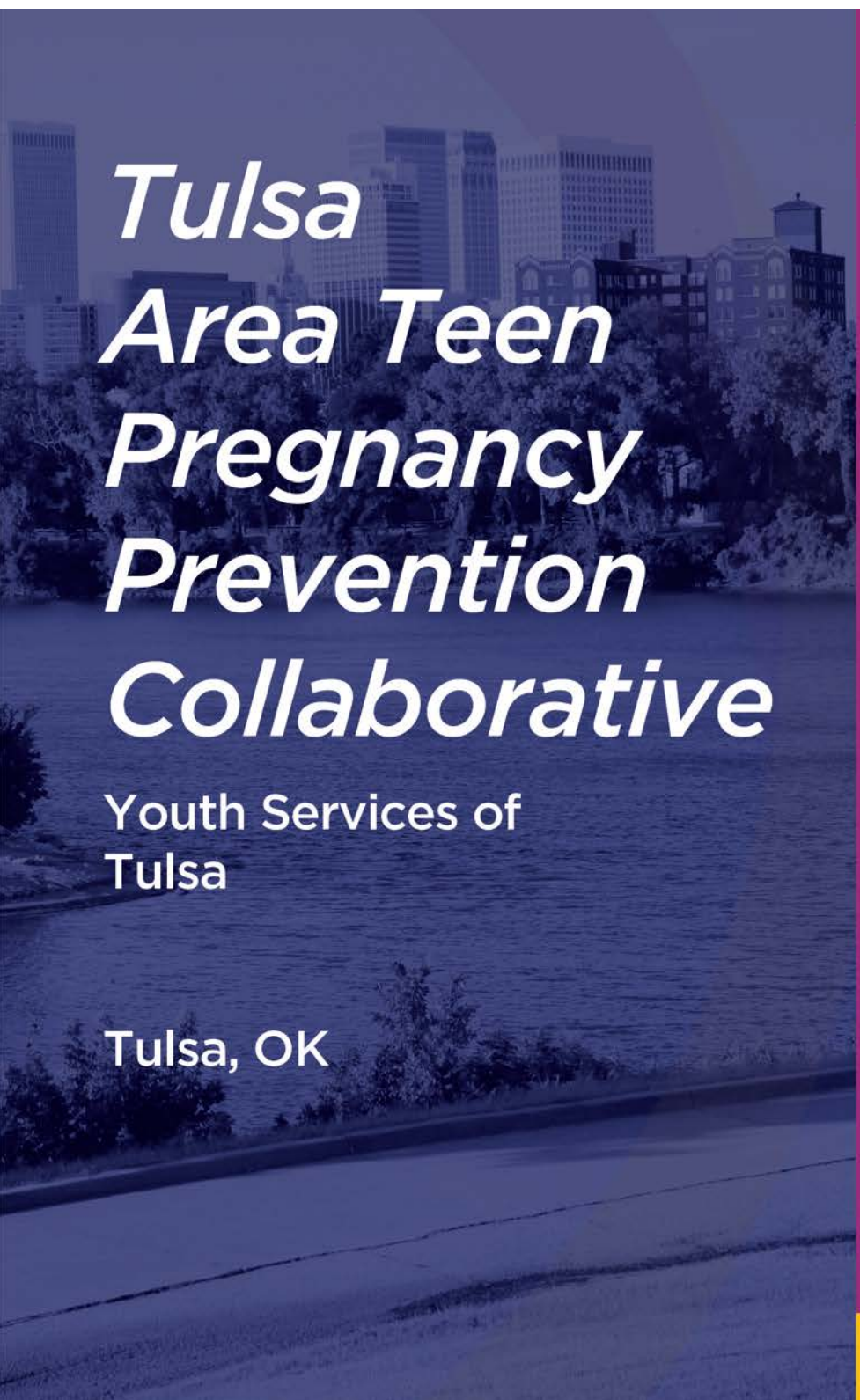

Tulsa Area Teen Pregnancy Prevention Collaborative

Youth Services of Tulsa

Tulsa, OK

Replicating Evidence-Based Teen Pregnancy Prevention Programs to Scale in Communities with Greatest Need

OFFICE OF POPULATION AFFAIRS

Case Study No. 4

December 2018

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EXECUTIVE SUMMARY

Background

In 2015, the Office of Population Affairs (OPA) awarded 50 Teen Pregnancy Prevention (TPP) grants to replicate evidence-based programs (EBPs) to scale in communities with the greatest need. OPA designed the 2015 TPP grant program to have a significant impact on reducing teen pregnancy rates and disparities by using a multi-component, community-wide strategy. The strategy integrated EBPs into multiple safe and supportive settings, mobilized stakeholders around a shared vision, and increased access to youth-friendly services. While implementation varied, all grantees were required to include four key elements:[1]

Deliver EBPs with fidelity in at least three types of settings.

Engage the community around a shared vision to increase the community's ability to prevent teen pregnancy.

Recruit a network of youth-friendly service providers, develop a referral system, and connect youth to needed services.

Ensure programs are provided in safe and supportive environments.

Tulsa Area Teen Pregnancy Prevention Collaborative

The *Tulsa Area Teen Pregnancy Prevention Collaborative (Tulsa Collaborative)* is a TPP grant project implemented collaboratively by three organizations in Tulsa, Oklahoma: Youth Services of Tulsa (YST), the Tulsa Campaign to Prevent Teen Pregnancy (Tulsa Campaign) and Community Service Council of Greater Tulsa (CSC).[2] The *Tulsa Collaborative* brings together service providers community-wide, coordinated across organizations and various federal and local funding sources. The Tulsa Campaign serves as a backbone organization that coordinates partners and resources in an effort to reduce teen pregnancy and improve adolescent sexual health across all of Tulsa County. **This case illustrates 1) multi-agency collaboration to scale up teen pregnancy prevention programs and 2) community engagement that builds on prior efforts.** The *Tulsa Collaborative* began implementing the grant in summer 2015; the case study is based on phone interviews and a site visit conducted in the second grant year.

[1] See the Funding Opportunity Announcement for details: https://www.hhs.gov/ash/oah/sites/default/files/tier1b-foafile.pdf.

[2] The grantee is Youth Services of Tulsa.

