2023 DC Public Health Case Challenge

A Public Health Approach to Improve the Health of Women Experiencing Homelessness in DC

Case Scenarios

Key Public Health Frameworks

Washington, DC Organizations Working to Address Homelessness and/or Improve the Health and Well-Being of Women Experiencing Homelessness

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Acknowledgments

The authors express their appreciation to Mary Kate Fogarty (Organon; former Case Challenge competitor and 2022 case-writing team lead), Melissa Simon (Feinberg School of Medicine, Northwestern University), and Jesse R; fo72 4d(.....[0.0)-1.7(edi)-1 (ty)]TJ(i)-1.1 (tii)5 edisate F

proposed solution(s) to address the challenge at the Case Challenge competition to be held on October 6, 2023.

Scope: The proposal is limited to a budget of $1 million USD to be used during a 2-year span. Your proposal and presentation should specify which sector(s), groups of people, and/or organizations your intervention(s) will engage and provide a justification for these selections. Staff salaries for the intervention should be covered in the allowed budget.

Outside resources: Teams should also consider outside resources for a deeper understanding of the problem and to develop a stronger proposal. However, team members must generate the case solution independently. Faculty advisors and other individuals who serve as a resource should not generate ideas for the case solutions but may provide relevant supportive information, guide students to resources, and offer feedback on students' ideas and proposals for case solutions and recommendations and on draft slides/practice presentations. See Appendix B for a list of relevant resources.

Judging: Refer to the judging rubric (see Appendix D) for the criteria on which you will be assessed. Judges are drawn from organizations working with Washington, DC residents, academic and clinical medicine, and other nonprofit organizations.

If you have questions about the case, please e-mail Maggie Anderson (maanderson@nas.edu) before 9:00 am on Thursday, October 5, 2023. She will forward your question and the answer to all participating teams.

On the day of the presentation, October 6, please remember the following:

- Arrive at the National Academy of Sciences building (2101 Constitution Avenue, NW, Washington, DC; entrance on C Street) between 8:00 am and 8:30 am.
- The security guard will ask to see your ID and direct you Room 125 to check in.
- Bring a copy of your presentation in PowerPoint format on a flash drive, and give it to the Case Challenge organizers by 8:30 am.
- Your presentation should be no longer than 15 minutes and will be followed by 10 minutes of Q&A from the judges.
- Dress professionally, as you are representing your school in front of an audience. However, please do not wear anything that would identify your school. Team members may identify their field of study if desired.

For more information on the Case Challenge guidelines and logistics, refer to the guide in Appendix F for student teams and faculty advisors.

We are looking forward to hearing your ideas for contributing to a thriving Washington, DC community. Thanks for participating, and have fun!

Case

A public health approach to improve the health women experiencing homelessness in Washington, DC.

Funding Announcement and Specific Case Challenge

The Foundation for Sustainable Change for Women (FSCW) is thrilled to announce a Request for Proposals (RFP) for organizations working to improve the health and well-being of adult women who are or are at risk of experiencing homelessness in Washington, DC. FSCW is seeking evidence-based solutions to improve the physical and mental health and well-being of adult women (18 years or older) living in Washington, DC who are or are at risk of experiencing homelessness. The grant amount is $1 million dollars, and the grant period is 2 years.

FSCW is particularly interested in innovative solutions geared to improve the health and well-being of adult women (including transgender women) and prevent the worsening of health conditions of the target population. Proposals with solutions designed for this population will be prioritized. Additionally, FSCW is particularly interested in funding solutions that work to improve both the physical and mental health and well-being of the target population.

