

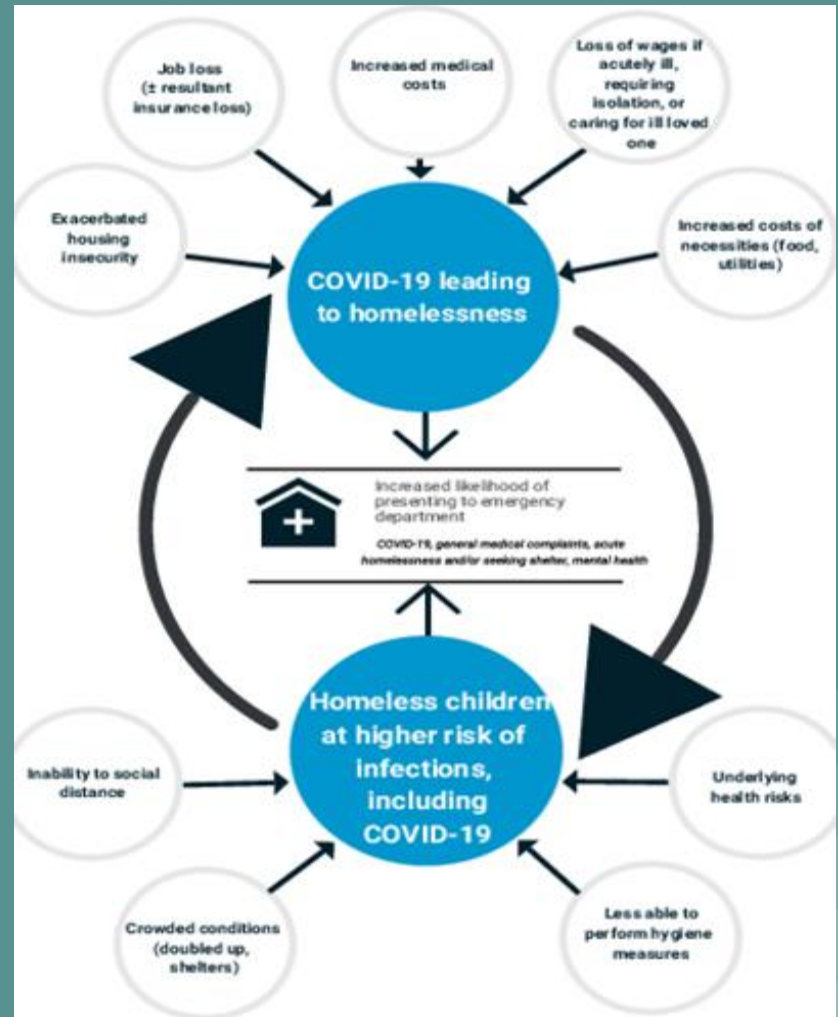
Blake Coleman

Knapp Fellow 2023- 2024

- Junior
- Public Health B.S. & Public Health MPH (Maternal and Child Health)
- Pre-med
- Programming Director BGPC, Student Ambassador, MSSC, Vice President-Alpha Kappa Alpha Sorority Incorporated, Knapp Fellow



What inspired me?



Challenges

- Background Checks/Parental Consents
- Working with schools & children from a policy standpoint
- Adaptability
- Scheduling/communication



**DISTRICT OF COLUMBIA
PUBLIC SCHOOLS**

Working with Children Check

Application for a Working with Children Check

Section 1: I am applying for a Working with Children Check.

Section 2: I have read and understand the requirements for this check.

Section 3: I have read and understand the requirements for this check.

Section 4: I have read and understand the requirements for this check.

Section 5: I have read and understand the requirements for this check.

What is a Working with Children Check?

A Working with Children Check is a background check that is required for anyone who works with children in a school, day care center, or other facility where children are present.

Who is required to get a Working with Children Check?

Anyone who works with children in a school, day care center, or other facility where children are present.

How long does it take to get a Working with Children Check?

It typically takes 2-3 weeks to receive your Working with Children Check.

How much does it cost to get a Working with Children Check?

The cost of a Working with Children Check is \$100.

