2019 Momentum Matters

Appendix G: Internal Copy

1000feathers

Introduction

Between November 2018 and July 2019, the 1000 Feathers team was engaged with ***honestly*** to conduct a comprehensive planning effort that resulted in common agenda for the collaborative and the next teen pregnancy prevention goal for the community.

Given that the teen birth rate in Oklahoma County decreased by 42 percent[1] between 2013 and 2018, well ahead of a previously determined goal, it was time to update both the common agenda and the goal. A baseline belief guiding the planning process was that progress like this does not happen by chance. It happens when organizations, key leaders, and community members intentionally band together for the greater good.

This report represents a summary of information collected during the planning effort. It is intended as a direct complement to the community facing report, "Momentum Matters." It offers more detail and offers some more thorough "internal" suggestions, all of which are strongly rooted in local voices, the existing work of the Collaborative, and best practices from across the country.

Common Agenda

History. Data trends. Community voices. National best practices. All of these, along with a strong desire to continue making progress on the critical issue of preventing teen pregnancy and teen births, inform the Collaborative's new common agenda, inclusive of a new goal to:

Reduce Oklahoma County's Teen Birth Rate By An Additional 25% by 2025.

There are myriad things a community COULD do when attempting to prevent teen pregnancies and improve adolescent sexual health, but what SHOULD happen next in Oklahoma County is the real question being answered by the common agenda that resulted from this process, inclusive of three priority areas and the subsequent supporting strategies. Within the strategies is a nod to the fact that most of the effective efforts across the country have focused on both improving the quality and quantity of information delivered to young people AND improving access to the most effective methods of contraception. Stakeholders in Oklahoma County have fully adopted and integrated the "magic formula." Even more important, a number of the associated, universal, broad-reaching prevention approaches are already in progress in Oklahoma County. As a result, the recurring questions throughout this process was "moving forward, where does the collaboration focus" and "how do we build on what has already been accomplished to have an even greater impact?"

This new common agenda is a stakeholder-informed answer to these questions. The future direction of ***honestly*** and the Collaborative is headlined by three key priority areas: inform, connect, engage. Each of the priority areas outlined in this common agenda stands on its own as important and significant, but the greater power is when they are viewed collectively. When taken in concert, they provide the backdrop, synergy, and context of why collaboration matters. Individuals and organizations can only do so much to address teen pregnancy in Oklahoma County on their own, but together - with the guidance of this common agenda – the community can continue to move the needle on this critical issue.

[1]Oklahoma State Department of Health: OK2SHARE, vital statistics. https://www.health.state.ok.us/ok2share/

PRIORITY AREAS:

PRIORITY 1: INFORM **PRIORITY 2: CONNECT** **PRIORITY 3: ENGAGE**

Since its inception, the Collaborative has been organized into three workgroups—education, medical, and community—focused on corresponding strategies to reduce teen pregnancy:

- √ **Education** – provide age-appropriate, evidence-based sexual health education in schools;
- √ **Medical** – ensure access to teen friendly reproductive health services, including a full range of contraceptives, to sexually active youth;
- √ **Community** – engage youth, parents, faith communities and youth-serving organizations in teen pregnancy prevention efforts.

While these identified workgroups remain important, it is important to remember that this common agenda takes a different approach to describing the work! One of the key observations made by the 1000 Feathers team during the planning process was that the workgroups exist and operate independent of each other, rather than as interrelated part of an overall, collaborative effort. The work is segmented and not complimentary.

For this reason, the three priorities in the new common agenda/comprehensive plan were created specifically to cut across the existing three workgroups of the collaborative. This intentional design creates a series of priorities and strategies that require thought, input, and effort from members of all workgroups in order to be fully realized. For example, a priority of "inform" suggests that there is a larger burden of responsibility beyond what members of the education workgroup can provide; medical providers can inform, communities can inform, etc. Every member of the collaborative has a role to play in the effort.

To remain true to the existing functioning of the collaborative, the following key has been created to help identify where workgroups may have specific roles moving forward in the implementation of the comprehensive plan. For the purposes of this document a "fourth pillar" has been created: the collaborative itself. This inclusion is intended to illustrate that there are some tasks that need to be approached as a group and/or with specific direction and lifting from the backbone organization.

KEY: Education Medical Community Collaborative

PRIORITY 1: INFORM

Empower all young people, and the caring adults in their lives, by providing medically accurate, age-appropriate sexual health information.

There are more than 48,000 youth ages 15-19 in Oklahoma County.[2] All of them need and deserve age-appropriate, medically accurate information about how to prevent teen pregnancy and improve their sexual health.

School-based sex education has been a staple of the effort in Oklahoma City for more than a decade. Programs are currently being implemented in over 40 schools, reaching 5,000 youth. This, despite a significant headwind: Oklahoma is one of 20 states in the country that does not have a law requiring sex education be taught in schools.[3]

[2]United States Census Bureau: American Fact Finder. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF
[3]https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education

While progress is commendable, still tens-of-thousands of young people are not being reached. A significant expansion is necessary, while also recognizing that nearly one-in-five youth say that "information found through Google..." was the single most effective way to learn about sex, sexuality, and reproductive health.[4]

It is also important to note that teens—especially those under 16—overwhelmingly say parents have the greatest influence on their decisions about love, sex, and relationships.[5] Regrettably many parents say that they don't know where or how to start such conversations. And what about those young people that are not fortunate enough to have parents at home, or those not enrolled in school, and those without access to smart phone?

So, what is the path forward? All of it. More school-based sex education, more digital outreach, more parent education… all focused on providing the necessary information to empower young people.