Furthermore, proposals that include strategies geared to address more than two levels of the social ecological

Housing: A Fundamental Human Right and Driver of Health

Everyone deserves to have stable housing. In 1948, adequate housing was recognized as part of the right to an adequate standard of living in Article 25 of the Universal Declaration of Human Rights (Office of the High Commissioner for Human Rights, n.d.). Adequate housing was once again recognized as a right in Article 11.1 of the 1966 International Covenant on Economic, Social, and Cultural Rights (Office of the High Commissioner for Human Rights, n.d.). The United Nations recognizes the right to adequate housing through four entitlements: security of occupancy; housing, land, and property restitution; equal and nondiscriminatory access to adequate housing; and participation in housing-related decision making at the national and community levels (Office of the High Commissioner for Human Rights, n.d.). Additional key elements to this right include the availability of services, materials, facilities, and infrastructure; affordability; habitability; and cultural adequacy (Office of the High Commissioner for Human Rights, n.d.).

when conducting Annual Point-In-Time (PIT) Counts of Persons Experiencing Homelessness. These counts supply information on the number of unsheltered people in regions and how many people use winter shelters, year-round emergency shelters, safe havens, transition housing, and

Governments, 2023). Notably, DC recorded the greatest reduction in veterans counted between 2019 and 2023 (79 fewer), followed by Prince George's County in Maryland (20 fewer) and Fairfax County in Virginia (eight fewer) (Metropolitan Washington Council of Governments, 2023).

Additionally, **people 50 and older** make up more than 30 percent of the population experiencing homelessness (Nagourney, 2016) and are predicted to increase rapidly in the next decade (Culhane et al., n.d.). This growth can be attributed to the increasing number of those who either are chronically experiencing homelessness or do so for the first time later in life (Simmons University, n.d.). Health concerns, such as Alzheimer's disease, cancer, and mobility issues, can have a great impact on morbidity and mortality, with the average life expectancy of a person experiencing homelessness being 42–52 years (Metropolitan Council of Governments, 2023).

Older adults in the Washington, DC region experiencing homelessness are prevalent. According to a 2023 HUD report, 219 adults aged 70 or older were experiencing homelessness, 32 of whom were over 80 (National Alliance to End Homelessness, 2023). At least another three reported being over 90, one of whom was unsheltered (Metropolitan Washington Council of Governments, 2023). This

Medicine [NASEM], 2018). National data found that young people who identified as lesbian, gay, bisexual, or transgender (LGBT) were at greater than twice the risk compared to those who did not (Morton et al., 2018). As adults, individuals who identify as part of the LGBTQ population are twice as likely as the general population to experience homelessness during their life, and most of them first do so as an adult (Williams Institute, 2020). The Williams Institute (2020) conducted a study on homelessness among U.S. LGBTQ individuals and found that transgender individuals have a higher proportion of reports of recent homelessness compared to others, including cisgender individuals, and in the 12 months before being interviewed, about 8 percent of transgender individuals reported recent experiences of homelessness (Williams Institute, 2020).

Individuals with disabilities are disproportionately more likely to experience homelessness compared to individuals without disabilities (National Association of County and City Health Officials [NACCHO], 2019). An estimated 25 percent of U.S. individuals experiencing homelessness have a disability (NACCHO, 2019). This includes physical, intellectual, developmental,

Mental Health Conditions

Mental health conditions can be initiated and/or exacerbated by being unable to find stable employment and/or confronting trauma or significant challenges, such as the daily threat of food insecurity (Thrive DC, 2022). In the United States, 45 percent of people experiencing homelessness in 2019 had a mental illness, compared to 4.2 percent of the general population (Park, n.d.). In Washington, DC, about 80 percent of people experiencing homelessness are diagnosed with a mental health condition, such as anxiety, bipolar disorder, or depression (Main, 2020). They may have barriers to accessing treatment due to limited health insurance coverage, and if they require regular mental health treatment, it can be difficult to consistently take and afford medications, attend and pay for therapy, or maintain consistency in treatment due to frequent shelter moves, further exacerbating their mental illness (Thrive DC, 2022).

People experiencing homelessness are at higher risk for substance use and misuse (Mosel, 2023). They also may not have access to SUD treatment or safe needle exchange programs; depending on their social support networks, and especially for those in recovery, it may be more challenging to abstain (Mosel, 2023). The U.S. opioid overdose-adjusted risk rate for homeless people is 1.8 percent versus 0.3 percent for low-income people who had housing (Mosel, 2023). According to the American Addiction Center, about one-third of the population experiencing homelessness has some drug and/or alcohol problems, with two-thirds having a lifelong history of drug or alcohol misuse or abuse (Mosel, 2023).

