MEETING SUMMARY REPORT

Innovation Exchange 2023

May 10-11, 2023

PRESENTED TO:

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Attachment:

- Registration Report

Introduction

The U.S. Department of Health and Human Services (HHS), Office of Population Affairs (OPA) Teen Pregnancy Prevention (TPP) Program is a national, evidence-based grant program that funds diverse organizations working to prevent teen pregnancy across the United States (US). OPA invests in the implementation of effective TPP programs and provides funding to develop and evaluate new and innovative approaches to prevent teen pregnancy, prevent sexually transmitted infections (STIs) among adolescents, and promote optimal health. Since its creation in 2010, the OPA TPP program has served more than 1.4 million young people across 41 states, Washington D.C., Puerto Rico, and the Marshall Islands, and is currently serving nearly 250,000 young people per year. This program has trained more than 23,500 professionals and established partnerships with more than 19,700 community-based organizations across the US. The OPA TPP program has supported numerous rigorous, independent evaluation studies that significantly contribute to the field's knowledge of where, when, and with whom programs are most effective.

Since 2015, TPP has funded 15 unique innovation development projects, including two 2A intermediaries and 13 Innovation Networks. Since then, many methods, strategies, and interventions have emerged across the cohorts; there are over 100 innovations currently in progress, including through Innovation Networks. The Innovation Exchange 2023 meeting presented a unique opportunity for all OPA Innovators to network across service areas, exchange emerging innovations, and spark new ideas and partnerships that can enhance all cohorts and OPA programs.

This inaugural Innovation Exchange 2023 program was co-designed by members of the Innovation Showcase Design Team (displayed in Table 1 below) and hosted by OPA. The Design Team began meeting in September 2022 to discuss the purpose and format of the upcoming Innovation Exchange. Design Team members collaborated across the span of 8 months to set goals and create agenda items for the conference, focusing on the themes of "connections" and "sharing ideas."

Table 1

Design Team Member	Organization and Network
Jess Balac	DSHN, Tier 2 Networks
Cay Bradley	Mathematica
Victoria Broussard	Statewide Network, Tier 2 Networks
Nicole Casanova	WYSH IIN, Tier 2 Networks
Meghan Hiltner	RHNTC
Emmie Petronio	TORCH, TPP Tier 1
Breione St. Claire*	Essential Access Health, Title X
Brittany Wearing*	empowered SC, Tier 2 Networks

**Innovation Exchange emcees*

NORC at the University of Chicago supported OPA in the technical logistics of hosting the two-day in-person Innovation Exchange, which occurred on Wednesday, May 10, 2023, from 9:00 AM-5:30 PM (ET) and Thursday, May 11, 2023, from 9:00 AM to 3:00 PM (ET) at the Omni Shoreham Hotel in Washington, DC. The purpose of the meeting was to convene OPA Innovators to network, demonstrate, and share new insights, programs, interventions, and strategies that show promise for disrupting disparities in sexual and reproductive health outcomes for young people and their communities. Program objectives were to:

1. **Disseminate most valuable innovations** (methods, strategies, approaches, and interventions) across and beyond the growing OPA innovation community.
2. **Build lasting connections** across priority and services areas.
3. **Collaborate** and identify new dissemination channels and vehicles to spread innovations and plan for sustainability.

Innovation Submissions

The Innovation Exchange invited current OPA grant recipients (and subrecipients) to submit an innovation for an opportunity to attend the conference. Innovations were defined as a broad spectrum of new or adapted products, programming, strategies, approaches, interventions, policies, and practices that aim to prevent unintended teen pregnancy, prevent STIs among adolescents, and promote positive youth development.

The Google submission form, shown in **Appendix A**, was published on the event website on **January 26, 2023** with a due date of **February 17, 2023**, allowing **22 days** for participants to complete the submission process. Submissions were reviewed and scored by OPA staff, Technical/Technical Assistance providers, and OPA grant recipients to determine the following:

- How well the innovation met the goals of the OPA mission and event goals/objectives.
- The disruptiveness of the submitted innovation.
- The diversity and uniqueness of the innovation.

OPA received a total of 74 submissions. The scoring criteria document that was used to review these submissions is saved as **Appendix B**. After review, 50 innovations were accepted and 24 were declined. Participants were notified about their acceptance status on **March 15, 2023**. Accepted innovation teams received an invitation to register for the Innovation Exchange 2023 by the deadline of **April 10, 2023,** allowing **26 days** for participants to complete the registration process. The Innovation Exchange allowed two registration spots per accepted innovation.

OPA hosted an Innovation Exchange Prep Session on April 18, 2023, to provide additional program information, resources, and answer any participant questions. The recorded session was also shared on the event website. Additionally, all accepted Innovation Exchange participants were asked to complete an Innovation Abstract form before the event. These one-page forms included innovation overviews, descriptions of the implementation progress, and team contact information. The forms were compiled and shared on the event website and on the

tables at the in-person Innovation Exchange. The compiled abstracts can be found in **Appendix C**.

Registration

The 2023 Innovation Exchange utilized the Cvent Event Management platform to simplify the registration and event management process for the attendees. NORC designed and managed an event website that provided detailed information on the event, agenda, resources, registration, and hotel. NORC sent out the registration instructions, event information, and other marketing messages through Cvent.

Registrants were invited to book in the contracted room block at the Omni Shoreham hotel at the government per diem rate of $258/night + 14.95% taxes. The contracted room block and the total pick-up are shown below, with a total pick-up of 157 room nights, with 64 rooms on peak.

	05/08 Mon	05/09 Tue	05/10 Wed	05/11 Thu	Total
Contracted	0	65	65	5	135
Pick-up	2	64	64	27	157

Registrants

One hundred twenty-four (**124**) people registered for the 2023 Innovation Exchange. This number included eighty (**80**) OPA Grantees and Sub-Awardees, twenty-six (**26**) OPA staff, thirteen (**13**) OPA Training/Technical Assistance Providers, one (**1**) other Federal Staff, and four (**4**) other participants as shown below. Table 2 provides a list of all participating organizations. The registration report is included as an attachment.

