AS A MATTER OF FACT

Central Oklahoma's Plan to Reduce Teen Pregnancy 2015-2020

PRESENTED BY:

Central Oklahoma Teen Pregnancy Prevention Collaboration

BY 2020, OUR GOAL IS TO REDUCE TEEN BIRTHS BY ONE-THIRD.

LETTER FROM CO-CHAIRS

For the last twenty years in central Oklahoma, we have been dreaming big and working hard to make those dreams come true. More recently, we have grown accustomed to seeing our metro area ranked among the top ten on national lists for business, quality of life and growth each year. Yet, we also find ourselves at the top of a list that does not inspire such pride and hope for our future.

National statistics ranked Oklahoma as second worst in the nation for teen birth rates in 2012. In central Oklahoma, the teen birth rate is twice as high as the national average.

Perhaps pediatrician Kyle Stewart, who is on the front lines at Variety Care, summarizes the gravity of the situation best, "When you have one of the highest teen birth rates in the developed world, it is a big deal."

It is a "big deal" because it often means children start life with significant disadvantages including a cycle of poverty that is hard to break. The good news is we can do something to change this.

"As a Matter of Fact," Central Oklahoma's Plan to Reduce Teen Pregnancy, is 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 purpose of this report is to inform, educate and rally our community.

Addressing teen pregnancy will not be without differences of opinion. Not everyone will agree on what to do or how to do it. Honestly, many would prefer not to even talk about it.

Yet, teen pregnancy is not an isolated incident. The costs and consequences affect us all. If you live here, this is your issue. Each person in our community has a role to play in reducing teen pregnancy rates—from parents, to schools, to faith leaders to colleges and universities. More accurately, this is OUR issue.

We are asking you to join with us in a bold goal: **Reduce teen births in central Oklahoma by one-third by 2020.** It is an important thing to do, it is the right thing to do, and—as a matter of fact—it is way past time we do it. When we accomplish what we have set out to do, our families, our children and our community will be better for it.

Sincerely,

Liz Eickman, Director, Kirkpatrick Family Fund
Penny Voss, Vice President of Development, Oklahoma Medical Research Foundation
Co-Chairs, Central Oklahoma Teen Pregnancy Prevention Collaboration

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KEY:

C = Community
S = Survey
E = Education Task Force
M = Medical Task Force
I = Infrastructure Task Force

PARTICIPATING ORGANIZATIONS

American Cancer Society
AmeriCorps
Big Brothers Big Sisters of Oklahoma
Boys & Girls Club of Oklahoma City
Emerson High School
Faithful, Fit & Strong
Health Equity & Resource Opportunities
Kirkpatrick Family Fund
Latino Community Development Agency
Metro Career Academy/Metro Technology Centers
Mid Del Public Schools
Millwood Public Schools
A New Day Counseling, Inc.
Oklahoma City-County Health Department
Oklahoma City Public Schools
Oklahoma Conference of Churches
Oklahoma Department of Human Services
Oklahoma Institute for Child Advocacy
Oklahoma Medical Research Foundation
Oklahoma State Department of Health
Oklahoma Women's Coalition
OU Health Sciences Center
Planned Parenthood of Central Oklahoma
Positive Tomorrows
Teen emPower! Inc.
The Oklahoma Health Care Authority
United Way of Central Oklahoma
University of Central Oklahoma
Variety Care
Youth Services for Oklahoma County Inc.

INTRODUCTION

NATIONALLY, THE TEEN BIRTH RATE HAS BEGUN TO DECLINE. This means fewer children at risk for persistent poverty, abuse and neglect, health and mental health issues and problems in school.

So how does Oklahoma stack up? Teen birth rates in Oklahoma have been decreasing, following a national downward trend that began in 1991. Even so, when the planning process began in 2012, we had the second highest, or second worst, teen birth rate[1]. In Oklahoma County, teen birth rates are far higher than the national average.

But why is preventing teen pregnancy so important? Simply put, if more children in this country were born to parents who were ready and able to care for them, we would see a significant reduction in a host of social problems afflicting children in the United States. [2]

Nearly one in every four children in Oklahoma County lives in poverty. For a teenager, coping with a disadvantaged background is hard enough. Having a baby as a teen only makes matters worse. [3]

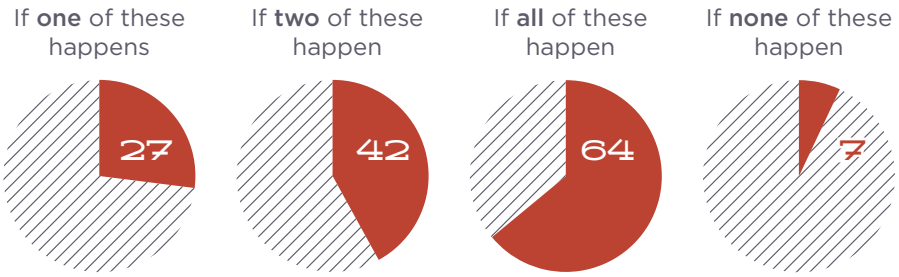
For teen mothers and their children, early pregnancy often means living with poverty, child abuse and neglect, school failure, and poor preparation for the workforce. For central Oklahoma, it means bearing the social and economic costs of those issues. Teen childbearing in Oklahoma cost taxpayers at least $169 million in 2010. With one out of every five teen births in the state, Oklahoma County's cost is estimated at nearly $40 million. [4]

TEEN CHILDBEARING IN OKLAHOMA COST TAXPAYERS AT LEAST $169 MILLION IN 2010.