1 **Implement a diverse and comprehensive strategy to deliver school-based sex education throughout central Oklahoma that acknowledges the multiple stages of readiness and capacity across individual schools and districts.**

a. Develop and use a prioritization matrix based on data trends that incorporates readiness, existing capacity of schools and the collaboration, and available funding and staff resources.
b. Begin to move schools and districts (systems level change) actively through a stages of change model that has corresponding activity, investment, and resource models for each stage, including maintenance.
c. For districts already implementing school-based sex education, work to codify existing practice into written policy at the district level to ensure sustainability.
d. Advocate for a statewide mandate of school-based sex education and/or the inclusion of health education standards and requirement into Oklahoma law.

2 **Work to reduce disparities in health outcomes by ensuring that organizations, institutions, and medical professionals serving priority populations have the capacity to deliver information related to sexual and reproductive health.**

a. Continue to work with campus organizations and student support services to enhance programmatic offerings on college campuses, prioritizing those (n=13) that have on-campus residents.
b. Develop a partnership strategy to engage social service agencies, such as WIC offices, home visiting programs, foster care and child welfare agencies, and juvenile justice. Such a strategy will need to include in-depth training and technical assistance.
c. As appropriate and necessary, train the staff of community-based organizations to provide evidence-based programs in non-school settings thus allowing for the delivery of mutually reinforcing, evidence-based programs alongside those implemented in schools.

3 **Establish *honestly* and members of the Collaboration as experts and the go-to resource for information related to adolescent sexual health.**

a. Create a "speakers bureau" of professional staff (i.e. doctors, nurses, teachers) and young people that can be called on to deliver content and information related to adolescent sexual health in the community, in schools, and in the media—both social and traditional channels.
b. Provide media training for all experts in the speakers bureau that outlines talking points, dos and don'ts of representing the collaborative, and prepares speakers to comfortably appear on camera.
c. Produce and continually update a reference guide for the Speaker's Bureau and other ambassadors (i.e. ***honestly*** board, Steering Committee) to be housed on Thrive's website and distributed to members of the collaborative and members of the media.
d. Expand the ***honestly*** website to include more story-telling and vignettes – professionals speaking directly to young people and/or the caring adults in their life (e.g., www.girlology.com or www.bedsider.org).

[4] https://www.healthline.com/health/state-of-sex-education#1
[5] Power to Decide (formerly The National Campaign to Prevent Teen and Unplanned Pregnancy). (2016). Survey Says: Parent Power. Washington, DC: Author.

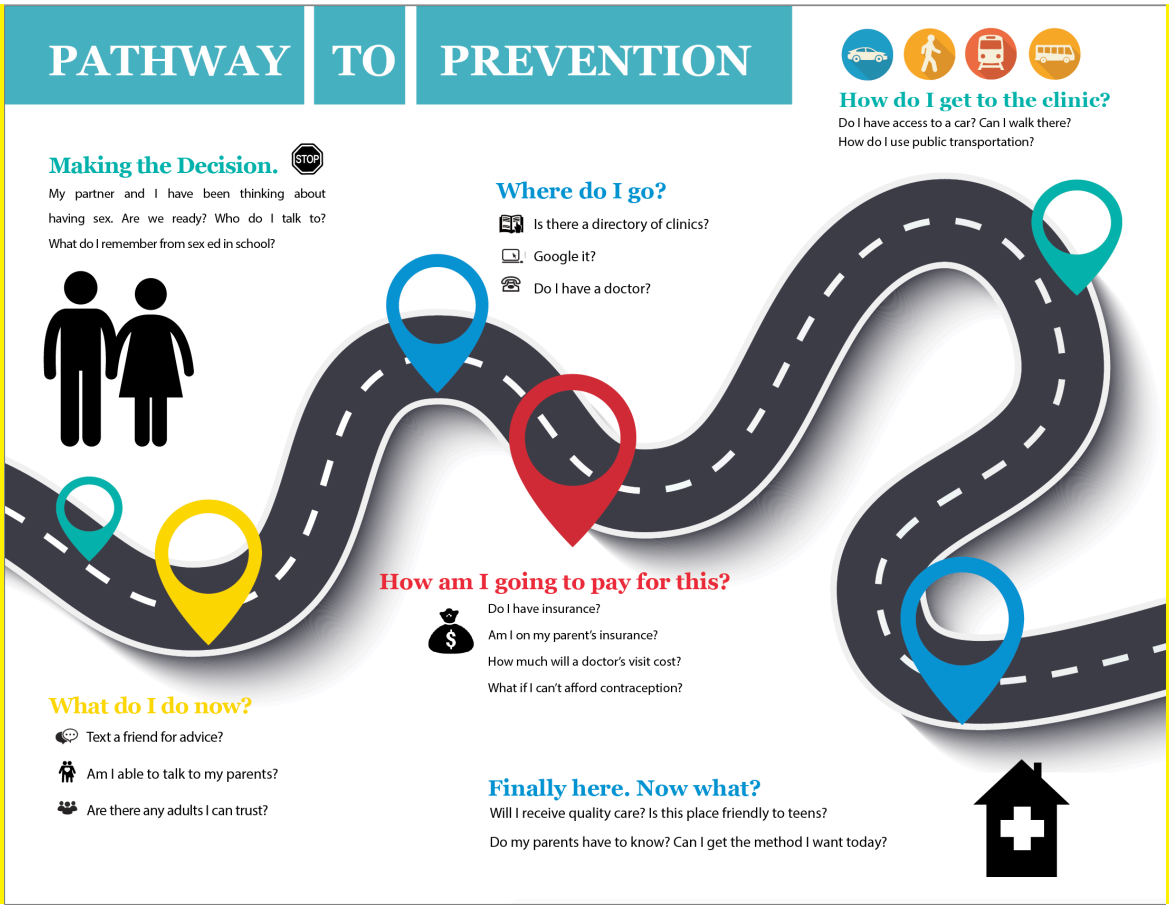
PRIORITY 2: CONNECT

Facilitate relationships—within our Collaboration and the broader community—to ensure young people access the health care services, resources, and programs they need.

