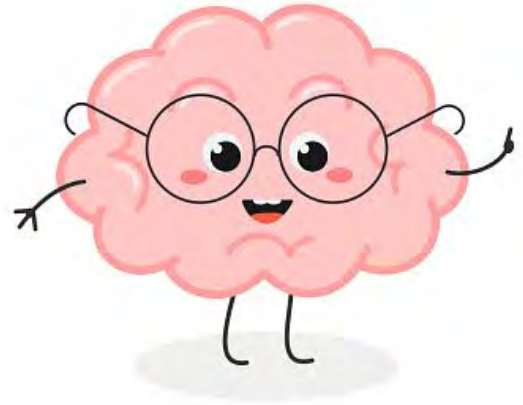


# The Braniacs



# About Us

- Team leads:
  - Katymay Malone, Terica Scott
- Team members:
  - Bahareh Ansari, Mariah Hamalainen, Katymay Malone, and Terica Scott
- Our areas of expertise:
  - Health analytics, health communication, health disparities, health equity science, program evaluation, health education, and program planning.

# The Challenge

*During the pandemic the mental health of children and teens has worsened.*

- The specific problem we plan to tackle

Mental health challenges experienced by Black adolescents have worsened during the pandemic. The Black population has been disproportionately impacted by the SARS-CoV2 pandemic, and the pandemic has highlighted the historical discriminations that this population has faced.

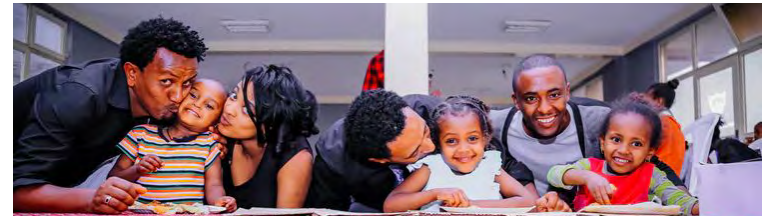




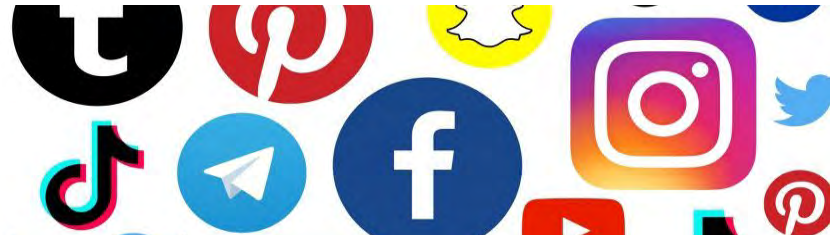
# Our Target Audience

- Our target audience is Black adolescents (in the U.S.)
- What do they know, how do they feel, what do they believe about mental illness?
  - Black students reported an almost 50% increase in attempted suicide from 2009 to 2019
  - Black teens are more likely to attempt suicide than White teens (9.8 vs. 6.1 percent)
  - Black males are especially concerned about stigma and mental health
  - Less than 2% of APA members are Black or African American. Cultural competence of mental health practitioners is a concern voiced by Black people.
- Our target audience gets their information from family, teachers, peers, social media (Jones & Biddlecom, 2011).

Jones, R. K., & Biddlecom, A. E. (2011). Is the internet filling the sexual health information gap for teens? An exploratory study. *Journal of health communication*, 16(2), 112-123.

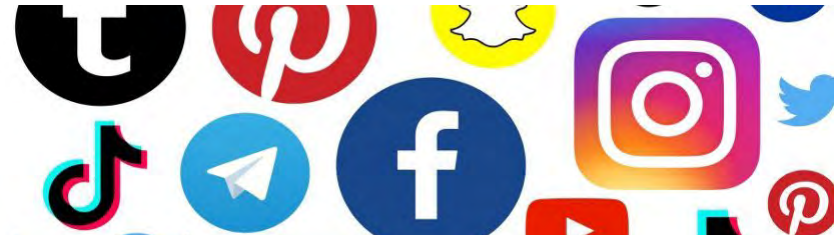


# Our Solution



- **What is it?**
  - A social media campaign and a virtual toolbox with a list of supportive health care providers.
  - Web resources (crisis support, tools, resources)
- **Who will use it?**
  - Black teens and their family members
- **What does it do?**
  - 30-60 sec videos
  - Digital media ( images, and/or text) posts by teens and their family members and/or friends to provide mental health awareness, mental health tips, and positive sources of support for mental health concerns and/or diagnosis.

