2019

honestly OKC

Stakeholder Interviews

Purpose

In-depth interviews with key leaders in Oklahoma City and Oklahoma County were conducted to provide deeper insight into perceptions of the issues of teen pregnancy and reproductive healthcare, the ongoing work of the collaborative, and the potential path forward. A diverse cross-section of the community was selected by ***honestly*** leadership for interviews representing a number of sectors (health care, city and county government, youth-serving organizations, community organizations, funders).

Methods

All interviews were conducted by Forrest Alton who was occasionally accompanied by Cayci Banks or additional members of the 1000 Feathers team for in-person interviews; however, Mr. Alton was the lead interviewer and present for each interview. As the interviews were designed to be informal – yet informative – no scripted interview guide was used to allow for the interviews to be conversational and directed by the interviewee's contributions. Over time, interviews were informed by previous interviews and additional information was collected through other assessment strategies.

More than 45 conversations and interviews with 36 unique individuals have been conducted as of July 2019. Thirty-two of the interviews were conducted between November 2018 – July 2019. Four of the interviews were conducted earlier in 2018 as part of another, related project. Most interviews were one-on-one, but in some instances, more than one person was interviewed at the same time. Most interviews lasted between 45-60 minutes. When feasible and possible, interviews were audio-recorded with the permission of the interviewee(s) to better capture details of the conversation without impeding the process by taking notes in real time. When Mr. Alton was accompanied by a team member, the team member was responsible for taking notes.

Approximately 75% of the 36 interviews were recorded and then transcribed using an online transcription software. The transcripts and notes were reviewed by Forrest and Dr. Heather Brandt to develop a loose codebook of themes. As needed, characterization of themes was refined based on input of the team and informed by the results of other assessment strategies. Over time, this process continued with ongoing review of transcripts and notes and regular meetings of the team to determine overall themes and identify supporting evidence.

In this report of preliminary results, overall themes and subthemes are presented with supporting direct quotes from the transcribed interviews (*quotes in italics*). **Overall themes are identified with numbers and are presented in bold, teal font** while **subthemes are typed in bold, black font**. It should be noted that since not all interviews were transcribed, all interviews are not represented directly with quotes in this summary; however, all information gathered during the interviews did help to produce the themes presented. Quotes are identified by a unique identification number for the interview rather than the interviewees' names or organizations to preserve confidentiality. At the end of this document, a complete list of the interviewees is provided in alphabetical order. The overall themes are presented, in no particular order, but represent the main ideas reflected in the interviews with key stakeholders.

1. **Many people see universally bad outcomes in Oklahoma, across a variety of issues, as a unique opportunity to get people's attention. Oklahoma doesn't want to be last in anything and teen pregnancy prevention is actually one of the areas that has shown progress.**

"Right now, I don't think anybody can miss the fact that we have really poor health outcomes… (they) are starting to recognize that lack of action is going to affect economic development statewide." (7)

"The opioid crisis, mental health issues, the consequences of failing education… I think teen pregnancy is in there, but you know, it's such a conservative state. I think often is just 'we won't talk about that.'" (3)

"I mean we rank so highly on teen pregnancy; we rank so highly on teen suicide; we rank so highly on mental health issues. Incarceration? Oh my gosh, we're like number one!" (10)

"What's on the minds of Oklahomans at the moment… frankly health and human services because you can imagine we have a lot of children on Medicaid that are very vulnerable at the moment." (11)

"Of course, poverty, issues with education for sure – and the lack of support for education. Those are two big things." (15)

"So, with Oklahoma being one of the worst states in the nation for health, we are unfortunately number one in teen pregnancy, women incarcerated. You name it, we're unfortunately number one on all of those issues… that has really changed our perception the last 10, 20 years." (2)

"One of the advantages of being one of the lowest states in the nation on multiple factors is (the ability) to attract large, national foundations." (11)

There is clear acknowledgement that Oklahoma is committed to making a difference on these issues. The timing is right to push forward and show that success is possible.

