



# SOCIAL INNOVATION AT GW

2024 GWUPSTART SHOWCASE PRESENTATIONS

**GW**  
**UPSTART**

THE HONEY W. NASHMAN  
CENTER FOR CIVIC  
ENGAGEMENT AND  
PUBLIC SERVICE

# The American Lung Cancer Screening Initiative at GW



The Public Service Grant Commission and  
Julian Clement Chase Prize for Community Impact in DC

Nashman Civics Spotlight 2024

Shreya Papneja

# The ISSUE

- Lung cancer is the **leading cause of cancer-related** death in the District of Columbia
- The lung cancer screening rate in D.C. is **1.5%** and D.C. ranks **46th out of all the states** in regard to lung cancer screening (American Lung Association)
- **Barriers:** lack of awareness, inefficient transportation to healthcare facilities, high cost of downstream procedures / insurance, stigma, narrow USPSTF guidelines (exacerbated by racial and socioeconomic disparities)

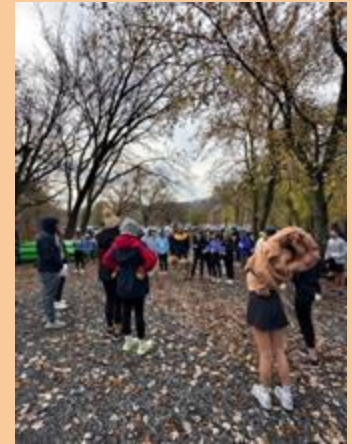
# The PROJECT

To empower our community to become more proactive about their lung health and navigate high risk individuals to screening services at the GW Hospital

- **Partnership:** GW Lung Cancer Screening Program, GW Thoracic Surgery Team, and GW Cancer Center
- **Awareness:** Fostering a community of support for survivors and facilitating partnerships with community organizations
- **Navigation:** Community Outreach Events (farmer's markets, health fairs, churches)
- **Advocacy:** Raising awareness about lung cancer legislation efforts through partnerships with representatives



# The ACTIVITIES: Awareness



# The ACTIVITIES: Navigation





# The ACTIVITIES: Advocacy



# The EXPERIENCE and FINDINGS

- Engaged in conversations about connecting community members with screening services through healthcare providers; people were receptive!
- Empowered individuals to take proactive steps for their health by disseminating resources for cancer screening services
  - Educated community members about risk factors to lung cancer
- Learned about patient stories and fostered a community of support



# The CHALLENGES & LEARNINGS

## Challenges:

- Follow-Up and Conversations **after** Community Outreach Events
- Insurance and Cost

## Learnings:

- Meet the community where they are
- Early detection is important and can save lives
- Partnerships are key



# “Not Just a Number”

Project for Peace 2024

By Nataliya Layer and Anja Ree



# Project

- Documenting Ukrainian Refugee Stories
- Documenting NGO and Intergovernmental organizations working on providing aid to Ukrainian refugees and Ukraine
- Travel to Poland, Romania, Estonia, Moldova refugee centers and NGOs
- Final Product is a website and podcast
- Presenting about major NGOs doing on ground work to Elliott School of IA
- Bring awareness to grassroot NGOs that need funding and draw attention back to the Russia-Ukraine War for Congress



# Inspiration

Natasha:

- Noticed lack of conversation about Russia-Ukraine War but funding towards Ukraine depleting
- Refugees deserve to get their stories heard
- Civil Society has been one of the biggest reasons for Ukrainian Resilience
- Have family connection to both Russia and Ukraine

Anja:

- Mother's side of the family is Ukrainian
- Previously volunteered at a Ukrainian school, close community
- Grandmother has shared her passion for the cause





# Preparation for Project

- Have met with over 10+ organizations who are planning to interview in the various countries
- Connecting with local Ukrainian schools, community centers, and researching varying government initiatives
- Have weekly meetings focused on finding NGOs, planning logistical details
- Are conducting literature review on the varying organizations that have popped up across Romania, Poland, Moldova, Estonia, and Western Ukraine