How do I get a Working with Children Check?

You can get a Working with Children Check online at www.dcschools.dc.gov or by calling 202-724-3333.

What information is available for employers?

Employers can check the status of a Working with Children Check online at www.dcschools.dc.gov.

How do I get a Working with Children Check?

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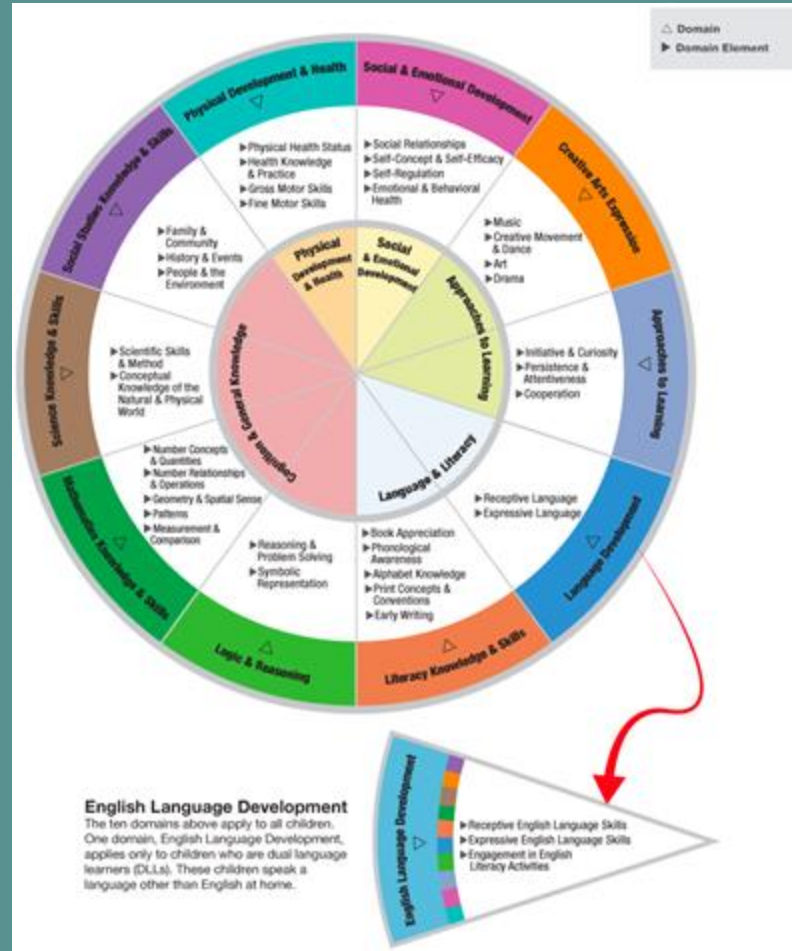
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www.dcschools.dc.gov

Page 1

Findings & Impact





A Pilot to Increase Peer to Peer Mental Health Supports in DC Public High Schools:

Utilizing a Method for Program Adaptation through Community Engagement (M-PACE) Framework

Simone Sawyer, MSPH

PhD Candidate in Social & Behavioral Sciences
Department of Prevention and Community Health
Milken Institute School of Public Health, George Washington
University



The Need

- The national **youth mental health crisis is alarming** and DC high school students are feeling its impact.
- Surveillance data from 2021 reports that **DC high school youth** reported **attempted suicide in the past year (15%), almost double the national rate (9%)** (YRBS, 2021; CDC, 2021).

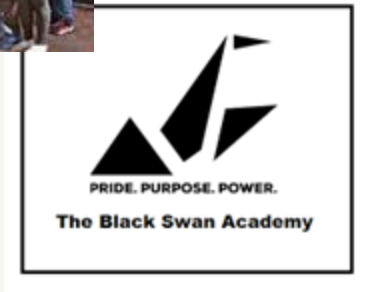
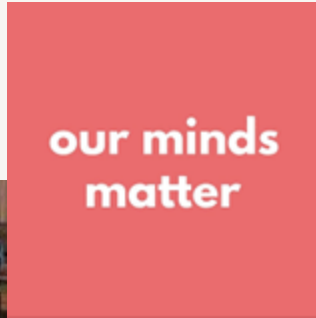


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Community Partners

- Core leaders positioned to do this work are:
 - The Center for Health and Health Care in Schools (CHHCS)
 - The Young Women's Project (YWP)
 - Our Minds Matter (OMM)
 - Black Swan Academy (BSA)
- All interested in getting youth the tools and training they need to get the mental health support they need



Why Peer to Peer?