HIV

Individuals experiencing homelessness are exposed to multiple risk factors for HIV infection, such as exchanging sex for money, abusing alcohol or other drugs, and infrequent condom usage (Logan et al., 2013). An estimated 3.3 percent of U.S. persons experiencing homelessness have tested positive for HIV, compared to only 1.8 percent of those with stable housing (Thakarar et al., 2016). A longitudinal study conducted between 2015 and 2019 found that 32.1 percent of the 947 participants who were HIV positive reported they had experienced homelessness (Reddon et al., 2023). In Washington, DC, where approximately 2 percent of residents have HIV, 15.3 percent of these individuals have experienced homelessness (Aquino et al., 2021).

Lung Disease

Individuals who are homeless are more likely to develop respiratory diseases, such as asthma and COPD, due to higher likelihood of exposure to adverse environmental impacts/conditions and cigarette smoking (Snyder & Eisner, 2004; Sutherland et al., 2020). In addition, they are more likely to have tuberculosis compared with the general population (Sutherland et al., 2020). During the COVID-19 pandemic, people experiencing homelessness were more likely to contract the disease due to limited access to soap and water for hand washing, difficulty practicing social distancing, and an inability to self-quarantine and/or isolate, which may have amplified the spread of the d 0 Td[(the)5.1 dueio

Wounds and Skin Infections

Dermatologic and ectoparasitic conditions are a major physical health concern for people experiencing homelessness, who tend to have a higher rate of skin conditions and infections, such as abscesses, cellulitis, foot nail pathologies, foot infections, frostbite, scabies, pubic lice, head and body lice, and pediculosis corporis (Adly et al., 2021). Extreme poverty, poor living conditions (congestion in shelters or exposure to harsh living environment and extreme weather when living outside), lack of access to facilities for bathing and hygiene, challenges with adherence to medical recommendations, and stigmatization in healthcare settings all contribute to the risk for and complications of dermatologic conditions (Adly et al., 2021).

Malnutrition and Food Insecurity

Individuals experiencing homelessness encounter food insecurity and malnutrition at a higher rate than the general population (Fitzpatrick & Willis, 2021; Ijaz et al., 2018). Multiple factors

condition, such as cervical or oral cancer (Baggett, 2015). U.S. studies have found that individuals experiencing homelessness have more advanced stages of cancer and poorer health outcomes compared to other adults (Concannon, 2020), and treatment delays for chronic conditions, such as cancer and pain, were more common due to lack of patient follow-up (Concannon, 2020; Martin, 2019; Hwang, 2011). Furthermore, environmental barriers, such as poor living conditions and an inability to afford medications, hinder successful management of chronic illness. Within Washington, DC and the surrounding region, reports have documented that chronic health concerns are an added difficulty for individuals experiencing homelessness (Metropolitan Washington Council of Governments, 2023).

Unique Health Challenges Facing Single Women Experiencing Homelessness in the United States and Washington, DC

As discussed, homelessness is an issue that can affect anyone. However, single women experiencing homelessness face additional unique health challenges, such as with personal safety and security, menstrual health and hygiene, and reproductive health.

Health and Personal Security

Women face numerous health difficulties when experiencing homelessness. Intimate partner and sexual violence are the leading cause of homelessness for women and families (American College of Obstetricians and Gynecologists [ACOG], 2021), and these women are more likely to experience violence than housed women due to lack of personal security (ACOG, 2021). Being unhoused can expose women to even more vulnerable situations, as strangers may attempt physical, verbal, or emotional assault (Career and Recovery Resources, 2023).