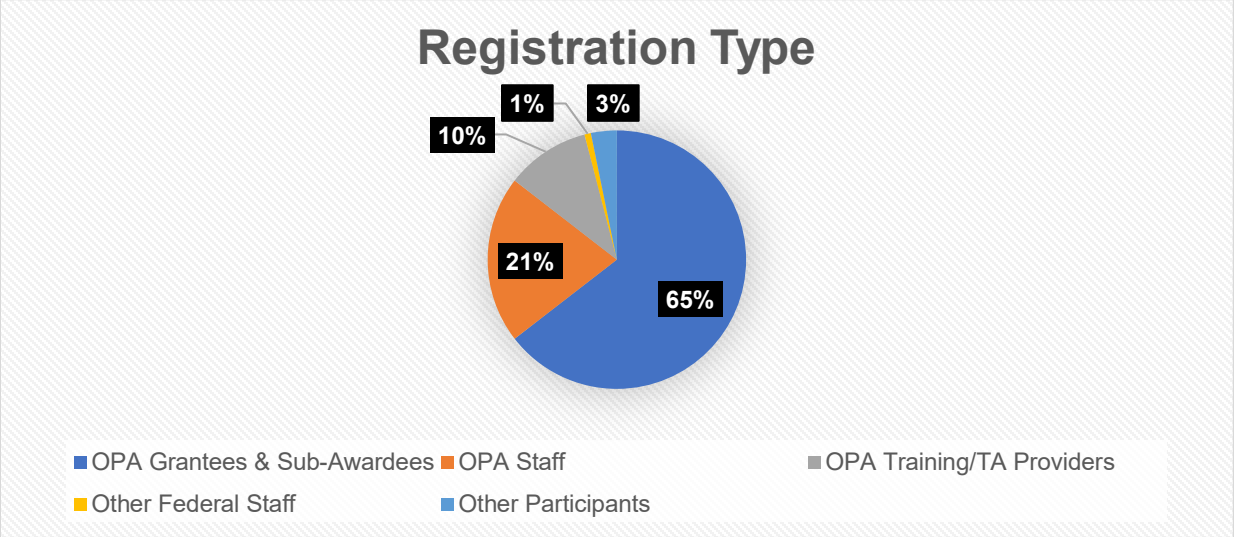


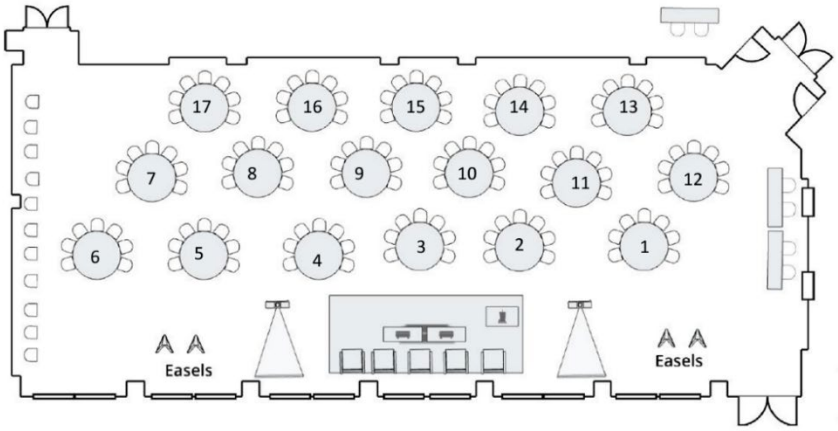
Table 2

Participating Organizations	
ABCD Health Services	Mathematica
Abt Associates	Mission West Virginia, Inc.
Albany State University	MOASH
ASU Stronger Together SWGA	Morehouse School of Medicine
BC4U - Children's Hospital Colorado	MPHI
Bethany Christian Services	Multnomah County Health Department
Cabarrus Health Alliance	National Center for Youth Law
Catalyst for Change Training & Development, Inc.	NCTCFP
Child Trends	Office of Budget, Department of Health and Human Services
Cicatelli Associates Inc.	Office of Population Affairs
Colorado Department of Public Health and Environment	PCI Media
CTCFP/UMKC	PHD/FHB/Family Planning Program
DC NEXT!	Phoebe Putney Network of Trust
Denver Health & Hospital Authority	Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky
Ease-Empowerment, Advocacy & Sexuality Education, LLC	Planned Parenthood of Greater New York
Education Training and Research Associates	PRO Youth and Families
Essential Access Health	Public Health Solutions
EyesOpenIowa	Reproductive Health National Training Center (RHNTC) at JSI
Fact Forward	SC Center for Fathers and Families
Fostering UNITY	Sea Mar Community Health Centers
Good Deeds Ministry	SexEdVA
Healthy Futures of Texas	Spartanburg Regional Healthcare Foundation
Healthy Influential Parents	Teen Health Mississippi
Healthy Teen Network	Texas A&M University
Hennepin County | Better Together Hennepin	Texas Institute for Child and Family Wellbeing - UT Austin
Honestly	The Family Health Centers of Georgia, Inc.
Indiana University Southeast Applied Research and Education Center	The Policy & Research Group
James Madison University	U.S. Department of Health and Human Services
JSI	Washington State Department of Health
Kyle A. Greene LLC	YMCA of Greater Louisville

Latin American Youth Center & Unity Health Care	Youth to Youth in Health
Lurie Children's Hospital of Chicago	

Agenda

The Innovation Exchange 2023 was held in the Hampton Ballroom at the Omni Shoreham Hotel. The room diagram is shown below. Participants were assigned seats at the start of the meeting but had many opportunities to move around the room and meet others during ice breakers, the four exchanges, and two breakouts.



Breakout descriptions (**Appendix D**) and the Reflection Guide (**Appendix E**) were resources that supplemented the agenda and handouts at the exchange.

Wednesday, May 10	
8:00 am	***Ready…. Set….*** *Registration opens*
9 am	***Go!* Opening Activity** ***Note**: this is planned as a movement based activity but we can accommodate all needs or circumstances.*
9:30 am	**Welcome from Innovation Exchange Emcees** ***Breione St. Claire*** *Essential Health Access Forward* ***Brittany Wearing*** *emPOWERedSC / Fact*

9:45 am	**Opening Remarks from OPA** ***Jessica Swafford Marcella*** *Deputy Assistant Secretary Advisor for Population Affairs* ***Lizzy Laferriere*** *Senior Innovation*
10 am	**Exchange #1: First Impressions** Round Robin (repeat full cycle for each Innovation at the table) ● *5 min -* ***Tell us what your innovation is*** ● *4 min -* ***Rapid fire questions*** ● *1 min -* ***One response to feedback***
11 am	**Break**
11:15 am	**Breakouts #1** *(These options repeat on Day 2)* 1. Rev Your Story(Engine) (RHNTC - Ilana Webb) 2. Protecting Your Innovation: Navigating Intellectual Property (Healthy Teen Network - Milagros Garrido) 3. Building Early Evidence (Mathematica - Cay Bradley) 4. Pard'ner Up: Keeping those Innovation Partners (RHNTC - Megan Hiltner) 5. Troika Consulting: Learn and Practice a Simple Method for Getting Immediate and Imaginative Feedback (OPA - Lizzy Laferriere) 6. Best Practices for Facilitating Youth Focus Groups (Mathematica - Lauren Tingey) 7. Impact Study Hiccups and How to Get Over Them (Mathematica - Russ Cole)
12:30 pm	**Lunch on Own**
1:20 pm	**Sexual and Reproductive Health Innovation: Designing and Adapting for Dynamic Environments** *Panel Moderator: Christine Prefontaine (JSI)* This panel discussion with four OPA grantees will explore strategies to bridge divides in the service of youth as well as design and adapt adolescent sexual and reproductive health programming, especially in dynamic contexts characterized by divergent views, shifting laws, and new regulations.