- Builds the capacity of those impacted by the need, by **increasing mental health literacy** (King, & Fazel, 2021)
- Helps to **reduce stigma**, by seeing those who are like you involved (Parikh, Salazar, Salazar, Taubman & Greden, 2019).
- Increases **help seeking behavior** to peers and adults (Pickering, Wyman, P. A., & Valente, 2022).
- Increases the awareness of **youth leadership** as a key component in service delivery (Johnson, Sundaram, Alder, Miller & Ragavan, 2022).



Why MPACE?

Method for Program Adaptation through Community Engagement (M-PACE)
by Chen, Reid, Parker & Pillemer, 2012



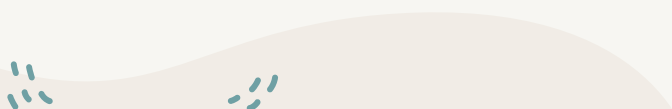
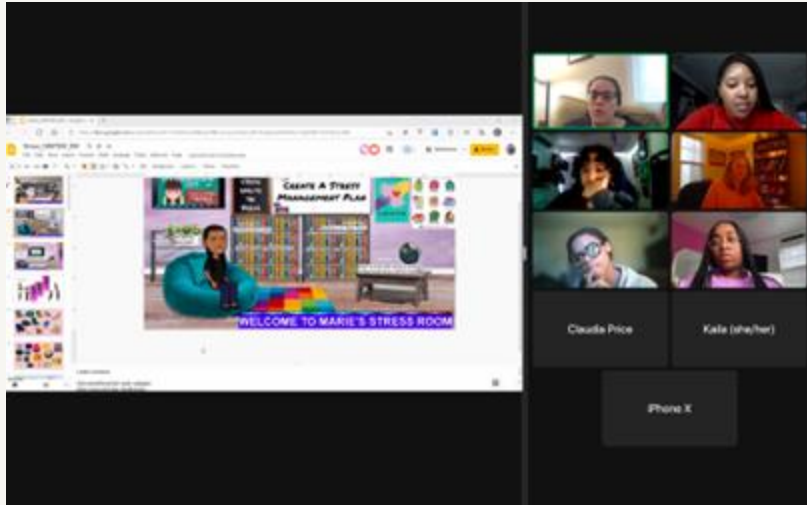
1) Convene an Adaptation Steering Committee to Identify Program

2) Implement an Unadapted Program

3) Systematically Obtain Evaluations of Program Components

4) Summarize Stakeholder Feedback to Generate Recommendations for Program Change

5) Distribute Program Feedback to Select Program Modifications



Implementation To - Date

Goal	Status
Convened YAP work group to identify 2 potential pilot schools	Complete
Convened YAP work group to review and identify best EBI for peer youth mental health training	Complete
Trained 6 youth leaders in a youth mental health training	Complete
On-boarded MPH Student to developed evaluation plan that YAP work group reviewed	Complete
Coordinating logistics of training implementation with school leaders	April 2024
Promotion of youth mental health literacy training to at least 50 other youth in their schools/community	May 2024
Implementation of pre/post surveys and focus groups	May/June 2024
Data analysis and summarization	June 2024
Dissemination to key stakeholders/ target audiences	July 2024

Key Findings and Impact



What does mental health literacy mean to you?

