update coming in June

A special thanks to everyone who has been a part of this process



Some thoughts on community-engagement

In building an open dialogue with community organizations, I found most of my time was spent listening to stories, learning about strife, and seeing firsthand the broad impact of efforts already being made to support families. Many of the ideas I am sharing in this update are not my own, they are simply my interpretation and synthesis of the creativity and ingenuity of the people I have encountered. Perhaps the most important lesson here is our need to be aware and to actively acknowledge the asymmetry of what opportunities, knowledge, and resources we have as a healthcare system and how we can form synergy with an often resource-depleted human services sector.

This work was supported by the Milton and Rosalind Chang Career Exploration Prize from The California Institute of Technology.