2:30 pm	**Exchange #2: Connecting Across Shared Spaces** Group tables by focus area: 1. System-impacted youth (JJ CW) 2. Youth with disabilities and their families 3. Healthcare access or Clinic-based 4. Young men 5. LGBTQI2S+ young people 6. Systems or environmental innovation 7. Youth engagement 8. Tech-based innovation 9. Older adolescents *Fill out Sticky Board together which has 3 sections - (1) Overview and discussion of innovations (2) Challenges working in this space (3) Opportunities for collaboration to amplify impact.*
3:30 pm	**Break**
3:45 pm	**How to Sustain Your Program: Strategic Leadership for Change** *Facilitator: Geoffrey MacDougall @ Aspiration Tech* This interactive session is based on the five shifts we propose in the mindset of sustaining your program.
4:45 pm	**Reflection + Wrap Up**
5:00 pm	**Optional Office Hours**
5:30 pm	**Optional Post-event Reception** Marquee Lounge, Omni Hotel Bar

Thursday, May 11	
9:00 am	**Welcoming Remarks** ***ADM Rachel L. Levine, MD*** *Assistant Secretary for Health*
9:30 am	**Exchange #3: Practice Your Pitch** *Round robin* ● *5 min practice pitches* ● *90 sec pitches*
11 am	**Break**
11:15 am	**Breakouts #2 (repeated)** Breakout options for all types and interests! Attend any that interest you. Stick with 1 or move around. 1. Rev Your Story(Engine) (RHNTC - Ilana Webb) 2. Protecting Your Innovation: Navigating Intellectual Property (Healthy Teen Network - Milagros Garrido) 3. Building Early Evidence (Mathematica - Cay Bradley) 4. Pard'ner Up: Keeping those Innovation Partners (RHNTC - Megan Hiltner) 5. Troika Consulting: Learn and Practice a Simple Method for Getting Immediate and Imaginative Feedback (OPA - Lizzy Laferriere) 6. Best Practices for Facilitating Youth Focus Groups (Mathematica - Lauren Tingey) 7. Impact Study Hiccups and How to Get Over Them (Mathematica - Russ Cole)
12:15 pm	**Lunch on own**
1:15 pm	**Open Mic!**
1:45 pm	**Exchange #4: Where We Go From Here** *Table discussions:* ● *What's next for your innovation?* ● *What help do you need?* ● *What advice do you have at this stage?*
3 pm	**Reflection + Closing**

Session Data Collection

Key takeaways, discussion themes, and suggestions for OPA were collected and summarized by volunteers throughout the two-day program. This information will help inform program strengths, accomplishments, and future directions.

Participant flipchart notes were collected and summarized from the Exchange #2 activity, *Connecting Among Shared Spaces.* During this activity, attendees answered the following discussion questions: (Notes are saved as **Appendix F**)

- Help Me, Help You – What keeps you awake at night working on innovation in this area?
- Amplification – Where might collaboration amplify our impact in this area?

Notes from Exchange #4, *Where we Go from Here,* captured answers to the following discussion questions: (Notes are saved as **Appendix G**).

- What's next for your innovation?
- What help do you need and what help can you offer?
- What advice do you have for others at this stage?
- What actions will you take after this event?

Breakout Sessions 1 & 2 notes capture discussions that occurred in each of the below breakout groups: (Notes are saved as **Appendix H**).

- StoryEngine
- Protecting Your Innovation: Navigating Intellectual Property
- Building Early Evidence
- Parternships
- Troika Consulting
- Youth Focus Groups
- Impact Study Hiccups

Common discussion themes across activities included the importance of partnerships, data collection and evaluation, storytelling, and dissemination. Many attendees discussed the value of meaningful partnerships with common goals and objectives, as well as the need for transparent partner communication. Additional recurring takeaways included prioritizing program data collection and evaluation in order to measure and celebrate program and innovation successes.

Suggestions for future TA sessions included:

- Evaluation and Community-Based Participatory Research
- Tools for tracking multiple partners
- Storytelling (pitch practicing)
- Meaningful partnerships
- Dissemination

Evaluation

At the conclusion of the meeting, attendees were invited by email to participate in an anonymous survey to measure their satisfaction with the 2023 Innovation Exchange. NORC utilized Qualtrics to create the survey and invited participants to submit their feedback for the evaluation through an email sent on Wednesday, May 24th. The evaluation closed on Wednesday, May 31st. The survey received a total of **25 responses** of the **124 registrants** for a **20% response rate.**

Evaluation Summary

Meeting participants were asked to rate their level of agreement or disagreement with 8 questions on a five-point Likert scale rating system (**5**=Strongly Agree, **4**=Agree, **3** = Natural, **2**=Disagree, and **1**=Strongly Disagree) and answer 4 open-ended questions.

Likert-Scale Questions

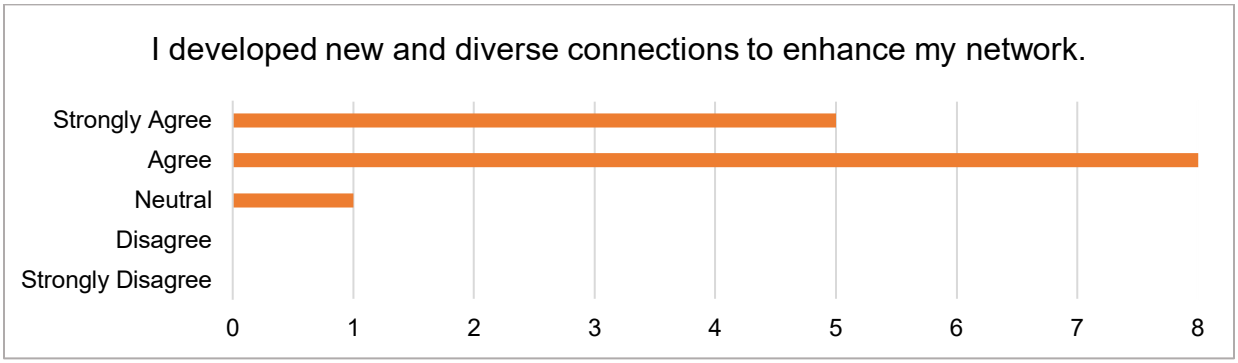
1. I left this event feeling inspired,
2. This event was a valuable use of my time,
3. I developed new and diverse connections to enhance my network,
4. I obtained helpful feedback to improve my innovation(s),
5. I identified concrete next steps for promoting my innovation and findings,
6. Small group exchange sessions offered valuable opportunities for sharing and learning,
7. I learned relevant new skills or methods,
8. I would attend an event like this again,

Open-Ended Questions

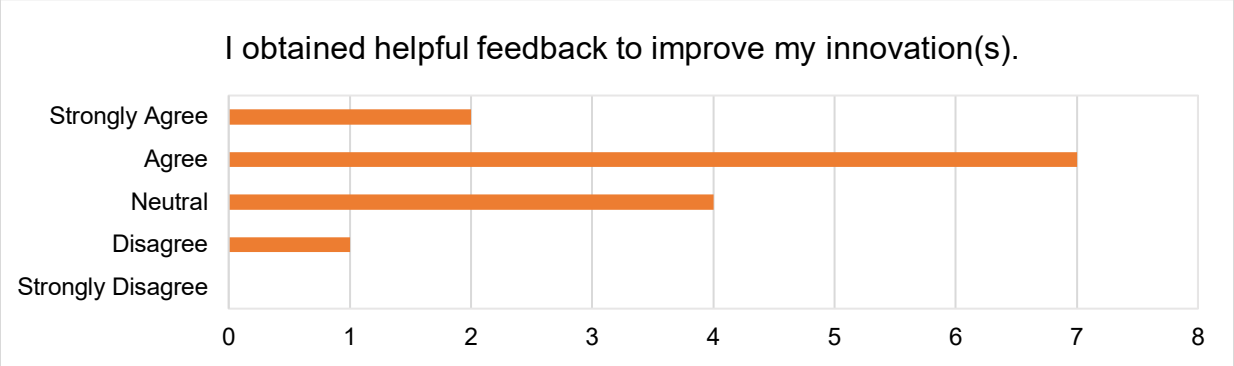
1. What were the strengths of the Innovation Exchange?
2. How can we improve future convenings?
3. Were there any topics of skills we did not cover but should in follow-up opportunities? If so, please list the topics.
4. Comments

Below are a few highlights from the Evaluation Report. The full survey evaluation report can be found as **Appendix I**.