Lessons in Scaling Evidence-Based Teen Pregnancy Prevention Efforts

Having a strong backbone organization facilitated all aspects of the project. The Tulsa Campaign was dedicated to establishing and maintaining communication across partners and throughout the community, which facilitated the ability to implement the project smoothly and provided consistent and unified messages to the community. Formed in 2013 to coordinate teen pregnancy prevention activities in the Tulsa area, the Tulsa Campaign had a history of providing capacity building (training, technical assistance) and coordination of efforts across multiple initiatives, agencies, and organizations within greater Tulsa.

Partners helped expand the reach of programming efforts and provide for sustainability in multiple settings. Partners in this grant had been collaborating for a number of years prior to the start of the grant—relying on a mix of funding from private foundations and other federal programs. The *Tulsa Collaborative* was a means for all of the parties to pull together to achieve scale without duplication of services. To this end, the Campaign's planning and coordination enabled YST and CSC to fill gaps not addressed by other entities, leverage other initiatives, and expand to all schools within their respective service areas (Tulsa Public Schools, Union Public Schools) and selected area clinics. This experience helped set the stage for sustainability of the programming.

Involving multiple sectors of the community in teen pregnancy prevention efforts provided extra support for sustainable, community-level change. In order to fully reach all sectors of the Greater Tulsa community, the *Tulsa Collaborative* formed a Community Advisory Group (CAG) that included members from existing coalitions, and was expanded to include social service agencies, youth-serving community-based organizations, faith-based organizations, LGBTQ-focused community-based organizations, business community and workforce development organizations, school district and school representatives, and health center representatives. The diversity of the group helped make clear the connections between teen pregnancy and other social issues such as education, child well-being, and poverty while reinforcing the message that everyone has a role to play.

Youth played an important role in supporting community change. The *Tulsa Collaborative* created a Youth Leadership Council (YLC) to inform efforts to mobilize the community around teen pregnancy prevention. Youth provided direct input on project activities, and were empowered to create and execute ideas to strengthen support for addressing teen pregnancy. These efforts included public awareness campaigns, workshops at teen clinic open houses, and designing social marketing materials to distribute at school and community events.

I. INTRODUCTION TO THE CASE STUDY

The *Tulsa Area Teen Pregnancy Prevention Collaborative (Tulsa Collaborative)* implemented a collaborative model of programs and community engagement that built on multiple pre-existing efforts to address teen pregnancy**.** This case illustrates the strength of a community mobilization effort that supports a seamless network of EBP implementation in schools, clinics and community settings, community and youth engagement, and capacity-building efforts to reduce teen pregnancy in Tulsa County.

The case study is based on analysis of interviews and on-site observations, and review of program materials during the second grant year. Data collection included: telephone and in-person semi-structured interviews with eight *Tulsa Collaborative* staff, three partner organization staff, and two Community Advisory Group (CAG) members; a focus group with Youth Leadership Council (YLC) members, and observation of a Youth Leadership Council meeting.

***Tulsa Area TPP Collaborative* At A Glance**

Grantee	Youth Services of Tulsa
Community	Tulsa County
Local Teen Birth Rate (2013)* US Teen Birth Rate (2013)	37.3 per 1,000 22.3 per 1,000
Annual Reach	7,840
Annual Funding	$1,490,000
Urbanicity	Medium metro
US Census Region	West South Central
Vulnerable Populations	Runaway and Homeless Youth Youth in Juvenile Detention LGBTQ youth
Number of Implementation Partners	3
EBPs	• CAS-Carrera • Making a Difference! • Making Proud Choices! • Seventeen Days • SHARP
Settings	In-school middle school In-school high school Alternative school Juvenile detention centers Community-based settings Clinics

*Teen birth rates reflect data available at the time the project began in 2015.

OPA's Strategy for Scaling Interventions to the Community Level

The goal of the grant program was to reduce rates of teen pregnancy and disparities by using a community-wide strategy to integrate EBPs into multiple types of settings and ensure youth receive EBPs multiple times over the course of their adolescence, mobilize stakeholders around a shared vision, and increase access to youth-friendly

services. While implementation varied, all were required to use a multi-component approach that included four key elements:[3]

Evidence-based programs. Deliver EBPs with fidelity in at least three types of settings.

Community mobilization. Engage the community around a shared vision to increase the community's ability to prevent teen pregnancy and improve adolescent health. Community Advisory Groups (CAG) and Youth Leadership Councils (YLC) inform the effort.

Linkages and referrals. Recruit a network of youth-friendly, accessible service providers, develop a referral system, and connect youth to needed services.

Safe and supportive environments. Ensure programs are implemented in safe and supportive environments: integrate a trauma-informed approach, assess LGBTQ inclusivity, and put positive youth development characteristics into action.

A logic model for the Tier 1B grant program is shown in Appendix Figure A-1.

Focus of the Case Study

This case study describes how the *Tulsa Collaborative* coordinated organizations, schools, and local resources and service providers toward a shared goal of reducing teen pregnancy and supporting youth development. The Tier 1B project was spearheaded by three main organizations: Youth Services of Tulsa (YST), the Tulsa Campaign to Prevent Teen Pregnancy (Tulsa Campaign), and Community Service Council of Greater Tulsa (CSC). YST was the grantee and the Tulsa Campaign was the backbone organization coordinating partners and resources.

The *Tulsa Collaborative* aimed to improve adolescent sexual health outcomes in the Tulsa area through the following planned strategies:

- **Implement EBPs with youth:** Provide *Making a Difference!*, *Making Proud Choices!*, *CAS-Carrera*, *Seventeen Days*, and *SHARP* to a range of youth at risk of unplanned pregnancy and sexually transmitted infections (STIs). These EBPs are delivered by health educators with the aim of reaching youth across different ages and grade years, school districts, health providers, and social service programs.
- **Community mobilization and communication:** Build upon the networks, organizational roles, and processes formed through the Tulsa Campaign and pre-existing

[3] See the Funding Opportunity Announcement for details: https://www.hhs.gov/ash/oah/sites/default/files/tier1b-foafile.pdf.

collaborations within the Tulsa area to further mobilize the community and communicate effectively about teen pregnancy and strategies for reducing it. The CAG and YLC provide direct support for these activities and the YLC reaches out to peers through communication campaigns.