# Planned Trip to Europe

- Rzeszow, Poland: City to receive most amount of refugees
- Przemyśl, Poland: only way to get from poland to ukraine
- Warsaw, Poland: a lot of major NGOs based in Warsaw
- Tallin, Estonia: Highest refugee per capita in Europe
- Suceava, Romania: Major NGO travel through town to deliver aid to Ukraine
- Chisinau, Moldova: Major NGO set up in Moldova due to large amount of refugees fleeing there



# Challenges so far

- Had to adapt the travel plan multiple times in order to maximize amount of interviews
- A lot of NGOs in major cities are overwhelmed with interview requests
- A lot of grassroots NGO have shut down due to lack of funding but some have persisted
- Lack of response from some NGOs, had to cast a wide net
- Finding ways of connecting local refugees in each country-> decided to connect via Ukrainian community centers and help of NGOs



# Blake Coleman

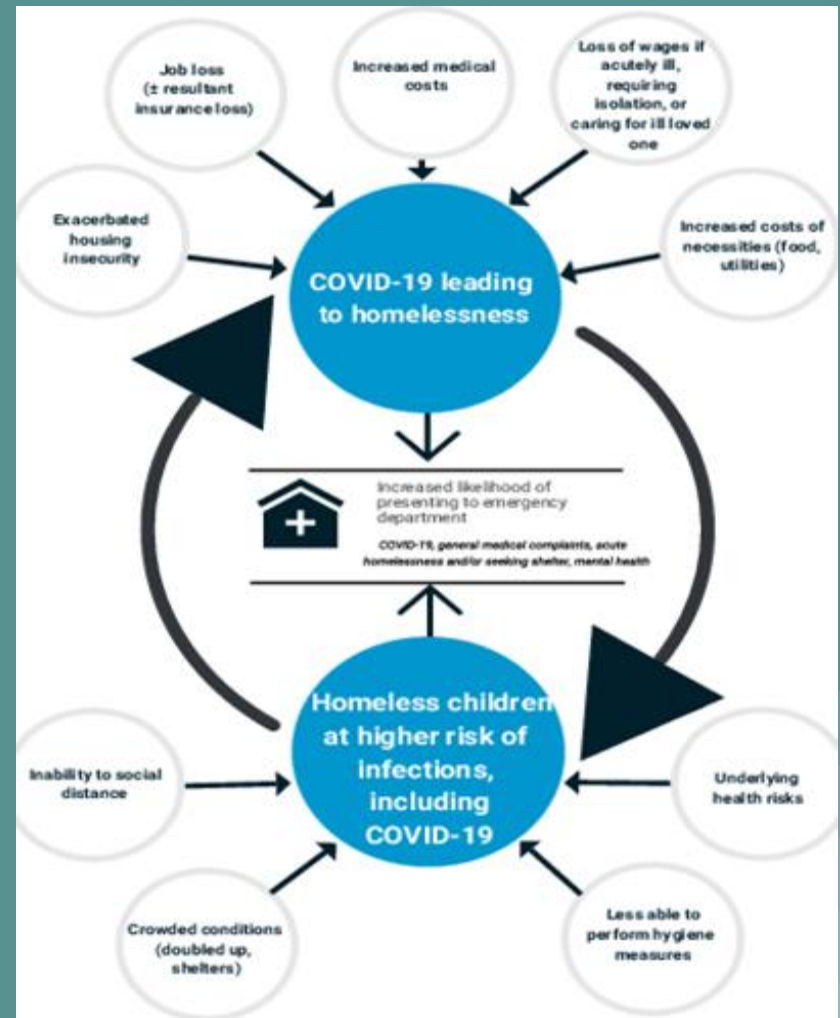
## Knapp Fellow 2023-2024

- 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

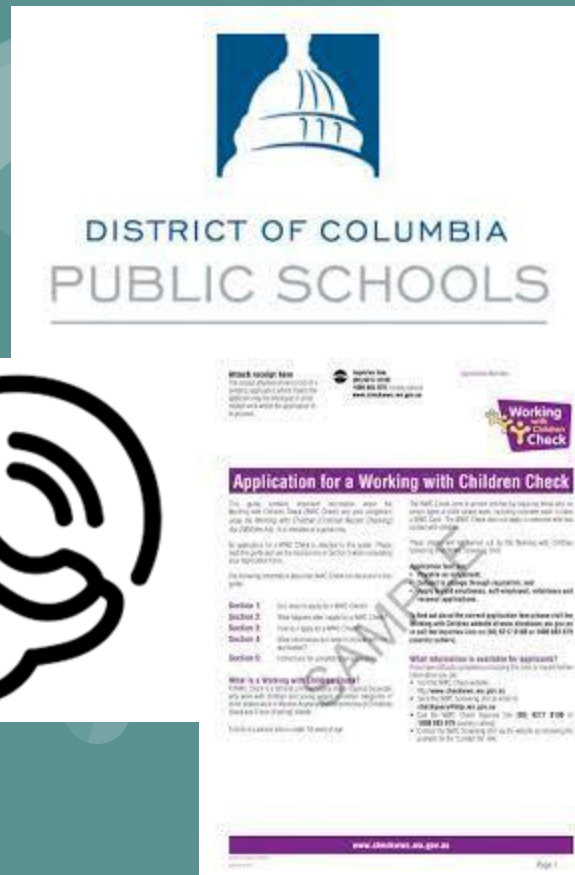




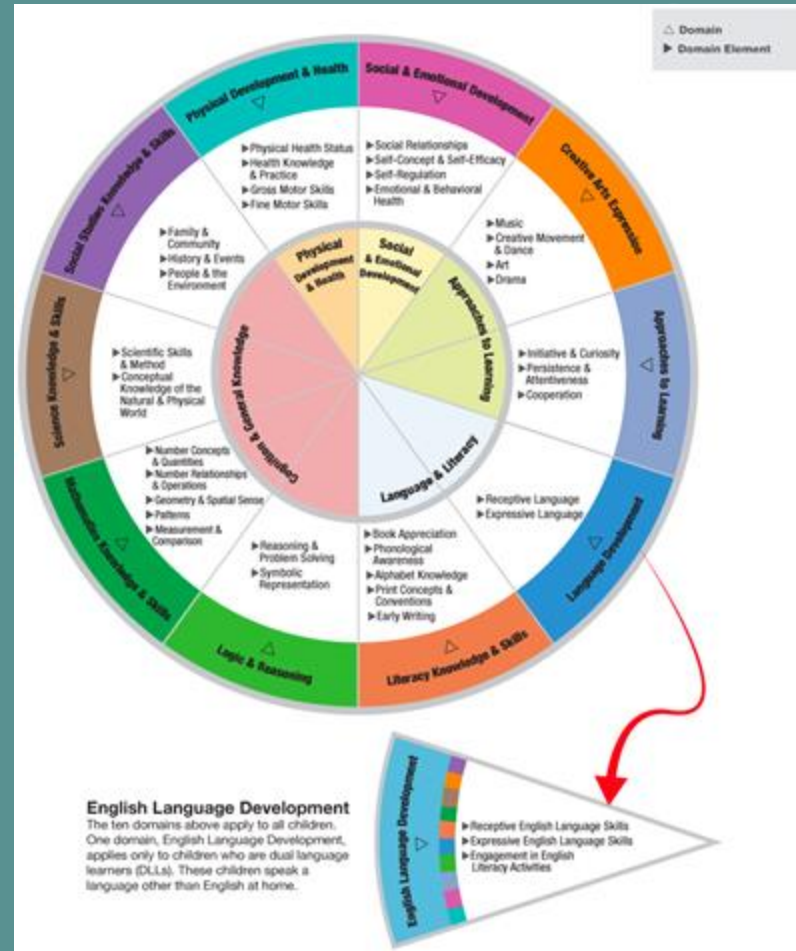
# What inspired me?



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



## 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





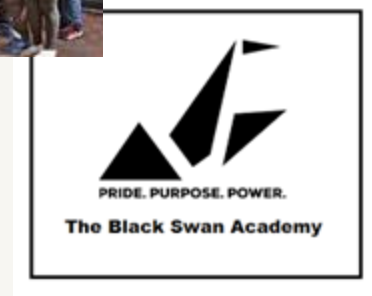
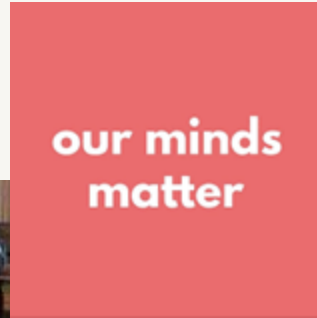
# The Need

- 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).