"Oklahoma is a lot more advanced… they are responding in a much more positive way towards having (all of these) negative health statistics." (9)

"I will say that this is the most involved state I've ever lived in. It's impressive how many people in the community are engaged with these kinds of organizations. That part is very heartening." (25)

2. **On one hand, the large number of issues people care about divide the attention of leaders, funders, and community members. On the other hand, connecting teen pregnancy prevention to these issues is not only possible, it is logical and likely a necessary condition of success.**

"We are all arm wrestling for attention and you don't see a lot of state investment in this space." (26)

"Child welfare, criminal justice reform, sentencing reform, health care access, education… these are all going to be big issues in the legislative session." (6)

"I feel like tying it to the economic reasons behind it is going to be the only way we are going to be really successful… there's so much energy and enthusiasm around criminal justice reform and this is so connected to that issue too." (28)

"I think education and poverty; those two things are linked very tightly to teen pregnancy. I mean this is about workforce development. I think that a good way to segue into the topic of teen pregnancy is to tie it in with these economic things that are non-value laden." (3)

"The business community is who rules this town. We have to have them at the table. We have to be a workforce development issue." (13)

"I will say I think teen pregnancy is woven into poverty and many of the issues we've held up. So, I think teen pregnancy is a leg underneath (some of the) larger issues. If it were me… I would be grabbing the coattails of other successful initiatives and nonprofits and trying to tie my work to theirs." (11)

"That was one of the things that we had originally focused on… it has to be related back to that bigger issue… I mean the bottom line is that kids are not able to inish school or go onto higher education." (12)

“It’s not a very mature base when it comes to tying all of these conversations together. We are gaining momentum…” (27)

3. **Diversity, equity, and inclusion are top-of-mind issues. Moving forward, the collaborative and its partners should consider a stronger equity framework and a more concerted effort to work with communities, not do something to them.**

“I think the diversity (in our community) has occurred before us knowing and understanding the full value of it.” (23)

“The black community hasn’t been listened to, hasn’t had a voice. Oklahoma City is very diverse, but we aren’t very inclusive.” (8)

“We have a large Hispanic population, many of whom are undocumented.” (2)

“House bill 1807 does not allow the state of Oklahoma to offer any type of state aid to any undocumented populations and that also includes those who are here via Daca… there’s no DHS services, any type of aid that comes from the state of Oklahoma cannot go towards those individuals.” (19)

“When you really look at health disparities and challenges around lack of opportunity, it’s always falling into these same zip codes… it always feels like its ‘us’ trying to serve ‘them.’” (28)

“The (Native American) population is fearful of how the federal government has used them historically and you can imagine why. There is no trust of any kind of government which does prevent people from seeking services.” (20)

What does this mean for the collaborative related to setting a goal and common agenda?

“For us… we are here to serve the kids that needs us most. Very intentional… we target the (need) areas… but the honest truth of it is all kids need support systems.” (10)

“The answer is to continue with the partnerships we have, but also find the areas that need us.” (15)

“I think (a goal to work towards) is really important… make sure that we are staying in our lane... it needs to be more about overall health and well-being.” (17)

“Setting a goal on disparities and those that are really hard to reach… (for example) we’ve identified 18-19 year olds who are out of school. Let’s hone in on the hard to reach, which also seem to be the most vulnerable.” (9)

“Some of our discussions have circled around, ‘do we get off of focusing on just teen pregnancy and just contraception… I really thought that might be an interesting thing for the next go round.” (25)

“I still feel like we need to be reducing the teen pregnancy rate in Central Oklahoma by some degree, whatever degree it needs to be. We still stink in so many ways in comparison to, you know, most parts of the country.” (28)

“That’s why I came on board with this (collaborative)… to be focused on preventing teen pregnancy. I don’t want to be at the end result of non-education. I want to be helping educate so that we can eliminate a lot of that.” (22)

4. **The policy environment is acknowledged as restrictive and challenging, but there is not much appetite for aggressive policy change among key stakeholders of the collaborative.**

“I think there’s a lot that can be done, even in a restrictive environment. Changing policy is not the first line o deense that we have available to us. You don’t rock the boat. You don’t do it now because you don’t have the votes.” (9)

"I'm really interested in policy, and I really dislike the Oklahoma laws (which) are confusing and restrictive… (but) if you stand up and say anything, you never know if they're going to all of a sudden create another law that's going to make us push back further. It makes it a little scary to go to your legislator and advocate for something." (1)

"To me, it doesn't seem like now is the time (for policy change)… there is just no room for conversation." (19)

"The people you want to have engaged and supportive are frustrated with what happens at the Capitol already. If that is the only bridge to involvement, people will say 'forget it.' Everybody has scars and bruises… you'd like to see the broad swings policy change can give you at the state level, but that's not reality." (23)