- **Establish and maintain linkages and referrals to youth-friendly health care services:** Develop and disseminate information on youth-friendly health care resources and work directly with clinics, health centers, and other service providers to measure and increase youth-friendliness. Connect and refer youth to youth-friendly health care resources through health educators, partner staff members, and a pre-existing health navigator program.
- **Support the provision of safe and supportive environments.** Provide a range of ongoing professional development opportunities for project staff, school personnel, and health care providers to learn how to incorporate trauma-informed approaches, LGBTQ inclusivity, and positive youth development.

The case study begins with a description of the community and organizational context within which the *Tulsa Collaborative* operated and briefly describes the project structure. The remainder focuses on how the grantee and key partners laid the groundwork for and implemented each of the key elements of the OPA Tier 1B strategy.

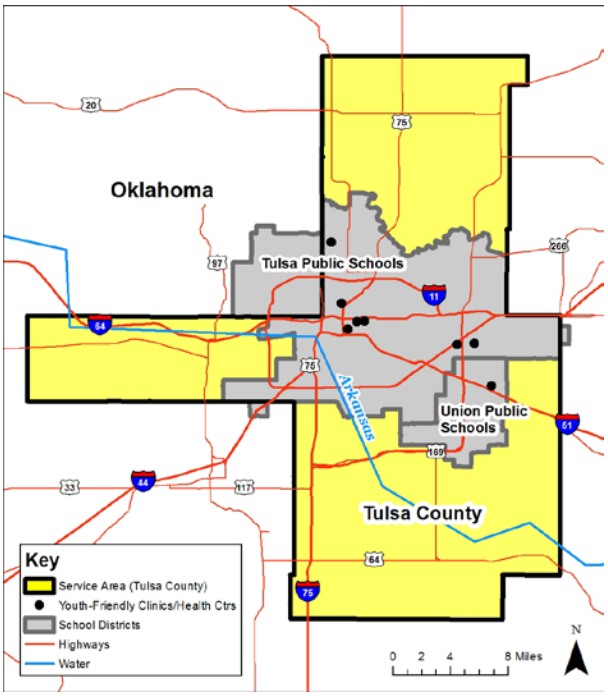
II. COMMUNITY AND ORGANIZATIONAL CONTEXT

There are three contextual factors that provide insight into the community's readiness for bringing EBPs to scale: community characteristics and needs, the history of efforts to address teen pregnancy, and the capacity of partners.

Community Characteristics

The Tulsa Collaborative grew from pre-existing efforts to prevent teen pregnancy and support youth development in Tulsa County, with an emphasis on the city of Tulsa. Figure II-1 shows the service area, partner school districts, and youth-friendly healthcare providers. Tulsa County is home to over 609,600 residents. Almost two thirds (64%) of county residents are non-Hispanic white, 12 percent are Hispanic, 11 percent are non-

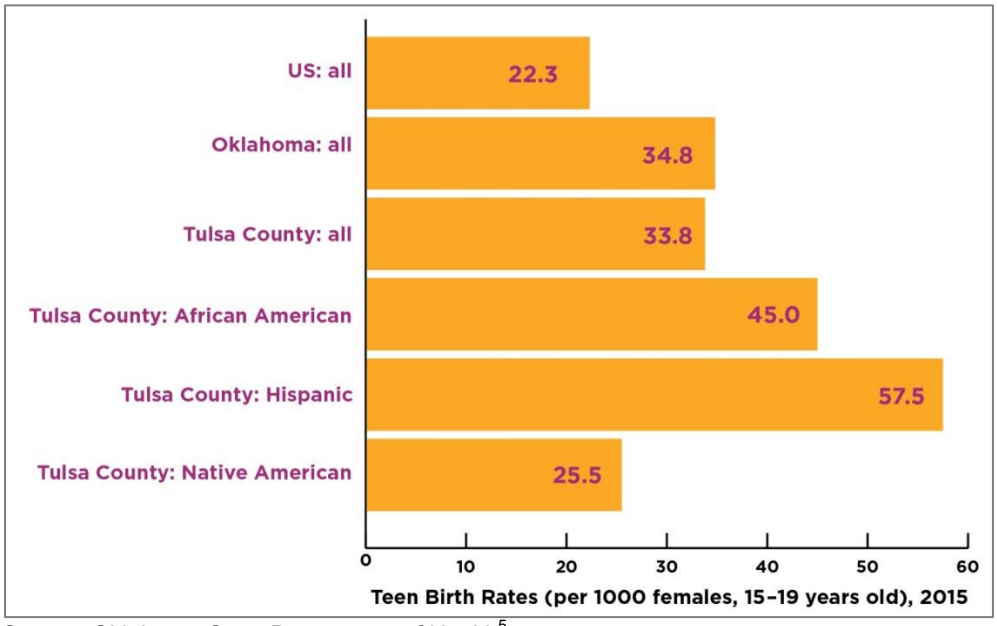
Figure II-1: Project Service Area



Hispanic black, and 6.7 percent are Native American. Hispanics are the fastest growing ethnicity for the county.

As of 2015, when the Tier 1B grant began, the birth rate to female teens (age 15-19) in Tulsa County was more than ten points above the national average—33.8 per 1,000 girls and women age 15-19 compared to 22.3 per 1,000 nation-wide.[4,5] The *Tulsa Collaborative* focused its efforts in areas within the county that had high teen birth rates compared with the rest of the county, including the city of Tulsa and the adjacent Union Public School District (UPS). Birth rates among Tulsa County non-Hispanic black and Hispanic youth were nearly double those for non-Hispanic whites (see Figure II-2).

Figure II-2: Tulsa County Teen Birth Rates



Source: Oklahoma State Department of Health[5]

The *Tulsa Collaborative* delivered EBPs primarily in Tulsa Public Schools (TPS), where minority children and youth represented approximately 75 percent of the student population, and Union Public Schools, where more than two thirds (68%) of students were of a minority race or ethnicity.[6]

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4 Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2015, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.state.ok.us/ok2share/ on 13AUG2018.

5 Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: Final data for 2016. National Vital Statistics Reports; vol 67 no 1. Hyattsville, MD: National Center for Health Statistics. 2018. https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf

6 Tulsa Public Schools district demographics (accessed May 22, 2018 on www.tulsapublicschools.org) and Union Public Schools, Annual Report 2016-2017.