Here is the good news: The Centers for Disease Control and Prevention identified teen pregnancy prevention as a "winnable battle." Saying that with extra effort and support for evidence-based, cost-effective strategies, a major impact on our nation's health could be made." [5]

FACTORS OF POVERTY

- The mother gave birth as a teen
- The parents were unmarried when the child was born
- The mother did not receive a high school diploma or GED



If **all three factors** are present, a child's chance of growing up in poverty is **9 times greater** than if none of these things happen.

Here is the better news: We know exactly what to do. A number of cities are finding solutions. They have put research into practice. They have tested the strategies. If we learn from successful efforts and work to educate and change attitudes and behaviors in central Oklahoma, we can change the trend.

Our community already has capable and effective organizations focusing on teen pregnancy prevention. Working independently, however, each organization can achieve only so much. Imagine the progress that could be made if every provider, educator and leader was working towards the same clearly defined goal. This is where the Teen Pregnancy Prevention Collaboration comes in.

The Teen Pregnancy Prevention Collaboration is working together to reduce teen births in central Oklahoma* by one-third by 2020. And while "working together" might mean doing things differently, it doesn't mean partners are shifting their main focus. As a matter of fact, it means that partners continue doing what they do best. It means everyone doing their part, taking strategic steps as part of a larger coordinated campaign to make preventing teen pregnancy a top priority.

BY 2020, OUR GOAL IS TO REDUCE TEEN BIRTHS BY ONE-THIRD.

1/3

* "Central Oklahoma" and "Oklahoma County" are used interchangeably in this report to describe the geographic focus of the Teen Pregnancy Report goal. "Central Oklahoma" describes the geographic area that includes both Oklahoma City and Oklahoma County, while "Oklahoma County" is used when data and statistics are specific to the county. Our goal is to use a broad term to encourage participation among school districts and communities that have a need and interest in addressing the issue of teen pregnancy, while being specific when required to ensure proper data collection for outcome measurement.

CENTRAL OKLAHOMA'S PLAN: GETTING STARTED

IN 2006, FIVE ORGANIZATIONS BEGAN WORKING TOGETHER to provide education programs and clinic services for teens in areas of Oklahoma County where teen births were the highest. These organizations included the Kirkpatrick Family Fund, VarietyCare, Planned Parenthood of Central Oklahoma, Oklahoma Institute for Child Advocacy and Teen emPower! The Oklahoma City-County Health Department began their teen pregnancy prevention programs in Fall 2011 and became the sixth partner.

From 2006-2012, central Oklahoma's six partners grew from two health educators in two schools to more than a dozen health educators working in 15 schools. During this time, teen-friendly contraceptive and reproductive health services became available in eight clinics across central Oklahoma.

All the while, evidence continued to grow that a number of programs can delay sexual activity, improve contraceptive use among teens and prevent teen pregnancy.[6] The past two decades have seen efforts to reduce teen pregnancy rates across the nation.[7]

ORIGINAL SIX PARTNERS

Kirkpatrick Family Fund

VarietyCare

Planned Parenthood of Central Oklahoma

Oklahoma City-County Health Department

Oklahoma Institute for Child Advocacy

Teen emPower!

A Little Help from Friends

With successful models across the nation, the group set out to draw on the experience of other initiatives. Milwaukee presented the first case study and a small group traveled to Milwaukee in June 2012.

With one of the nation's highest rates of births to teens for decades, Milwaukee, Wisconsin had set a lofty goal in 2008: to reduce the teen birth rate in the city of Milwaukee by 46 percent by 2015. In 2012, three years before their deadline, community leaders announced the goal had been met—and surpassed.[8]

At the time, the goal was one of the most ambitious ever set in the nation. Now, with more than a 50 percent reduction in teen birth rates, the initiative's success has been credited to an all-hands-on-deck approach adopted by the community.[8]

United Way Worldwide, Mutual of America and the White House Council for Community Solutions have honored Milwaukee as an example of the impact that can occur when communities work in collaboration.