Survey Question 1.3



Survey Question 1.4



As shown in the charts above, 93% of survey respondents Agreed or Strongly Agreed that they developed diverse connections to enhance their networks and 65% of survey respondents Agreed or Strongly Agreed that they obtained helpful feedback to improve their innovations; both reflecting positive correlations with achieving the program objectives.

The overall comments from the Innovation Exchange Survey were positive in nature and provided constructive feedback for NORC and OPA to best improve meeting logistics, content, and planning moving forward. Samples from select comments are provided below. A complete export of all participant comments is included in the Evaluation Report in **Appendix I.**

What were the strengths of the Innovation Exchange?

- The energy in the room was inspiring.
- The time to connect with others and learn new skills.
- Engaging activities, fantastic facilitators/emcees, and a good balance of structured and unstructured time. Also highlighted the strengths in the OPA grantee community.

How can we improve future convenings?

- It would have been nice to have breakout sessions in different rooms, more space to move around. I really enjoyed hearing people talk about their innovations. I would have liked to see a speed dating style of this so we could hear most if not all of them.
- Provide more time for feedback on specific innovations. I got basic understanding of a variety of programs but would have loved to learn more about each program or seen examples of the curriculum. It would have been great to have youth from programs attend with agency staff to share their perspectives as well.

Were there any topics or skills we did not cover but should in follow-up opportunities?

- It would've been great for the participants who are able to apply for future funding to have time with smaller Innovators to make connections related to being a funded partner.

Appendix A:

Innovation Submission Form

Innovation Submission Form (Due 2/17/23)

Under the ***Teen Pregnancy Prevention (TPP) Program***, innovation reflects a broad spectrum of new or adapted products, programming, strategies, approaches, interventions, policies, and practices that aim to prevent unintended teen pregnancy, prevent STIs among adolescents, and promote positive youth development. Innovations are not limited to only those curricula or programs that may eventually be deemed "evidence-based programs", or EBPs. Nor is innovation limited to those OPA grantees specifically funded to build innovations. Innovation can be found wherever there is creativity and drive to be better at doing good.

Why Innovation Exchange?

Since 2015, the Teen Pregnancy Prevention (TPP) Program has funded 15 unique innovation development projects, including two 2A intermediaries (FY15-20) and 13 Innovation Networks (FY20-23). Since then, many methods, strategies, and interventions have emerged across the cohorts; there are over 100 innovations currently in progress including through Innovation Networks. Other OPA programs continue to demonstrate creativity in improving service delivery to their clients and young people through ongoing innovation. Innovation happens when diverse people and teams gather to share ideas. The **2023 Innovation Exchange** presents a unique opportunity for all OPA Innovators - not only TPP Innovation Awardees - to network across service areas, exchange emerging innovations, and spark new ideas and partnerships that can enhance all cohorts and OPA programs.

Who is eligible to submit?

Any current OPA grant recipient - including subrecipient - is welcome to submit an innovation for this event. For additional information and FAQ, please click here.

**__PLEASE NOTE__:

1. *Remember to submit a separate Innovation Submission Form for each Innovation.*
2. This is not the event registration form. Once your submission has been approved, you will receive an invitation to register for the program.
3. You will receive notification within 10-14 business days with a link to register if accepted.

Please enter submission responses on following pages.

Grantee Organization or Innovation Network Name

(Please choose your response below. Write in your response if answer is "other")

1. TPP20 Innovation Network and Impact Network
2. TPP20 Tier 1 Replication
3. TPP20 Tier 2 Phase 2
4. Title X Family Planning
5. Other:

Innovation Team Name * *(Please enter response below)*

Submission Type*

Innovation*: A packageable innovative approach, product, or intervention they would aim to evaluate and eventually scale at TPP Tier 1 or Title X sites (e.g., mostly what a Network would submit)*

Innovative Finding or Idea: *- A valuable learning or idea from their applied work - be it from Phase II research or informal innovation development - relevant to share that could help improve ASRH or working directly with those who do (e.g., youth-serving providers, parents/caregivers, teachers) but might not be something that far along yet (e.g., mostly what a Tier 1 or Title X might submit, or even a Phase II)*

(Please choose your response below. Write in your response if answer is "other")

1. Innovation
2. Innovation Idea or Finding
3. Other:

Innovation Description

How would you describe your innovation/innovation finding to your audience? *
Remember to include intended user(s), population(s), intended settings, and current stage of innovation (i.e. development/testing). If this is an innovation finding, think about how you will use storytelling skills to convey the journey to this finding.
(Please enter response below. 500 characters maximum)

Why should this innovation be shared in OPA's Innovation Exchange? *
Remember that this event is for innovators to convene with the purpose of pitching their innovation (5-10 mins) to a small group of other innovators and receive feedback, rather than a formal slideshow presentation.
(Please enter response below. 500 characters maximum)

What questions do you have for your fellow innovators at the exchange?
All attendees will be expected to give feedback to other innovators.
(Please enter response below)

Innovation Exchange Attendees

*Include up to 2 attendees. * (Please enter attendees below)*

Attendee 1: *First and Last Name, Title/Role, Organization:*

***Attendee 1 Email Address*:**

Attendee 2*: First and Last Name, Title/Role, Organization*

Attendee 2 Email Address:

Additional Information

Feel free to attach any additional supporting files to allow us to better understand your innovation.

Appendix B:

Innovation Exchange Submission Scoring Criteria

Innovation Exchange Submission Scoring Criteria

Submissions will be reviewed and scored by the Innovation Design Team using a double-blind process, meaning neither the authors nor the reviewers know each other's names or affiliations. Each submission will be reviewed by two members of the Innovation Design Team to produce an average score.