History of Teen Pregnancy Prevention Efforts in Tulsa County

Teen pregnancy prevention efforts have been in place in Tulsa for decades, and have become more coordinated over time. In 2010, YST received a grant under the initial round of OPA TPP funding to deliver *SHARP* to youth in juvenile detention and community-based settings, including settings serving homeless youth. In addition, YST had been operating its Health Education Prevention (HEP) program since 2003 to help youth navigate barriers and access healthcare.[7]

In 2011, Community Service Council of Greater Tulsa (CSC) began providing the *CAS-Carrera* program in Union Public Schools through a partnership with the George Kaiser Family Foundation (GKFF). Around this same time, an effort funded by GKFF, the *Take Control Initiative,* began providing free reproductive health services to low and moderate-income Tulsa County women. The THD also began providing EBPs in selected TPS schools through a PREP grant. CSC and YST were members of the Tulsa Teen Pregnancy Prevention Coalition, an existing coalition of direct service organizations working to address teen pregnancy.

Historically, local foundations have played an important role in establishing and supporting community priorities. In particular, the GKFF has funded teen pregnancy prevention activities in Tulsa. The foundation approached the Tulsa Teen Pregnancy Prevention Coalition with an interest in finding ways to strengthen existing efforts after a needs assessment sponsored by the foundation showed a persistent lack of public engagement and awareness around teen pregnancy. In response, in 2013, the foundation provided funding to create the Tulsa Campaign–a backbone organization to help set common goals to better coordinate activities and mobilize the community to prevent teen pregnancy. One of the Tulsa Campaign's earliest orders of business was to collaborate with YST, THD, and local foundations to expand EBPs into TPS.[8]

> "Having the Campaign meant that there were actual people who could maintain coalitions as part of their job. Before, you had to do it as an afterthought, as a second job."
>
> —Community Service Council staff

Prior to 2013, there was little to no sex education in TPS. Oklahoma does not mandate health classes, and local public resources are limited. *Tulsa Collaborative* staff noted that local schools and school systems were historically resistant to including sex education curriculum in their classrooms and lacked time or resources to provide or host these curricula.

> "[Prior to all the work that the Campaign has been doing,] there wasn't a recognition that there is a problem or that parents actually want this."
>
> —Community Service Council staff

[7] The HEP program was originally funded through a Title X grant and has since been expanded through funds from the George Kaiser Family Foundation. Health Navigators provide group education in schools and other settings; work one-on-one with young people on sexual health issues; and help young people access clinics.

[8] The Tulsa Campaign began as a program of CSC, until 2015 when it obtained its own 501(c)3 status.

Readiness of the Grantee and Core Partners

Tulsa is a close-knit community, where agencies supporting youth health and well-being are usually aware of one another, and have a history of collaboration. YST had experience working with each of the partners prior to the Tier 1B grant, which enabled a smooth transition to the new grant. YST and its core partners had also previously worked with most of the organizations providing settings for EBPs.

Youth Services of Tulsa (YST) provides housing, development, and support services for homeless and at-risk youth and has served Tulsa area youth since 1969. YST staff have previous experience implementing EBPs in both school and non-school settings, and with federal sexual health-related grants. YST has long-standing relationships with agencies and programs that serve high-risk youth, including juvenile justice and programs serving homeless and housing-supported youth, and operates a temporary homelessness shelter and transitional housing programs as a core part of its mission.

Community Service Council of Greater Tulsa (CSC) formed in 1941 to address social service, health, education, and civic challenges through research, networking and direct service provision. They have been delivering *CAS-Carrera* in various settings since the late 1980s, and in Union Public Schools, the second largest district in Tulsa County, since 2011. They are a trusted convener of social service agencies in the Tulsa area.

The **Tulsa Campaign** launched in 2013 to support the myriad efforts to reduce teen pregnancy. They provide technical assistance and coordination to EBP implementation, build capacity of health care providers to serve teens, and facilitate conversations within the community about teen pregnancy prevention and improving the health and well-being of Tulsa residents.