- Self-care and responsibility
- Your personality
- Having community
- Confidence in yourself
- Physical health
- Stress management
- More than suicide prevention
- It's okay to talk about your feelings
- How to maintain your mental health
- Conflict & Mediation
- How to support others struggling with their mental health
- Where to find resources

Mental health literacy focused topics:

- Stress & Anxiety
- Self-Care & Coping
- Conflict Resolution
- Mental Health Awareness
- Bullying
- Resilience



Key Findings and Impact



Be There Certificate - free, thorough curriculum, private and accessible, self-paced

Likes

- Overall liked the ability to read and/or watch the videos
- Sense of accomplishment
- Text-message simulation for real life examples; scenarios provided; teaching conversational skills

Dislikes

- Videos could have been shorter; some videos were corny
- Overall length
- Reading transcripts vs watching video; didn't always want to listen to others talk

Main Takeaways

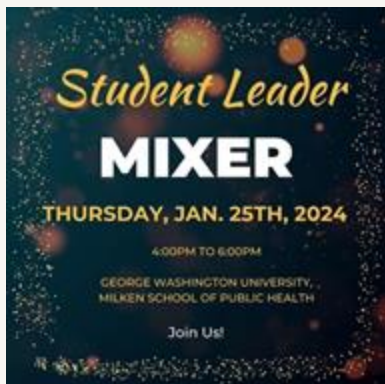
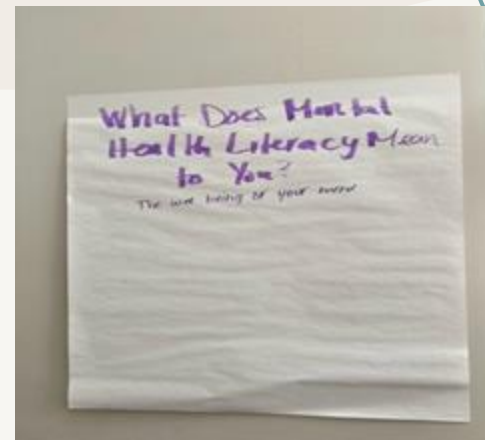
- How to set boundaries when supporting a friend
- Keeping yourself mentally healthy before supporting someone else
- Being proud of your friends and uplift them
- Remember it's about the person you're supporting, not you



Lessons Learned Thus Far

- Evidenced based isn't always seen in a positive light
- Each CBO has different trainings so maybe it's less about evidence based and more about:
 - Coordination
 - Scalability
 - Access to what's already available
- How to incorporate everyone but also focus on implementation of the pilot
- Working on IRB to be able to capture this process in the peer-review literature
- School integration and relationship building
- Young people can and will lead when given the opportunity

Thank You!





BUILDING HEALTH CENTER

**CLIMATE
RESILIENCE**

KNAPP FELLOWSHIP for
JESSICA HINSHAW
MARCH 29, 2024



THANK YOU!

The logo for the George Washington University (GW) Honey W. Nashman Center. It features the letters "GW" in a bold, blue, serif font, with a thin gold horizontal line above and below the letters.