5. **There is recognition that the next iteration of the collaborative's work needs to continue expanding beyond the good work done in the education space. However, stakeholders also realize that contraceptive access is a conversation that will require more concerted effort and energy given the perceived environment of the state.**

"I think a lot o us that see the data realize that it would be hugely impactul i we could figure out how to address our subsequent pregnancy rate. We're really good at this education piece and we're really good at EBP in schools. So, you know, branching outside of that is hard and challenging and we haven't quite figured out how to do it." (21)

"Oklahoma is pretty young, comparatively, to even being able to offer or provide sexual health information, let alone services. We have a long way to go." (15)

"… we have lost our attention to and staying on top of what is happening in the (medical community). It's not that work is not happening, but it is not the hub or focus of (the collaboration), education has become the focus." (24)

"OBGYNs oftentimes see kids too late, when they become pregnant. I think if we're really to lead the charge, what you've got to do is involve… primary care doctors, family practice and pediatrics… the large amount of mid-level practitioners out there who are seeing adolescents." (1)

"We have a real problem with access in Oklahoma. We have a lot of providers that want to provide LARC but don't feel comfortable with it. We haven't focused a lot on talking to the public and talking to teens about asking for LARC because we don't want them to hit a brick wall when they get to the provider… address access issues before we do a big push on the patient side." (28)

The conservative nature of the state makes explicit work on expanding contraceptive access challenging, but not impossible.

"I think we have made massive improvement (on LARC access). I think where we still are having some issues is just the conservative nature of the state." (25)

"You're going to have some people who are just adamantly opposed to contraception." (11)

"We can't become this 'Planned Parenthood thing' that's just about contraception and prevention." (13)

"Part of state's lack of capacity for a payer system is not based on lack of eligibility, it's based on our willpower to promote eligibility… we have not shown the willingness to actively reach out." (27)

Specific attention must be paid to the issue of minor's rights and consent moving forward in order to ensure unrestricted access to contraception for all, but rather than policy (see theme #4) a more proactive approach is to be creative and solution focused at the individual clinic level.

"Probably the biggest (barrier) we have right now is the rules regarding minors right to consent. Very strict rules that do not lend themselves to teenagers being able to go get contraception on their own…" (25)

"Oklahoma put in the parents Bill of Rights, which sounds relatively innocuous, but really rescinds a lot of the rights of adolescents. When I talk about an unnecessarily restrictive policy, that's generally what I'm referencing." (1)

"The minors rights issue exists, it's a barrier, but good providers know how to provide good services. That's where my focus is." (13)

6. **Many stakeholders have thoughts on the form and function of the collaborative itself, ranging from the importance of partnerships, to the need for accountability and decision-making processes, to the importance of communication and trust. Given the large amount of federal funding currently supporting the effort, it is also not surprising that many eyes are on the future and sustainability.**

"Having folks like ***honestly*** *(provides) a shared vision that adds so much value to strategizing and trying to make large-scale public health impact." (9)*

"(Our organization) wouldn't be able to do half the things that we do for kids if not for the partnerships with other nonprofit agencies." (10)

"One thing I like about this collaborative… if you look at all of our mission statements, we all have the same common words. Accessibility, affordability, and quality. With the people at the table, we are talking about a high-volume (of numbers served)." (29)

"(The value of the collaborative) is that we are walking across a really busy street holding hands. But, collaboration is messy. A collaborative partner has to be all in, not so much about what I came here to get." (13)

"Having partners is important because we can do a hand-oto a certified person. We're able to say, we can't serve you, but guess what? We have a partnering agency that can. From time to time, we have people come in and they're like, 'Hey, I know I'm not eligible for services, where can I go?' and we need to be able to answer." (2)

"Before ***honestly*** *was created there were entities out there trying to do this. They were somewhat territorial. Now* ***honestly*** *is trying to pull them all into the same room and have the same messages… which is admirable, but it takes time…" (22)*

There is a very clear desire from members of the collaborative to have more "formal" decision-making structures, accountability principles, and clear protocols for how ideas are moved into action.