Menstrual Health and Hygiene

Maintaining proper hygiene and hand washing is an important part of women's health. For women experiencing homelessness, the continuous search for food, shelter, and basic resources is compounded by other health challenges, including maintaining preventative health screenings, prenatal care, and access to menstrual hygiene products and contraception. The average woman will spend about $20 USD on hygiene products per menstrual cycle (Kim, 2021). For women residing in homeless shelters, the high cost of pads and tampons results in many shelters lacking these resources and women having insufficient supplies (Career and Recovery Resources, 2023). This can lead to overusing pads or tampons, which can have severe health consequences, such as toxic shock syndrome, a potentially life-threatening condition caused by specific bacteria strains that produce toxins (Berger et al., 2019). Similarly, makeshift hygiene products, such as toilet paper or other paper products, can expose women to harmful bacteria and unsanitary conditions, leading to yeast infections and urinary tract infections. Extending beyond the risk for infection and physical pain of cramping and bloating are the psychological effects. The inability to feel clean can leave many women feeling less than human, depressed, and vulnerable (Parrillo & Feller, 2017).

Chronic Illness and Disability

Women experiencing homelessness also face chronic illnesses, including asthma, anemia, bronchitis, hypertension, and ulcers (ACOG, 2021). The 2023 PIT count of people of all genders in DC listed several disabling conditions, including 28, 17, 15, and 13 percent reporting a mental health condition, substance abuse, a chronic health condition, or a physical disability, respectively (Metropolitan Washington Council of Governments, 2023). Multiple barriers prevent women from obtaining needed health care, with arguably the largest being a lack of or insufficient health insurance coverage (ACOG, 2021).

Reproductive Health

Women experiencing homelessness also face numerous barriers to reproductive health care and often struggle to obtain preventative care, such as prenatal checkups, mammograms, and Pap smears (Career and Recovery Resources, 2023). Their rate of unintended pregnancy is higher, with research showing 42 percent of sexually active women not using any form of birth control in the past 12 months (ACOG, 2021; Crawford et al., 2011). This may be due to women being forced to have sex, having limited access to contraceptives, and having access to contraceptives with high user-based failure rates (ACOG, 2021; Career and Recovery Resources, 2023).

Of the women experiencing homelessness who did use contraception, condoms were the most common, yet only one-third reported consistent use for vaginal intercourse (Crawford et al., 2011). As a result, women experience higher rates of poor health status, including poor birth outcomes and mortality. Women experiencing homelessness are 2.9 and 6.9 times more likely to have a preterm delivery and an infant with low birth weight (less than 2,000 grams), respectively, after adjusting for other risk factors, including age, number of previous pregnancies, and smoking (Crawford et al., 2011). Access to long-acting reversible contraceptives (such as IUDs) may be more limited, due to lack of health insurance (ACOG, 2013).

In addition to contraception, abortion services are an important part of healthcare (ACOG, n.d.). Several factors and reasons can influence or necessitate a woman's decision to seek out abortion services. According to the American College of Obstetricians and Gynecologists (n.d.), these include contraceptive failure, barriers to contraceptive use and access, rape, incest, intimate partner violence, fetal anomalies, illness during pregnancy, and exposure to teratogenic medications. Pregnancy complications include placental abruption, preeclampsia or eclampsia, and cardiac conditions, all of which can have severe consequences for health, resulting in abortion as a necessary life-saving option.

Access to abortion services has been limited to women experiencing homelessness, and since the June 2022 Supreme Court ruling against abortion as a constitutional right, barriers to these services in the United States and DC will persist (Guttmacher Institute, 2023; McGeough et al.,

Preventative Health Care

Breast cancer is the second most common cancer among U.S. women (after some kinds of skin cancer), and Black women have a higher mortality rate from breast cancer than White women (Centers for Disease Control and Prevention [CDC, 2023]). Screening through mammograms and/or ultrasounds is the best way to detect breast cancer early. The national average of having an up-to-date mammogram is 72.2 percent, but studies comparing low-income domiciled women and women experiencing homelessness in New York City found that rates within a 2-year period were 57.1 and 59 percent, respectively (Asgary et al., 2014), and 53 percent of these women did not know the results.