According to Sarah Brown, chief executive officer of the National Campaign to Prevent Teen and Unplanned Pregnancy, the efforts in Milwaukee are unique because of the level of partnership, the sustained focus on evidence-based programs, and the numeric goal the initiative set for the community. "Setting a goal," she emphasized, "can have a very big impact on people, and it brings a discipline to the system. Milwaukee's goal is aspirational. It helps people concentrate, get motivated and get noticed." [9]

OTHER COMMUNITIES AND STATES HAVE MADE TEEN PREGNANCY PREVENTION A PRIORITY, MADE SMART INVESTMENTS IN PROGRAMS AND SERVICES THAT WORK... AND IT SHOWS.

Lydia Nightingale, OBGYN
University of Oklahoma Health Sciences Center

AS A MATTER OF FACT:

Milwaukee, Wisconsin's partnership reduced teen pregnancy by **more than 50 percent in four years.**

MORE THAN 50%

In 2013, the six original partners formed The Central Oklahoma Teen Pregnancy Prevention Collaboration to create a comprehensive plan to reduce teen pregnancy in central Oklahoma. With lessons learned from Milwaukee, the Collaboration began working with Forrest Alton, executive director of the South Carolina Campaign to Prevent Teen Pregnancy. Although a statewide initiative, the South Carolina Campaign presented similarities in population and culture to central Oklahoma and both states had almost identical teen birth rates two decades ago.

The South Carolina Campaign to Prevent Teen Pregnancy was founded in 1994 to combat increasingly high rates of teen pregnancy. The organization works in all of the state's 46 counties exclusively focused on the reduction of teen pregnancy. From 1992 through 2012, teen birth rates in South Carolina decreased

by 47 percent, compared to Oklahoma's decrease of 34 percent.[10] Lessons from the South Carolina Campaign to Prevent Teen Pregnancy provided a strong guide for the Oklahoma County Teen Pregnancy Prevention Collaboration:

1. Implement evidence-based or evidence-informed teen pregnancy prevention programs.
2. Engage youth, parents and community stakeholders in events and activities related to teen pregnancy prevention.
3. Build partnerships with organizations who share the goal of reducing teen pregnancy and improving youth outcomes in communities.
4. Ensure sexual and reproductive health services are teen-friendly, culturally competent and readily available.
5. Share information on the importance of preventing teen pregnancy through social media.[11]

Experts from Milwaukee and South Carolina, along with other community models, provided a boost to Central Oklahoma's efforts.

AS A MATTER OF FACT:

South Carolina's statewide effort reduced teen birth rates by **54 percent in 22 years.**

Expanding the Collaborative

In December of 2013, the Oklahoma City-County Health Department invited the members of the collaboration to merge their efforts with the Wellness Now Coalition by forming an Adolescent Health Work Group. Wellness Now, started in April of 2010, is a community-led initiative of individuals and organizations who share a vision to improve the health and wellness of Oklahoma City and County. The initiative developed into a coalition of partners committed to making changes in order to create a healthy and well community. The Adolescent Health Work Group is an interdisciplinary group that involves medical practitioners, professionals, non-profits, businesses, faith groups and community leaders working together to address the underlying issues that lead to teen pregnancy.

IN SOME OKLAHOMA CITY ZIP CODES, TEEN BIRTH RATES ARE 2-3 TIMES HIGHER THAN THE NATIONAL AVERAGE.

TEEN PREGNANCY PREVENTION COLLABORATION GOALS

USING CURRENT RESEARCH AND BEST PRACTICES, WORKGROUPS DEVELOPED ACTION PLANS FOR CENTRAL OKLAHOMA.

The Teen Pregnancy Prevention Collaboration's overall goal is to reduce teen births in central Oklahoma by one-third by 2020. National research reveals three successful strategies to reduce the teen birth rate: (1) evidence based sexuality education curriculum, (2) access to medical services that include family planning and contraception, and (3) community awareness and support for addressing the issue. The Collaboration broke into workgroups that followed this best practice framework. Workgroups developed three goals to drive systemic change in teen pregnancy, focused in the areas of (1) schools, (2) community and (3) medical.

SCHOOLS

GOAL 1. Ensure that every student in targeted school districts, is provided with age-appropriate, high quality, evidence-based sex education curriculum in school.

Activities: Program Delivery in the Schools

With all activities, the Education Task Force recommends use of a holistic approach with curriculum that includes:

- Information on abstinence and contraceptive use.
- Age-appropriate curricula for students K-12.
- Education on secondary pregnancy prevention.
- Medical accuracy.

1. Maintain program delivery in the participating schools.
   a. Maintain fidelity and quality of programs implemented in schools.
2. Expand the program into an additional six (6) schools per year.
   a. Make the case for addition of the curriculum to every school setting:
      i. Create a "school success story" to share with principals, administrators and lead teachers in districts and at schools.
      ii. Create and distribute parent/health educator tool kits.
      iii. Create a pool of trained speaker and advocates who can use the "school success story" and toolkits to work with interested sites. Include health educators.
   b. Identify targeted school sites for expansion and adoption of curriculum.
   c. Increase the number of health educators trained and available for school programs.
   d. Develop a program for teachers and other in-school personnel to deliver research-based curriculum—"imbedded health educators."
3. Establish a network of administrators, principals, teachers and parents that are advocates for evidence-based sex education.
   a. Develop relationships with school networks such as principals, counselors, science teachers, technology teachers, family/consumer science teachers, Teach for America (TFA) and coaches.
   b. Utilize teacher appreciation and in-service days.
   c. Utilize dates that parents are available like open house and parent-teacher conference.
   d. Utilize existing parent supports and contacts like Parent Teacher Association (PTA), booster clubs—expand to community and businesses.
4. Create Education Liaison position—responsible for monitoring implementation and fidelity of program delivery.

