Notice, Talk, Refer:
A Mental Health Intervention Strategy for Young Adults

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Preface

Design for America (DFA) provides college students with an opportunity to experience how to tackle social challenges through design innovation. The DFA Summer Studio is a six week design intensive that is held at Northwestern University that pairs a group of students to work with a community lead to address a question of importance. The Design Core of the Center for Community Health Equity provided community leadership on a topic for the first time during the summer of 2017. The topic of mental health for young adults on Chicago’s West Side was selected as the social issue. The initial one-page problem statement provided to the student group is provided in the appendix. The problem was meant to be broad and not completely defined in order to for the team to gain experience in defining their scope of work.

The student team initially met with various stakeholders involved in mental health awareness efforts on the West Side of Chicago to explore barriers and issues faced in the real world. Then, the team worked with me through weekly teleconference meetings and with design method professionals to refine their problem, explore the opinions of stakeholders, and develop and test a prototype solution. The documentation of the team’s six week journey is presented in this working paper. The hope is that the tools used and lessons learned will help the next group tackling the issue to continue to refine the approach to finding impactful solutions to improving mental health awareness in the Chicago region.

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Notice, Talk, Refer
A Mental Health Intervention Strategy for Young Adults

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Design For America: Summer Studio
Introduction

The period from ages 18 to 24 can be one of the most crucial and formative times for a person’s mental health; and when young adults are facing their peers’ mental health problems, the ability to give an appropriate response can be crucial to prevent worse consequences. This issue is especially prevalent in Chicago’s West Side, where mental health resources are unavailable or inaccessible due to negative stigma. The main pain points we identified are the lack of ability to identify illnesses, the availability of proper resources, and the ability to have the appropriate conversation with young adults who are experiencing mental illnesses.

Research into the Mental Health First Aid (MHFA) training, including participating in the course ourselves, revealed more subtle reasons why the training is not well designed for young adults to take: most notably the teaching style, but also the duration of the course and the location of the training. Based on the consideration of these concerns and the interviews with our users, we reframed our solution to focus on a new strategy for young adults called “Notice, Talk, Refer.” To distribute this strategy to young adults, we prototyped three new solutions: awareness posters, a demonstrative performance, and smaller training sessions designed for young adults.

For the current environment for young adults with mental illnesses to develop, what our team attempts to achieve in the end is to create the potential to allow young adults in West Garfield Park, as well as any other community in Chicago, to address mental illnesses at an early age, and give them tools to bring them to professional help. It is our hope that eventually this strategy and the projects that follow it will create a better environment for those young adults who are experiencing mental illnesses as well as empower them, their families, and their friends to freely discuss and address mental health problems.
Primary Research

Interviews
The team began its research with a series of interviews with various stakeholders involved with mental health first aid and the target community, West Garfield Park. Each interview uncovered important insights into the training as well as the mental health needs of young adults.

Mental Health First Aid Trainees
The team was able to contact and interview three trainees certified in Mental Health First Aid. The three interviewees were women who had attended a training within the last six months. Two interviewees worked as nurses at Central DuPage Hospital, where Northwestern Medicine holds MHFA trainings. The other interviewee was a graduate student in public health. The main insights gained from these interviews focused on the presence of young adult trainees in the classes, and ease of registration. All of the trainees reported that young adult attendance at their classes was low, and if there were young adults in the class, they were students in social services. For all of the interviewees, training was free and they were able to register through the Northwestern Medicine employee system, as well as attend trainings at their place of work. Although taking this class was convenient for these trainees, this is not a good representation of the pain points the layperson would experience in attempting to attend an MHFA class. Cost and training location are key factors that these trainees did not have to heavily consider when registering for this training.