Human papillomavirus (HPV) infection causes 70 percent of cervical cancers in the United States but is preventable or treatable via Pap tests (Ma & Richardson, 2022). In 2020, approximately 20 percent of U.S. women aged 21–65 had not been screened for cervical cancer in the previous 3 years. Furthermore, disparities in accessing screening exist, including among the population experiencing homelessness, with Pap test rates of 54–55 percent among women experiencing homelessness (Asgary et al., 2016). Additionally, for these women, a history of childhood sexual abuse, substance misuse, and isolation from family and health systems all increase the risk for sexually transmitted infections, including HPV (Asgary et al., 2016).

According to ACOG, 57 percent of people experiencing ho hav of iato1 (n)5.

Racial inequality is also a root cause of homelessness. Long-standing historical and structural racism (from slavery to segregation to redlining) have blocked Black people and people of color from socioeconomic opportunities and interrupted and/or prevented generational wealth transfer. Other factors that have been linked to homelessness include domestic violence, family conflict, and systemic failures. When people are trying to leave domestic violence situations (with the attendant economic and housing ramifications), they may end up living in temporary homeless shelters or on the streets. Finally, "systemic failure" refers to the failure of society to support those at risk of becoming homeless (Human Rights Careers, n.d.). Figure 1 shows other social factors related to homelessness (Mago et al., 2013).

FIGURE 1: Virtual Common-Sense Map of Homelessness
NOTE: This figure illustrates the various factors that influence homelessness and how antecedent factors can positively (+y[i)-1.5 oot-446 (t)0..5 (l)-7 (u)-e.7 (y)g ely (n02 Tw [Se)1 Tw [o)-2.1 (f 11.6 .5 oot-4(nc)3.7 5f)-2 (l)-

Lack of financial resources and unemployment can impact access to affordable health insurance and healthcare. This may lead to minor illnesses becoming severe conditions, which is compounded by inadequate resources and access to health care in populations experiencing homelessness

Bureau, 2022). The median mortgage cost and gross rent are $2,751 and $1,681, respectively (U.S. Census Bureau, 2022). In January 2021, the PIT count was 5,111. Of this group, 681 were sleeping outside and unsheltered. The survey indicated the following:

- 43.8 percent of adults have resided in an institutional setting, including incarceration.
- 40.6 percent of adults have a mental health condition.
- 21.6 percent of adults have a chronic health condition.
- 22.6 percent of adults have experienced domestic violence in their lifetime.
- 4.3 percent are veterans.
- 37.4 percent have experienced homelessness more than once in the past three years.

Prevention of Hom

Key Public Health Frameworks

The following section describes four key frameworks: the SEM, social determinants of health (SDOH), housing first model, and public health approach. In its decision making, FSCW will favorably view proposals that apply one or more of these frameworks.

SEM

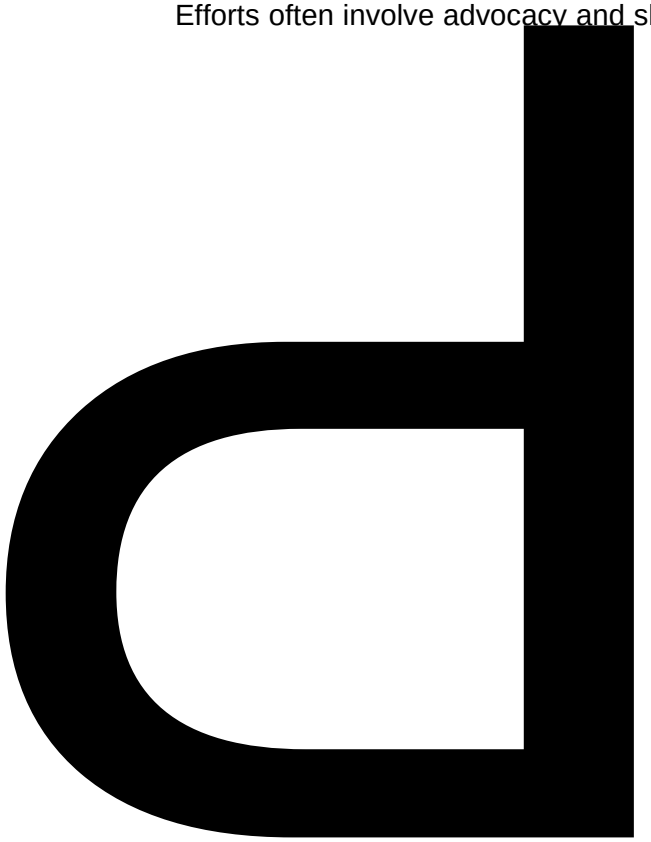
The SEM is a conceptual model that identifies a variety of influences that impact a person's health and well-being. It consists of five spheres of influence: individual, interpersonal, institutional, community, and public policy. Successful public health interventions consider multiple levels of influence when designing programs and strategies to improve the health and well-being of their target population.