"It does seem like we go over these issues and go over these issues. And it's like we never make any real solid moves on (anything) because we never can get any clear direction or guidelines or who's responsible for what… it's hard because we are our own entities, and we are all funded differently." (21)

"Numbers are good, but to me, if you're not delivering quality content because you're trying to reach so many then you're defeating the purpose. We forget, the number one question we should be asking is 'are we doing the very best that we can for those young people.'" (15)

"I think that we're working together and communicating together tremendously well in comparison to when we first started. But we still don't have an agreed upon set of standards. If I was in charge, I would start by having something

that's going to guide and inform our decision-making process… We just keep talking about these things in a circular way and never make a decision about them." (17)

"It kind of always devolves into who's the partners, who's a member, and all that. But I think for me, it's that accountability piece. I mean, how do we maintain a standard and have full accountability within the collaboration?" (21)

Much of the success of collaboration in general, and collective impact specifically, relies on continuous communication and trust building among partners.

"I have someone on the medical group and don't know anything about it… (we need a) quarterly list serv or a "did you know" message. Ask us to write those. I wish (the collaborative) would reach out to me more with targeted asks, not make me figure out how I need to help them." (5)

"I'm hearing that data collection is harder than we thought. There's a breakdown of trust. We need the partners to buy in to the goals." (3)

"I think people forget that part of our business is maintaining relationships. It's the people that you have working on the issues that you can trust and that we're not going to do anything that damages a partnership." (12)

"I'm very concerned about wanting to refer (youth looking for contraception) to another agency. If by some miracle they have made it to our site, why would we want to send them somewhere else unless we know the quality they provide… but we can't pay, you know 100%, so our decision makers just wanted to refer them." (17)

Sustainability is on the minds of many.

"It's not just a matter of collecting the money. It's a matter of what do you represent? What are you putting out there? After (federal money) is gone, we need to understand where we are going to be able to sustain this momentum we have created." (15)

"We all know what we're doing, but it's how are we doing it (after money) and what's our contingency plan for sustainability? Depending on what those plans are, how is that going to affect what it is that we want to accomplish?" (17)

NAME	TITLE	ORGANIZATION
Jennifer Boyer	Program Supervisor	OK Department of Human Services, Oklahoma Successful Adulthood Program
Tina Burdett	Senior Program Officer	Kirkpatrick Family Fund
Steven Buck	Executive Director	Oklahoma State Office of Juvenile Affairs
Lou Carmichael	CEO	Variety Care
Dr. Kelly Curran	Assistant Professor, Section of Adolescent Medicine, Department of Pediatrics	OU Adolescent Health Clinic
Liz Eickman	Director	Kirkpatrick Family Fund
Shante Fenner	Community Impact Director	American Heart Association, Oklahoma
Linsey Garlington	TPP Programs Supervisor	OKC-County Health Department
Mary Gowin	Manager, Focus Forward	OK Health Care Authority

Kathy Harms	Executive Director	Teen Empower
Erin Harrill	President and CEO	Black Chamber of Commerce
Dr. Brandon Hill	President and CEO	Planned Parenthood Great Plains
Rachel Holt	Chief Operating Officer	Oklahoma State Office of Juvenile Affairs
Leslie Hudson	Community Leader	
Carole Kelley	Community Outreach Coordinator	Harding Charter Preparatory High School
Lindsay Laird	Program Officer	Arnall Family Foundation
Isabella Lawson	CEO	Community Health Centers of Oklahoma
Ed Long	Founder	Cross Sector Innovations
Dave Lopez	Community Leader	
Joyce Marshall	Director, Maternal and Child Health	OK State Department of Health
Jessica Martinez-Brooks	Community Leader	
Patrick McGough	Deputy Director	OCCHD
Dr. Amy Middleman	Chief, Adolescent Medicine	OU School of Medicine
Kali Parks	Manager, Adolescent Health Education	Variety Care
Steve Petty	Corporate Director, Community Health Improvement	INTEGRIS Health
Sarah Roberts	Program Officer	Inasmuch Foundation
Kuinten Rucker	Board Chair	Stop the Violence
Derrick Sier		One Mind One Spirit (OMOS) Teambuilding
Crystal Stuhr	VP of Strategies and Community Impact	United Way of Central Oklahoma
Robyn Sunday-Allen	CEO	Oklahoma City Indian Clinic
Jane Sutter	CEO	Boys and Girls Club of Oklahoma County
Marnie Taylor	President and CEO	Oklahoma Center for Nonprofits
Shannon Welch	100 Million Healthier Lives	Heluna Health
Stephanie Williams	Senior Director of Programs	Boys and Girls Club of Oklahoma County
LaNita Wright	Consultant, Assistant Professor	University of Central Oklahoma
Dr. Sabrina Wyatt	Medical Director, OU Physicians OB/GYN Clinic	University of Oklahoma Health Sciences Center