Mental Health First Aid Instructors
The team also spoke with four instructors who taught MHFA training in and around the Chicago area. The most important insights gained from their interviews involved the course integrity and instructor training. Instructors are required to follow the exact structure of the course as formulated and copyrighted by the MHFA National Council, and also may be unknowingly evaluated by MHFA representatives posing as trainees in their classes. Altering the class or presenting a condensed version of the class that is unapproved by the National Council is heavily
It was also discovered that in order to receive instructor certification, potential instructors must travel to attend a 5 day training session which can cost $2,000 in tuition. Often instructors will receive grants from their organizations which pay for them to attend. Several of the interviewees also mentioned feeling as though they did not have enough time to teach all the classes they were asked to, indicating that there are not enough instructors in the Chicagoland area to meet the demand for MHFA classes.

**West Side Community Members**

Members of local communities who regularly interact with young adults from the West Side were also interviewed. These included local librarians, physical education teachers, and youth performing arts leaders. The main insights from their feedback included methods of engagement with young adults. They expressed that a very important factor with young adults is their level of trust with the person engaging with them. Incentives are also an important factor to consider when working with young adults. One project mentioned by a librarian called “Barbershop at the Library,” was hosted by the the West Englewood branch of Chicago Public Libraries. The program offers free haircuts for boys ages 12-19, on the condition that they use the event as a safe space for them to express themselves and discuss their lives without fear of stigma.

**Focus Group with Interns at Rush University**

To understand the needs of the main user group, the team held a focus group with 7 interns at Rush University who were from neighborhoods in the West Side of Chicago. The ages of the interns ranged from seniors in high school to senior undergraduates in college. The interns discussed how many of their friends and family deal with mental illness, but it is often not a topic young adults feel comfortable talking about openly. Other findings from the initial focus group session included insights into the best methods of advertising to young adults. The methods that the focus group participants found the most effective included advertising on social media such as Instagram or Snapchat, or targeting school sports teams or student government as effective training candidates for reaching a wider audience of students. The participants also did not like the idea of advertising on CTA vehicles, as many people do not pay attention to those
ads and the information lacks a personal connection. The cost of the training and length of the training were also important considerations that would be determining factors of whether or not to take the class. It was expressed that an eight hour course is too much of a commitment for a student, and that one hour segments would be preferable. Participants also mentioned that incentives such as receiving free food or gift cards would be important motivators to get young adults to attend a class.

**Attending MHFA Training**

As part of the team’s primary research, the team attended an adult MHFA training course. The team noted that registration was quick, but required a phone call. The class was sponsored by Northwestern Medicine and was free to participants. However, it required the team to drive an hour and a half to Central DuPage Hospital in Geneva, Illinois, making the class inaccessible to Chicago residents who do not own a car, are unable to afford the gas for such a trip, or unable to commute long distances.

Key observations the team noticed at the class were that most participants in the course were middle-aged and older adults. The younger participants in the class were attending because the training was relevant to their work, either as employees in the health and social work areas, or as managers in companies. The majority of the class consisted of lecture-style presentation with occasional role-playing activities. It also included some videos which were slightly outdated. Some of the adult attendees were observed falling asleep in the last few hours of the 8 hour training. As young adults, the team collectively felt that the content was not presented in an engaging manner that was relatable to the young adult age group. Based on these observations, the team concluded that attending the full MHFA training is not the most effective method of equipping young adults with mental health resources and knowledge.
Secondary Research

Throughout the course of the project, much secondary research was conducted. During the first portion of the project, approximately the first three weeks, a lot of secondary research was conducted to better understand the problem. Other secondary research was focused on exploring existing solutions and learning about why they do or do not work, and how they might apply to the problem.

The first section of the team’s secondary research was centered around learning more about the problem and why it exists. This included research into statistics regarding mental health, and the history of mental health in Chicago. Some quick searches led the team to discover much about the state of mental health in the country, especially with youth. Some of the most gripping numbers were: one in five US adults experiences a mental health issue every year, and one in five youth age 13-18 experience a severe mental health issue in their life. Furthermore, 3.5 million individuals with severe psychiatric disorders go untreated every year.

