

# OPA EVALUATION TA

## Refining a Collective Impact Approach to Teen Pregnancy Prevention

### Introduction

A collective impact approach<sup>1</sup> is one way to bring together organizations and people from across a community and direct resources toward a shared goal of reducing teen pregnancy. In 2018, Thrive, a nonprofit organization located in Oklahoma City, Oklahoma, received an Office of Population Affairs (OPA) two-year Teen Pregnancy Prevention (TPP) Tier 2 Phase 1 grant. The grant enabled Thrive to implement and refine its innovative systems approach. Thrive's focus was on strengthening the Central Oklahoma Teen Pregnancy Prevention Collaboration (hereafter called the Collaboration). This case study highlights Thrive's experiences and how current and future TPP grantees can use and benefit from a collective impact approach in a variety of contexts. TPP grantees can apply these lessons to strengthen and foster networks of connections amongst organizations interested in decreasing teen pregnancy in their communities.

### Thrive and the Central Oklahoma Teen Pregnancy Prevention Collaboration

#### What is collective impact?

In a collective impact approach, a group of organizations and people work together toward a shared goal or common agenda to affect a complex social issue at the community level. The Collaboration's common agenda is to reduce the county's teen birth rate by 25 percent between 2020 and 2025.

The Collaboration follows a collective impact framework described in a 2011 *Stanford Social Innovative Review* article. There are five principles that guide the approach (Exhibit 1).



#### Exhibit 1. Five guiding principles for collective impact

1. A common agenda
2. Mutually reinforcing activities (activities that come together to work toward the common agenda)
3. Shared measures
4. A backbone organization to coordinate efforts
5. Continuous communication

(Kania and Kramer 2011)

## The structure of the Collaboration during the grant period

Thrive serves as the backbone organization of the Collaboration. In this role, Thrive provides logistical support and communications to improve partnership and offers visionary support to ground partners in the common agenda.

*“We really serve as the convener and facilitator for the Collaboration.... Our job isn’t to impose our agenda but to rally stakeholders and community partners around our common agenda.... In doing that, really we’re just helping to ... build a movement in central Oklahoma around teen pregnancy prevention.... We can be seen as this outward-facing organization, but it’s really this—we’re connecting all the different players and partners in this issue together in Oklahoma County.”*

*– Thrive staff*

The Collaboration is composed of Thrive and more than 40 diverse partners, including city and county agencies, advocacy organizations, organizations that provide sexual health education, school districts, and philanthropists and foundations. Some are core partners that have been part of the Collaboration for a long period of time, are consistently engaged, and have full-time staff dedicated to TPP.

The Collaboration had three working groups during the grant period: (1) a medical working group, (2) a health education network, and (3) a community working group. These groups focused on implementing the common agenda. Two co-chairs led each working group and determined agendas and led meetings. Thrive helped ensure

working groups remained focused on the Collaboration’s path toward the common agenda by coordinating mutually reinforcing activities, providing technical assistance, and continuously communicating with working group members. In addition, Thrive supported the working groups logistically by sharing agendas, meeting notes, and other information with working group members.

## The Collaboration’s history and goals

The Collaboration formed in 2006 and first developed a comprehensive plan, including shared measures, to guide its work in 2015, prior to receiving the OPA grant. There was no backbone organization from 2006-2015;<sup>2</sup> in fact, Thrive did not yet exist. The 2015 comprehensive plan called for the formation of a backbone organization. Initially, the Collaboration’s common agenda was to reduce the county’s teen birth rate by one-third by 2020, a goal it achieved in 2019.

The Collaboration built a more ambitious comprehensive plan and common agenda starting in 2019. At this time, Thrive was serving as the backbone of the Collaboration, and the Collaboration engaged an external consultant to help develop the comprehensive plan. The planning process involved a community assessment, which included listening sessions with youth and interviews with community leaders, partners, and other interested parties.<sup>3</sup>

The resulting comprehensive plan and common agenda focused once again on the county’s teen birth rate, with success defined at the community level. It included updated shared measures for gauging success. The external consultant helped identify these shared measures after conducting interviews and focus groups with Collaboration members.

### Exhibit 2. The Collaboration’s structure

#### Oklahoma County Collective Impact Collaborative “the Collaboration”



#### Three working groups



Medical working group



Health education network



Community working group

#### 40+ partners

- / City and county agencies
- / Advocacy organizations
- / Organizations that provide sexual health education
- / School districts
- / Philanthropists and foundations



## Thrive's TPP18 grant

Thrive's application and initial plan for its TPP18 grant work included three program components to evaluate:

1. Sexual Health and Peer Education Program (SHAPE), a teen pregnancy prevention program for middle school youth;
2. Teen Speak, a program for parents and trusted adults; and
3. The Collaboration's collective impact approach.

Though partners implemented SHAPE and Teen Speak, the grant primarily focused on the collective impact approach. Thrive set out to refine its processes and increase its capacity for serving as the backbone organization, strengthen relationships and collaboration with and among partners, and formatively evaluate factors associated with implementing the Collaboration.

