

# Project REACH

## Three-Year Overview

July 2020-June 2023



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Prepared by:



# Project REACH Program Overview

In 2020, Oklahoma City-County Health Department (OCCHD) was awarded a 3-year Teen Pregnancy Prevention (TPP) grant, Optimally Changing the Map of Teen Pregnancy Prevention (Tier 1) by the Office of Population Affairs (OPA). This grant was intended to improve optimal health of adolescents, reduce teen pregnancy and sexually transmitted infections through replication of comprehensive reproductive, evidenced-based programs (EBP), and delivered supportive services to adolescents (12-19 years old) in Oklahoma County. OCCHD collaborated with implementing agencies (IOs) Variety Care and Teen emPower! Inc (TEI) to implement project REACH – Reproductive Health Education to Achieve Community Health – in areas of highest need.

In addition to implementing reproductive health education, IOs provided linkages to clinical services and supportive programming to youth in Oklahoma County to augment education and access to comprehensive reproductive health services. Further, IOs used a systems-thinking perspective to intervene on leverage points to improve supportive service programming for specific vulnerable populations.

This report highlights the successes, challenges, and lessons learned during the OPA grant period and demonstrates the reach of reproductive health education and supportive services on adolescents in Central Oklahoma.



Throughout the report, **Key Findings** are highlighted in 5 content areas (shown below) from Project REACH, each of which integrates OPA's expectations for the Tier 1 grant.

**Community Assessment:** Teen birth rates in Oklahoma County have significantly decreased over the past decade, which can be attributed in part to the delivery of comprehensive reproductive health education.

**Impactful Leverage Points:** Young parents are resilient and determined to ensure their children feel loved and safe, even when experiencing the stressors and challenges related to navigating complex systems of care and support.

**Replication:** EBP replication was refined through efficient and effective continuous quality improvement and through collaboration with implementing partners with use of standardized protocols, utilization of data visualization and project management software.

**Supportive Services:** Sexual and reproductive health care services for young people are most effective when innovative approaches expand access to care, remove barriers, and connect in youth-serving environments.

**Youth Voice & Action:** Peer education programs offer youth valuable opportunities to deepen subject matter knowledge, improve communication and leadership skills, and increase their sense of community and belonging.