# Our Solution



- **How does it work?**
  - Encourages dialogue among families to build resilience, discuss the difficult issues of mistrust, misinformation, barriers to coping with mental health, lack of access to health care, and stigma.
- **How is it different? What unmet need does it address?**
  - It focuses on “families” encouraging “families” and teens to come together to help each other to creatively address mental health issues through the use of music, dance, and pictures.

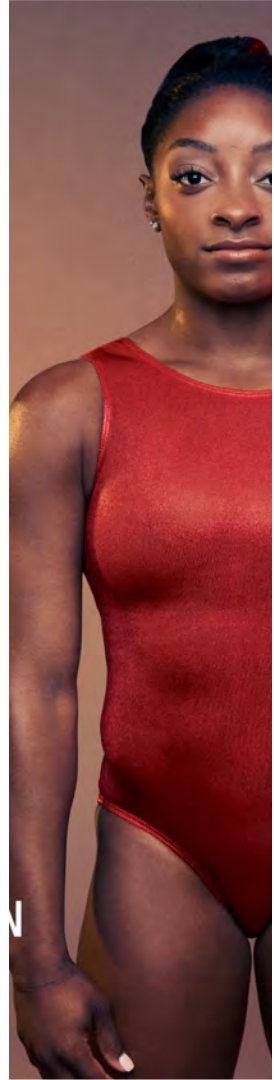
# How We Will Build It

- **What kind of assets or supports do we need to develop our solution?**
  - We need to distribute this to large audiences, so advertising the campaign through influencers who have large followers.
- **What kind of technical or subject matter expertise is needed?**
  - Social media campaigns are usually inexpensive and do not need much technology, but maybe doing some advertisement by different platforms such as Google, Facebook, TikTok.
- **How much time will it take?**
  - Social media campaigns are usually short lived, but we need to make sure to repeat our campaign with innovative ideas (videos vs. pictures) every couple of months to make sure that it reaches to as many people as possible.



# How We Will Share It

- **How will you get your solution to your target audience?**
  - Schools, community based organizations, influencers (i.e., Young thug, Amanda Gorman, Doja Cat, Simone Biles, and influencers local to specific cities)
- **What specific channels are needed? (e.g., interpersonal, digital, traditional, etc.)**
  - Videos, images, digital media uploaded can be posted on Facebook, TikTok, Instagram, using hashtags:  
#happyblackminds #healthyblackfamilies  
#blackmentalhealth
- **Do you need to engage influencers?**
  - Collaborate with Instagram influencers (Black teens, families/ hip/hop culture)
- **Do you need strategic partnerships?**
  - Schools, school counselors, parents, Facebook/ Google





# How We Will Test It

- **What are your metrics or key performance indicators?**
  - The number of media impressions (social media mentions, views, retweets, etc)
- **How will you get feedback to make improvements? (e.g., data sources, feedback loops, etc.)**
  - Listening sessions with black families, teens, and community organizations (pre- and post campaign)
- **What does success look like? (e.g., outcomes, impact)**
  - Increase reporting in improved health behaviors among black teens (and families)
    - # seeking care for mental health (therapy, coaching, family counseling)
    - # seeking medical care for COVID-19
    - # Black teens and families vaccinated nationwide
    - Reduction of new cases of COVID-19 cases among Black teens
      - Source: state surveillance data, health surveys



# QUESTIONS FROM JUDGES

Health Comm  
Hackathon Experience



# CRACKERJACKS

Health Comm  
Hackathon Experience

# About Us

- Team lead: Paula Williams
- Team members: Amber Lauff, Toni Perling, Jennifer Wiles
- Our areas of expertise: Strategic Communications, STLT Public Health, Mental Health, Broadcasting



# The Challenge

*During the pandemic the mental health of children and teens has worsened.*

- Parents lack collaborative resources to recognize and address mental health and wellbeing with their young children.
- Parents and young children are living in unprecedented times, where stress is becoming a constant in life and harder to navigate and solve especially with virtual learning.
- Hispanic-Latinx communities are disproportionately affected and face cultural stigma around mental illness.