# 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



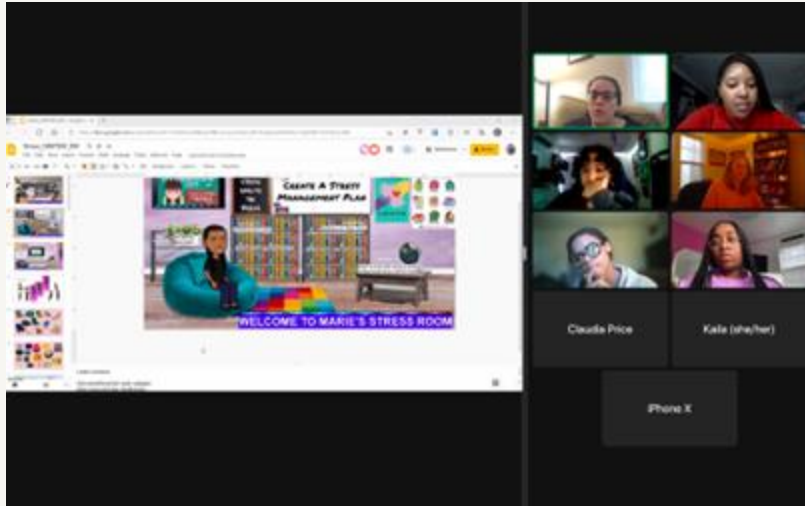
1) Convene an Adaptation Steering Committee to Identify Program

2) Implement an Unadapted Program

3) Systematically Obtain Evaluations of Program Components

4) Summarize Stakeholder Feedback to Generate Recommendations for Program Change

5) Communicate 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

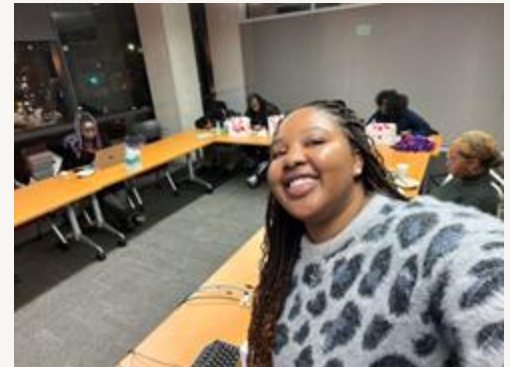
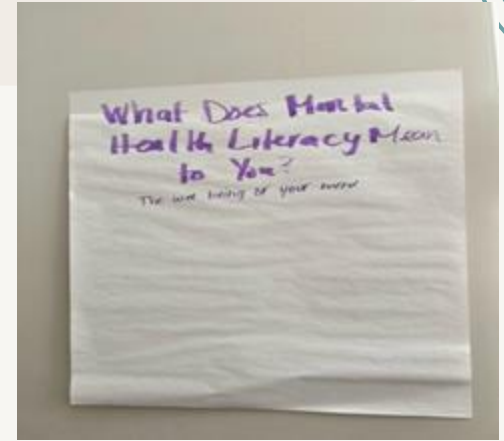
- How to set boundaries when supporting a friend
- Keeping yourself mentally healthy before supporting someone else
- Being proud of your friends and uplift them
- Remember it's about the person you're supporting, not you