The next compelling piece of research the team did was about the decline of mental health care in Chicago and Illinois. Both funding and the amount of mental health centers have decreased significantly in recent years. $113.7 million was cut from mental health services between 2009 and 2012. Six Chicago mental health clinics, two inpatient facilities, and several community health agencies in the state have been closed since 2009. Furthermore, there was a 19 percent increase in emergency room visits for psychiatric crises between 2009 and 2012. Evidently, the mental health situation in Chicago and Illinois is not good, and it is seriously lacking support and funding.

A significant portion of the team's secondary research then focused on existing solutions and efforts to improve mental health in communities. Many programs already exist with the intention of preparing lay people to respond to mental health issues and create sustainable mental health programs within communities. One model solution that we explored was Thrive NYC, a comprehensive mental health plan for New York City. The program is guided by six principles -
change the culture, act early, close treatment gaps, partner with communities, use better data, and
strengthening the government’s ability to lead. One goal of the Thrive NYC program is to train
250,000 citizens in Mental Health First Aid. This part of the program was most interesting to the
team before a pivot was made away from an MHFA-focused design to a more amorphous one.

Another intriguing example of an existing solution the team researched is the Coalition to Save
Our Mental Health Centers. The coalition works to expand access to mental health services by
implementing expanded mental health services programs (EMHSP). These programs are
initiated, approved and overseen by the community through a binding referendum. For example,
prior to the 2016 Presidential election, community members from North Lawndale, East and
West Garfield Park, and the Near West Side came together and collected over 10,000 signatures
so that a question could be placed on the ballot. In November, residents voted on a ballot
question that would slightly raise property taxes in order to fund the restoration of local mental
health resources. This was an excellent point of research because it demonstrates the willingness
of communities to work for better mental health.

The team found another community organization that might be a valuable existing solution.
Fathers Who Care is an organization that focuses on advocating for fathers in the areas of
responsible fatherhood involvement, healthy relationships, father's rights, re-entry opportunities,
men's health and wellness, and youth leadership and development. Their mission is to work for
social change and responsible fatherhood development, while also supporting two other
organizations: The West Garfield Park Community Stakeholders and the West Garfield Park
Youth Council. The team was very interested in these three sister organizations because at this
point in the project they had scoped their users down to young adults in West Garfield Park. The
West Garfield Park Youth Council is composed of 30 youth from the community and is focused
on addressing the key needs and concerns facing their peers and community. They host weekly
meetings and broadcast a show on local TV each Thursday, among many other activities. The
team found this valuable because the Youth Council might be an excellent way to reach out and
develop a sustainable program within the community.
The JED Foundation was another existing solution that the team found interesting. JED mainly functions as a youth mental health and suicide prevention nonprofit. JED partners with high schools and colleges to strengthen their mental health, substance abuse, and suicide prevention programs. The team had been looking into school-based solutions and interventions, so they found JED to be a particularly good model solution. The long-term vision of the foundation includes every high school and college having a comprehensive mental health system and communities being able to support the wellbeing of their youth.

A last piece of valuable secondary research the team conducted was into the Time To Talk campaign, a movement centered around breaking down the stigma surrounding mental health through talking about it. At this point, the team had pivoted away from an MHFA training centered design to a more open solution with an emphasis on increasing the ability of youth on the West Side to talk about mental health. Therefore, the Time to Talk Campaign was an interesting model to look into.

**Design Methods**

**Information Synthesis and Problem Reframing**
Over the course of the six weeks, the team used various methods and strategies to collect, analyze, and reframe insights that were collected from the interviews and research. Throughout the iterative design process, the team spent time defining the problem, generating alternative solutions, prototyping solutions, and testing those prototypes to get feedback and uncover even more insights which would help them develop higher fidelity prototypes and solutions. The specific methods and strategies used during this process are outlined below:

**Design Canvas and Iteration Plan**
To monitor the team’s progress and keep track of important insights that directly affected the problem at hand, the team utilized two tools: The Design Canvas and Iteration Plan. The Design
Canvas is a platform on which the team can continually update the current understanding of the problem. Each block within the canvas addresses a different element of the problem, which helps the team differentiate and cluster information into an organized structure. The Iteration Plan, similarly, is a method of organizing new learnings and the necessary next steps.