One of the more common and reliable measures of adolescent behavior (sexual health and otherwise) is the Youth Risk Behavior Survey (YRBS). While data is not available at the community level, state trends provide a worthy picture of the adolescent behaviors. In 2017 in Oklahoma:

- 43% of students report they have had sex;
- 50% of sexually active students did not use a condom the last time they had sex;
- 15% did not use any method to prevent pregnancy the last time they had sex.[6]

A teen who is sexually active, but not using contraception has a 90% chance of becoming pregnant within the next year.[7] Given the importance of contraceptive use, it seems logical that widely distributing information and education on and increasing access to all forms of contraception for all women should be a focus of any effort interested in reducing unintended pregnancy and birth rates. However, we know that providing education, information, and even access are not enough. Young people need to be (and feel) connected to the resources available in communities, especially adolescent and reproductive health resources. The "pathway to prevention" is complicated and successful navigation requires deliberate outreach and connections from caring adults in the community. This is especially true for young people attempting to obtain long-acting reversible contraception (LARC), by far the most effective methods, yet the mostly costly and difficult to obtain without a high working knowledge of the system and structures in place.



[6] Oklahoma State Department of Health. Adolescent Sexual Health in Oklahoma: September 2019. https://www.ok.gov/health2/documents/Adolescent_Sexual_Health_Report_Oklahoma_2019.pdf

[7] https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states

1 Invest time and resources to ensure all medical providers within the Collaboration are offering access to the full range of contraceptive methods at low or now cost, and/or at a minimum, have active referral mechanisms in place to connect young people to those who do.

a. Continue partnering with Focus Forward and other state/national entities that offer comprehensive training to individuals, clinics, and systems in the medical space.
b. Work to improve the delivery of sexual health services/referrals on college campuses – especially those with on-campus residents and health centers, ensuring that contraceptive access is part of the health care delivery standard.
c. Consider the creation of a local, privately funded solution to help offset the cost of purchasing long-acting reversible contraceptive devices for providers and patients. Given uncertainties in federal (Medicaid expansion, Title X) and state (SoonerCare, SoonerPlan) policy, a local solution would be timely.

2 Create a robust referral network between education institutions, community-based organizations, and healthcare delivery organizations, specifically those able to offer young people the contraceptive method of their choice.

a. Create a comprehensive inventory of the universe of existing contraceptive service providers, specifically safety-net clinics: the services they provide, payer sources accepted, appointment logistics, etc.; those offered by partners of the collaborative and otherwise.
b. Purposefully expand the online clinic locator on the ***honestly*** website and/or make local adaptations to an existing national clinic locator (i.e. Bedsider.org).
c. Provide training on topics related to teen pregnancy prevention and adolescent health for professionals (e.g., community-based organizations, faith communities, school support staff, college campuses) within priority zip codes who interact with populations of youth, their parents, and their families. A priority should be placed on training to assist staff with making referrals for health services.
d. Build a robust system of supportive relationships and linkages between medical professionals, educators in school-based settings, and the community-based organizations that serve similar populations, in similar locations. As part of this work, enhance the bi-directional nature of the network (in other words, referrals are both to and from the medical community).
e. Ensure that Community Health Workers employed by partner organizations (OCCHD, Variety Care, Community Health Center, etc.) are purposefully engaged in conversations around referrals and trained to address adolescent health needs.

3 Explore more innovative and emerging strategies to mobilize, connect, and improve the capacity of those with the opportunity to deliver services directly to priority populations.

a. Increase the focus and attention paid to pregnant and parenting teens, to ensure young parents have the supports they need to succeed including access to information and services to prevent subsequent pregnancies.
    i. Work alongside private payers, hospital administrators and OBGYNs to reduce barriers and ensure all non-religiously affiliated hospitals are offering and encouraging immediate postpartum insertion of long-acting reversible contraception.
    ii. Develop and launch a linkages and referral network for those working with pregnant and parenting teens (both in and out of school) to allow for better inclusion of repeat pregnancy prevention education and services, specifically access to contraception.
b. Promote, formalize, and scale-up a *One Key Question* approach so it becomes the norm for medical providers and other non-traditional partners (i.e., community health workers, hospital ER, WIC, foster care, etc.) who work with youth and families.
c. Continue to engage community partners who have high access to 18-19 year old youth (employers, workforce development programs, college campuses, etc.)

PRIORITY 3: ENGAGE

Create an inclusive, community-wide movement by compelling meaningful participation and investment to support adolescent sexual health.

While all of the priority areas and strategies recommended are grounded in data and the voices of local experts in the field (CONTENT experts), to continue to build a collective movement, it is imperative that community members (CONTEXT experts) have an opportunity to speak directly into this common agenda and the associated priority areas over time. This is especially true of those priority populations identified later in the Recommendations section of this document.

With a sensitive topic such as teen pregnancy prevention, having the right people engaged in the process is of utmost importance. As of late 2019, there are 40+ partner agencies and 10 subcommittees of the aforementioned working groups populated by over 260 individuals working together on this single issue. For a number of years, the Collaborative has operated within this structure of mostly professionals. While it has realized many successes, best practices suggest an expansion of the Collaborative (i.e. voices at the table) should aim to be more diverse and inclusive, particularly as it relates to priority populations and community members with lived experience. Further outreach and engagement should be done strategically and methodically, ensuring those most affected by the issue are not only at the table as token members, but instead integrated as full partners in the effort.

1

Incorporate principles of meaningful community engagement and equity into every aspect of the Collaboration with an intensive focus on reducing health disparities.

a. Be strategic and thoughtful about reaching and engaging new partners (both content and context experts) that serve, and represent, identified priority populations, especially those in high-need zip codes.
   i. With a focus on diversity and equity, include representation from the high-need zip codes, communities of color, and low-income communities on work groups and advisory committees to ensure that the voices most impacted by this issue remain engaged.
   ii. Involve youth and those with lived experience directly in the planning, implementation, and scaling of all programs and efforts of the Collaboration.

b. Engage the faith community and parents in all community-facing efforts; include their representation on community advisory boards and Collaboration workgroups; support partnerships and develop tailored educational materials and toolkits for these groups.

c. All participating member organizations of the collaborative should, at a minimum, be trained on incorporating an equity framework, trauma informed care, working with LGBTQ youth, and creating a staff of "Askable Adults" into their programming.

d. Encourage members of the collaborative to adopt an organization stance on including expertise related to health equity and working with diverse communities into their hiring and training practices.