# 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!

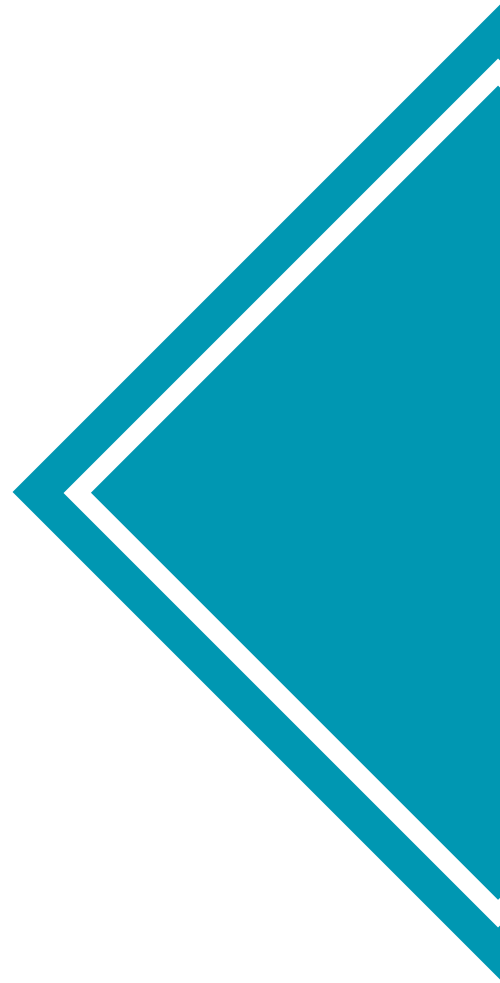


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**BUILDING HEALTH CENTER**

# **CLIMATE RESILIENCE**

KNAPP FELLOWSHIP for  
JESSICA HINSHAW  
MARCH 29, 2024



# THANK YOU!



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





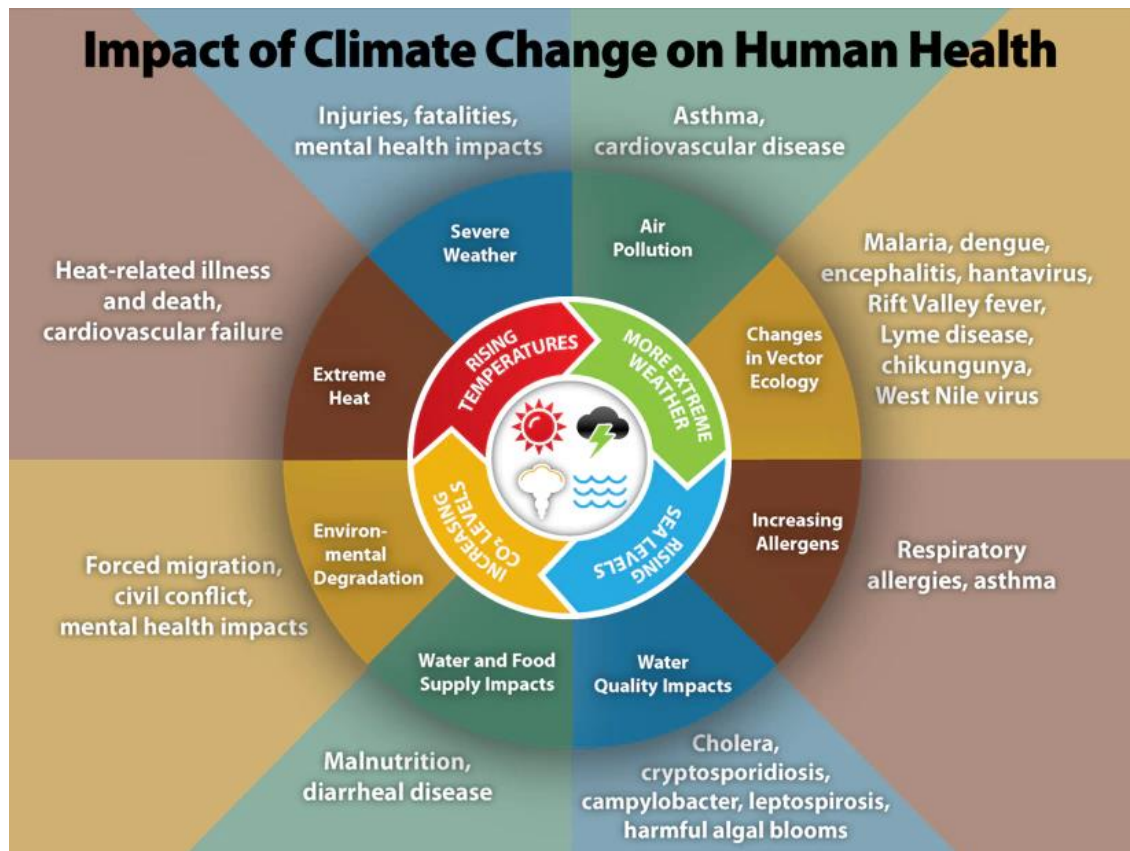
# COMMUNITY HEALTH CENTERS

- 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