![Figure 1: Design Canvas](image1)

![Figure 2: Iteration Plan](image2)

**Compelling Experience Model**
The compelling experience model (Figure 3) was a very beneficial tool used to organize all of the research collected by the team about Mental Health First Aid and the needs of the primary users. The structure of this model is particularly useful for outlining and categorizing insights of users participating and engaging in a particular event or activity. The event, in this case Mental Health First Aid training, is broken up into 6 segments: Enticing the user to
After sorting all the insights into these various columns, the team further clustered the insights into more specific categories. What was found was that the Mental Health First Aid training does not offer tangible rewards or benefits. When speaking with young adults from West Side neighborhoods, if they were to attend an 8 hour class, they would need to be incentivized, whether that be food, gift cards, or a t-shirt. We also recognized that the accessibility of the training (the course’s location and cost) were not the only barriers keeping young adults from attending such classes. Young adult users interviewed by the team stressed that they and their peers, when talking about mental health, strongly value speaking with a trusted confidant in a comfortable environment. After collecting these considerations, the team was able to map out a tree of factors which are root causes of the main problem.

**Root Cause Tree**

As insights were gathered through expert interviews, user interviews and observations, and secondary research, the team developed a comprehensive understanding of the root causes for the problem of young adults not knowing what to say in order to help a peer with a mental health issue or illness. The tree structure (Figure 4) helped visualize the potential factors and problems that caused this lack of ability among young adults. The team decided that two potential causes for this problem were that either instruction for proper response protocol was never provided to young adults, or young adults did not seek out instruction or resources on their own accord. The team determined that instructor availability and course logistics are complicated problems to tackle within the scope of this project. Rather, the team could focus on creating an impactful solution that could encourage or provide avenues for young adults to individually find resources and learn about mental health intervention techniques. Through observations and research, it was found that young adults steered away from utilizing mental health resources as they were not
readily accessible or they were dissuaded from learning more due to stigmas surrounding mental health and personal image. With this in mind, the team identified all the pain points that were observed with Mental Health First Aid training as well as with young adults’ interactions with mental health.

![Image of Root Cause Tree]

**Figure 4: Root Cause Tree**

**Analyzing Pain Points**

To gather and choose a specific pain point for the team to focus on, the team took all the pain points that were identified through research and categorized in one of two groups: an issue involving the Mental Health First Aid class, or an general mental health issue directly impacting young adults. These pain points were clustered again into subcategories.

The team concluded that many of the pain points recognized in the MHFA training were related to the class itself. These problems include the lack of tangible incentives, course cost, restrictive class curriculum, and instructor availability. As the MHFA training itself cannot easily be
changed, the team decided to turn its attention to pain points directly affecting the main user group. The team identified that many of the root causes of the problem are concerned with negative stigma surrounding mental health and the contextual and geographical factors which impact youth in West Garfield Park, such as violence and high unemployment. Instead, the team felt it could make the greatest impact with a feasible amount of effort by shifting its attention to helping young adults identify mental illnesses and learn how to have important conversations with peers who may be living with a mental illness. The team then developed a set of “How Can We…” statements to express the main goal of the team and provide a foundation around which solutions could be brainstormed:

1. How can we help a young adult in West Garfield Park identify the signs of a peer living with a mental health issue?
2. How might we help a young adult in West Garfield Park start a conversation about mental health when appropriate?

Figure 5: Categorization of Pain Points
**Ideation**

To begin the ideation phase, the team created 4 boxes, as seen in Figure 6. The team began brainstorming ideas of ways that satisfied the two How Can We statements, as well as possible ways to provide mental health resources to young adults. Ideas that did not fall into one of those categories was placed in the box labeled “Open Ideas.” Again, these ideas were clustered into subcategories to group similar ideas. The team discussed each of these concepts and determined whether it could be a solution that could be prototyped and tested in the limited time available. After narrowing down the list of alternative solutions, members of the team each casted 3 votes for solutions they believed would be effective and feasible to implement. After more discussion, the team arrived at three value propositions which would be tested with users:

1. A mental health response focused performance that demonstrates to young adults through mock-real life scenarios how to identify mental illnesses, start a conversation with a peer, and direct peers to resources.