Process

1. Submissions compiled by NORC **(2/17)**
2. NORC sends submissions to OPA for review **(2/21)**
    a. (ex. Fix cohort, flag design team members group etc.)
3. OPA sends updated submission to NORC for double blinding and assignment to reviewers **(2/23)**
4. NORC sends submissions to reviewers **(2/23)**
5. Reviewers send recommendations to NORC **(3/7)**
6. NORC compile list of suggested innovations to OPA **(3/10)**
7. OPA review and sends final list of invitees **(3/14)**
8. NORC sends out invitations **(3/15)**

Scale:

- 5 – Outstanding
- 4 – Good
- 3 – Average
- 2 – Fair
- 1 – Poor

Review Criteria:

1. **Innovation demonstrates promise for improving adolescent sexual reproductive health approaches and/or service delivery (Score 1 – 5).** *Scores of 5 will include detailed descriptions of the innovation need, goals, target population, methods, and anticipated accomplishments.*
    - Extent to which the submission describes the area of need (e.g., priority population, mode of delivery, intended user(s)) for innovation
    - Extent to which innovation submitted demonstrates it is addressing the need mentioned and how it is advancing adolescent sexual reproductive health programs and service delivery among OPA grantees and the field
2. **Innovation is ready and well-suited to be shared at the Exchange (Score 1-5)** *Scores of 5 will include detailed descriptions of how the innovation addresses a knowledge gap and presents/will present preliminary data, findings, and evaluations.*
    - Uniqueness of submission, including description of how submitted innovation has generated new knowledge in the field of adolescent sexual reproductive health programs and service delivery
    - Extent to which innovation topic has been evaluated with user input and includes relevant data and findings to share
        a. ***Note: innovations are not required to be completely packaged and finalized. Objective is to share the process and journey, not the end products*

3. **Team demonstrates commitment to connecting, sharing and learning at the Exchange (score 1-5)**
   Scores of 5 will include an emphasis on developing relationships with other attendees, participating in thoughtful discussion, and presenting ideas for innovation dissemination and sustainability.
   - Submission questions demonstrate curiosity and interest in partnerships across service areas and program cohorts
   - Submission questions demonstrate willingness to provide and receive feedback on submitted innovations for the purpose of iteration and refinement
   - Submission demonstrates focus on dissemination and sustainability as a part of innovation development process
4. **Is the application worthy of inclusion? (Y/N)**

Appendix C:

Abstract Compilation

Innovations in Adolescent Sexual & Reproductive Health

OPA GRANTEE INNOVATION EXCHANGE

May 10-11, 2023

HHS Office of Population Affairs
Web: opa.hhs.gov | Email: opa@hhs.gov
Twitter: @HHSPopAffairs | YouTube: HHSOfficeofPopulationAffairs

About the Innovation Exchange

On May 10-11, 2023, the HHS Office of Population Affairs (OPA) convened 50 adolescent sexual and reproductive health innovation teams from Title X Family Planning, the Teen Pregnancy Prevention (TPP) Program, and Title X / TPP Research and Evaluation projects for two days of intensive collaboration, peer feedback, learning and community-building.

This resource compiles short overviews of all 50 teams' innovations.

Connect Spartanburg Youth Photovoice

Photovoice shares the stories behind the data

Team Name	Spartanburg Regional Foundation Connect Spartanburg
Problem Statement	The Youth Behavior Risk Survey is conducted in Spartanburg County High Schools and provides weighted data on sexual behavior, substance use, experiences of violence, mental health, and other social determinants of health. Historically this data has been used by large scale institutions in systems thinking and program planning. Youth engagement and voice have not been present in the release and promotion of this data. Connect Spartanburg partnered with the Chapman Cultural Arts Center and local teens to create a photovoice exhibit to give voice to the data and action needed to create change in adolescent health.
Description	Facilitated by the local cultural arts center, youth photographers from across Spartanburg County participated in an eight-week summer program utilizing Youth Participatory Action Research. The goals were to help those often-unheard gain voice to record and reflect on their experiences as a teen in Spartanburg, encourage critical consciousness in choosing, discussing, and reflecting on the topic of their photos and to bring about change to improve adolescent health by influencing key decision makers experiencing the exhibit. This visual documentation and storytelling culminated in a virtual and in person traveling exhibit.
3 Key Findings	1. This youth led, youth voice initiative engaged youth at the highest level and has resulted in youth ownership in the data and strong engagement. 2. The exhibit has increased student and community engagement in the data as the exhibit travels to schools, libraries, community centers and community events. Website analytics show over 1,500 visitors since launching and key decision makers are listening. 3. Partnering with the arts allowed Connect to amplify their message in a meaningful and engaging way.
Status	***Outcome of Pilot Testing:*** Photovoice was very successful and has enlightened our team on how the arts can play a large role in public health. Exploring additional opportunities and projects with Chapman Cultural Arts Center. ***Packaging****:* The photovoice website is housed on the web. The 2022 YRBS data will be available in August and Connect hopes to replicate photovoice for Spartanburg County and within neighborhoods of concentrated poverty. The next round of the exhibit will include multiple mini touring versions and the inclusion of videography. ***Impact Evaluation:*** Website analytics and community/youth engagement
Learn More	www.connectspartanburg.org Polly Edwards Padgett, Project Director pedwards-padgett@srhs.com
How can fellow innovators help?	How to evaluate community awareness and engagement? How are you leveraging arts partnerships and areas we could expand? How to continue to engage with youth beyond the eight weeks?

Connect Spartanburg Youth Photovoice

Innovation Visual

Finding Me Parenting You

FINDING ME PARENTING YOU – "Healthy Parents Raise Healthy Children "

Team Name	Morehouse School of Medicine – Health Promotion Resource Center Statewide Network Among Partners for Parents/Caregivers (Statewide Network)
Problem Statement	While working and serving communities throughout the State of Georgia, we noticed that parents are emotionally perishing in a world without hope and limited resources to address social determinants of health, risk factors that contribute adolescent pregnancy, and other negative life outcomes for their youth. We determined that single female parents need a culturally competent intervention that helps them begin the process of emotional healing to become better parents/caregivers. A tool that would provide them with the knowledge, skills, and abilities to love themselves and enable them to better love their children needed to be developed.
Description	This curriculum is a parenting intervention that builds on the strengths of parents regardless of socioeconomic status. The nonsequential sessions are crafted for parents to conduct self-examination to evaluate their parenting style. It is a culturally competent curriculum targeting single female-headed households. Although African American single parents were the target population, session concepts and activities can be adapted for all racial/ethnic groups. After participating in the various sessions, parents gain confidence in themselves and realize that parenting is the best job that they will ever have.
3 Key Findings	1. At baseline, parents report they are comfortable talking to their teen about sex, but many are not doing it. While 96% of parents reported they felt comfortable talking with their teen about sex, and almost 90% of parents talked to their teens about dating and relationship, only 75% of parents talked to their teen about parent values or teen's thoughts and feelings about sex in the last month. 2. At baseline, 32% of parents have not talked to teens about preventing pregnancy and STDs, 30% have not talked to teens about consenting to sex or saying no, and 51% have not talked to their teens about contraception and condoms. At one- month follow-up, the percentage of parents talking to teens about these issues increased drastically, especially for contraception. These are preliminary findings and do not match pre/post analyses. We will analyze matched pre/post surveys upon data collection completion. 3. At survey exit, 57% stated extremely helpful and 43% stated very helpful in communicating with teens. 43% stated extremely helpful and 43% stated very helpful in helping teens avoid pregnancy and STDs.
Status	***Outcome or Pilot Testing*:** We are conducting larger scale pilot testing and looking for early outcome.
Learn More	Info Page: https://joinstatewidenetwork.mailchimpsites.com/ **Alice Jackson** ICPS, Catalyst for Change, T&D Inc – 678/462-2980, atjack52@gmail.com **Dr. Mary Langley,** Morehouse School of Medicine - 404/234-2962 mlangley@msm.edu or sherwannafclarke@gmail.com
How can fellow Innovators help?	1. Do you have recruitment strategies to reach hard-to-reach populations? 2. Were there obstacles/roadblocks during the development of your innovation? 3. Were there any surprising outcomes that you did not expect?