Thrive staff received collective impact trainings from external consultants, focused on increasing their capacity to implement the five guiding principles for collective impact. These trainings helped Thrive staff strengthen their relationships with partners, clarify and communicate Thrive's role as the backbone organization, refine the Collaboration's structure, and build Thrive's capacity to train partners.

Thrive staff and partners we spoke with shared that the Collaboration still had room to grow and achieve its goals, particularly in increasing engagement of community members, but they felt the Collaboration was continuously improving and added value for the community. Thrive staff felt that partners' voluntary, ongoing engagement with the Collaboration indicated its strength.

## Lessons learned

Forming a backbone organization using a collective impact approach was an ambitious task requiring innovation and a commitment to ongoing learning. Thrive staff and partners shared several lessons they learned strengthening and refining the Collaboration.

### Remove siloes by having a backbone organization focused on the collective impact approach

Before the Collaboration, organizations working to prevent teen pregnancy and promote adolescent sexual health were focused on their individual missions and work. For some organizations, TPP was only a small part of their

work. When the Collaboration formed, it began to break down siloes between partners. Thrive's leadership as the backbone organization further broke down siloes. It ensured one organization, Thrive, was focused specifically on TPP and maximizing the efforts and resources of the Collaboration partners. Partners we spoke with reported that the Collaboration experienced significant benefits because of Thrive's focus on the common agenda, shared measures, and fostering community among the partners.

The intentional collaboration of health educators is one example of how the Collaboration helped bring organizations together to have a broader impact. The health education network is a working group composed of partners that implement comprehensive sexual health education in schools. In the past, there was often competition for funding between partners who provide programming at school sites. They typically did not work together. By the end of the grant period, these partners coordinated to select curricula for different grade levels and ensure consistency in students' sexual health education. They jointly trained their educators, and educators worked across organizations to fill in for one another at schools when needed. The partners also decided together which organization will apply for grant funds and name others as subgrantees. This intentional, close partnership took years to build. The partners agreed that Thrive's focus on holding working group meetings led them to build trust. Although Thrive provides a space for the working group meetings and helps with logistics such as note-taking, Thrive is not the driver of this working group.

### Define clear, relevant roles for a seamless partnership

It was relatively simple to define roles for health educators, but it was not as easy to define roles for everyone in the partnership. At various points, including during the comprehensive planning process, Thrive collected data from partners on how the Collaboration functioned and the extent to which it worked as a collective body. Thrive analyzed select survey and interview data using the Consolidated Framework for Implementation Research (CFIR; Damschroder et al. 2009). This analysis strengthened the Collaboration and refined roles for partners that supported the comprehensive plan.

Through this process, Thrive identified a need for better-defined roles for itself (as the backbone organization) and for its various partners. Based on this analysis, Thrive began working on proposing structural changes to clarify the roles of working groups and working group co-chairs.

Thrive and partners found it remained challenging to identify roles for partners with missions related to but not solely focused on reducing teen birth rates, such as parent-serving organizations.

Thrive also learned of the need to have specific and concrete asks. The more specific the asks, the easier it was for an organization or individual to raise their hand. At the start of the grant period, Thrive needed to review a new curriculum for medical accuracy. Thrive emailed more than 100 medical providers via an email list and received multiple offers to help within five minutes. Thrive's goal was to expand this lesson to its engagement of other partners, including community members. If a community member said they wanted to help, one partner suggested asking questions to understand what helping meant to that person.

### Collect and use data in a targeted manner

Thrive used various data to understand the community's needs, gather feedback, and learn from implementation. Before the grant period, Thrive conducted a community assessment focused on trusted adults, parents and caregivers, staff of community-based organizations, and faith leaders. It used the responses from the community assessment as it applied for the TPP18 grant and throughout the grant period. Thrive also surveyed and interviewed partner organizations during the grant period.

Thrive listened to the feedback received through these and other data collection processes and incorporated what it learned. For example, it learned from these processes that it needed to work on building relationships and trust. Thrive was then able to implement these suggestions.

Thrive cautioned others to monitor the amount and frequency of data they requested from partner organizations so as not to overly burden partners with requests. It learned to be cautious about the amount of data it collected, particularly because it relied on multiple funding streams, which all required data collection.

### Building a collaboration using a collective impact approach takes years

Three years into Thrive serving as the backbone organization for the Collaboration, Thrive staff and Collaboration members shared about their experiences. They reported that the Collaboration was working well, but it had taken years to get there. They cautioned other communities to not expect change to happen overnight.