Honey W. Nashman Center
for Civic Engagement
and Public Service



NATIONAL ASSOCIATION OF
Community Health Centers®

Epistemological acknowledgement of BIPOC
scholars in decolonizing methods

Dissertation Chair (Dr. Cseh) and Dissertation Committee

ABOUT ME



COMMUNITY HEALTH CENTERS

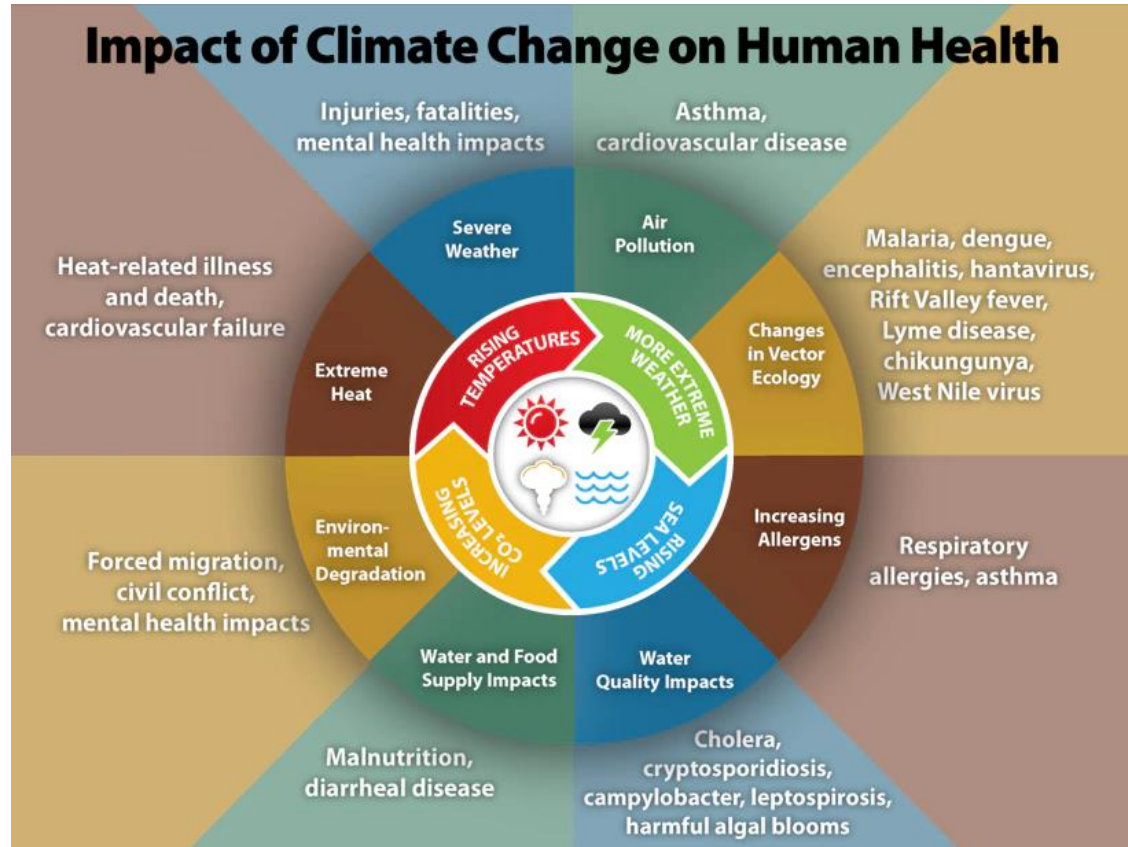
- 15,000 SERVICE DELIVERY SITES
- 31.5 MILLION PATIENTS
 - 19% UNINSURED
 - 61% PUBLICLY INSURED
 - 90% LOW INCOME
 - 64% PEOPLE OF COLOR
 - 41% LIVE IN RURAL COMMUNITIES
- > 60% OF CHC SITES LOCATED IN SYSTEMICALLY MARGINALIZED CENSUS TRACTS



SOURCE: NACHC, [HEALTH CENTERS BY THE NUMBERS](#)

CLIMATE CHANGE

Impact of Climate Change on Human Health



SCHOLARSHIP

Practice

- REQUESTS FOR PRACTICAL RESOURCES
- CO-LEARNING
- ADDRESS CLIMATE CHANGE + CREATE THRIVING / RESILIENT COMMUNITIES



Research

- LACK OF RESEARCH ON CLIMATE CHANGE+ PRIMARY CARE
- MULTIPLE QUALITATIVE CASE STUDY RESEARCH
- QUESTION: HOW DO HEALTH CENTERS LEARN TO BUILD RESILIENCE TO CLIMATE CHANGE?



COMMUNITY IMPACT: DESIRE NARRATIVES



**CRESCENTCARE,
NEW ORLEANS, LA**

Community
Lighthouse
Initiative



**SIXTEENTH STREET
MILWAUKEE, WI**

River & Park
Revitalization
Environmental Education



**LA CLINICA DE LA RAZA
OAKLAND, CA**

Advocacy, Heat
Wave & Air Quality
Alerts, Nature Rx

ENGAGEMENT

1

CONVENE INTEREST (ADVISORY) GROUP
Comprised of health center staff

2

**PILOT RESEARCH INSTRUMENTS,
IDENTIFY RESEARCH PARTICIPANTS,
INTERPRET FINDINGS**


3

CREATE RESOURCES BASED ON FINDINGS
Fully co-created with advisory board. This could include a report, an interactive map, short videos, a learning collaborative, etc.