2

Involve a more diverse network of professionals and decision makers in the education and medical communities to achieve greater sustainability and institutionalization of programs and services.

a. At the individual, building level, clinic level: ensure that school-based and clinic-based work encompasses the whole environment by engaging (in schools) principals, guidance counselors, nurses, and other support staff and (in clinics) front desk staff, billing staff, etc.

b. At the systems level: build sustainability and institutionalization of programming by engaging executives, leadership, superintendents, college presidents, school board members, and others who are responsible for making decisions within schools and clinics.

c. At the policy level: continue to engage policy makers in dialogue around:
   i. the creation of policies that require medically accurate, evidence-based sexuality education;
   ii. policies that support adolescents accessing medical services and contraception without parental consent.

3 **Expand the reach of the Collaboration by mobilizing community members to become change agents. Their charge—and ours—is to facilitate a purposeful connection between unintended pregnancy prevention and education, poverty, and other salient issues in central Oklahoma.**

a. Given the existence of a network of well-developed community organizations and professionals (content experts), expand the focus of the Collaborative's efforts to include working with parents, trusted community organizations, the faith community, social service organizations, transportation, housing, etc. Meet these organizations and individuals where they are and provide concrete, diverse opportunities to engage and partner.
b. Create a series of fact sheets and resources that explicitly connect the issue of teen pregnancy to other community issues, such as educational achievement, workforce development, poverty, juvenile justice and incarceration, and foster care. These publications should be created with a variety of publics in mind: parents, community-based organizations, faith leaders, decision makers, system-level change agents, etc.
c. Work diligently to create a grassroots network of partners and supporters through the identification, training, and supporting of Community Champions (especially those who represent priority populations) who are respected and willing to speak up about the issue of teen pregnancy prevention.
d. Deepen understanding of the communication mechanisms of all partners within the collaborative and encourage their involvement in an overall marketing/PR campaign (i.e., branded content on their websites, created content for social media pages, posters for offices, cross-posting of social media messages).
    i. Convene a marketing committee comprised of partners in the collaborative and marketing professionals.

RECOMMENDATIONS MOVING FORWARD

Work focused on preventing teen pregnancy began in earnest in 2006 when five organizations recognized increasing teen birth rates required further attention and came together in a concerted effort to improve outcomes for young people. The original five partners—Kirkpatrick Family Fund, the Oklahoma Institute for Child Advocacy, Planned Parenthood of Central Oklahoma, Teen emPower!, and Variety Care—were later joined by the Oklahoma City-County Health Department, to deliver sex education and improve reproductive health care for young people.

The effort officially became the Central Oklahoma Teen Pregnancy Prevention Collaboration in 2012 and just a few years later, in 2015, members of the collaborative produced "As a Matter of Fact," Central Oklahoma's Plan to Reduce Teen Pregnancy; a report on the planning process of a united group of community partners, government agencies and service providers to make teen pregnancy prevention a priority. The stated purpose of the report was to inform, educate and rally the community.[8]

Shortly after the release of "As a Matter of Fact," the working relationships of the partners was formalized even further when the collaborative adopted a collective impact framework, complete with the formation of a backbone organization to lead the effort. ***honestly*** was created, staffed, and funded in 2016 to serve as that backbone: the visioning and convening leaders of the Collaborative.

The community-facing document is the most recent, public update to the comprehensive plan. This document was created as a complement to that report. The detailed strategies above are further supported by **7 Key Recommendations** that cut across all the work of ***honestly*** and the Collaborative. While the priorities and strategies above can be thought of as the "what," these recommendations are the "how." The recommendations have been compiled by 1000 Feathers but represent a more comprehensive learning process, which consisted of "internal" feedback from members of the Collaborative and local voices of youth and key stakeholders. The recommendations were further fine-tuned in late 2019 as part of Thrive's (and 1000 Feathers') introduction to the Tenacious Change approach and expanded definition of the constructs of collective impact (see chart on following page).

[8] https://thriveokc.org/application/files/2615/0766/1485/As_A_Matter_of_Fact._The_Comprehensive_Plan_to_Reduce_Teen_Pregnancy_2015-2020.pdf

Aligning & Defining Collective Impact Models for Community Development

Describing	Defining	Doing
FSG	Tamarack Institute	Tenacious Change
Paradigms		
Management	Movement Building	Operational
Conditions	**Components**	**Processes**
Common Agenda	Community Aspiration	Achieving Community Readiness
Shared Measurement Systems	Strategic Learning	Monitoring and Adapting (e.g., Tenacious Change Assessment & Monitoring tools)
Mutually Reinforcing Activities	High Leverage Activities	Leading and Working Collaboratively
Continuous Communications	Authentic Community Engagement	Facilitating and Increasing Community Participation
Backbone Support Organizations	Containers for Change	Orchestrater

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The recommendations are presented in no particular order. Each recommendation is important and should be considered a necessary condition of success.

1 Apply an Equity Lens to the Work: Identify and Serve Priority Populations

In 2018 there were a total of 740 births to teens in Oklahoma County – more than 20% of all births to teens in the state. Teen births in the county also vary dramatically by age, race, and geography. Given limited resources in communities – both financial and human capital – understanding where and how to focus efforts is critically important. It should be noted that a process to identify priority populations does not imply that the collaborative abandons current work. However, applying an equity lens to the work does mean that at a minimum considerable effort should be put into partner recruitment, community engagement, distribution of funding, and ensuring sufficient access to information and resources exist for identified populations AND in identified areas.

