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The Engaging Communities in Health Outcomes (ECHO) Initiative seeks to bridge the gap in healthcare between clinical and community spaces.

Introducing ECHO

To start off, I would like to announce a change in our platforms name. Perhaps it may simply be a marker of my generation, but I am a millennial... and I have been seeded by the value and importance of having a brand identity. The concept is simple, a name to give life and meaning to our shared goal or vision. As the scope of our work grew, we felt it was important to have a name that accurately encompassed and reflected our vision.

Our vision

Creating a world where health promotion is interwoven into the fabric of our community and society. The name ECHO is a direct reflection of our process and our slogan, “community-designed health.”

Our values



Community + Creativity + Collaboration

Our value in community partnerships

Quick overview of where we are now

From our background research (*see previous reports*) we have identified Family Resource Centers (FRCs) as the optimal spaces to begin our community engagement efforts, and starting in August, we will initiate our pilot phase (described below). As the FRCs are supported and in-part funded through First5 SF,* we have taken time to ensure they too are in alliance with our proposed initiative.



Prioritizing community engagement

From day one, the outcomes of our work have been to approach our health initiative with a community-centered design. As such, I have spent the last few months taking a deep-dive into the structure of our local community partners to better understand how we can develop our work to align with and support their ongoing efforts.

Community voices giving direction to our design

Through our participation in group conversations, observation of health and education workshops, and from shared dialogue with our community partners, we have worked to build programmatic support that is both desired and culturally relevant.

Pilot Phase (August through January)

We are developing community health group classes, structured around amplifying intra-community knowledge. These health groups will initially be co-facilitated by ZSFG Family Medicine health paraprofessionals (residents and nurse practitioner students) and will eventually be owned by our community partners.

*First5 SF is a San Francisco City and County Department that designs, implements, and funds solutions to ensure the health, well-being and education of young children and their families. (first5sf.org)

Curriculum for the community

In the process of developing community health group classes, we wanted to take a holistic approach that built upon already established knowledge and expertise across various sectors.

Materials and messaging was consistent with SF DPH

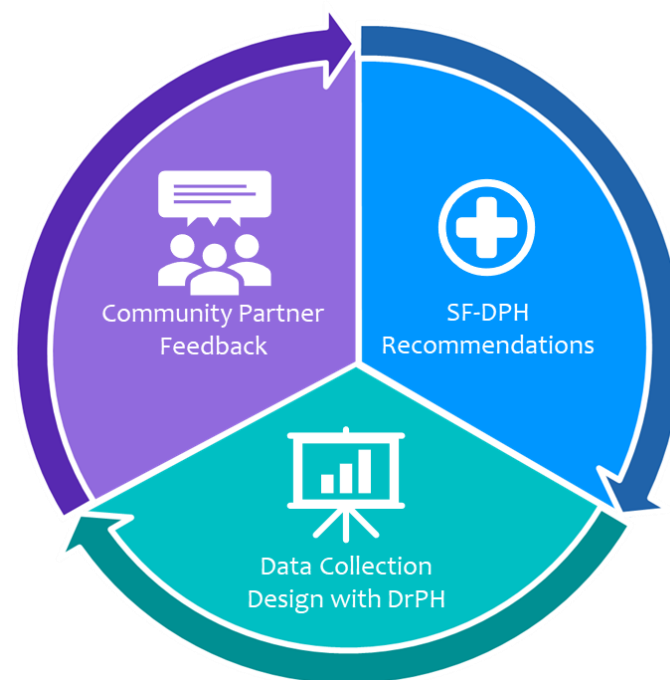
SF-Dept. of Public Health representatives were interviewed and we elicited their recommendations for the most relevant and important information to include in classes.

Data collection was streamlined for easy administration to families

A format for how to collect meaningful data within the design of the class was reviewed with a professor from the UCSF Philip R. Lee Institute for Health Policy Studies, Dana Hughes, DrPH.

Class content is culturally relevant and consistent with the needs of the FRC priority populations

The curriculum is based on the requested topics from our community partners and has been shared with them for review and feedback to ensure content is desired and appropriate.