COMPLETED/ONGOING ACTIVITIES

- ONE-ON-ONE AND GROUP CONVERSATIONS WITH OVER 100 HEALTH CENTER REPRESENTATIVES
 - PRIORITIZED RESOURCES NEEDED
 - WORKING WITH DISSERTATION CHAIR AND COMMITTEE TO FINALIZE RESEARCH PROPOSAL
 - COMPLETED LITERATURE REVIEW
 - STARTED CO-CREATING RESOURCES WITH HEALTH CENTERS AND OTHER PARTNERS
 - VARIOUS FUNDING RESOURCES SECURED FOR AFTER KNAPP FELLOWSHIP ENDS
- 

IN-PERSON GATHERINGS



AUGUST 2023

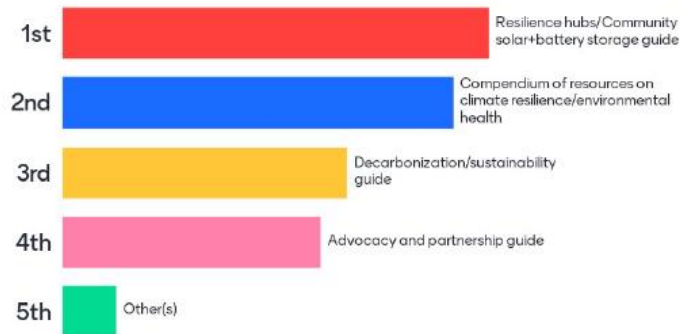


FEBRUARY 2024

DIALOGUE FACILITATED WITH ACTIVITIES BASED ON LIBERATING STRUCTURES:
[HTTPS://WWW.LIBERATINGSTRUCTURES.COM/](https://www.liberatingstructures.com/)

PRIORITIZED RESOURCES

We have talked to various health centers/PCAs and have heard interest in the following resources. Please rank in order of importance.



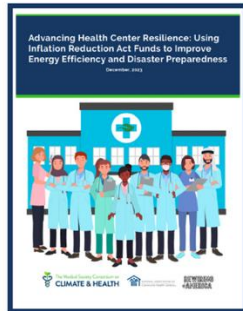
CREATED RESOURCES

INFLATION REDUCTION ACT TOOLKITS

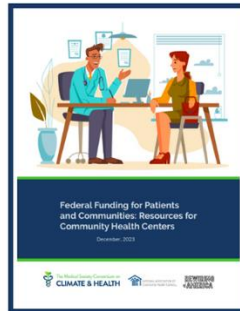


ABOUT ▾ RESOURCES ▾ EVENTS ▾

For Health Centers



For Patients and Communities



COLLECTING HEALTH CENTER STORIES



LITERATURE REVIEW



CHALLENGES

1

GSEHD DISSERTATION LIMITATIONS

Interest group will not be able to directly collect or analyze data
Takes time!