WHAT IS GOING TO MAKE THE CHANGE WE WANT TO SEE?

1 | Young people practice abstinence.

2 | Sexually active teens use contraception.

Why it Matters

Lack of Curriculum in Central Oklahoma

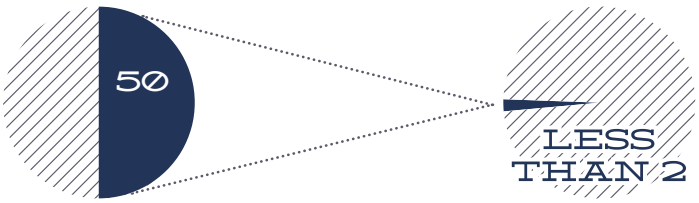
"One of the biggest barriers to reducing teen pregnancy in Oklahoma County is the lack of educational opportunities for young people… While parents should be talking with their kids about these things, many feel ill-prepared to do so. This is why most parents are supportive of comprehensive sexuality education being taught in the schools," Mallory Tecmire, Health and Youth Services Director, Youth Services for Oklahoma County.

Nationally, programs based on well-evaluated, medically accurate curricula have been available in schools to prevent teen pregnancy for many years. Numerous surveys show the vast majority of Americans support them—more than 80 percent of U.S. adults believe that comprehensive sex education programs that emphasize abstinence, but also provide factual information on contraception, should be implemented in schools.

Education

The relationship between education and well-being is clear. Education beyond high school may not guarantee a decent job and happy life, but vast evidence shows it is more likely. On the other hand, the link between becoming a teen parent, dropping out of high school and poverty is clearly established. Without a high school degree, teens have trouble entering the workforce. They are more likely to earn less and have low stability in jobs.

AS A MATTER OF FACT:



Only 50 percent of teen mothers get high school diplomas. (a)

Less than 2 percent of teen mothers who get high school diplomas go on to earn a college degree by age 30. (b)

30 percent of teen girls cite pregnancy/parenthood as their reason for dropping out of high school. (a)

Autumn, a 17-year-old mother of two-year-old Lillianna returned to Emerson Alternative High School in Oklahoma City after dropping out in the 9th grade to have her daughter. "After witnessing how hard it is to survive on minimum wage and without an education, I decided to go back to school."

The mother's education is not the only victim of teen childbearing: children born to teen moms are not prepared for school. When compared with children of older mothers, their early childhood development and school readiness measures are lower. "Research shows that children of teen mothers not only start school at a disadvantage, they also fare worse than those born to older parents later on. For example, children born to teens have lower educational performance, score lower on standardized tests, and are twice as likely to repeat a grade. Additionally, only around two-thirds of children born to teen mothers earn a high school diploma, compared to 81 percent of children born to adults." [12]

Return on Investment

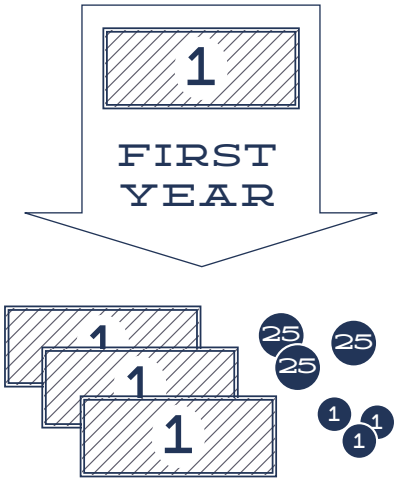
Teen pregnancy prevention programs are one of the best investments we can make in our community's future. Each tax dollar spent on programs to prevent unintended pregnancy saved taxpayers an average of $3.78 in the first year—nearly a 400 percent return on investment, according to a 2010 report by the University of Iowa's Public Policy Center. Over five years, the tax-dollar savings climbs to $17, raising the return on investment to 1,700 percent. That means spend $1 and save $17. [13]

Viewed in this light, efforts to prevent teen pregnancy are a bargain. By investing in prevention, we can save money and ensure that more young people in central Oklahoma have the chance to thrive. [14]

Although these programs alone cannot prevent all pregnancy, many can change teens' sexual behavior. In fact, even though they did not eliminate risk, curriculum-based sex education programs reduced one or more risks by roughly a third or more. This makes such programs an important part of any comprehensive prevention initiative. [15]

AS A MATTER OF FACT:

Each tax dollar spent on programs to prevent unintended pregnancy saves taxpayers an average of **$3.78** in the first year—nearly a **400 percent return on investment.**



COMMUNITY

GOAL 2. Engage youth, parents, families, faith communities and youth-serving nonprofit organizations in all phases of planning and implementation of pregnancy prevention efforts.