Individual Level: This level refers to an individual's demographics, personal experiences, knowledge, attitudes, beliefs, and behaviors surrounding the topic of interest. These attributes can shape health outcomes and decisions for an individual's health.

Interventions often emphasize educational strategies to improve knowledge, change attitudes, and

Public Policy Level: This level is the outermost circle; it refers to the role of local, state, and federal governments in supporting and enacting policies and laws to improve public health.

Efforts often involve advocacy and should focus on creating supportive conditions (legislative



shelter, allows people to pursue other things that can greatly improve quality of life,

Washington, DC Organizations Working to Address Homelessness and/or Improve the Health and Well-Being of Women Experiencing Homelessness

To effectively develop a proposal for solutions to improve the health and well-being of women experiencing homelessness in Washington, DC, it is important to examine current examples of successful strategies from organizations, initiatives, and programs working to address this issue in the area. Below are some examples of organizations that are addressing homelessness and expanding affordable housing and/or improving the health and well-being of unhoused people.

N Street Village

N Street Village is an organization based in Washington, DC and the largest provider of housing and essential services for women experiencing homelessness in the area (N Street Village, 2023). This organization offers housing support, advocacy, and other programs and services in an “atmosphere of dignity and respect” (N Street Village, 2023). It works to help women achieve stability by making meaningful progress in their housing, income, employment, mental and physical health, and addiction recovery goals (N Street Village, 2023).

The Community Partnership for the Prevention of Homelessness

Established in 1989, the Community Partnership for the Prevention of Homelessness is a nonprofit organization working to reduce and prevent homelessness in Washington, DC. It coordinates the city’s Continuum of Care on the city’s behalf; this includes establishing three components: outreach and assessment, transitional housing with support services, and permanent housing (Community Partnership for the Prevention of Homelessness, n.d.). In 2017, this organization worked with the Women's Task Force of the Interagency Council on Homelessness and published the 2017 DC Women's Needs Assessment Report (Community Partnership for the Prevention of Homelessness, n.d.).

DC Coalition for the Homeless, Inc.

Coalition for the Homeless, Inc. provides direct support and services through temporary housing, food case management, substance abuse counseling, and/or employment and housing placement assistance; its three goals are to 1) help individuals find permanent housing; 2) help individuals obtain employment; and 3) advocate for more affordable housing (Coalition for the Homeless, Inc., n.d.). In 2021, the coalition served 318 individuals, moved 133 into permanent housing, and secured employment for 21 (Coalition for the Homeless, Inc., n.d.).

Pathways to Housing DC

Pathways to Housing DC (n.d.) aims to dismantle structural racism and be guided by racial equity and social justice in fulfilling its Housing First model. That program requires coordinating multiple aspects—outreach, housing, health care, treatment, and case manageme3.4 6Tc 0.004 Tw 23.771 0 Td(ng)Tj

Assessment and Housing Placement program assists individuals and families in receiving housing referrals based on service needs and length of homelessness (DHS, n.d.). The Emergency Shelter program is available on a first-come, first-serve basis for adults in need of a safe place to sleep (DHS, n.d.). Day Centers provide safe places during the day to take care of

Appendix C: References

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Appendix D: Judging Rubric

These criteria will be considered collectively through a facilitated judging discussion to determine the overall grand prize winner and category prizes. The criteria contributing to the three category prizes listed are below.