# 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



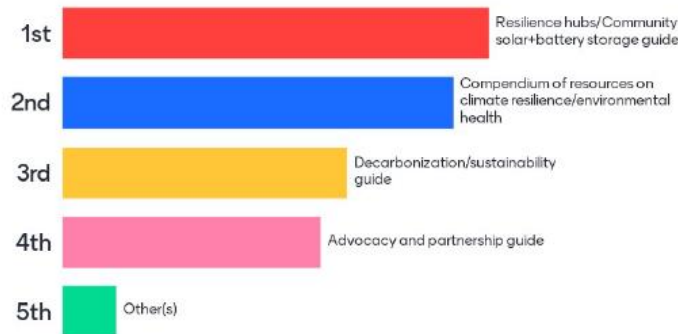
FEBRUARY 2024

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.



FROM JAN 2024

# 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

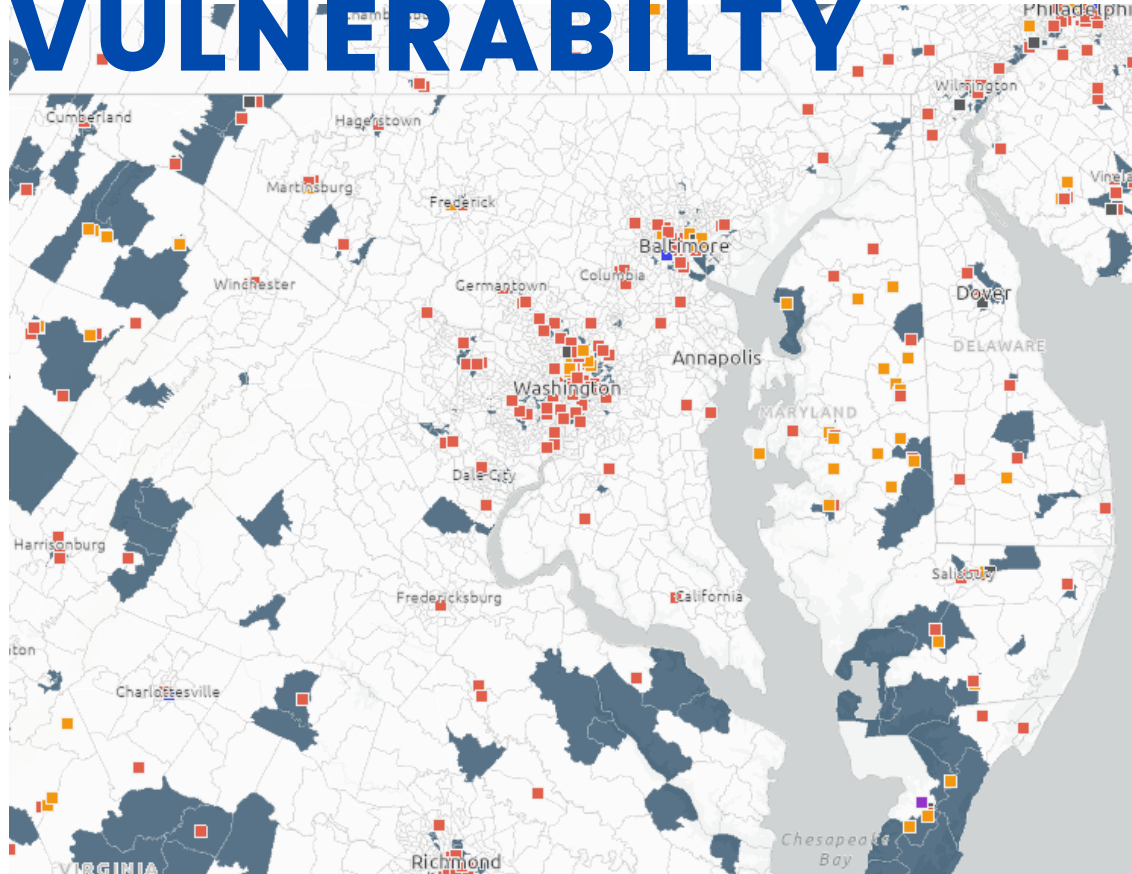
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## NON-LINEAR PROCESS





# 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