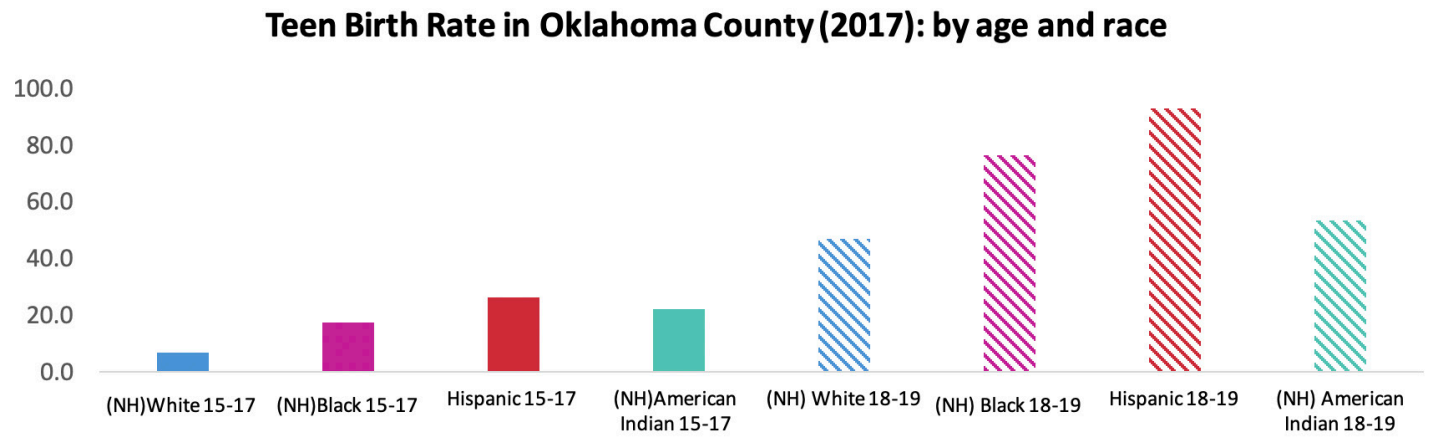
Differences by Race:

While there have been significant decreases among all age groups and among all races, youth of color – Black, Hispanic, and American Indian youth – have higher rates than their White peers. And, the teen birth rate for 18-19 year olds (57.4/1,000) is nearly five times as high as the rate of younger youth, ages 15-17 (12.7/1,000). Decreases among race groups are not evenly distributed. Hispanic and American Indian teen birth rates have decreased by more than 50% since the release of the As a Matter of Fact report while rates for Black and White youth have decreased 39% and 43%, respectively.

DECREASES IN TEEN BIRTH RATE OVER TIME (per 1,000 females 15-19, by race)				
	(NH) White	(NH) Black	Hispanic	(NH) American Indian
2012	36.3	65.3	92.8	53.7
2018	20.7	39.7	44.6	23.3
% Change	**43%**	**39%**	**52%**	**57%**

Differences By Age:

Young teens have received much of the public's attention the last two decades largely because of the use of school-based sex education programs as a focus of teen pregnancy prevention efforts. Yet, **73% of all teen births in Oklahoma County are to 18-19 year olds**. While youth 17 and younger obviously deserve continued attention, but members of the Collaborative must acknowledge the imperative of diverting more attention and resources to serving older teens.



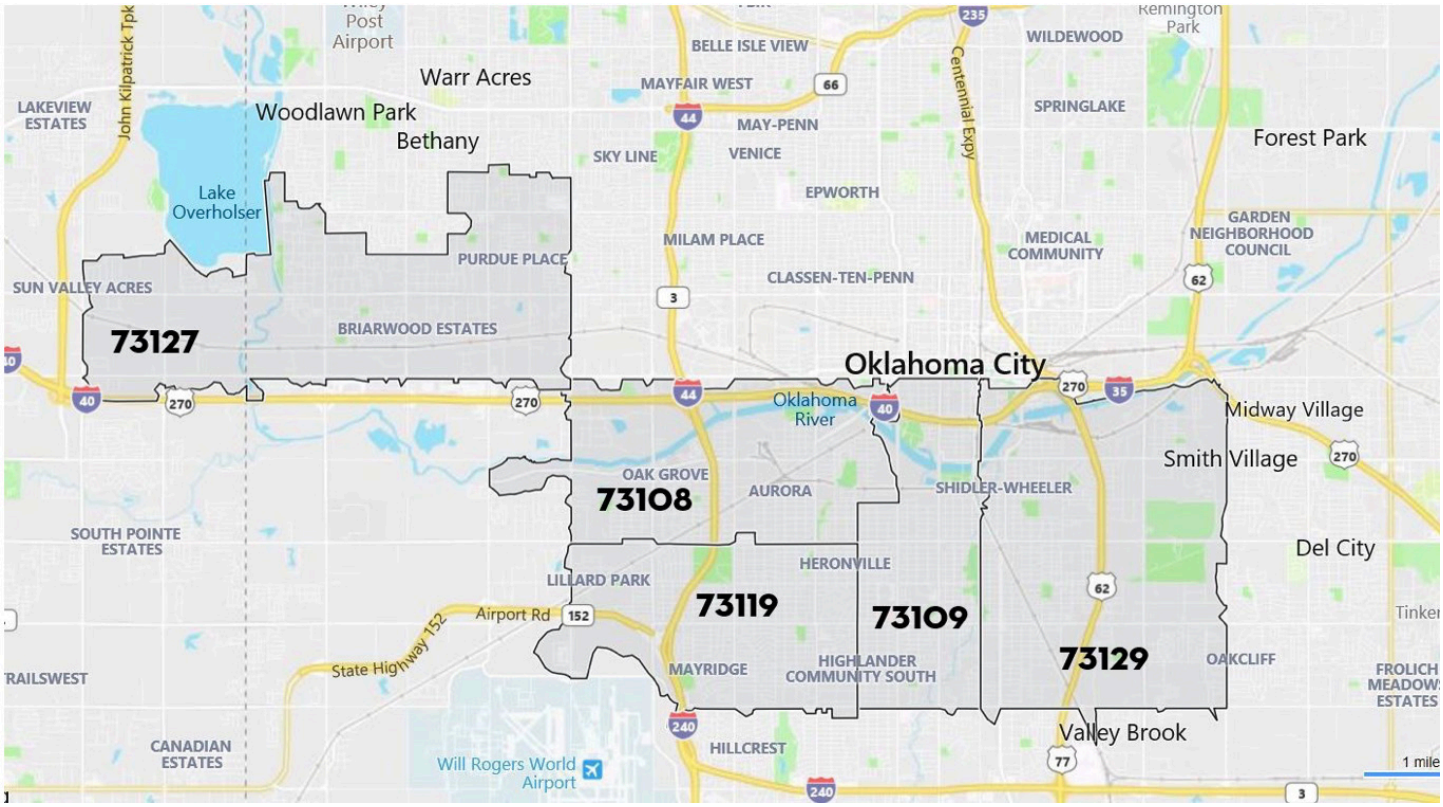
Zip Code Profile:

There are great disparities across zip codes in Oklahoma County. In some zip codes, teen birth rates are 2-3 times higher than state and national average highlighting what are undoubtedly larger, systemic issues in those communities. A three-step process resulted in the identification of high priority zip codes for this common agenda:

1. Three-year rolling averages of teen birth rates were calculated to determine the zip codes with higher than average rates.
2. A number of socio-economic factors were selected for analysis to provide a more comprehensive understanding of each of the zip codes in Oklahoma County. Factors important to conversations about preventing teen births and related to education, poverty, and access were assessed.
3. To control for the fact that some zip codes have very small populations of people overall and small populations of 15–19 year-old youth specifically, an analysis of population was conducted using Census data.

The result of this process was identification of five priority zip codes, each of which:

- √ have high teen birth rates, AND
- √ score poorly across socio-economic factors, AND
- √ have a sufficient population of 15–19 year old females, increasing the likelihood of impact with successful interventions.



Special Populations to Consider:

The Office of Adolescent Health has also identified a number of populations of youth who may need special support and attention to their health and overall care.[9] These include:

- √ youth who are the children of immigrants or refugees
- √ homeless youth
- √ youth in foster care
- √ youth in the juvenile justice system
- √ lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth
- √ youth with disabilities

Youth in the foster care and juvenile justice systems deserve particular mention given the intensive local interest that already exists for these populations and because they are an especially vulnerable population. Those in foster care are more than twice as likely to become pregnant by age 19 and many of those who become pregnant experience a repeat pregnancy before they reach age 19.[10,11] Nearly one-in-three girls in the juvenile justice system has been or is currently pregnant. Further, the connections are reciprocal and multi-generational as children born to teen parents are more likely to enter the child welfare or juvenile justice system and to become teen parents themselves.[12]

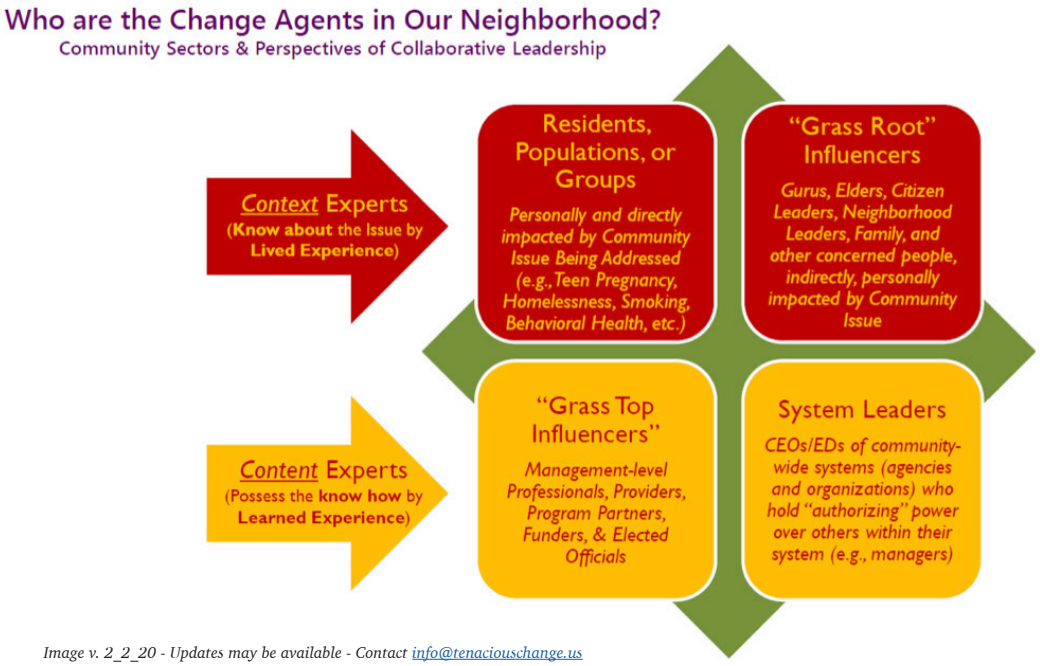
[9]US Department of Health and Human Services, Office of Adolescent Health, Adolescent Health: Think, Act, Grow Playbook. Washington, DC: US Government Printing Office, updated February 2018.
[10]Boonstra, H. D. (2011). Teen Pregnancy Among Young Women In Foster Care: A Primer. Guttmacher Policy Review. Volume 14, Issue 2.
[11]Preventing Teen Pregnancy Through Outreach and Engagement: Tips for Working with Foster Care and Juvenile Justice. https://powertodecide.org/what-we-do/information/resource-library/preventing-teen-pregnancy-through-outreach-and-engagement
[12]NCSL State Update. Mississippi: Teen Pregnancy (January 2015). https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=6&ved=2ahUKEwj13rLH54zkAhXtc98KHU99AtsQFjAFegQIBxAC&url=http%3A%2F%2Fwww.ncsl.org%2Fdocuments%2Fhealth%2FTPreMSCWJJ115.pdf&usg=AOvVaw3qcZ-YMQWF0bRLtSVER3nb