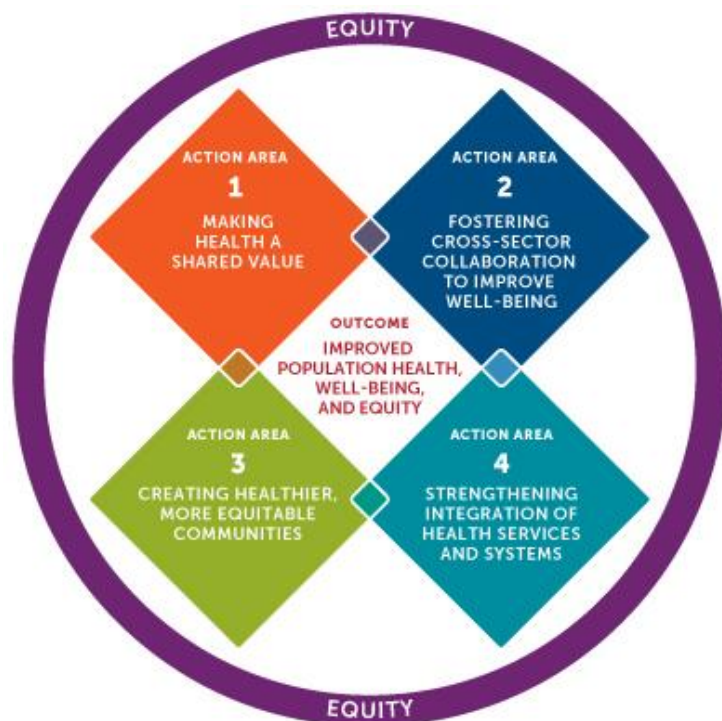


As of the time of this report, we have created 10 classes ranging from a diverse series in Nutrition, Pregnancy, Communication, Early Development, and Fatherhood Engagement.

How we are designing our model

We are building our program based on the **Robert Wood Johnson Foundation Model of Health Equity**. We are working to create tools which can be adopted by other health organizations or agencies.

We need your help! *What are some of the outcomes you would be interested in learning from this work?*



Visualizing a world where health is interwoven into the fabric of our society.

Referring to our FRC Community Partners as members of our overall health team.

Recognition of the already existing knowledge imbued within a community and amplifying its presence through a joint collaboration effort led by communities.

Train and equip medical providers with the tools necessary to begin rethinking how we actively address the social determinants of health of our patients and our communities.

Funding in the short-term

For the next 5+ years during my medical school education here in San Francisco, our growth model seeks to support uptake by additional FRC Community Partners and other primary care specialties (e.g., pediatrics, internal medicine, and psychiatry). In San Francisco, there are 26 different FRCs that each serve widely different populations, as the scope of work continues to expand we will need to continue building out curriculum and intervention designs that are desired by our community partners and which overlapping well with different specialties. We hope to explore multi-disciplinary teams in the future (including social workers, and public health specialists) that will support each other in this community health model.

Short-term (1-2 years)

With regards to funding for the short-term, we have recently put in an application for a 2-year grant through the **San Francisco General Hospital Foundation**. We believe this work overlaps highly with their desired interest in projects that build a cross-sectoral approach to promoting health equity.

Additionally, we have put in an initial inquiry for a one-year **Roddenberry Foundation Fellowship**.

Medium-term (3-5 years)

As we gain additional traction and reproducibility, we believe **The Robert Wood Johnson Foundation** would also serve as an appropriate funder, as their mission statement and our workflow align together to cultivate a culture of health.

Partnering for the long-term

As we do not want to rely solely on grant money for sustainability, we are taking careful steps to begin building a programmatic platform that can be adopted through academic and government agencies.

Academic adoptability

The training structure of health paraprofessionals at UCSF (and other training institutions) can be adopted to seamlessly integrate within the ECHO initiative programs. We are in initial talks with department representatives to explore the next steps necessary to build this into the school and residency training curriculum.

Community continuation

The community partner sites have already developed a sustained mechanism for providing space, childcare services, and programming centered around healthy families. We hope by the addition of health paraprofessionals into the community health group class structure, they will have an even greater capacity to provide resources towards supporting their families and communities.

Government agency cross-talk

First5 SF and the SF-DPH represent two different sectors within the City and County of San Francisco. As this partnership continues to develop, we will continue to find ways to support cross-sectoral collaborations and expand the breadth of programs supporting our overlapping priority populations.

*This work was supported by the Milton and Rosalind Chang
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Resource spotlight

<https://www.cdc.gov/ncbddd/actearly/index.html>

During my time at the Oregon Health Authority Innovation Café, I was lucky enough to meet an ambassador for the **Center for Disease Control Act Early Program**. In brief, the CDC has put together a set of FREE materials ranging from pamphlets, books, growth charts, and more for sharing with families and promoting their engagement in monitoring their child's early childhood development (ages 0-5).

Materials can be ordered directly from their website (link above) and are generally available in English and Spanish. Some materials are even available in other languages (e.g., simplified Chinese, Korean, Vietnamese, etc...). If you are interested in bulk orders or other languages not available on the website, you can reach out to your state's Ambassador as they have access to additional materials.

For families who intermix technology, the CDC also has an interactive phone app available to track milestones and use as a tool for parents to talk with their primary care providers.



Nor-Cal Act Early Ambassador

Michele Rogers, *Executive Director*
Early Learning Institute, Rohnert Park, CA
micheler@earlylearninginstitute.com

Positive Feedback

- ✓ FREE – *Easy to recommend*
- ✓ Spanish language support available
- ✓ Covers a wide age range (0-5 yr) of cues families can monitor
- ✓ Supports app markets for both Apple and Android
- ✓ Customizable for age-appropriate tips
- ✓ User interface is intuitive

Areas for Improvement

- More language options would be nice for the phone app for our 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

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.