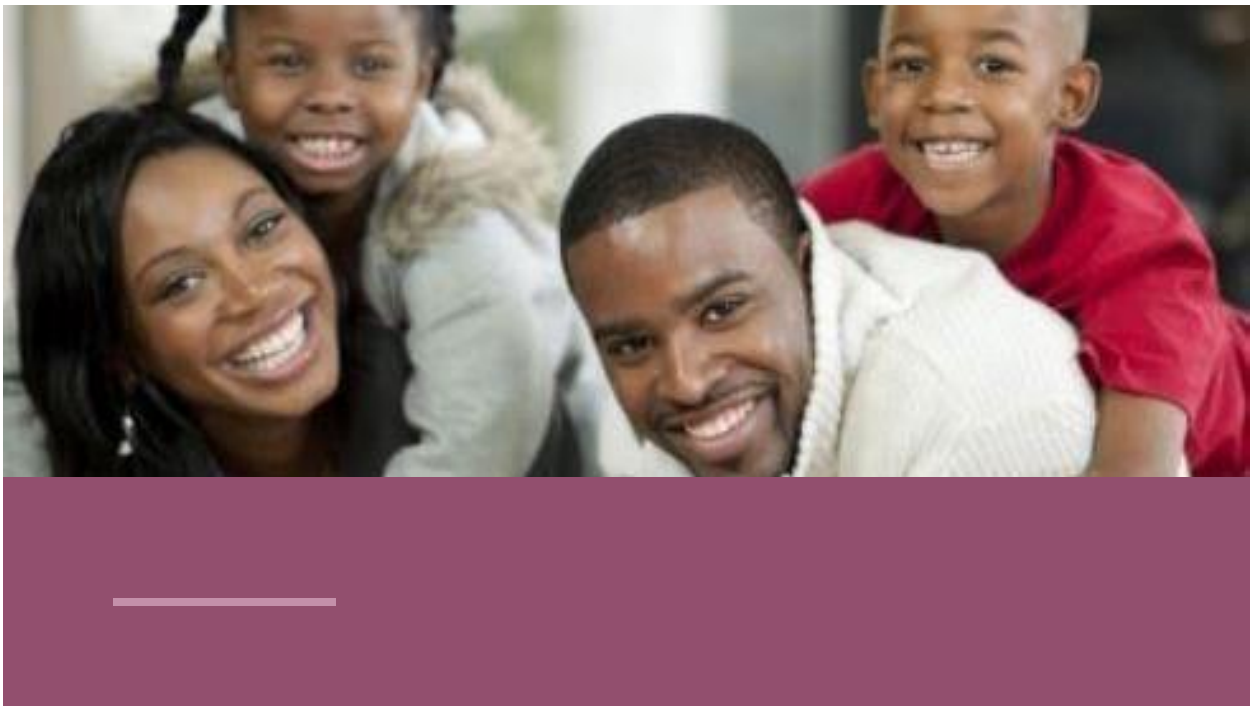
Finding Me Parenting You

Innovation Visual

Morehouse School of Medicine

The Statewide Network Among Partners for Parents and Caregivers

The Finding Me Parenting You is a relationship-centered parenting prevention curriculum, designed to educate, provide strategies, resources to vulnerable parents/parents of high-risk teens with effective parenting knowledge & skills to communicate with teens about relationships, sexual health, and overall adolescent health. Parents will complete a pre survey and post focus group.



OASH | Office of Population Affairs

Centering our Queervisory Youth in LGBTQ Sex Education

Centering our Queervisory Youth in LGBTQ Sex Education

Team Name	Planned Parenthood of the Great Northwest, Hawai'i, Alaska, Indiana, Kentucky (PPGNHAIK) as part of the Washington Youth Sexual Health Innovation and Impact Network (WYSHIIN)
Problem Statement	How can we continue to keep INclued, our LGBTQ+ sex education program, relevant to youth while centering LGBTQ+ youth voices
Description	• The Queervisory is a virtual Youth Advisory Group made up of LGBTQ+ youth in Western Washington who meet biweekly throughout the school year. • Queervisory members review the INclued curriculum to create program adaptations that improve sexual and reproductive health among LGBTQ+ youth, as well as provide peer- education by implementing INclued workshops for LGBTQ+ youth ages 14-19, as well as workshops for health center staff and providers. • The Queervisory's innovative approach includes compensating youth for their work and ideas, centering their experiences and opinions, and testing out and evaluating their suggestions for improvements.
3 Key Findings	What did you learn about this innovation throughout development and testing? What data did you collect that provided these insights. 1. Queervisory youth created, designed, and implemented the following adaptations to the youth workshop: Adding a section on gender affirming care for trans youth, updating the accompanying INclued Zine, adding lines to the welcome poem to be inclusive of more LGBTQ+ identities, and more. 2. Both Queervisory meetings as well as our INclued workshops have been virtually implemented for the duration of our 3-year grant, yielding many lessons learned about adapting our programming to a virtual environment. 3. Supporting a group of 8-15 LGBTQ+ youth throughout the school year in a predominantly virtual environment, during a time that has become increasingly hostile to trans youth has also been an area of learning
Status	This Innovation is **trying something new** out as well as being in **development.** The INclued program as a whole is already packaged and evaluated.
Learn More	• INclued website: https://www.etr.org/ebi/programs/in-clued/ • Queervisory Instagram account: @queervisory • Contact Person Name & Role: Laura Gardiner, Education Program Manager • Contact Person's e-mail address: laura.gardiner@ppgnhaik.org
How can fellow innovators help?	1. What kind of support are you/other innovators looking for to meet the needs of the LGBTQ+ youth you work with in your communities? 2. In an increasingly hostile national climate, and even more so in many of our specific states/communities, what lessons have you learned in supporting LGBTQ+ youth in your programs?

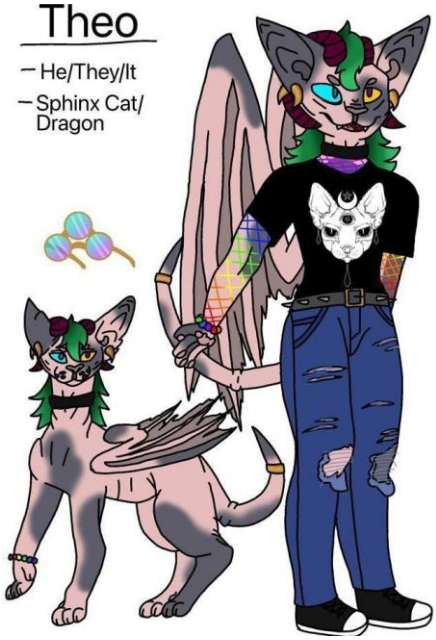
Centering our Queervisory Youth in LGBTQ Sex Education

Innovation Visual

INclued Program Logo:

INclued

Queervisory (1st year) Logo:



Fostering Parenthood: The Podcast

How to have "The Talk" with foster caregivers and youth

Team Name	Reproductive Health Equity Project
Problem Statement	Many foster caregivers want to support the healthy sexual development of youth in their care, but don't always know how to due to discomfort talking about sexual and reproductive health topics, or a lack of understanding about who's responsibility it is to educate and support youth with their sexual and reproductive health journeys. However, caregivers can play a central role in improving youth's SRH for the better. This podcast aims to help caregivers be that supportive, trusted adult that youth need to exercise their reproductive autonomy.
Description	Fostering Parenthood is a podcast by and for foster caregivers that explores important sexual health topics – including healthy relationships, self-acceptance, LGBTQ+ health, trauma-informed caregiving – in quick, conversational, and deeply personal episodes that include practical tips that caregivers can incorporate in their everyday lives.
3 Key Findings	1. Foster caregivers in California feel that the required trainings on sexual and reproductive health that are a part of the caregiver approval process are insufficient and are looking for better opportunities to increase their SRH knowledge, learn about SRH side-by-side with youth in their care, and feel a part of a community of caregivers with whom they can discuss and explore these topics. 2. Foster caregivers lead extremely busy lives, and they need resources that are easy to access, are authentic and caregiver- & youth-centered, and can be molded to fit their busy lives. 3. Many foster caregivers want to support their youths sexual and reproductive health journeys, but don't always know how to due to discomfort talking about SRH topics, or a lack of understanding about who's responsibility it is to educate and support youth with their sexual and reproductive health journeys. a. These findings were recurrent themes of our surveys and focus groups.
Status	Pilot testing AND packaging. We've launched 1 full season, accompanied by two mid- season evaluations, and one full season 1 evaluation. We will be mid-way through season 2 by the end of May.
Learn More	https://fosterreprohealth.org/fostering-parenthood/ Jess Merino, Senior Program Associate jmerino@youthlaw.org

GFPS PlanFirst

A statewide college and university health promotion program

Team Name	Georgia Family Planning System
Problem Statement	Georgia does not have website content guidelines for colleges and universities related to sexual and reproductive health (SRH) information and resources.
Description	Our innovation standardizes SRH content across Georgia college and university websites; increases the capacity of colleges and universities to connect students to SRH information and resources; and links students to Title X health centers.
3 Key Findings	1. Students are not aware of the SRH information and resources available on campuses and in surrounding communities. 2. Georgia colleges and universities offer more SRH information and resources than their websites display. 3. Students report feeling empowered after learning about available resources.
Status	Development: We're actively developing this as a coherent innovation. • Four student data collectors completed website assessments for the four largest universities in Georgia: University of Georgia, Georgia Technical College, Georgia State University, and Kennesaw State University. • Currently, we're reviewing assessment data.
Learn More	Website: www.georgiafamilyplanning.org Contact: Sara Shay Sullivan, GFPS Program Director ssullivan@georgiafamilyplanning.org
How can fellow innovators help?	I would like to connect with others who have partnered with colleges and universities around SRH promotion.

Innovation Visual

A shared language supports effective communication and improves outcomes.

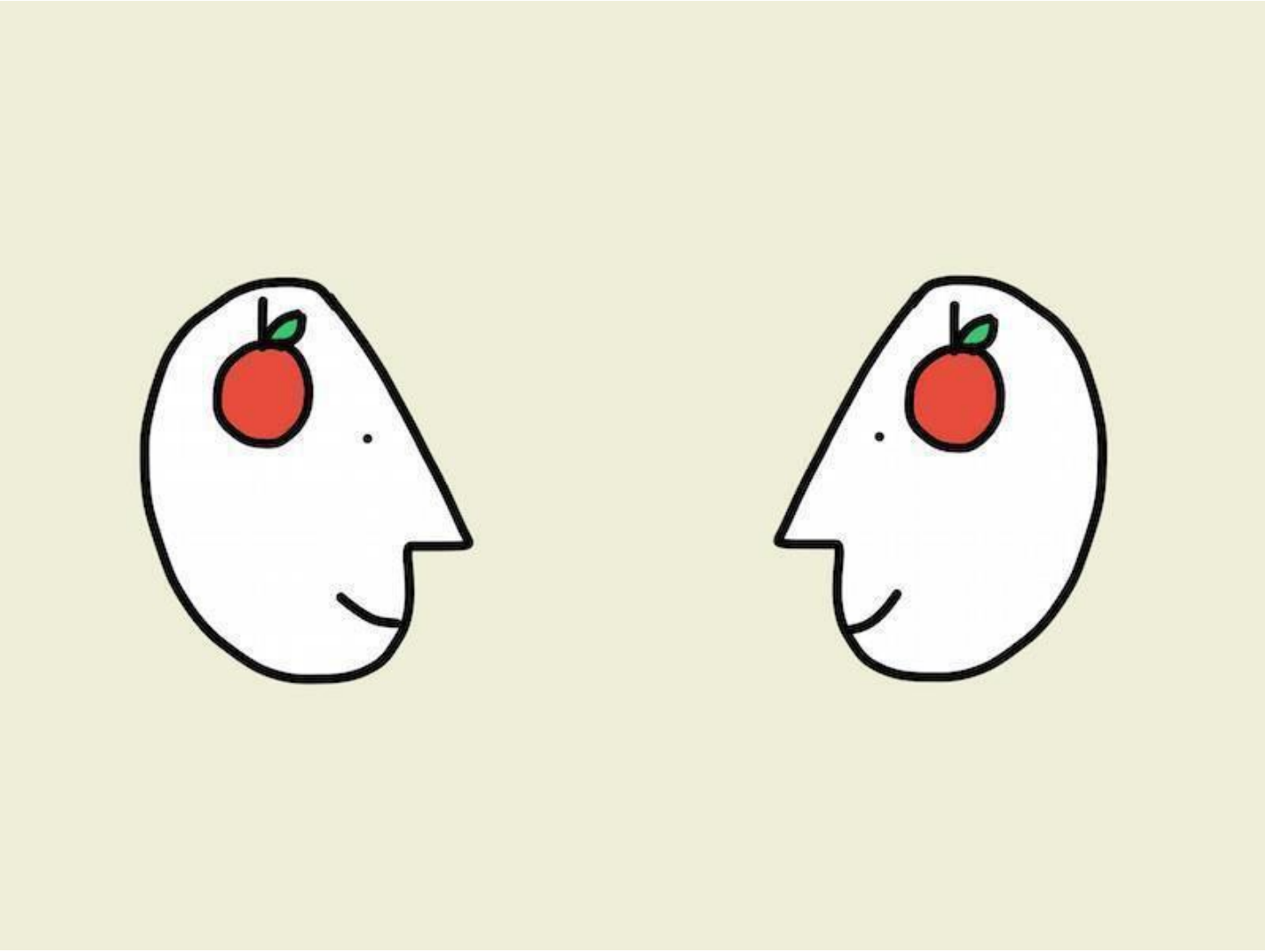


Image credit: https://www.linkedin.com/pulse/why-you-need-shared-language-blair-rorani/

Linking Families and Teens (LiFT)

Adaptation of the LiFT Curriculum in the Republic of the Marshall Islands (RMI)

Team Name	Youth to Youth in Health (YTYIH), with support from PPGNHAIK
Problem Statement	Intergenerational discussion of puberty and sexuality is taboo in Marshallese culture, which makes implementation of sex ed programs challenging.
Description	We adapted and implemented LiFT (an EBI developed for youth & caregivers in rural U.S. communities) in 2 sites in the Marshall Islands. Evidence from implementation in the U.S. shows that LiFT strengthens caregiver-child communication and builds community support for sex ed. Our experience with LiFT in the Marshall Islands demonstrates the potential power of caregiver engagement in sex ed, both in improving outcomes among individual youth and for the success of the program itself.
3 Key Findings	1. Adaptations were necessary for the Marshallese context. 2. LiFT was well received by participants, and many Marshallese groups are now requesting LiFT implementation in their communities. 3. We collected qualitative feedback from participants.
Status	***Formative Testing of the LiFT adaptation****:* We're doing some testing of the LiFT curriculum and looking for ways to further refine it for the RMI environment.
Learn More	Facebook: https://m.facebook.com/rmiyty/; Twitter: @RMIYTYIH Contact: Todd Mulroy, Project Manager, ytyihtacrmi@gmail.comyup
How can fellow innovators help?	1. Who are the hardest-to-reach youth in your communities? What strategies have you used to reach them? What ideas do you have for reaching them that you have yet to try? 2. What are some experiences/lessons learned in terms of training adults in sex education. 3. Can you think of settings where you work where you might want to implement something like LiFT? 4. Is anyone able to share best practices for working/implementing with Faith Based Organizations? 5. Does anyone have experience in engaging out-of-school youth?