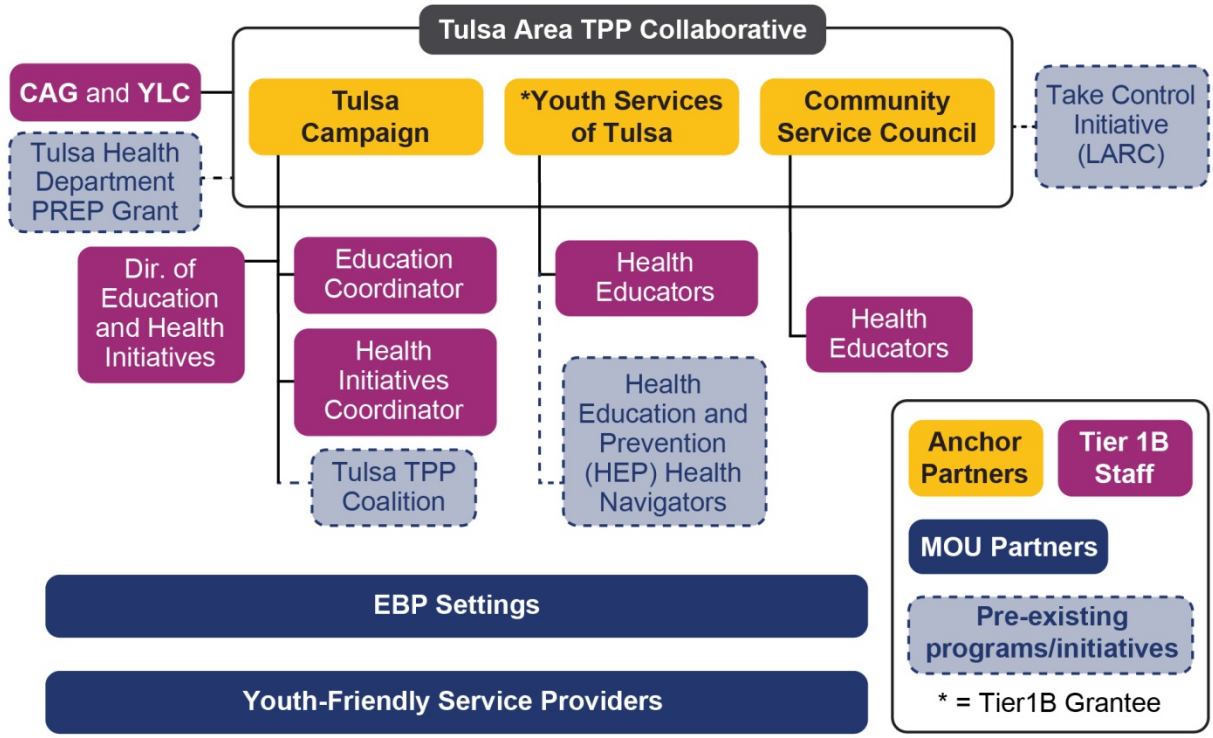
III. PROJECT STRUCTURE

The organization chart in Figure III-1 shows the core partners and groups involved in each component of the *Tulsa Collaborative's* efforts. YST is the grantee and has fiduciary responsibility for the grant, distributing funds to the Tulsa Campaign and CSC. YST and CSC deliver EBPs, and the Campaign provides infrastructure and capacity building for the project. Other partners, such as schools, clinics, and community-based organizations provide settings for EBPs or youth-friendly services; health care providers deliver the *Seventeen Days* EBP in selected clinics. Tulsa Campaign staff lead community engagement activities and are the hub of information sharing within the *Tulsa Collaborative* and with the public.

The Campaign convened three advisory structures:

- The Community Advisory Group (CAG) consisted of a diverse group of community members, including: direct service providers, representatives from workforce and economic development agencies, educators, faith-based community members, funders, and community champions. Its participants made up four working subgroups: communication, education, health, and workforce development.
- The Youth Leadership Council (YLC) consisted of engaged youth from the target population of participants for the Tier 1B project. This group provided feedback on program elements, supported project outreach to youth and families, and developed ideas to engage the community and educate their peers about teen pregnancy prevention.
- The Tulsa Teen Pregnancy Prevention Coalition is a broader community group that predates the Tier 1B grant. It brings together service providers within the community to support a shared mission. There was some overlap in membership between the TPP Coalition and the CAG.

Figure III-1: Tulsa Area Teen Pregnancy Prevention Collaborative Organizational Chart



The *Tulsa Collaborative's* external evaluator provided support for fidelity monitoring, observations, and collection of required performance measures.

IV. FOUR KEY ELEMENTS OF TEEN PREGNANCY PREVENTION SCALE-UP PROJECTS

Implementing Evidence-based Programs (EBPs)

Key Elements of TPP Scale-Up Projects:

1. **Evidence-based programs**
2. Community mobilization
3. Linkages and referrals to youth-friendly health care and other services
4. Safe and supportive environments

The *Tulsa Collaborative* provided evidence-based programs in school, community-based, out-of-home care, juvenile detention, and clinic settings. The combination of settings was part of their larger strategy to serve youth more than once during adolescence and to reach a broad range of youth.

Filling Gaps to Reach Almost Full Saturation in School Settings

This grant allowed the partners to fully scale up programs by ensuring *Making a Difference! (MAD)*, *Making Proud Choices! (MPC)*, and *CAS-Carrera* was offered in classrooms not already served by the 2013 expansion. *MAD* was delivered in 7th grade classrooms in all TPS middle schools and *MPC* was delivered in 9th grade classrooms in all TPS high schools. CSC aimed to add one grade year to its implementation of *CAS-Carrera* in UPS each year. As of the 2016-2017 school year, *CAS-Carrera* was implemented in grades 6-11.

The *Tulsa Collaborative* chose EBPs to implement in schools based on local experience with EBPs and fit with settings and youth. YST initially chose *MAD* and *MPC* in collaboration with TPS, whose board approved the EBPs. They chose these two EBPs for several reasons:

- These curricula could be offered sequentially to the same students in multiple grade years, and MPC can be taught with or without students receiving MAD in younger grades.
- They fit within the school calendar and available time.
- Tulsa Health Department staff, through an existing PREP grant, were already trained and implementing these curricula in some TPS schools. As a result, the school district, YST, and the Campaign were highly familiar with these programs and could coordinate the expansion of services knowing that the curricula could be successfully implemented in a Tulsa school setting.

YST continued to implement *SHARP* in alternative high schools in Tulsa because it was designed specifically for more mobile, higher-risk youth. The three-hour curriculum was a better fit than the lengthier *MAD* or *MPC*.

Table IV-1: Tulsa Area Coordinated School-Based EBP Implementation

Organization	EBP	Setting Type & Grades Served	Location	Funding Source
YST	MAD	Middle School, 7th grade	TPS	Tier 1B
YST	MPC	High School, 9th grade	TPS	Tier 1B
YST	SHARP	Alternative High School(s)	TPS	Tier 1B
THD	MAD	Middle School(s)	TPS	PREP
THD	MPC	High School(s)	TPS	PREP
CSC	Carrera	Middle School, 6th-9th grades	UPS	Tier 1B
CSC	Carrera	High School, 10th-11th grades	UPS	Tier 1B

Infrastructure to Coordinate Implementation was Essential to Expand the Reach of Programming in School Settings

The Campaign coordinated delivery of the EBPs and provided training to health educators. The Campaign's role included liaising and scheduling with individual schools and maximizing efficiency among programs and funding streams. It coordinated and scheduled the TPS schools and classrooms where YST delivered *Making a Difference!* and *Making Proud Choices!* and where the THD also delivered EBPs (using separate PREP grant funding). Having a designated organization in this role reduced the chance of conflict, gaps in service between schools or classrooms, or duplication of services.

> "[What has been really powerful is] the negotiating factor of being able to translate and coordinate all of the different funding sources and requirements/restrictions. Leveraging what each partner/agency can bring to the table. [We] worry about the logistics and requirements so that the partners can focus on serving youth with a consistent message."
>
> —Tulsa Campaign staff

The *Health Educator Network*, formed by YST and THD in 2013, also provided support for implementation of EBPs in schools. Health educators used the group to share experiences and best practices in real time, regardless of funding stream. The group helped ensure fidelity to the curricula across educators and organizations, and provided a venue for training on topics relevant to the curricula and youth engagement (e.g., human trafficking, working with English Language Learners, and anti-bullying strategies). The group met bimonthly and primarily included health educators from YST and THD.

Existing Relationships of Partners Drove Selection of Non-School Settings to Reach Higher-Risk Youth

The project chose its community-based, juvenile detention, and out-of-home care settings mainly based on previous relationships of partners or because the settings expressed interest. High risk of teen births also played a role in partners' initial selection of these settings, which primarily serve or house youth facing a range of substantial challenges.