Activities: Program Delivery in the Community

The Community Task Force activities reflect the varying degrees of engagement that might be encountered as the community participates, from initial requests for information to fully invested curriculum delivery.

1. Develop and distribute entry level information
   a. Utilize existing parent supports and contacts such as PTA, booster clubs, school, community and businesses.
2. Provide parent education.
3. Create and distribute parent tool kits.
4. Sponsor community events and/or community-based projects to engage interested individuals.
5. Provide training for peer educators.
6. Establish a network of "Askable Adults" prepared to respond to youth inquiries and concerns.
7. Identify and deliver research-based curricula in community settings:
   a. Nonprofit organizations
   b. Faith community

Why it Matters

Cost to Taxpayers

"Without a high school diploma or college degree, many teen parents are unable to find sustainable work. Not surprisingly, their children are much more likely to grow up in poverty. This can be a huge economic burden--leading to drop out of the workforce and increased reliance on social safety net programs for survival," Kelly Curran, M.D., Adolescent Medicine, University of Oklahoma Health Sciences Center. This means an increased need for supportive services, from nonprofits, charities, family members and other assistance programs.

An updated analysis from The National Campaign to Prevent Teen and Unplanned Pregnancy **shows that teen childbearing in Oklahoma cost taxpayers at least $169 million in 2010.** Nationally, teen childbearing costs taxpayers at least $9.4 billion each year. [16]

WHAT COULD OKLAHOMA DO WITH $169 MILLION A YEAR?

Feed **845 million** meals to the hungry.

Install **200+** storm shelters in schools.

Send **21,000+** children to all-day Pre-K.

Between 1991 and 2010 there have been 152,467 teen births in Oklahoma, costing taxpayers a total of $4.1 billion over that period.[16] Had it not been for significant declines in the teen birth rate in recent years, the costs to taxpayers would have been even higher.

Poverty

Does teen pregnancy cause poverty or does poverty cause teen pregnancy? The answer is "both." Teen pregnancy both shapes and is shaped by poverty. Studies following children from birth through adulthood find a strong relationship between an early childhood in poverty and an increased risk of problems later in life.[17]

Foster Care

In January 2014, more than 2,400 children in Oklahoma County were living in foster care.[18, 19] Youth in foster care are vulnerable. In foster care, they are often exposed to factors that put them at higher-risk for teen pregnancy. They are more likely to have sex at a young age and experience forced sex, pregnancy and/or a sexually transmitted infection.

AS A MATTER OF FACT:

By age 19, **48 percent** of teen girls in foster care have been pregnant and teen girls in foster care are **2.5 times more likely** to become pregnant by the age of 19 than their peers not in foster care. (c)

By age 21, **nearly half** of young men in foster care reported getting a girl pregnant compared to 19 percent of their peers. (d)

Both before and after the birth of their child, teen mothers in foster care are less likely to have a stable home environment.[20] At the same time, children born to teen mothers are more likely to enter foster care, costing the child welfare system at least $2.8 billion annually.[21]

At the time of this report, the Oklahoma Institute for Child Advocacy is directing a rigorous, multi-state research project to test the effectiveness of the recently updated Power Through Choices (PTC) sexuality education curriculum, the only curriculum originally developed with and for youth in foster care and other out-of-home placements. According to Janene Fluhr, M.S., PTC Director, "This program shows great promise in addressing significant health and prevention needs of young people in our state systems of care. Implementing PTC in our foster care and juvenile services programs would make Oklahoma a model for the rest of the nation in meeting the needs of these young people."

MEDICAL

Goal 3. Develop and market a coordinated system for ensuring access to high quality, teen friendly, family planning services and contraception for sexually active youth in Oklahoma County.

Activities

Ensure providers are following best practices regarding teen-friendly family planning services.