Category Prizes: *Practicality Prize; #Interprofessional Prize; Wildcard Prize

	Poor	Accept-able	Very Good	Out-standing	Comments
Analysis of Problem/Challenge					
● ●					
Appropriateness/Justification					

• •					
Questions and Answers					
• •					

Appendix E: Case-Writing Team Biographies

Each year, students from local universities work together to write this background document for the competing teams, including identifying the specific topic to be addressed.

Laura Santacrose M.P.H. (case-writing team lead) is a 3rd-year public health doctoral candidate at George Washington University; her dissertation is focused on evaluating means restriction efforts as a population-level strategy to prevent jumping suicides. She is also works full time as the associate director for the Skorton Center for Health Initiatives at Cornell University. She graduated with a B.S. in human development from Cornell and an M.P.H. with a concentration in social behavior and community health from the University at Albany School of Public Health as a David A. Axelrod Fellowship recipient. She served as the student team leader for George Washington University's team in the DC Public Health Case Challenge, which won the 2022 Grand Prize.

Carolyn Faith Hoffman, M.P.H., is a 3rd-year doctoral student in health services research at George Mason University. She serves as a graduate research assistant in the Department of Health Administration and Policy in the College of Public Health, where her research is concentrated on individuals with disabilities and the rural–urban divide. She is working on her dissertation proposal, which is focused on potential disparities in endometriosis diagnoses, pain management, and health insurance use between rural- and urban-dwelling U.S. women. She graduated with a B.A. from the Pardee School of Global Studies at Boston University in 2019 and an M.P.H. from the Boston University School of Public Health with a functional certificate in health policy and law in 2020. Before beginning her Ph.D. in 2021, she served as a volunteer for AmeriCorps VISTA, 2020–2021. She was a member of the George Mason University team in the 2022 DC Public Health Case Challenge.

Yongyi Lu is a 2nd-year master's student in population, family, and reproductive health at the Johns Hopkins Bloomberg School of Public Health, where she also holds a certificate in maternal and child health. She also works as a graduate research assistant with Performance Monitoring for Action at Johns Hopkins. She graduated from American University with a B.A. in public health in 2021. She was a member of the American University team for the 2021 DC Public Health Case Challenge.

Carrigan Rice is a

Remle Scott, M.P.H., is a 3rd-year public health doctoral candidate at the Uniformed Services University. Her dissertation is focused on understanding the intersection of infectious and noncommunicable diseases and studying multimorbidity among people living with HIV in sub-Saharan Africa. After receiving her M.P.H. from George Washington University with a concentration in epidemiology, she continued to conduct epidemiological research with the National Center for Complementary and Integrative Health. She was a member of the USU grand prize–winning team in the 2021 DC Public Health Case Challenge and has continued to participate in other case challenges, including the Emory Morningside Global Health Case competitions.

F: Guide for Student Teams and Advisors

The National Academies of Sciences, Engineering, and Medicine will host the tenth annual DC Public Health Case Challenge on Friday, October 6, 2023, to promote interdisciplinary, problem-based learning for the betterment of our DC-area community. Teams will be asked to approach a realistic public health issue facing the DC-area community and to develop a multifaceted plan to address it. A panel of expert judges will watch student presentations and pick the winning solutions.

Challenge process, and Q&A. The webinar will take place from 12:00 to 1:00 pm ET on Thursday, September 21.

- **Student teams** will be provided with a case that is based on a real-life public health challenge faced by individuals and organizations in the DC area. Teams will be given 2 weeks to **develop comprehensive recommendations** to **present to a panel of expert judges**. The presented recommendations will be judged on criteria such as content, creativity, feasibility, interdisciplinary nature, and strength of the evidence base. The case will include more detailed information on the judging criteria.
    - Information from the 2013-2021 DC Case Challenge events is available at http://nam.edu/initiatives/dc-public-health-case-challenge/