2 Engagement and Involvement

Building broad-based support of an issue through community engagement is an essential role of coalitions and collaborations. The goal of engagement is not just involvement for the sake of involvement, it is to create a community environment in which intervention and, ultimately, change have a greater chance of success.[13]

As part of a year-long engagement initiated in fall 2019, ***honestly*** was introduced to the Tenacious Change approach; an approach designed to help communities, and organizations, create a "movement" in support of change on issues of importance to communities. According to the proposal: *community change is an emergent process that can be unpredictable and occasionally chaotic, hence it requires flexibility and adaptability.*

Conversations about "engagement and involvement" must be inclusive of a variety of audiences. To date, the Collaborative has engaged mostly content experts. While a critically important group, they represent only one segment of community change agents that require engagement (see image below from Tenacious Change model).



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Interactions with community stakeholders and existing members of the Collaborative during the planning process revealed a number of observations and critical needs related to engagement. Two strategies in particular come with a sense of urgency for ***honestly*** and should be addressed sooner than later.

1. Collective impact in its original iteration has been criticized for being top/down instead of community driven. The Collaborative needs to conduct more meaningful community engagement, especially as it relates to context experts.
2. Prior to inviting "new" people to the table, it is critically important that an inventory of all partners of the Collaborative is created. This fundamental, baseline understanding of who partners are, who they serve, and subsequently what gaps exist in programming is an appropriate step before the initiation of any further, formal community engagement activities. Such an inventory should include, at a minimum:
    a. program/organization with point of contact;
    b. definition of service area both by geography and demographics; and
    c. programs/services available (what programs are offered?).

[13]Thomas W. Klaus & Edward Saunders (2016): Using collective impact in support of community wide teen pregnancy prevention initiatives, Community Development, DOI: 10.1080/15575330.2015.1131172

3 Youth Involvement is Key

Recommendation #3 is a necessary and intentional extension of recommendation #2. Members of the Collaborative must be willing to get proximate (and many already do in the work of their individual organizations), particularly with the ultimate beneficiaries of the effort...young people. Bringing a youth voice to the table in meaningful ways will help the Collaborative better understand how young people are experiencing the programs and services being offered to them throughout the community. Young people also play a key role in informing the community's interpretation of the Pathway to Prevention graphic found on p. 5. A key part of youth engagement is meeting youth where they are. Many organizations and collaboratives require youth to "come to them" if they want to be involved, which itself is a barrier to participation. Youth engagement and involvement should not only be at the organization level, it should also exist at the systems level (i.e., within the leadership structure of the Collaborative.)

Members of the Collaborative have been clear in their desire to build a new culture around sexual health in Central Oklahoma that is inclusive of the voices of young people and those with lived experience. Part of building a new culture is storytelling and engaging young people to tell their own, personal stories.

Finally, youth involvement is directly related to the *inform* and *connect* priorities outlined in the common agenda. The voices of young people can help providers better understand and get comfortable with making resources more readily available (where and how information should be delivered); creating a more friendly, inviting environment in clinical settings; and, using technology in a constructive way to disseminate information.

4 Continue Advocating for Adolescent Health (in context of larger social issues)

There are many issues that impact young people in Oklahoma County from education to workforce development to criminal justice and mental health. At a minimum, this effort needs to include tailored communication materials (i.e. fact sheets). The Collaborative must work to intentionally insert itself (and the issue) where there is already momentum brewing. The issue of teen pregnancy prevention too often results in a siloed effort, separate from larger community conversations about economic mobility and overall health. Effort is required to keep adolescent health on the public's agenda and top-of-mind for those not engaged in the work every day.

In addition to this type of community-level advocacy, there are obviously state-level policy issues that require further attention. While state laws on issues related to reproductive health are unlikely to substantively change, understanding the policy landscape, addressing and improving local implementation of policies, and defining the opportunities that exist are all critically important strategies moving forward. When and if there is movement on issues of interest, the Collaborative, and ***honestly*** specifically, must be ready and willing to engage. Specific areas of (potential) involvement mentioned by members of the Collaborative during this process include:

√ advocating for statewide mandatory comprehensive sex education,
√ minors access to free or low cost contraception,
√ faster access to LARC, and
√ Medicaid expansion.

Leading conversations around complex issues such as these—at either the community or state level—will require streamlined messaging, accurate and easy to access online resources, and thoughtful leave-behinds. The data and information collected during the planning process and articulated in Appendix D will be helpful to this end.

5 Build Trust (AND RELATIONSHIPS) Amongst the Collaborative

Building trust and expanding relationships is perhaps the most important, fundamental function of a backbone organization. In a collective impact model, all members of the Collaborative have committed to a shared goal and common agenda, but that doesn't inherently mean that strong relationships are present.

Relationship building takes time. And work. Each member of the Collaborative was chosen to serve for a reason. They each bring a unique mindset and perspective on the issue that strengthens the efficiency and effectiveness of the work. All should be recognized and celebrated. However, having so many voices involved can create tension and relationship challenges if there is not a deliberate effort to build trust amongst the members. Trust is so vital to collective impact because in order to ensure true investment from all members, they must feel seen, heard, and valued. In the absence of trust, there cannot be productive collaboration. A significant first step in this type of relationship is creating a deep understanding of members—personally and organizationally. Who they are, who they serve, and what programs they offer are all a part of the equation. (see recommendation #2).

"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."