YST had already been implementing *SHARP* with its homeless youth and youth in foster care clients since 2010, and added the local housing authority, Job Corps sites, and juvenile detention center as part of the Tier 1B project. Staff chose *SHARP* for these settings for several reasons:

- It fit well in settings where it was difficult to retain participants across many sessions.
- The content was appropriate and had prior positive evidence for high-risk populations.
- The intervention was client-driven, an approach consistent with YST's core service delivery model.

Challenges Implementing Seventeen Days *in Clinic Settings*

Clinic staff from THD and other healthcare providers delivered *Seventeen Days* in Title X and other youth-friendly clinics (a total of 5 clinics). The *Seventeen Days* program is a single session, delivered via interactive DVD. The session lasts 20-45 minutes, depending on how the viewer navigates through the options. The *Tulsa Collaborative* chose *Seventeen Days* because it seemed to fit well within the clinic setting and could reinforce messages youth may be receiving in other settings.

During the pilot period, the partners found it difficult to determine when young people could watch the video as part of their clinic visit, since it was not built into their appointment time or waiting time. The additional time needed in the clinic also posed some transportation issues for the patients. These concerns made it more difficult to engage clinic staff and youth to use *Seventeen Days.*

The main way clinics and coordinators attempted to mitigate these implementation challenges was to introduce the *Seventeen Days* mobile device application in spring 2017. This allowed youth to start the program while in the waiting room and complete it at a later time. The mobile application also helped to alleviate the need for a designated computer, because providers could make use of tablets or participants' own mobile devices with headphones. One persistent drawback expressed by program staff was that *Seventeen Days* was designed for girls only, and there was no equivalent program to offer boys.

Community Mobilization

The *Tulsa Collaborative's* community mobilization strategy was led by the Tulsa Campaign, and focused on recruiting a CAG with strategic community representation, creating a youth-led YLC, and presenting a unified theme and vision to the broader community.

Key Elements of TPP Scale-Up Projects:

1. Evidence-based programs
2. **Community mobilization**
3. Linkages and referrals to youth-friendly health care and other services
4. Safe and supportive environments

Connecting Teen Pregnancy Prevention to a Broader Constituency

The CAG was formed prior to the start of the Tier 1B grant, as part of the teen pregnancy

prevention Coalition. The OPA TPP grant allowed for expanded capacity of this group, broadening the reach of consistent and targeted messages to a greater number of community stakeholders. The CAG's key roles were to provide community input for the project and to be champions for teen pregnancy prevention within their respective professional networks. The cross-sector representation presented opportunities to connect the issue of teen pregnancy and its social and economic consequences to a broader audience.

> "It's the first time [formation of the CAG] it's ever been done in Tulsa to my knowledge, so that's groundbreaking because that's an issue that's been sensitive; and Tulsa has probably been...lagging behind the rest of the country in terms of being willing to talk about it in a professional setting. And getting different professions in there--and they are not just social service--to talk about it is pretty impressive."
>
> —CAG member

The CAG working groups (education, health, workforce development, communication) were an opportunity for community representatives to hear different perspectives on teenage pregnancy and to figure out how to collectively go beyond direct service and incorporate awareness into broader agendas. For example, the Chamber of Commerce represented the business community but had a broader set of interests, such as healthcare, an educated and capable workforce, and social issues such as homelessness. The CAG helped to connect these issues in tangible ways that provided the Chamber with a greater platform to advocate for its constituents.

While it was beneficial for the CAG membership to go beyond program providers, it took time to establish connections and relationships, convene meetings, and develop champions in key parts of the community. The addition of working groups to the CAG helped with facilitating these connections within key sectors.

Empowering Youth Leaders Through the Youth Leadership Council

Another key strategy was to use the YLC to equip youth leaders with leadership and public speaking training, and to engage them meaningfully in prevention efforts. The YLC advised the larger work of the Tulsa Collaborative, providing valuable youth perspectives. During the planning and pilot year, the group began with eight youth, drawn from existing connections of Campaign staff. During that first year, the *Tulsa Collaborative* struggled with maintaining participant attendance and sought ways to increase the professionalism of the group and engagement of its participants. The adjusted strategy included:

1) a formal application process for the YLC;
2) a one-day orientation retreat for members to focus on team building and provide background on teen pregnancy in the Tulsa area, efforts at prevention, and the role of the YLC; and
3) meeting in YST's offices after school and having YST provide transportation to the meetings, as needed.

In year two the YLC had 17 members ages 14-18. A range of partner organizations helped to recruit youth to apply for the YLC through posting flyers (including at libraries, YMCAs,

schools, clinics, churches, and youth-serving organizations). The formal application process included short-answer questions about the applicant's interest in the YLC, and a creative component in which the applicant submitted a creative piece showing how they would address one of several listed topics. Applications were scored on a rubric, and youth were invited based on their scores.

Facilitators used positive youth development principles to guide the YLC

The work of the *Tulsa Collaborative* was guided by a vision for youth that respected their unique traits and characteristics and that empowered them to take control of their own health and well-being. YLC members said that facilitators made it clear in orientation that YLC members would have leadership positions and be taking the lead in shaping their activities for the year.

The YLC met twice a month, facilitated by the Health Initiatives Coordinator and the Education Coordinator from the Campaign, who embedded positive youth development principles in all activities. Half of each meeting was geared to teen pregnancy prevention and leadership development, and half was geared to planning and executing projects the YLC had chosen to address teen pregnancy prevention.

YLC activities were youth driven, and youth were empowered to run meetings, make decisions, plan projects, and lead activities. Facilitators ensured that youth had materials and supports necessary to carry out the decisions made by the group.

Figure V-I: Healthy Relationship Valentines Developed by the YLC

The *Tulsa Collaborative* saw the YLC as "ambassadors" for the project. For example, YLC members talked to their peers informally about the project and provided information about risks and resources. They also led formal outreach efforts, such as the "Let's Talk" campaign advertisements that aired in local movie theaters over fall and winter holidays. These ads highlighted the importance of teens talking to their parents about love, sex, and healthy relationships. They developed healthy relationship valentines to distribute at school and community events (see Figure V-1). These cards contained a link to a Healthy Relationships Quiz on the Tulsa Campaign's website.