Prizes/Incentives for Student Teams

- Experience working with people from multiple disciplines to tackle a multifaceted public health challenge.
- Practice for Emory University's International Global Health Case Competition.
- Press release announcing the winning solution through the National Academy of Medicine (NAM) and the HMD of the National Academies.
- Publication by NAM summarizing each team's solution written by team members (team members listed as authors). Past publications are available at https://nam.edu/initiatives/dc-public-health-case-challenge/.
- Breakfast, lunch, and a small reception will be provided.
- FREE registration to attend in person or virtually the NAM annual meeting on Monday, **October 9** for ALL interested team members and advisors.
    - o

- **Thursday, September 21, 12:00 to 1:00 pm:** A one-hour informational webinar for competing students (and advisors) will take place before the case is released. The webinar will be recorded and posted online, so any students who are not available at this time can view the recording after. Students (and advisors) are welcome to email questions in advance. The webinar provides a primer on upstream, evidence-based policy solutions for public health issues, an overview of the Case Challenge process, and Q&A.
- **Thursday, September 21 at 1:00 pm:** Case is released.
- **September 21–October 5**: Teams develop their solution to the case.
- **Friday, October 6**: Teams present their solutions to a panel of judges. Presentations will be followed by an awards ceremony. The event will take place from approximately 8:30 am to 5:00 pm; we will let you know the exact times once we know the number of participating teams. Breakfast, lunch, and a reception will be provided.
- **Monday, October 9**

- Teams may not view other teams' presentations until they have delivered their own presentation.

Resources

Information on the DC Public Health Case Challenge is available here:
https://nam.edu/initiatives/dc-public-health-case-challenge/

The following links provide information and examples from public health case competitions at other universities. Note that most of these cases focus on international issues; the DC Case Challenge will address a local public health issue. These are just examples—please use your own knowledge, creativity, and community resources to come up with a unique and compelling presentation!

Emory Global Health Case Competition:
http://globalhealth.emory.edu/what/student_programs/case_competitions/index.html

University of Toronto's presentation from Emory's 2013 competition:
https://www.slideshare.net/TheresaLee5/university-of-toronto-emory-global-health-case-competition

Winning presentation from 2015 Vanderbilt Global Health Case Competition:
http://www.vanderbilt.edu/vigh-sac/case/2015ghcc.pdf

Triangle Global Health Case Competition: http://triangleghcc2013.wordpress.com/

Yale Global Health Case Competition presentations:
http://www.slideshare.net/yaleglobalhealthcc

Appendix G: Presentation Day Agenda

October 6, 2023

National Academy of Sciences Building | 2101 Constitution Avenue, NW, Washington, DC

8:00–8:30am	**Arrival and Registration** (outside of Room 125; breakfast available outside Room 120)
8:30am	**Deadline to Turn in Presentation** (Room 125) Please take your flash drive to the Case Challenge staff member at the computer. This is when teams draw a number for presentation order. **Judges Check In** (Front of Room 125)
8:45am	**Welcoming Remarks** (Room 125) Victor J. Dzau President, National Academy of Medicine

8:55am	**Logistics** (Room 125)
9:00am–1:00pm	**Presentations** (Room 125) At this time, all but the first team should leave and go to Room 120. Return to Room 125 when it is your teams turn to present. After your team has presented, you may remain in Room 125 to watch the remaining presentations, Room 120, or outside. During the morning, an organizer will gather each team to take a photo at the Einstein statue in front of the NAS building—see schedule below.

9:00–9:30	Team 1
9:30–10:00	Team 2
10:00–10:30	Team 3
10:30 – 10:45	**Break**
10:45–11:15	Team 4
11:15–11:45	Team 5
11:45-12:15	**Break**
12:15–12:30	Team 6
12:30–1:00	Team 7

9:00-10:30am

2:45–3:00pm	**Expert Presentation** (Room 125) Valerie DiCristoforo Development Senior Manager, Everyone Home DC
3:00–3:15pm	**Expert Presentation** (Room 125) Martha Sanchez (She/Her/Hers) Director of Health Policy and Advocacy Young Invincibles
3:15–3:40pm	**Discussion**
3:40–4:00pm	**Awards Ceremony** (Room 125)
4:00–5:00	**Reception** (Room 120)