2

INTEREST GROUP VS ADVISORY GROUP

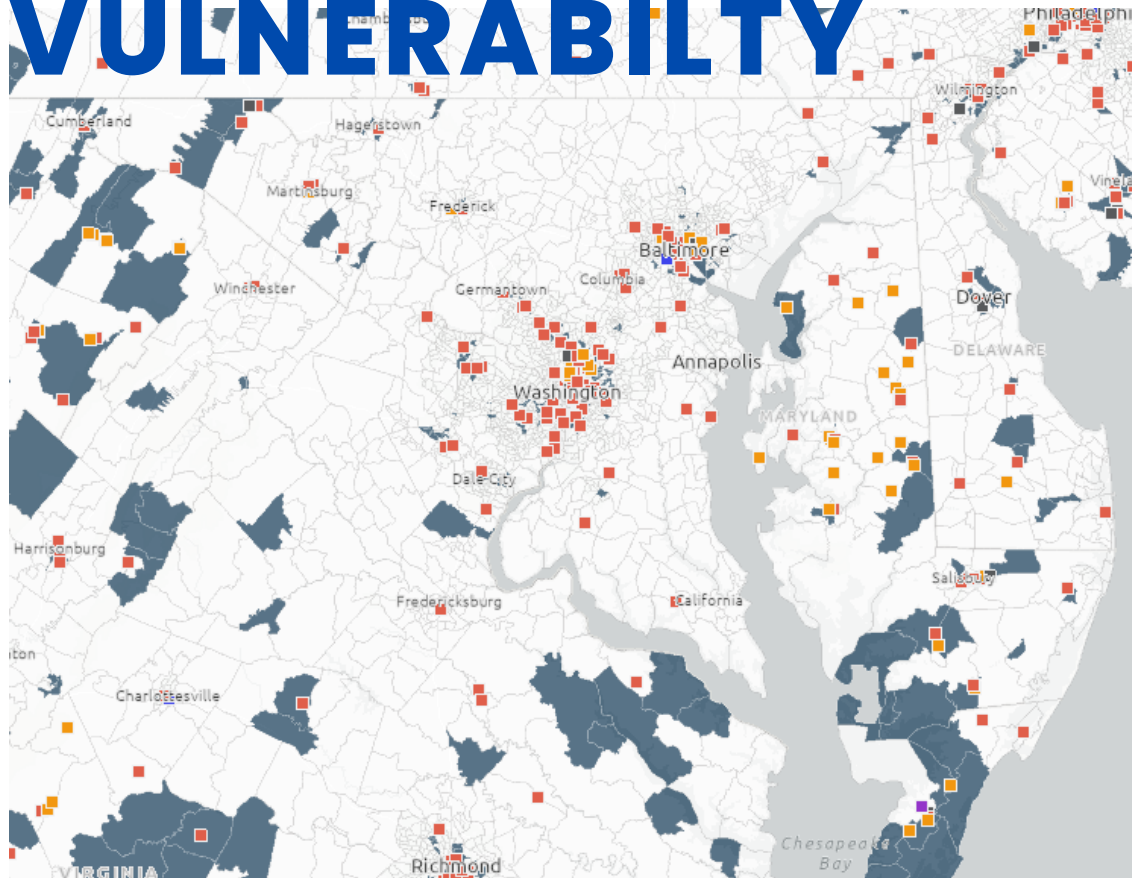
Wanted to engage broader group/ not be selective

3

NON-LINEAR PROCESS



CHCS & CLIMATE VULNERABILITY



LOGIC MODEL

INPUTS

- Staff time
- Zoom
- Qualitative Data Software
- Travel funding
- Funding for meeting food/beverages
- Facilitation materials (markers, flip charts)
- Resources/ graphic design for creation of education resources/reports
- Access to clearing house (to share educational resources)

ACTIVITIES

- Form Community Advisory Committee
- Pilot research tools/receive feedback from advisory committee
- Conduct qualitative case study research
- Present results from research to Advisory Committee
- Co-Create educational resources with Advisory Committee (i.e., compendium of climate change resources and stories from health centers)
- Co-facilitate Learning and networking sessions with advisory committee (in-person and online)

OUTPUTS

- # of advisory committee participants
 - # of health center staff
 - # of community representatives
- Research instruments created (Y/N)
- # of interviews conducted with health center staff and community members
 - # of health centers represented
- Results presented to advisory committee (Y/N)
- # of educational resources created (i.e., compendium)
- # of online learning sessions
 - # of participants at sessions
- # of in-person learning sessions
 - # of participants at sessions

SHORT/MID TERM OUTCOMES

- Advisory Committee Uses Promising Partnership Practices
 - Measure: pre and post survey on promising practices (% of practices met)
- Health centers learn to implement climate change practices/initiatives
 - Measure (proxy): # of educational resource (i.e., compendium) downloads
 - Qualitative evaluation of online and in-person learning sessions to gauge understanding and utility of information presented, such as the +,-,delta method

LONG-TERM OUTCOMES

- Health centers take action to address climate change in their communities
 - Measure (future project): Map of health centers w/ description of initiative/practice (% of health centers with climate change initiatives)
- Reduced morbidity and mortality of climate change exposure