There were plans to coordinate routinely with the CAG, but participation of YLC members at CAG meetings had been difficult due to scheduling. At the first joint meeting CAG members learned about the YLC's community mobilization activities and both groups gained a better understanding of how they could work together in the future.

Capitalizing on Existing Networks and Presenting a Unified Message to the General Community

A third strategy for community mobilization was to capitalize on existing provider networks and further leverage community resources in an effort to raise awareness with a unified message. The Tulsa Teen Pregnancy Prevention Coalition formed in 2010 originally as a venue to collaborate and plan for efforts to reduce teen pregnancy in the Tulsa area, including through outreach, education, policy advocacy, and services. With the introduction of the Tier 1B grant, the *Tulsa Collaborative* viewed the Tulsa Teen Pregnancy Prevention Coalition as a professional development and networking group. Each month they brought in speakers to talk about topics that were helpful to providers; these trainings were open to any providers in the community working with youth. Monthly meetings were facilitated by the Campaign, and key partners, including YST, were founding members of the group.

Beyond the work of the CAG and the Tulsa Teen Pregnancy Prevention Coalition, the Campaign, also disseminated information and key messages back to the wider Tulsa area community. The Campaign participated in other coalitions and advisory groups, were members of the Chamber of Commerce, and developed a social media presence aimed at increasing community awareness and promoting the work of partners.

Enhancing Linkages and Referrals to Youth-Friendly Health Care Services

Key Elements of TPP Scale-Up Projects:

1. Evidence-based programs
2. Community mobilization
3. **Linkages and referrals to youth-friendly health care and other services**
4. Safe and supportive environments

Each of the partners provided essential support for improving connections between youth and a range of youth-friendly services: (1) the *Tulsa Collaborative* developed materials for assessing facilities and services and disseminating information about them; (2) YST and CSC leveraged aspects of their existing programs to facilitate access to services; (3) the Campaign provided the infrastructure for coordinating these activities to break down silos and strengthen the overall effort; and (4) the Campaign provided training, technical assistance, and financial support to clinics and health centers in an effort to build capacity to serve teens.

The Process of Assessing Youth Friendliness Further Enhanced Clinic Practice

The Campaign developed a systematic process for assessing clinics on the extent to which they were youth friendly. Working with an epidemiologist, they identified four key areas based on operations and clinic flow: confidentiality, access to services, waiting rooms, and comprehensive services. The Campaign produced a report of the clinic assessment, broken out for each health center. This became the basis for targeted training opportunities to build capacity. For each of the health centers with which the Campaign worked, a Memorandum of Understanding (MOU) specified the agreed upon goal of providing access to high quality youth-friendly health care for

adolescents in Tulsa County in order to work towards removing barriers experienced by youth in meeting their health care needs.

The Campaign worked with THD to establish teen clinics, with dedicated hours just for teens. To help increase teen access, THD (through other funding) established Teen Zone—a monthly open house held at a THD clinic during teen clinic hours in which teens could meet health providers, other educators, and YLC members to learn about different topics. The idea was to make coming to the health department less intimidating and to try to holistically address the needs of young people. Each month addressed a different topic—including healthy relationships, job interview skills, gardening, and career readiness. Teen Zone was advertised through all of the *Tulsa Collaborative's* partners.

Partners Leveraged Their Own Programs to Help Youth Navigate the Health Care System

The *Tulsa Collaborative* leveraged YST's existing Health Education Prevention (HEP) program to connect youth to healthcare services. Through referrals from health educators, word of mouth, or other YST programs, youth were connected to health navigators who helped them identify a clinic, schedule an appointment, or secure transportation. Health navigators aimed to de-mystify the health care system and connect youth more easily to care. The ultimate goal was for young people to become self-sufficient in navigating the system themselves.

The *CAS-Carrera* program had a similar emphasis on and approach to breaking down barriers to accessing care. *CAS-Carrera* health navigators scheduled medical appointments for program participants, and staff accompanied them to the visits. Participants could receive primary and reproductive health care, and counseling. Thus the *Tulsa Collaborative* was able to enact the health navigator strategy across the work of both partners.

Engaging School Staff and Health Providers Ensured a Seamless Experience for Youth

The Campaign worked in a variety of ways to support providers and establish linkages to facilitate youth access to services. They made sure that school staff, including site coordinators (who served as liaisons with the Campaign and EBP providers), counselors, and nurses, were aware of what it meant to be a "youth friendly" provider, state laws, and where to refer youth who needed specific health services.

The Campaign also convened healthcare providers to build trust and common practices between county health centers and other local providers that received capacity-building support from the Campaign. This *Health Provider Network* met bi-monthly and included representatives from each of the health centers, along with private clinics or practices that were part of the CAG, health navigators (from both HEP and CSC), and representatives from the *Take Control Initiative*. These meetings provided an opportunity to share best practices across clinics and funding sources. Campaign staff felt that the *Health Provider Network* meetings were particularly valuable in helping all engaged area healthcare providers to see each other as

collaborators working toward a shared goal rather than competitors working under different rules and resources.

> "It's really more of a team mentality. I feel much more that I'm a part of their team than I'm just this provider in a building that they bring students to."
>
> —Clinician

Enhancing Youth-Friendliness through Technical Assistance (TA), Training, and Financial Support

The Campaign had a Health Initiatives Coordinator position through which they provided technical assistance and training to clinics. Technical assistance could include guidance and support for clinics to adopt teen-friendly practices (e.g., weekend and evening hours, a separate entrance for teens, designated hours just for teens), expand a teen clinic, establish a teen clinic in a health center, or deliver the *Seventeen Days* EBP.

Training offered to clinic staff covered a range of topics, such as best practices for how to counsel youth about birth control, working with LGBTQ youth, understanding youth culture, and what it means to work with a youth patient versus an adult patient. Ensuring confidentiality and making teens feel secure that their care was confidential was another important topic for training and TA.

By coordinating the providers, the Campaign was able to identify training needs, find ways to leverage resources, and ensure that each provider retained the shared mission of serving Tulsa youth in the best way possible.