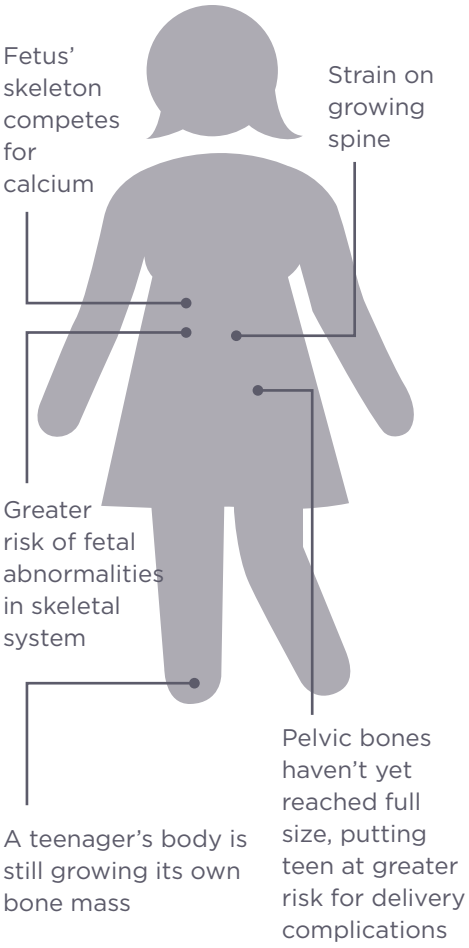
1. Create Oklahoma definition of teen friendly clinics:
   a. Literature review of best practices.
   b. Convene to promote recommendations.
2. Clarify Oklahoma consent law
   a. Convene to education providers about consent options.
3. Conduct assessment of current providers
   a. Examine hours, locations, confidentiality, contraceptive cost, knowledgeable staff, etc.
4. Work with professional associations and medical institutions and medical schools to deliver educational programs and materials with suggestions on how to improve services to teens
   a. Incorporate educational opportunities into existing continuing professional development networks and events.
5. Organize and coordinate technical assistance to providers
   a. Create medical liaison positions to support small offices, large practices and institutions.
6. Promote teen doctor visits and well-child checkups.
7. Increase availability of subsidized Long Acting Reversible Contraception
   a. Evaluate provider attitudes and practices regarding these methods, girls' knowledge and attitudes about these methods, cost and accessibility.

Why it Matters

High Risk

Adolescents are in transition between childhood and adulthood. Their bodies, and their minds, are changing rapidly. A teenager's body isn't designed to carry a baby. A look at just one of the body's systems serves as an example of why.

PREGNANCY'S IMPACT ON SKELETAL SYSTEMS (e)



CHILDREN BORN TO TEEN MOTHERS ARE:

Less likely to receive proper nutrition, health care, and cognitive and social stimulation. As a result, they are at risk for lower academic achievement. (f)

At increased risk for abuse and neglect. (f)

More likely to have behavioral problems and chronic medical conditions. (g)

More likely to rely more heavily on publicly funded health care. (g)

The health risks and possible complications of teen pregnancy are vast. They include anemia, hypertension, obesity and sexually transmitted diseases. The mother's health complications often have a direct impact on her baby. Most commonly, teenage mothers do not gain enough weight during their pregnancy, leading to low birth weight, like in 19-year-old Kaitelyn's case, "I lost my son. He only lived 22 minutes and passed because he was little."

Teens are more likely to smoke cigarettes, drink alcohol or take drugs during pregnancy, which can cause health problems for the baby. Teenage mothers have a higher rate of poor eating habits than older women and are less likely to take daily prenatal vitamins needed for adequate nutrition. [22]

Teen mothers are also likely to have another child. In fact, about one in four teen mothers under age 18 have a second baby within two years after the birth of their first baby. [23]

Oklahoma teens, seventeen-year-old Monica and her boyfriend, Humberto, have an 18-month old son and are expecting another child. "I wasn't too excited… at the whole idea of being pregnant again so soon. It was not necessarily in my plans because my son is still small and he requires a lot of my attention, him being premature. It all makes it hard."

Less Prenatal Care

Compared to older women, teenage mothers are less likely to receive regular prenatal care. Prenatal care is essential for monitoring the growth of the fetus and the health of the mother. According to the American Medical Association (AMA), babies born to women who do not have regular prenatal care are four times more likely to die before the age of one year. [24] In Oklahoma City, sixteen-year-old Essence is mother to two-month-old Taijalon, but this wasn't her first time as a mother. "I had my first baby when I was 14. My baby died when she was two-months-old."

Adverse Childhood Experiences

A growing body of evidence shows the link between childhood trauma and the risk for physical and mental illness later in life.

An ongoing partnership between the Centers for Disease Control and Prevention and Kaiser Permanente, the Adverse Childhood Experiences (ACE) Study is one of the largest scientific research studies of its kind, with over 17,000 Americans participating. Over the course of a decade, the results confirmed a strong tie between traumatic stress in childhood and poor physical, mental and behavioral outcomes later in life.

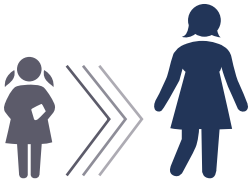
In many cases, the cycle of unhealthy behavior is repeated, such as early sexual initiation and risky sexual behaviors. Children of teen parents are more likely to become teen parents themselves. "Adverse childhood experiences are associated with changes in brain structure that lead to long-term health and social consequences, including adolescent pregnancy." [25]

Oklahoma City teen mom, Shanesea speaks of her childhood, "Growing up with my dad, I was abused every day, and hardly got to be a kid. I was practically the mom, cook and maid. He also did other things to us, like killing our animals, making us clean up the blood and bury them in the backyard. Eventually, I got tired of all his crap, so I ran away. I just can't believe it took me seventeen years to finally get the guts to do it."