# Community Needs Assessment

## OKLAHOMA COUNTY, OK

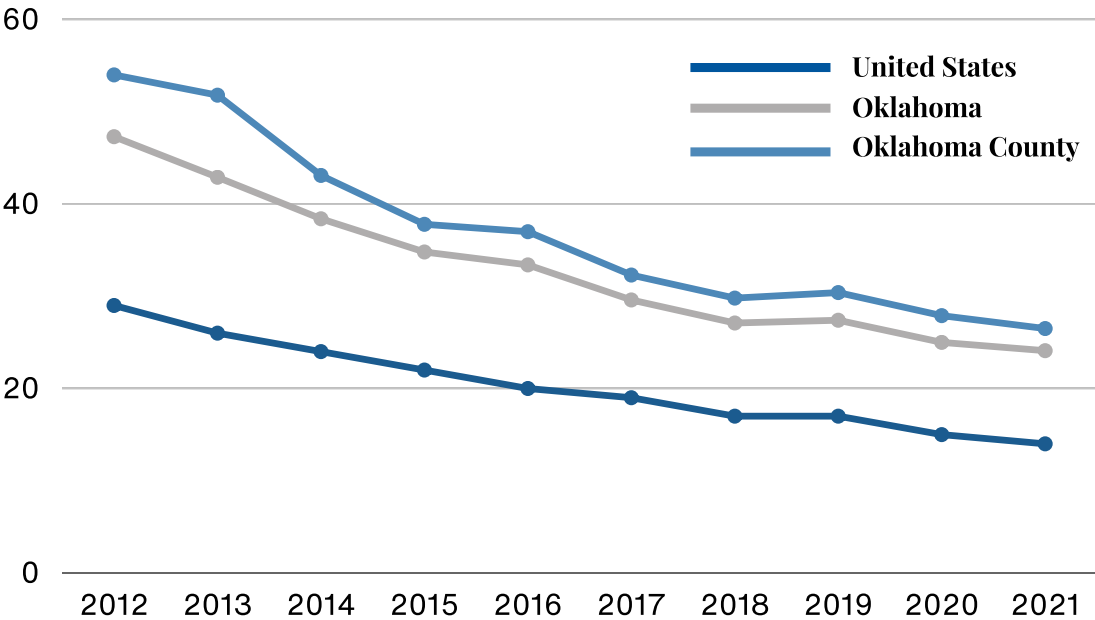


Teen birth rates have historically been disproportionately high in Oklahoma County. In 2021, the teen birth rate (ages 15-19 years) in Oklahoma County was nearly 10% higher than the state rate (2) and almost double the rate for the United States. (3) However, rates have been steadily declining over the past decade (Figure 1). Although there are many factors that influence the decline in teen pregnancies, research shows that receiving comprehensive EPBs, such as those provided through Project REACH, is significantly associated with a decrease in risky behaviors that lead to unwanted pregnancy. (1)



★ Teen birth rates in Oklahoma County have **significantly decreased** over the past decade, which can be partly attributed in part to the delivery of comprehensive reproductive health education.

Figure 1. Declining teen birth rates\*: 2012-2021



\*Number of live births per 1,000 to individuals ages 15-19 years old  
 NOTE: Data is not yet available for 2022-2023.

# Impactful Leverage Points: Expectant & Parenting Youth

Through an existing partnership with Teen Clinic by Variety Care (TCVC), Project REACH began working with the Teen Parent Program at Oklahoma City Public Schools (OKCPS) to improve the delivery of healthcare and supportive services, both within OKCPS and among the system of safety net providers.

As a result of this work, Project REACH partners found that while many local organizations were providing resources and services for EPY, there were major gaps in the system, and thus, opportunities for substantial improvement in creating linkages to existing resources.

## COMPREHENSIVE NEEDS ASSESSMENT

In collaboration with OKCPS, Project Reach launched a comprehensive study to explore the lived experiences of EPY attending OKCPS high schools.

An online survey assessed social determinants of health (SDOH), levels of stress and social support, childhood adversity, participation in safety net programs, and more. In-depth interviews were conducted with a subset of survey respondents. Recruiting youth was challenging and delayed analysis. However, results highlighted the importance of the work and gave direction for the future.



Young parents are resilient and determined to ensure their children feel loved and safe, even when experiencing the stressors and challenges related to navigating complex systems of care and support.

## HIGHLIGHTS FROM THE EPY STUDY:



### **Pregnancy Ambivalence and Contraceptive Use.**

Many EPY reported they did not expect to become pregnant despite not using consistent and reliable contraception.



**Youth Need Help Self-Advocating in Healthcare Settings.** Expectant youth and young parents reported feeling overwhelmed and unheard during prenatal appointments and the labor and delivery process.



**Transition to Adulthood.** While many EPY associated pregnancy with loss and change, they also felt that it gave them an opportunity to reset and initiate positive changes.



**Motivation to Succeed.** Overall, EPY shared that they wanted to complete high school and provide stable environments for their children.

“

I can **break the cycle** of how kids are treated in my family.

”



# Impactful Leverage Points: Expectant & Parenting Youth

## SUCSESSES FOR EXPECTANT AND PARENTING YOUTH

Project REACH IOs and OKCPS are using study findings to improve programming and inform future initiatives. One of these initiatives is the formation of the Oklahoma County Expectant and Parenting Youth Coalition.

Project REACH partners brought together stakeholders from community and state agencies for the purpose of supporting EPY in Oklahoma County. As the work continues, the coalition aims to address the needs of EPY using principles from Human-Centered Design and the Collective Impact Model. The approach is two- fold: **1) Address gaps and leverage resources to improve service delivery, and 2) Identify priority areas in which to develop and pilot innovations.**

Substantive improvements and notable accomplishments during the grant period include:

- Added transportation to day cares for children of EPY at OKCPS;
- Expanded family leave pathways with the option of homebound instruction or credit recovery upon return to school; and
- Rebranded the Teen Parent Program at OKCPS, now called S.T.E.P.S. (Supporting Teens Educational and Parenting Success).