***“The first year is going to be figuring out the acronyms and what collective impact means and what that looks like and then doing it wrong and be like, oh, this isn’t actually true collective impact.... I would say after a year, the ball started rolling, [and] I was like, I love this, this is so awesome, look at all these people at the table, so do not get discouraged.”***

**– Collaboration partner**

One said other communities should expect a minimum of two years before the partnership would be “really solid,” whereas another felt communities should commit to a decade of work. One partner emphasized that the initial time commitment is worth it. These comments suggest that the two-year grant period would not have been enough time for the Collaboration to build strength; the community had to make a longer-term commitment.

Thrive and partners we spoke with emphasized how important it was to have time and space to build and operate as a collaboration. It took time to identify staff, raise funds, and establish partnerships. It required time to be able to try new ideas, to have space to fail, and then to try new ideas again. Although Thrive and partners mentioned some things they might have done differently if they were starting over, they felt they learned from their mistakes.

***“There are certainly big lessons we’re learning now that ... if we had to ... do it over again, to create from the ground up, we would do it very differently.... We’ve certainly learned a lot from the way that we implemented.... I don’t think I would change any of that.... We’re evolving into something that fits better with what we think is needed by the community. But we learned a lot ... [and] learning that firsthand is sort of invaluable in and of itself.”***

**– Thrive staff**

Though it has made great progress, the Collaboration is still working to improve how it works together toward the common agenda. One challenge has been involving community members (including youth, their family members, members of the faith community, and other community

members not associated with a specific organization). Using the CFIR process to assess barriers and supports to the Collaboration highlighted the need to rethink how to engage community members (and partner organizations). Ideally, working groups would include community members, such as youth and parents. Yet many working group members are professionals and need to meet during business hours, which might not work for community members. The Collaboration is committed to figuring out how to best involve community members, but it will continue to take time to figure that out.

## Tips for grantees

- ✓ **Organizations might have greater strength and potential for impact by banding together and selecting a backbone organization.** The Collaboration found that identifying a backbone organization solely focused on the common agenda added value to the community's shared work.
- ✓ **Articulate and communicate roles.** Thrive and Collaboration partners began with roles and expectations that were not well defined and then evolved over time. They advised others interested in a collective impact approach to define roles, expectations, and job descriptions up front and then clearly communicate these with staff and partners.
- ✓ **Use data to continuously evolve and improve collaboration.** Thrive found the CFIR process and data from a community assessment to be particularly useful and used data collected from partners, stakeholders, youth, and community leaders as it prepared the comprehensive plan.
- ✓ **It takes time to build a successful collaborative.** Learning how to communicate, defining roles that work for everyone, and building relationships does not happen overnight. Communities undertaking a collective impact collaboration should expect to develop and hone their partnership over multiple years and potentially over multiple grant periods.

## Additional resources

More information is available in the Collaboration's 2019 comprehensive plan: <https://thriveokc.org/our-work/momentum-matters/>

Thrive recommends these resources from the [Collective Impact Forum](#).

More information about CFIR is available on the website of the CFIR Research Team-Center for Clinical Management Research: <https://cfirguide.org/>

## References

Collective Impact Forum. "What Is Collective Impact." n.d. Available at <https://collectiveimpactforum.org/what-is-collective-impact/>. Accessed July 12, 2022.

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Kania, John, and Mark Kramer. "Collective Impact." *Stanford Social Innovative Review*, 2011. Available at [https://ssir.org/articles/entry/collective\\_impact](https://ssir.org/articles/entry/collective_impact).

## Endnotes

<sup>1</sup> The Collective Impact Forum defines collective impact as "a network of community members, organizations, and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems level change" (Collective Impact Forum n.d.).

<sup>2</sup> At the time, the Kirkpatrick Family Fund was largely responsible for gathering partners.

<sup>3</sup> Some activities described in this brief, including the comprehensive planning process, were supported by other funding sources or occurred before the grant period.

## Suggested citation

This report is in the public domain. Permission to reproduce is not necessary. Suggested citation: Welch, E. "Refining a Collective Impact Approach to Teen Pregnancy Prevention." Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, 2022.

## Overview of study

The Office of Population Affairs (OPA) in the Office of the Assistant Secretary for Health (OASH) at the U.S. Department of Health and Human Services awards annual grants to support teen pregnancy prevention (TPP). In 2018, OPA awarded 14 organizations two-year Teen Pregnancy Prevention (TPP) Phase 1 Tier 2 grants to refine, implement, and formatively evaluate their innovative program models to prepare for a potential summative evaluation. In 2019, OPA awarded another 29 organizations two-year TPP Phase 1 Tier 1 grants to select, refine, and implement evidence-based programs (EBPs). Additionally, the 2019 TPP Tier 1 grantees were expected to use continuous quality improvement processes and conduct process evaluations to support the refinement of the EBP for their community while establishing evidence for broader implementation, and possible OPA support for a summative evaluation.

OPA awarded Mathematica a contract to design and conduct an external cross-site implementation study. The cross-site implementation study had two goals: (1) to document the process that grantees followed to get their programs and staff ready to implement the program and (2) to identify lessons to help future grantees ensure their programs are ready and appropriate to implement in their communities.



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