# Our Intended Audience

- Hispanic-Latinx parents and guardians of young children, age 2-8
  - *Knowledge*: little to moderate
  - *Feelings*: shame, overwhelmed, anxiety, frustration, uncertainty, or confusion
  - *Beliefs*: children are too young to experience mental health issues, mental illness is a private family matter
  - *Source of Information*: radio, Web, social media, billboards, communities (neighbors, faith-based, school), television, or healthcare provider

# Our Solution

- Communications Campaign
  - Digital resources, Print materials
- Helps Hispanic-Latinx parents and children 2 to 8 years recognize and address mental health and wellbeing
- Provides collaborative resources to increase parent-child dialogue and introduce positive coping mechanisms



# How We Will Build It

Components	Activities	Time
Formative Research	Focus groups, key word research, interviews	1-3 months
Partner Outreach	Identify partners, presentations, testing	2-3 months
Communication Strategy	Develop and share	1 month
Website	Develop and build new site	3 months
Video and Media	Develop short animated series, radio buys, print ads, social media	3-6 months
Print Materials	Develop fact sheets, flyers, QR code	1-2 months



# How We Will Share It

- **Establish** strategic partnerships
- **Engage** influencers and partners
- **Advertise** using social media, radio, television, print, digital
- **Share** resources
- **Encourage** use of campaign materials



# How We Will Test It

- Testing assets with partners and audiences
- Web and Social media metrics
- Uptake of services

## Impact

- Increased awareness of warning signs and use of resources
- Increased utilization of mental health services
- Decrease stigma around mental health in Hispanic-Latinx community

# QUESTIONS FROM JUDGES



# GENIUSES

Health Comm  
Hackathon Experience



# About Us

- Team lead: Lauren Bozarth
- Team members:
  - Lauren Bozarth
  - Michelle Collins
  - Michelle Hutchinson
  - Shavonne Reed
- Our areas of expertise: Building strategic partnerships, health communication, marketing, health education, parenthood, experience as educators and school volunteers

# The Challenge

*During the pandemic the mental health of children and teens has worsened.*

In areas that have historically had limited access to quality, affordable health care, high-school students who need mental health services have experienced a decline in their mental health. Even when mental health services are available, parents may not be able to take time off from work to get their children to appointments or may not be able to afford public transportation to get to appointments. The COVID-19 pandemic has intensified this situation and has highlighted the need for a solution.

# Our Intended Audience – Part I

- Who are they?
  - High-school students in areas that have historically had limited access to quality, affordable health care
- What do they know, how do they feel, what do they believe about mental illness?
  - Don't recognize seriousness of the problem
  - Stigma
  - Lack of familial support



# Our Intended Audience – Part II

- Where do they go for information?
  - Close friends
  - Parents
  - Trusted teachers
  - Social media (TikTok, Instagram/Snapchat)
- What experience do you have that might offer additional insights?
  - Parent of two teens, one in middle school and one in high school
  - Non-profit volunteer experience with local organizations that work closely with teens
  - Grew up in the Caribbean where mental health was not prioritized
  - Teacher in public school system

# Our Solution

- **What is it?** Promotion kit for schools to use to let students and parents know that school is providing safe, private room for mental telehealth appointments during lunch, study periods, and after school
- **Who will use it?**
  - Schools (administration, guidance counselors, task force) will use promotion kit
  - Students will use the private room
- **What does it do?**
  - Provides accessible, confidential, private location for mental telehealth visits
  - Normalizes environment for seeking mental health services
- **How does it work? Kit includes**
  - Logistics for setting up the room(s) and telehealth appts
  - Messaging to normalize acceptance of the rooms so students don't feel stigmatized or different
  - Messaging to recruit students, teachers, and administrators who can act as ambassadors
  - Videos of influencers who have discussed their mental health
- **How is it different? What unmet need does it address?**
  - Students don't miss class
  - Parents don't miss work
  - Addresses confidentiality
  - May help reduce mistrust of health care system since messaging is coming from school, a trusted source

# How We Will Build It

What do you need to make your solution happen?