– Community Stakeholder

Another contributing factor to a lack of relationships may be related to previously identified structural concerns (more in recommendation #7). At present, members of the Collaborative are split into Education, Medical and Community pillars. Such a distinction is helpful to a point as it allows members of the Collaborative the opportunity to self-identify with their area of expertise. The 1000 Feathers team observed during the planning process that the presence of workgroups, absent intentional effort to bring them together, inadvertently caused siloes to form and a pillared culture to emerge. Information, resources, and communication must flow up, down, and across the entire Collaborative in order to build meaningful relationships. Members must be able to trust one another and the overall direction of the Collaborative—and this requires information (see recommendation #6).

"We need to un-silo the pillars and make this all one effort."

– SHAG member

A special note here that it is never too late to start building relationships. Building relationships is an essential activity about which Hanleybrown, Kania, and Kramer had this to say in a 2012 article on collective impact, "In attempting collective impact, never underestimate the power and need to return to essential activities that can help clear away the burdens of past wounds and provide connections between people who thought they could never possibly work together."[14]

6 Improve Communication

Similar to other recommendations in this list, recommendations #5 and #6 go hand-in-hand. Building trust and cultivating relationships can only be accomplished when there are intentional communication strategies. Similarly, members of the Collaborative need transparency and clear communication from the backbone organization as

[14]Hanleybrown, F., Kania, J., Kramer, M. (2012). Channeling Change: Making Collective Impact Work.

well as ongoing opportunities to meaningfully work together—be it face-to-face, electronic, or via phone. To help facilitate ongoing, constructive communication, ***honestly*** should consider a combination of the following:

- More frequent updates via email to members of the Collaborative;
- Expanding digital properties to include more member highlights and stories;
- Utilizing Zoom and other platforms to encourage consistent interaction that doesn't require in-person meetings; and
- More deliberate cross-workgroup communication.

Regular communication can empower members of the Collaborative to co-learn from one another, motivate their peers, and hold each other accountable. There also must be a willingness to embrace courageous conversations. Contentious issues will arise, but conflicts must be addressed head on, and in a timely manner, in order to minimize disruptions.

"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)…"

– SHAG member

"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."

– Community Stakeholder

Externally, the Collaborative needs to do a better job of telling its story and proving its impact, particularly to other issues of importance in Oklahoma County. While members of the Collaborative represent many organizations, it is imperative that they speak with one accord in the community. Every member should be trained on an elevator pitch and how to adapt the pitch to a variety of publics. Equipped with common vocabulary and shared objectives, members will be prepared to keep adolescent health on the public agenda and top of mind in the community. Separate, but related to the need for a common elevator pitch and messaging for the Collaborative, ***honestly*** itself would benefit greatly from an exercise to create a mission, vision, and boiler plate language, specifically related to the role of a backbone organization.

"Could add more value (to the community if we were telling our story better."

– SHAG member

7 Better Define Decision Making Structure

One of the ongoing needs of the Collaborative has been a need for better definition about structure, leadership, accountability, and decision making. This challenge pre-dates the planning effort but was apparent throughout. ***honestly*** staff have been proactively discussing structural changes to the Collaborative and should prioritize this effort before diving deeply into the "implementation" of the common agenda and strategies within.

"… 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."

– Collaborative Partner

"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?"

– SHAG member

As a first step, early collective impact literature suggests this structural conversation needs to begin at the top. "(Collective impact efforts) begin with the establishment of an oversight group, often called a steering committee or executive committee, which consists of cross-sector CEO level individuals from key organizations."[14] This is an approach that became apparent to ***honestly*** and the 1000 Feathers team. Members of the SHAG each play important roles in their organization, but, as a general rule, do not have the level of authorizing authority that allows the Collaborative to be efficient in decision making. **Identifying and populating an appropriate steering committee for the Collaborative, separate but connected to the *honestly* board would help solve a number of leadership challenges.**

Beyond a steering committee, a reorganization of workgroups and the continued elevation of workgroup co-chairs will contribute to a more defined leadership structure. Leadership of the groups should become the responsibility of the chairs (supported by ***honestly*** staff) rather than everyone looking to the backbone for group leadership. **There needs to be a complete and total "reboot" of work group structure, including Thrive's relationships with co-chairs, given that many of the workgroup chairs have been in those positions since the establishment of the Collaborative.** As part of this: 1) co-chairs should be one member from partner organizations and one member from ***honestly***, 2) co-chair positions should have actual "job descriptions" that outline clear roles and expectations, and 3) members of workgroups should be intentionally assigned based on the Collaborative's new common agenda and priority areas.

Within the common agenda there are agreed upon guiding principles that now provide a starting place for any further conversation about standards and accountability. **The backbone, steering committee, and workgroup co-chairs should work together to further articulate the meaning behind the guiding principles and then collectively distribute this information throughout the Collaborative.** While each of the workgroups may also determine group-specific agreements that work for them, what is critically important is that everyone understands the overall guiding principles and common agenda. More, that all strategies and conversations held within the groups clearly link back to the priorities in the common agenda.

CONCLUSION

"(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 can here to get."

– Steering Committee Member

Collaboration is indeed messy and relationship building takes time. The good news in Central Oklahoma is that hundreds of individuals representing dozens of organizations have shown a willingness to come to the table to work on a single issue. Their commitment is paying off as evidenced by a significant reduction in the teen birth rate. Future success will require an even greater collaborative, inclusive effort. No single organization could or should assume sole responsibility for implementing the new common agenda (*Momentum Matters*). Instead, all members of the Collaborative must commit to working together to actively navigate a path forward using all of the information and recommendations articulated here.

What is most important is that everyone, at all levels of the Collaborative, commits to an ongoing process of change, growth, and improvement. Come to the table, stay the course, and remain committed. Countless children and families in Central Oklahoma are counting on you to do nothing less. Thank you for allowing 1000 Feathers to play a role in your journey.