## HUMAN-CENTERED DESIGN

Members from the coalition participated in an intensive 3-day Human Centered “Design Sprint” facilitated by national experts Healthy Teen Network. During the Sprint, coalition members applied Human-Centered Design thinking to the collaborative development of innovations that could address EPY needs in 3 priority areas:

- Transportation,
- Childcare, and
- Access to social services and health care.

Each design team developed two innovative solutions and received feedback from context experts. Going forward, the coalition will continue to refine solutions to priority areas among EPY in OKCPS.

## ENGAGING YOUTH AS CONTEXT EXPERTS

It was important to the coalition to engage EPY in the process of designing, refining, and evaluating the efficacy of programming. Intentionally involving them as “context experts” in the Design Sprint (below) allowed design team members to obtain critical feedback about the prototypes developed. Following the lead of Tier 2 TPP grantee D.C. Next!, Project REACH ensured that context experts were compensated monetarily for their time and were provided transportation and childcare for the duration of the event.



# Replication: Implementation

During the 3-year grant, IOs implemented 5 EBPs models in 5 high schools and 7 middle schools. Programs were taught in 3 districts: Oklahoma City Public Schools, Mid-Del Public Schools, and Crooked Oak Public Schools. From 2020- 2023, Project REACH partners served 9,835 students.

## KEY PERFORMANCE INDICATORS

Reach, a key performance indicator (KPI), indicates the number of students served. Numbers in Year 1 were significantly lower for all 3 metrics shown in Table 1 due to the closure of schools and on-line instruction during the COVID-19 pandemic.

**Table 1.** EBP implementation overview: Years 1-3

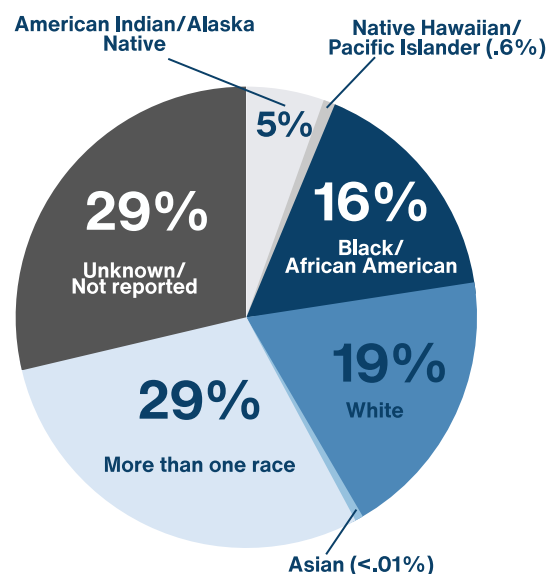
Academic Year	Students Reached	Number of Classes	Number of Schools
Year 3: 2022-2023	4,668	220	11
Year 2: 2021-2022	4,187	186	11
Year 1: 2020-2021	980	13	3

Most students served by Project REACH were from the priority racial-ethnic populations with high teen birth rates (Figure 2).

An accomplishment of the project was that the demographic characteristics of the students served aligned with the diverse makeup of the schools in which EBPs were implemented, indicating that no particular group was over- or under-represented.

Students also indicated whether they were Hispanic/Latino or not. Half of students (50%) reported being Hispanic; 37% Non-Hispanic, and 13% did not report ethnicity. Notably, many of the students did not report a racial identity, which can be partly attributed to a high proportion of Hispanic students who do not identify with a particular race.