2. A series of mental health intervention posters helps young adults who want to be better able to identify and discuss mental health with peers by providing a clear outline of common mental illness symptoms and action steps that can be taken to support a peer with a mental health issue.

3. A small peer training session for young adults on mental health helps young adults who want to be better equipped to discuss and address mental health issues by educating them on mental illness symptoms and resources as well as creating a sustainable network of peer educators.
To get a better sense of the strengths and weaknesses of our solution concepts, the team created a testable prototype for each of the value propositions. The goal of testing is to understand how users would potentially interact with these concepts if they were to be implemented into a live system. The team created low-fidelity mockups of four posters in different styles and including varying information (Figures 7-10). The posters seen in Figures 7 and 8 feature a useful conversation starter for a person concerned about a peer with a mental illness as well as information about three local mental health service centers. The poster in Figure 9 provides its viewer with four identifiable symptoms of depression and anxiety (the two most common mental illnesses among young adults) as well as four phrases that a young adult could use to start a conversation with a peer. The last poster (Figure 10) provides a viewer with basic information on how the layperson can help someone with a mental health issue. It outlines three steps in the intervention process: Notice, Talk, and Refer. Each of these steps is supplemented with details
on how one might notice a mental illness, talk to someone with a mental illness, and refer
someone with a mental illness to professional help if necessary. When testing with a focus group
of young adults, the users were asked to evaluate the strengths and weaknesses of each poster
individually. Critiques were made about the design and layout of the posters as well as the
content. The team also discussed with users the optimal location for such posters to be hung and
other modes of disseminating the same information in modes other than posters.

Figures 7 and 8: Conversation Posters
To mockup a performance that demonstrated proper mental health intervention, the team drafted a script for a short skit which would be acted out by the team in front of the focus group of young adults. The skit aimed to provide visual examples of how young adults might go about beginning a conversation with someone who is suffering from a mental illness. After performing the skit, users were asked questions about where they would expect a skit like this to be performed, how it could be made more engaging, and if they actually learned useful information from our shortened performance.

The final value proposition was a small training class specifically for young adults to learn about mental health intervention, which is not possible to physically mock up. As a result, the team planned to lead a discussion to gauge the interest of the young adults in taking this class. Questions about various logistical elements of this class were asked to users such as possible training locations, material covered, and instructor type. The object of this activity was to design
an ideal class with our participants that would attract the most young adults to attend this instructional class.

**Testing**

The concepts and mockups were tested during a second focus group meeting at Rush University. Each mockup was demonstrated to the same group of seven interns at Rush and their feedback was recorded and gathered.

First, an activity was carried out where the team asked the users to rank a variety of everyday concerns and worries on a scale from one to ten. These concerns contained things like paying bills, maintaining physical health, doing well in school, and responding to mental health issues that they encounter. It was found that most users were most concerned about doing well in school and avoiding local violence. The mental health related worries received rankings in the range of 6-8.

Next, the team moved on to testing the poster mockups that were developed. Feedback regarding the language used on the posters was common - the interns spoke about how they thought some of the prepared lines were cheesy or creepy, while other lines were better received as more genuine. In general, the users preferred the posters with larger text because it was easier and quicker to read. Providing resources at the bottom was well received as well.

The skit mockup was tested next. Three teams members went through a table read of the script, and then asked for feedback afterwards. Most users felt that this concept should not be performed live at a high school assembly because the students would not pay attention, and those that need help the most might feel isolated because of that. Instead, the interns felt that this idea should be presented as a video on a website like Youtube or BuzzFeed. In order to better demonstrate the intervention process, one user suggested that the video might have graphic overlays with the most important lines to emphasize what to say to someone suffering from a mental health issue.
Lastly, the small training course prototype was presented to the users. A form was distributed with each component and permutation that might change the class’ logistics - different possible lengths, locations, incentives, amounts of content, and more. Each user was asked to choose which factors of the class would make them the most likely to attend. It was found that most of the users would prefer this small mental health training to take place in a library or classroom, on the weekends, meeting weekly or biweekly. Incentives like gift cards and free food were indicated to definitely help increase attendance.