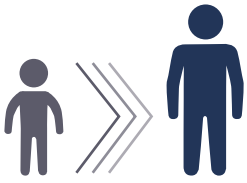
AS A MATTER OF FACT:

Boys born to teenage mothers are **13 percent more likely to be incarcerated** later in life. (h)

Girls born to teenage mothers are **22 percent more likely to become teenage mothers.** (h)



Women who had experienced childhood sexual abuse were **more than twice as likely** to become pregnant during adolescence compared with those with no history of abuse. (i)



Boys who experienced sexual abuse were **nearly 5 times more likely** to report causing a pregnancy during adolescence compared with boys with no history of abuse. (j)

CENTRAL OKLAHOMA'S APPROACH: COLLECTIVE IMPACT MODEL

TEEN PREGNANCY IS A LARGE AND COMPLEX SOCIAL PROBLEM. It was clear the progress made in Milwaukee and South Carolina was due largely to the commitment of the members of each community to work in cooperation with each other.

The Central Oklahoma Teen Pregnancy Prevention Collaboration sought a framework to bring players from different sectors together. A living, breathing and evolving process, the "Collective Impact Model" presented the innovative approach that was a good match for our community's needs and resources.

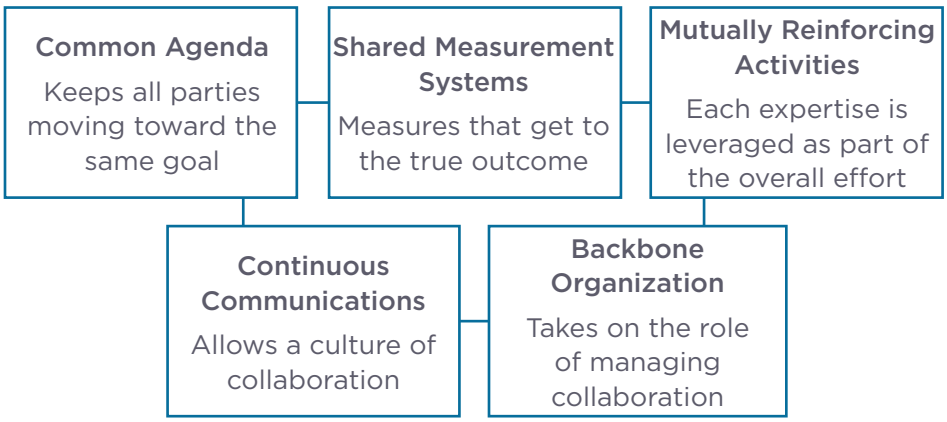
According to Paul Schmitz, author of *Everyone Leads: Building Leadership from the Community*, Collective Impact reverses the traditional nonprofit social change process. Traditionally, a nonprofit sees an isolated need, creates a service for that need, achieves results, and grows to serve more people in hopes of creating larger societal change. Collective Impact instead begins with changing the community overall and works backward. It begins by setting a goal, like reducing teen births by one-third, and then fosters a system of nonprofits, government agencies, schools, businesses, philanthropists, faith communities, neighborhood groups, and community leaders to work together to achieve the goal.

Instead of each group's success being measured by meeting outcomes with their clients, everyone's success is measured based on how they help move the overall community result.

> THERE IS NO OTHER WAY SOCIETY WILL ACHIEVE LARGE-SCALE PROGRESS AGAINST URGENT AND COMPLEX PROBLEMS, UNLESS A COLLECTIVE IMPACT APPROACH BECOMES THE ACCEPTED WAY OF DOING BUSINESS.
>
> Stanford Social Innovation Review

In order to create lasting solutions to large-scale social problems, efforts must be coordinated and all players must work together around a clearly defined goal.

THE FIVE CONDITIONS OF COLLECTIVE IMPACT:



Collective Impact is a major shift from the social sector's approach of "isolated impact." The core premise is that, alone, no single organization can create large-scale, lasting social change. There is no "silver bullet" answer to social problems, and they cannot be solved by simply scaling or replicating one organization or program.

Isolated Impact vs. Collective Impact [26]

ISOLATED IMPACT	COLLECTIVE IMPACT
Funders select individual grantees that offer the most promising solutions.	Funders and implementers understand that social problems, and their solutions, arise from the interaction of many organizations with a larger system.
Nonprofits work separately and compete to produce the greatest independent impact.	Progress depends on working toward the same goal and measuring the same things.
Evaluation attempts to isolate a particular organization's impact.	Large scale impact depends on increasing cross-sector alignment and learning among many organizations.
Large scale change is assumed to depend on scaling a single organization.	Corporate and government sectors are essential partners.
Corporate and government sectors are often disconnected from the efforts of foundations and nonprofits.	Organizations actively coordinate their action and share lessons learned.