**Figure 2.** Racial identities of Project REACH participants (Years 1-3)



# Replication: Evaluation

Evaluation is a critical component to the success of program implementation and project management. The growth and impact of Project REACH can be attributed in part to the work of the evaluation team at the University of Oklahoma Hudson College of Public Health (OU), whose ongoing efforts supported the accomplishment of project goals and objectives. Using evidence-based strategies such as the RE-AIM Model, the evaluation team regularly identified areas of improvement and provided feedback to partners to inform project management and program improvement.

In line with OPA's expectations to communicate and disseminate information about the project, graduate students from the evaluation team presented at the American Public Health Association's 2022 Annual Meeting. The presentation described how OU uses the RE-AIM model to inform CQI. Figure 3 gives an overview of how the RE-AIM model can be applied to multi-component TPP programming in complex environments.



EBP replication was refined through efficient and effective continuous quality improvement and through collaboration with implementing partners with use of standardized protocols, utilization of data visualization and project management software.

## RECOMMENDATIONS FOR SUCCESSFUL PROGRAM EVALUATION:



Developing **standardized protocols** ensures systematic data collection in complex environments.

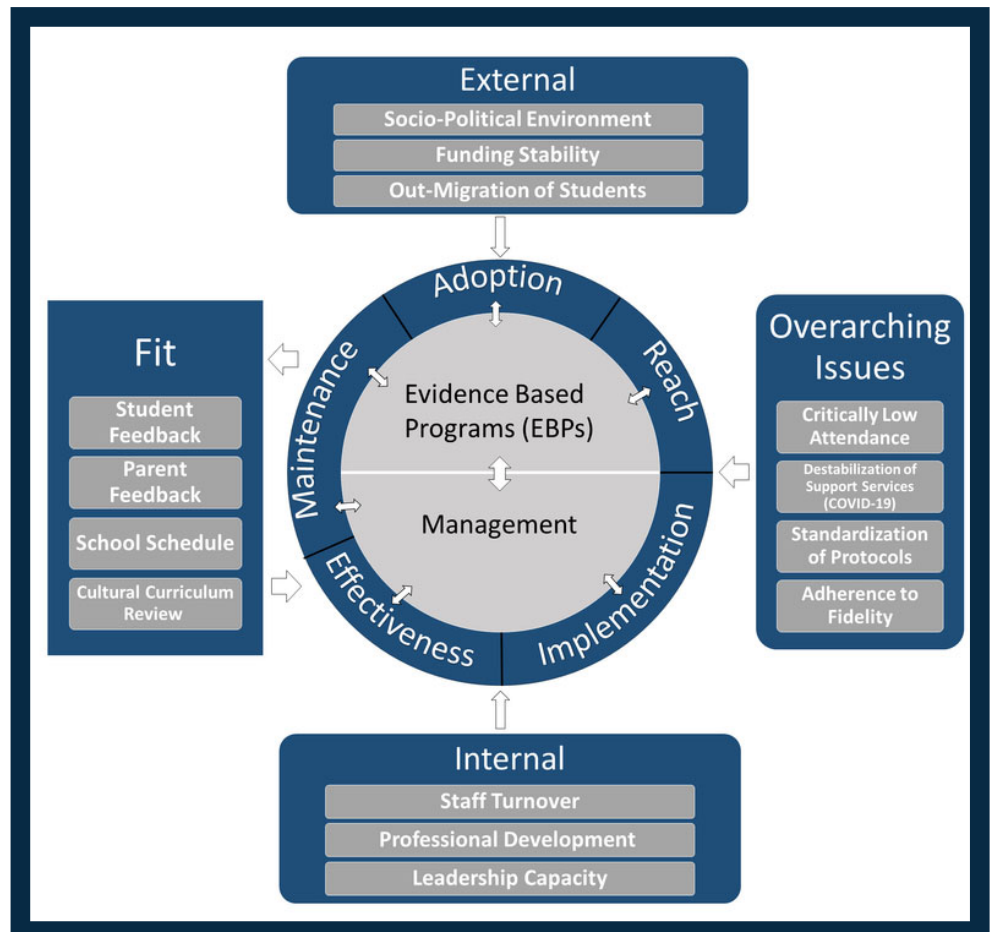


Using **data visualization** tools streamlines data management and analysis.