Ensuring Safe and Supportive Environments for Youth

Key Elements of TPP Scale-Up Projects:

1. Evidence-based programs
2. Community mobilization
3. Linkages and referrals to youth-friendly health care and other services
4. **Safe and supportive environments**

Educators and facilitators primarily relied on the EBP curricula to help create safe and supportive environments. All three curricula include a framework within which health educators could work to set the tone for each session. Youth and health educators created ground rules for safe environments and inclusivity, defining the environment through mutually established expectations about safety and respect. Health educators provided opportunities for youth to ask anonymous questions using index cards that students filled out after each class, and would spend several minutes at the end of the class to address questions raised. Facilitators also paid attention to the physical environment, making sure it was comfortable, that the room was well lit, and that all youth had a seat.

Training and Support for Ensuring Safe and Supportive Environments

YST and the Campaign also offered training to health educators on trauma informed approaches, inclusivity, cultural competency, and positive youth development approaches. In some cases, the Campaign trained school personnel on reproductive health and adolescent growth and development so that messages were seamless throughout the community. Training was available

to the larger community of health care providers (most often through the *Health Provider Network* meetings) as well. At the clinics, all staff were trained on topics such as teen friendliness, unique needs of adolescents, and how to be non-judgmental. Health educators and providers reported that through these training experiences they had learned to recognize signs of trauma in student behavior, take reactions to sensitive topics seriously, and convey an understanding and acceptance of different experiences and backgrounds.

V. CONCLUSION

The *Tulsa Collaborative* illustrates the potential of a community-driven response to address teen pregnancy. Through strategic partnerships, the *Tulsa Collaborative* built on earlier work in teen pregnancy prevention (both through OPA funded projects and other federal and locally funded activities) to strengthen and expand services in a coordinated, systematic way. The project provided the platform from which to leverage the strength and skills of community partners in reaching youth in multiple settings, and in mobilizing the community around a shared vision for youth.

This case showed the importance of a strong backbone organization to coordinate and scale teen pregnancy prevention activities and provide capacity building across multiple initiatives, agencies, and organizations within a geographic region. Rather than viewing concurrent efforts as turf challenges, this approach helped Tulsa partners identify the areas where needs were not being met and plan for the most efficient ways to increase reach or fill service gaps. Having an organization dedicated to messaging and support also meant that there were consistent and clear messages being delivered throughout the community.

The *Tulsa Collaborative* also found that, in addition to clear goals and mission, supporting professionalism and establishing discrete responsibilities for everyone involved in the effort can increase engagement. These efforts included forming working groups and providing training for the CAG, on-boarding and participant-driven projects for the YLC, a professional development and discussion group for health care providers, and technical assistance to increase youth-friendliness of provider settings.

APPENDIX A. OPA TIER 1B LOGIC MODEL

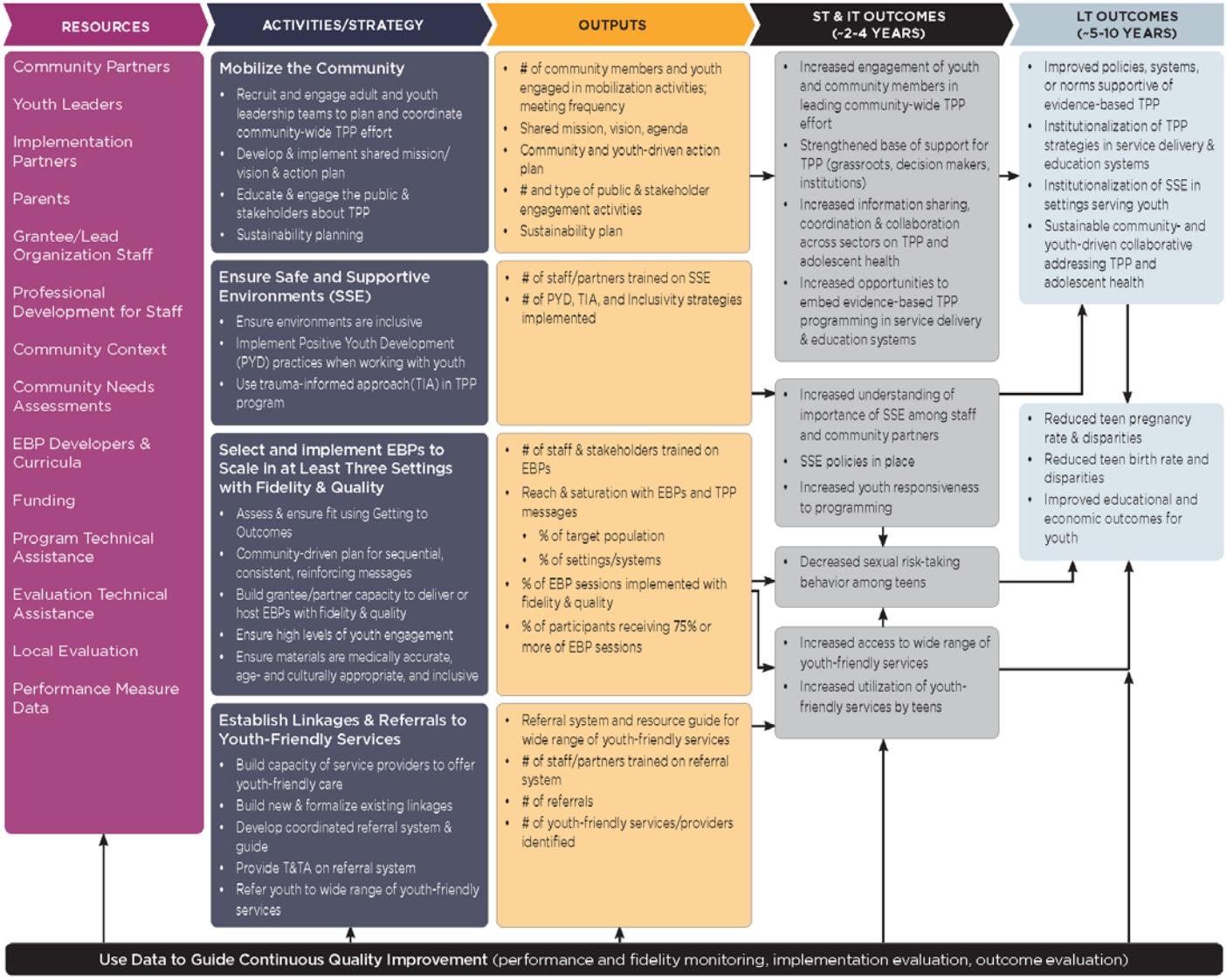



Figure A-1: OPA Tier 1B logic model