**Final Concept and Implementation Plan**

Based on the feedback received at user testing, the team moved forward to final concepts and ideas. Because of the nature of the project, the team did not select one sole concept to work on as their final prototype. Instead, it was decided to leave the prototypes as they are and focus on developing the intervention strategy and protocol. After testing, it was decided that ‘Notice, Talk, Refer’ was the most succinct and powerful name for the intervention strategy.

After Summer Studio, this work will be handed over to Dr. Shah and the CCHE so that they may use the insights discovered in the process in their multi-year project. This paper, along with much of our research and testing such as recordings over interviews and insights gathered at user testing, will be included in the material being handed over.

The feedback received from user testing was incorporated into the final model. However, the concepts would most definitely benefit from longer term testing and feedback. Unfortunately, due to the scope of this project, the DFA team was unable to conduct this research. Hopefully the CCHE effort will be able to use the insights into one pain point that the team explored to further their efforts to create greater community wellness in the city of Chicago.
Appendix A: References

https://thrivenyc.cityofnewyork.us/
http://saveourmentalhealth.org/
https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers
https://www.jedfoundation.org/
http://www.fatherswhocare.org/
https://www.time-to-change.org.uk/
Project: Increasing Young Adult Training in Mental Health First Aid

Background: As part of a collaborative Community Health Needs Assessment and Community Health Implementation Plan process over the last 2 years, the Health Impact Collaborative of Cook County (http://healthimpactcc.org/) has coordinated the efforts of 26 not-for-profit hospital and health systems, 6 health departments, and over 200 stakeholder community groups. By working together, the group identified four key areas of collective impact to work together to achieve healthy communities. One of the areas has been focused on improving mental health and eliminating substance use. In this area of focus, the Health Impact Collaborative of Cook County working group has considered how to disseminate and train more of the public on Mental Health First Aid (https://www.mentalhealthfirstaid.org/). Mental Health First Aid is an 8-hour course (for adults or youth) that teaches community members how to identify, understand and respond to signs of mental illness, substance use, and crisis. Over one million persons in the United States have been trained. While Illinois is one of the most populous States, it is not on the list of top 5 states for persons trained in Mental Health First Aid.

The Center for Community Health Equity (www.healthequitychicago.org), co-founded by DePaul University and Rush University Medical Center in 2015 has an overall goal to improve community health outcomes and to contribute to the elimination of health inequities in Chicago. The Center has a Design Core that focuses on the development of interventions and social entrepreneurship to develop the capacity of communities to address the health and well-being of their residents.

Objective: Over the next year (June 30, 2017 to July 1, 2017), the Center would like to have design principles applied to developing a sustainable program of providing Mental Health First Aid to the neighborhoods in Chicago with a significant amount of the suffering associated with mental health and substance use.

Design for America project objective (Summer 2017): The overall goal would be to support a community-level approach (bottom up) to awareness about and engagement with Mental Health First Aid. For engagement in Mental Health First Aid, people have to find a course and complete it. There seems to be a gap in the location and supply of Mental Health First Aid course and the demand in the communities that would most benefit. Over the summer of 2017, we envision a group of students at Design for America working on prototyping an end-user informed system to support engagement of young adults in completing Mental Health First Aid training and in using those skills throughout their lives to better their communities. Prototypes that bridge the supply and demand gap for Mental Health First Aid would be highly valued. Could Mental Health First Aid be incorporated into the Common Core Health Curriculums at middle schools and high schools? Could Mental Health First Aid be taught in Chicago libraries, churches, or other community anchor institutions? Could Mental Health First Aid be added into orientation programs at community colleges? Could there be an “on demand” way to connect young adults to request courses rather than having to wait for a course to be available? There are lots of solution options to explore and test.