**Collaborating** with partners in each step of evaluation, including interpretation, adds context and meaning to findings.

**Figure 3.** Practical robust implementation and sustainability model (PRISM) of Project REACH- Adapted from Holthrop et al.(4)



# Supportive Services

Teen Clinic by Variety Care (TCVC) cultivates a non-judgmental confidential environment for young people to access sexual and reproductive health services. A challenge is the intensity and effort required when the political discourse around reproductive health is tense.

## EXPANDED ACCESS TO REPRODUCTIVE HEALTH RESOURCES & SERVICES

In Year 3, a key accomplishment of Teen Clinic was to increase the age criteria and may now serve patients up until their 22nd birthday. Now, young people in Oklahoma have expanded access to testing, treatment, and contraceptive methods of their choice. Teen Clinic also increased condom availability through the Goody Bag program. Additionally, by partnering with Tulsa-based organization Take Control Initiative, Teen Clinic now provides free Just-in-Case kits at all Variety Care clinics. These kits include contraception, pregnancy tests, and additional resources and information.

## ENHANCED SERVICES

TCVC aims to make services and resources highly accessible to teens through a 24/7 text line, where youth can text with An Adolescent Health Specialist in English or Spanish. To further increase accessibility, Teen Clinic is piloting telehealth services - specifically focusing on STI testing. Additionally, to ensure continuity of care across all Variety Care locations, Teen Clinic staff provide onboarding training on best practices for teen- friendly services organization wide.



## INCREASING AWARENESS

TCVC has worked extensively to inform target areas about the availability of services. By utilizing social media sites that are popular with adolescents (Instagram and TikTok), Teen Clinic partners with Variety Care's Infectious Disease department to increase awareness of services, build rapport, and show unity and support annually for the 2SLGBTQIA+ community at the Northwest 39th Historic PRIDE and OKC Pride Alliance Festivals.



Sexual and reproductive health care services for young people are most effective when innovative approaches expand access to care, remove barriers, and connect in youth-serving environments.



# Youth Voice & Action

## PEER EDUCATION

To complement EBPs, TEI provides supportive programming to middle and high school students through SHAPE (Sexual Health And Peer Education). The SHAPE program selects high school students to serve as peer educators to 7th grade participants, an approach that simultaneously addresses two different populations. SHAPE allows peer educators to present developmentally appropriate education to 7th grade participants, expanding both groups' knowledge on reproductive health and healthy relationships. The peer education model also gives high schoolers the opportunity to volunteer in their community while increasing their skills related to public speaking, group facilitation, and leadership.

The SHAPE program is largely informed by an abstinence-first evidence-based program. TEI also uses the Positive Youth Development framework to guide programming for peer educators and 7th grade participants. The first half of the program, Human Growth and Development (HGD), is taught by adult health educators. The second half, taught by peer educators (PEs), focuses primarily on healthy relationships. Seventh grade participants reported feeling that they could use what they had learned in SHAPE in their own lives. Furthermore, there was a significant increase in knowledge related to HGD immediately following the program.



Peer education programs offer youth valuable opportunities to deepen subject matter knowledge, improve communication and leadership skills, and increase their sense of community and belonging.

### ENGAGING THE COMMUNITY IN POSITIVE YOUTH DEVELOPMENT

The SHAPE Fall camp and Summer Retreat are two of the biggest events for peer educators each year, as they provide uninterrupted time for training, professional development, and relationship-building.



During these events, TEI brings together volunteers from multiple sectors of the community to present on various topics related to reproductive health and peer education.

PE experience has shown that SHAPE participation increases empathy and prepares students to be successful in future academic and professional endeavors. Participants also reported that the PE experience allowed them to better understand the importance of sexual health education and deepened their understanding of both healthy relationships and assertiveness techniques.

### NEXT STEPS

EBPs and supportive services continue to be provided on a smaller scale as IOs look for local funding and in-kind support.

# References

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