- What kind of assets or supports do we need to develop our solution?
  - Buy-in from county school board, school admin, teachers, parents
  - Physical or virtual space for conducting meetings with these parties
  - WIIFT – Students with better mental health perform better in school, have lower absenteeism
  - Digital displays/videos promoting the plan
  - Email addresses of parents or other tool to walk parents through process
- What kind of technical or subject matter expertise is needed?
  - High-speed Internet access, device with camera and microphone to access Internet
  - App to reserve room and avoid conflicts
  - Other IT support
- How much time will it take? 6 months to get pilot program up and running by spring semester.



# How We Will Share It – Part I

How will you get your solution to your target audience?

- What specific channels are needed? (e.g., interpersonal, digital, traditional, etc.)
  - Physical or virtual space for conducting meetings with school board, admins, teachers, parents
  - Parent newsletter and parent portal messages
  - Virtual student assemblies, TV monitors in home room, intercom announcements, banners/posters in hallways
  - Paid advertisements on social media, focused on students in the pilot area
  - Direct mail to mental health providers in catchment area that program is being piloted

# How We Will Share It – Part II

- Do you need to engage influencers?
  - Not necessarily, but can provide links to videos of young influencers (local or national) who have talked about their mental health struggles
- Do you need strategic partnerships? Yes
  - Schools
  - Local clergy
  - Bodegas
  - Barber shops and salons

# How We Will Test It

- **Formative research:** Test messaging in virtual focus groups with intended audience and interested parties before kit goes live
- **What are your metrics or key performance indicators?**
  - # of mental telehealth appts made
  - # of appts kept
  - Awareness of the mental telehealth program (captured via survey administered at start, mid-, and end of school year)
- **How will you get feedback to make improvements? (e.g., data sources, feedback loops, etc.)**
  - Survey students to get thoughts on campaign
  - Survey administrators on how to improve campaign
- **What does success look like? (e.g., outcomes, impact)**
  - Improved perceptions on seeking help for mental health
  - Increase in number of ambassadors
  - Decline in absenteeism rate
  - Increase in number of schools adopting program
  - Increase in number of students accessing mental health appt while in school



# QUESTIONS FROM JUDGES



# MAESTROS

Health Comm  
Hackathon Experience

# About Us

- Team lead: Breyah Atkinson
- Team members: Matthew Rachleff, Michaela Weaver, Will Sawyer
- Our areas of expertise: Public Health, Design and Marketing, Family Medicine



# The Challenge

*During the pandemic the mental health of children and teens has worsened.*

- The specific problem we plan to tackle is the **inability to recognize the warning signs of mental health challenges.**



# Our Target Audience

- People not receiving treatment, in Any-Town, USA, that **identify as “feeling alone”** in ways that connect to mental health issues **magnified** by the COVID-19 pandemic.
- They are not aware that their feelings could be related to a **mental health disorder** and that they could get help for it.
- They go for information online, peers, family members, community members, and/or **don’t ask**.
- Our experience supports **normalizing conversation** about mental health and breaking down barriers of mental health stigma.

# Our Solution: Find Your Safe Space Awareness Campaign

- For any child/parent that feels alone and disempowered to **seek help**.
- It **reframes the experience and makes actionable** the search for safe space to explore and receive help.
- A campaign localized to meet the needs of diverse communities by **raising awareness** of mental health issues and directing people to **wraparound services and community resources**.
- **Theme: You're Not Alone**, an evidence-based campaign that is grounded in local knowledge to help people take the first step in identifying an issue.



# How We Will Build It

- We would **leverage** diverse SMEs (academic, parents/children), creative agencies, distribution partners (PSA), data analytic experts, community liaisons, public policy, advisory board of key funders and representatives of various age groups, focus group testing (focus group company), and grant writers.
- This project should take **3-6 months**.

# How We Will Share It

- **Omni channel:** out of home, tv, radio, online, streaming services, paid and organic social, SEM, SEO, social media.
- Yes, need **strategic partnerships**, but influencers are not necessary at this time.

# How We Will Test It

- **KPIs:** increase utilization of services, total number of impressions of campaign, URL/website metrics, referrals
- **Feedback** from focus group pre- and post- surveys, A/B testing of creative message
- Success means program becomes **sustainable** through ongoing funding because it helps people in the community.