COLLECTIVE IMPACT:

THE COMMITMENT OF A GROUP OF IMPORTANT ACTORS FROM DIFFERENT SECTORS TO A COMMON AGENDA FOR SOLVING A SPECIFIC SOCIAL PROBLEM.

Stanford Social Innovation Review

Common Agenda

Collective Impact requires a shared vision for change. All must share a common understanding of the problem. They must agree on the approach to solving it. "As a Matter of Fact," Central Oklahoma's Plan to Reduce Teen Pregnancy, serves as the common agenda for our community. Informed by research, data analysis and community engagement, this report captures the partners' shared goal "to reduce teen births by one-third by 2020."

Shared Measurement Systems

If a common agenda is agreed upon, but each partner continues to measure their own data and speak their own language, the effort is wasted. The impact of each partner's efforts must be collected and described in the same terms. Using shared measures at the community level keeps efforts aligned. It enables participants to evaluate progress and learn from successes and failures.

In central Oklahoma, the Oklahoma State Health Department and Oklahoma City-County Health Department serve as the main sources of data collection for teen birth rates. To track the impact of the teen pregnancy prevention effort, additional outcomes measurement systems will need to be in place and existing data streamlined.

Mutually Reinforcing Activities

Collective Impact depends on a diverse group of stakeholders working together towards one common goal. This doesn't mean all participants do the same thing, in fact, quite the opposite. The model depends upon each participant taking on the pieces at which they are best. Each participant carries out the sets of activities as part of an overall plan. Coordination is the key.

Continuous Communication

According to the concept of collective impact, communication is needed to build trust, advance common goals and create motivation. [27] Partners must communicate regularly. The Teen Pregnancy Collaboration has held consistent meetings for more than three years.

The network has expanded to include task forces, the Wellness Now Adolescent Health Work Group and more than 30 organizational partners. Between meetings, web-based tools such as Basecamp are used to keep communication flowing among partners.

> WE HAVE TO GET OUT OF THE HABIT OF DOING THINGS THAT DON'T CHANGE BEHAVIORS. NO MORE HEALTH FAIRS PASSING OUT BROCHURES...
>
> **Sharon Rodine**
> Oklahoma Institute for Child Advocacy

Backbone Organizations

In Collective Impact, the Backbone Organization exists solely to advance the initiative. It is the champion for change and long-term leader of the effort. This organization becomes home to the guiding vision. It is best described as the one "who wakes up every day thinking about this issue."

According to the Stanford Social Innovation Review, "Backbone organizations essentially pursue six common activities to support and facilitate collective impact which distinguish this work from other types of collaborative efforts. Over the lifecycle of an initiative, they:

1. Guide vision and strategy
2. Support aligned activities
3. Establish shared measurement practices
4. Build public will
5. Advance policy
6. Mobilize funding [27]

At the time of this report, the most critical gap for Oklahoma County's implementation of the Collective Impact Model is finding or creating the backbone structure that will sustain and grow this community effort. The Teen Pregnancy Prevention Collaboration will evaluate organizational options that boost opportunities in central Oklahoma and complement the Wellness Now Coalition structure.

CONCLUSION

WHAT WOULD IT MEAN IF WE REDUCE TEEN BIRTHS IN CENTRAL OKLAHOMA by one-third by 2020?

Does it really matter that much? As a matter of fact, it does.

Kathy Harms, Executive Director of Teen emPower! Inc. shares her story, "As a former teen mother and single parent for many years, I understand with a deep passion the need for teen pregnancy prevention. I have an amazing son, Adam, who is 32-years-old. I gave birth to him when I was barely 16. I also have a 13-year-old daughter, Katia. The way they have been raised is incredibly different. As a teen parent…I didn't 'get it'. I lacked the experience, body and brain development to be a mother. Adam so deserved the mother Katia has. The stark difference makes the case. There has been no difference in the amount of love I have for either child. But the mom who 'gets it' provides a much better life—mentally, emotionally, physically, financially—for her child."

In Oklahoma, we have proven that when we know about and care about an issue, we will not just let it go. We will fix it. This report is a springboard. There is a growing body of evidence of what works in preventing births to teens, yet our world is ever changing. This means we must commit to research and innovation, but most importantly, to working together on real solutions.

Few problems of this size have been solved without collaboration. Tackling teen pregnancy doesn't mean that everyone has to be trained in sex education or hand out condoms. As a matter of fact, "everybody doesn't have to do everything, but everybody has to do something." [28] Whether it is by offering support, education or access to resources, we can work together to empower our youth to make healthier decisions.

> YOU'RE NOT GOING TO SEE ME HANDING OUT CONDOMS, BUT NOW I UNDERSTAND WHY SOME-BODY HAS TO.
>
> **Oklahoma City Youth Pastor**

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THIS REPORT IS A SPRINGBOARD.

WE MUST COMMIT TO RESEARCH AND INNOVATION, BUT MOST IMPORTANTLY, TO WORKING TOGETHER ON REAL SOLUTIONS.

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