Q&A with PolicyLab's Social Innovators

Population Health Sciences

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PolicyLab researchers Dr. Brian Jenssen and Dr. Nadia Dowshen are finalists in this year's Philadelphia Social Innovations Journal (PSIJ) Social Innovations Awards ceremony! Dr. Jenssen, a general pediatrician at CHOP, is a finalist in the category of "Health Innovators" for his work on clinical support tools to help providers deliver tobacco cessation services to parents in the pediatrician's office. Dr. Dowshen, who also serves as the director of adolescent HIV services in the Division of Adolescent Medicine at CHOP, is a finalist in the category of "Community and Behavioral Health" for her work creating innovative mobile health solutions to reduce high-risk sexual behavior, improve sexually-transmitted infection (STI) and HIV screening and promote better health maintenance for adolescents with HIV.

In preparation for the ceremony, we asked Dr. Jenssen and Dr. Dowshen a few questions to learn more about what motivates their groundbreaking work.

Question: Why is it important that social innovation occurs in the health care field?

Jenssen: I see great possibilities in applying social and entrepreneurial innovation to health care and health care research. I believe that successful social innovators and entrepreneurs of today are as focused and empirical as scientists, and they have new skills to offer the research enterprise. I also believe that in the end, science should be valued not just for its contribution to discovery, but also to its ability to help patients and populations improve their health. Entrepreneurialism is part of the engine that supports this transformation.

Dowshen: When we think about the problems that impact the health of young people in Philadelphia, I would say that the solutions are not simple or we would have solved the problems long ago. For example, in my field, we know that fewer than 25 percent of youth who are sexually active have been tested for HIV. Moreover, youth who are living with HIV are two- to four-times less likely to have an undetectable viral load (when the virus is well-controlled by medication) when compared to HIV positive adults. These numbers have changed little in the last 10 years. In order to address such daunting problems, we need to be creative and learn from successes of those in other fields. We also need to think "outside the box," or in our case outside of the clinic or hospital walls since so much of our patients' health and wellbeing is determined by social factors in their daily lives.

Question: What's the importance of your innovations in the categories you were nominated in – "Community and Behavioral Health" (Nadia) and "Health Innovators" (Brian)?

Jenssen: Tobacco use remains the leading preventable cause of disease and death in the U.S. When a parent quits smoking, they eliminate the majority of their children's secondhand smoke exposure, increase their own

life expectancy by an average of 10 years and decrease the risk of their children becoming smokers when they become adults. Pediatricians are uniquely positioned to educate, motivate and help parents quit smoking, which benefits the whole family. Few pediatricians, however, offer smoking cessation treatment options to parents. Health Information Technology (HIT) tools can empower pediatricians and the families they care for to engage in critical treatment options.

Dowshen: I'm honored and humbled to be nominated among people doing such amazing work to improve the mental and physical wellbeing of Philadelphians. As an adolescent medicine doctor at Children's Hospital of Philadelphia (CHOP) and medical director of our Adolescent HIV Clinic and Gender and Sexuality Development Clinic, I have always felt that improving the health and wellbeing of youth living with HIV (who are primarily young gay and bisexual men and young transgender women of color) needs to go beyond the walls of our health care institutions. We need to meet young people where they are and offer them support in the real times and places they need it as they go about their daily lives. Technology, like social media, apps and texting, allows us to maintain this connection with youth constantly in ways that we never could before. Unfortunately, HIV is one of the only diseases where a young person could share their diagnosis and not get unconditional love and support from family and friends. Our Treat YourSelf app leverages technology to overcome the stigma that still exists and prevents many youth from coming to in-person support groups by allowing youth to create community and provide support for each other anonymously. I also believe that a youth-driven approach is critical. Young people have the answers to how to make themselves healthier and we as the adults who care about them need to listen carefully to them as we create solutions together.

Question: How are you considering building and developing sustainable models for these innovations in the future? Are there any new areas that you are considering exploring for innovations?

Jenssen: We plan to continue to improve the design and effectiveness of our HIT intervention, incorporating a variety of treatment options and tailor these to the needs of individual patients and parents.

Dowshen: Scalability and sustainability are major challenges for any innovation, but I think that the fact that we have youth and providers involved in all aspects of the process is key to having lasting impact. I look forward to building upon our success in creating technology-based solutions to improve sexual health and wellbeing to reach more youth. For example, we are excited about receiving funding to expand our iknowushould2 STI/HIV testing social media campaign and adapt our Treat YourSelf app for use by young men who have sex with men and young transgender women of color to provide information about and help youth take HIV pre-exposure prophylaxis (PrEP) - a once-a-day pill that is more than 90 percent effective in preventing HIV infection.

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