# QUESTIONS FROM JUDGES



# MASTERMINDS

Health Comm  
Hackathon Experience

# About Us

- Team lead:  
*Amber Hammond (Fielding Graduate University)*
- Team members:  
*Mabel Low (CDC), Knesha Rose-Davison (AgriSafe), Vera Rosenthal (FDA)*
- Our areas of expertise:  
*Health/digital communications, media psychology, health education/promotion, youth engagement, mental health first aid, suicide prevention, website/technology development, program development, research, federal contracting officer representative*

# The Challenge

***Teens are losing access to the critical mental health services they would normally receive in schools.***

Supporting evidence:

- *During the pandemic, children receiving virtual or combined instruction were more likely to experience worsened mental health than children receiving in-person instruction (25% versus 16%).*
- *About 45% of parents say their teen showed signs of a new or worsening mental health condition since the beginning of the pandemic.*
- *About 35% of parents of teen girls and 20 percent of parents of teen boys noted an increase in anxiety and worry or depression/sadness.*



# Our Target Audience

- **Who are they?**  
*High school students*
- **Where do/did they go for information?**  
*Internet/social media, friends, family, trusted (and even non-trusted) adults*
- **What do they know, how do they feel, what do they believe about mental illness?**  
*Adolescents perceived various changes in their relationships with family and friends (e.g., less perceived friend support) during COVID-19. They also perceived increases in negative affect and decreases in positive affect. These perceived social and emotional changes were associated with elevated depressive symptoms, anxiety symptoms, and loneliness in April 2020, controlling for mental health problems before the pandemic.*



# Our Solution

- **What is it?**

*Emotional-social roll call: Daily student mental health check-in system*

- **Who will use it?**

*High school students*

- **What does it do?**

*Asks students how they're feeling and if they would like support // Records and tracks responses // Alerts counselors and teachers to take action*

- **How does it work?**

*Uses select emojis and short-answer to take a baseline and identify warning signs (pilot test to determine which emojis to use; consider any existing [emotional measurement scales](#))*

- **How is it different? What unmet need does it address?**

*Gives counselors and teachers a tool to help students by signaling there are early warning signs and intervene/refer for help (short-term and long-term, including taking a mental health break). Would be paired with a complementary training program, including normalizing conversations with students about mental health.*



# How We Will Build It

- **What kind of assets or supports do we need to develop our solution?**
  - *Software development, including testing*
  - *Survey instrument development, including testing*
  - *Training curriculum development*
  - *Educator training*
- **What kind of technical or subject matter expertise is needed?**
  - *Software developer/AI building*
  - *SMEs in psychology/social science research for survey instrument development*
  - *SMEs in emotional intelligence/trauma-informed care for training the educators and providing technical assistance*
  - *Teacher/counselor/administration consultants for development*
  - *Parent consultants/buy-in*
  - *Student consultants/testing*
  - *Data analyst trained in data visualization*
- **How much time will it take?**
  - *Software development, including testing: 6 months (depending on budget)*
  - *Survey instrument development, including testing: 2-4 months*
  - *Training curriculum development: 2-4 months*
  - *Educator training: 1 month*
  - *Delivery: 1 school year*

# How We Will Share It

- **How will you get your solution to your target audience?**
  - *What specific channels are needed? (e.g., interpersonal, digital, traditional, etc.)*
    - *Automated digitally*
    - *Presented on school-issued device at same time every day (ideally beginning)*
    - *Device is locked until the entry is made*
    - *Data are sent directly to counselors*
    - *Option to access and provide data at other times as needed, especially if in crisis*
  - **Do you need to engage stakeholders/strategic partnerships/influencers?**
    - *Administration buy-in*
    - *Sharing with students and at start of school year about the program, and send home information*
    - *Integrated into school wellness program*
    - *Schools determine parental consent laws and considerations*

# How We Will Test It

- **What are your metrics or key performance indicators?**
  - *Completed referrals to school mental health support*
  - *Adherence to completing training and using system*
- **How will you get feedback to make improvements?**
  - *Quantitative (Likert scale) surveys at beginning, middle, and end of year for counselors/teachers and students to measure progress on goals*
- **What does success look like?**
  - *Accomplishing KPIs and goals:*
    - *Normalize having conversations around emotional health*
    - *Improve healthy coping skills*
    - *Improve perceived mental wellbeing*



# QUESTIONS FROM JUDGES