Linking Families and Teens (LiFT)

Innovation Visual

Secure climate-controlled contraceptive box as specialty pharmacy at school-based health center

Same-Day Confidential Access to Broad-Range Contraceptives for Teens in School-Based Health Center at Low-No Cost

Team Name	New Mexico Medicaid and Title X Family Planning Program
Problem Statement	Teens, with or without health insurance, rely heavily on public resources to access confidential reproductive health services, including contraception, at convenient locations and affordable pricing.
Description	The New Mexico Title X Family Planning Program is exploring a collaboration with New Mexico Medicaid and Stellar Pharmacy Services to provide teens with same- day access to a broad range of contraceptives, including long-acting reversible contraception, at a pilot school-based health center (SBHC) via a secure climate- controlled cabinet. The cabinet and its software are capable of filing Medicaid claims electronically as well as stocking Title X contraceptives to be provided to teens without insurance or teens who require confidential Title X visits; hence, providing seamless same-day contraceptive access at SBHC.
3 Key Findings	1. While there is need for this type of contraceptive services, the number of users in the rural/frontier school locations might not be adequate to financially maintain such unit in the long term. 2. The school setting might not be conducive to provision of certain contraception, especially intrauterine devices. 3. Private pharmacy companies that provide this type of services such as Stellar Pharmacy Services are considered specialty pharmacies and currently do not have access to 340B Drug Pricing Program that would make this project less pricy to implement.
Status	***Trying something new out:*** This is just something we've been trying out and only recently started thinking of it as an innovation worth sharing.
Learn More	Wanicha Burapa, MD, MPH, currently a collaborator between the New Mexico Medicaid and Title X Family Planning Program, Wanicha.burapa@doh.nm.gov • https://www.hsd.state.nm.us/wp-content/uploads/LOD-80-SBHC-LARC-Inventory-Pilot-Project.pdf https://stlrrx.com/pub/project_target/StellarRX3/whatwedo.html • https://stlrrx.com/pub/project_target/StellarRX3/familyplanning.html • https://stlrrx.com/pub/project_target/StellarRX3/howitworks.html
How can fellow innovators help?	Are there Title X grantees that utilize private pharmacies to purchase and distribute Title X 340B contraceptives? I would like to connect with them.

Secure climate-controlled contraceptive box as specialty pharmacy at school-based health center

Innovation Visual

Unstained

An evidence-based, entertainment-education (E-E) mini-series to promote positive sexual health dispositions and behaviors among at-risk youth

Team Name	PCI Media/JJIIN
Problem Statement	Teens in the justice system are at greater risk for pregnancy and sexually transmitted infections (STIs). 50% of teen girls involved in the justice system experience pregnancy.
Description	"Unstained" is an evidence-based, entertainment-education (E-E) mini-series designed to disrupt disparities that negatively impact sexual and reproductive health outcomes for young people. The miniseries engages youth involved with (or at risk of being involved with) the justice system and result in: - Increased behaviors that prevent pregnancy and STIs. - Increased sexual consent among at-risk youth. - Reduced rates of teen pregnancy and STIs among teens in the justice system.
3 Key Findings	PCI Media conducted a needs assessment through a desk review, focus group discussions (FGD) and key informant interviews (KII) with youth and staff working on the New Mexico Children, Youth, and Families Department (CYFD). This was coupled with a co-design workshop to validate the findings from the research and receive creative input from participants to inform the storyline and overall intervention. Key findings from the needs assessment were: 1. While the rate of teen pregnancy has declined over the years, it has remained consistently higher than the national average in New Mexico and youth involved with juvenile justice (YIJJ) are at greater risk for teen pregnancy and STIs than their peers. 2. Rates of common STIs such as Chlamydia and Gonorrhea are higher in New Mexico than the United States overall. 3. There is an overall lack of access to contraception and sexual health services in New Mexico, particularly for system-involved youth.
Status	Currently, "Unstained" is undergoing preliminary testing to measure what are the effects, if any, in knowledge, attitudes, self-efficacy, interpersonal communication around effective contraception and consent, and behaviors for seeking sexual health information and services among youth exposed to the three-episode E-E video series. The intervention was tested in both, a virtual setting and as part of facilitated discussions, with youth involved with the justice system
Learn More	pcimedia.org / facebook.com/PCIMedia • Graciela Leal, Empowered People Program and M&E Lead, PCI Media, gleal@pcimedia.org • Jocelyn Iverson, Healthy Living Program Lead, PCI Media, jiverson@pcimedia.org
How can fellow innovators help?	We are very much looking forward to learning from other innovators particularly around working on the field of sexual health in the US in the current socio-political environment. What are some of the potential barriers to implementing this type of entertainment education video series? Is there anything we could do to better facilitate use of the videos in different settings? How can we help other innovators to think about how they use stories to support their own work?

Unstained

Innovation Visual

A PCI Media-produced miniseries to promote positive sexual health dispositions and behaviors among at-risk youth.

The Need: Teens in the justice system are at greater risk for pregnancy and sexually transmitted infections (STI)s. 50% of teen girls involved in the justice system experience pregnancy (HHS).

Our Response: "Unstained" is an evidence-based, entertainment-education (E-E) mini-series designed to disrupt disparities that negatively impact sexual and reproductive health outcomes for young people and their communities. The Policy Research Group has selected "Unstained" for a randomized control trial (RCT).

The miniseries will engage youth involved with (or at risk of being involved with) the justice system and result in:

- **increased behaviors that prevent pregnancy and STIs**
- **increased sexual consent among at-risk youth**
- **reduced rates of teen pregnancy and STIs among teens in the justice system**
- **overall better health outcomes and opportunities for young people**

Story Synopsis: Sofia and Micah, two teen girls in New Mexico are brought together after experiencing difficulties navigating family and romantic relationships. They meet Angel, a nurse at the detention center. As friends, they build a network of support that empowers them to build even stronger futures.

Why an E-E Approach? E-E influences social and behavior change at multiple levels of society. The bond between audiences and characters provides connection, role-modeling, and a trusted source of accurate information, leading to lasting behavior change.

Partners: prg; cyfd New Mexico Children, Youth & Families Department; OASH Office of Population Affairs

About PCI Media:
PCI Media is a communications nonprofit that leverages storytelling and community to accelerate social change. We engage with communities to build knowledge and change attitudes and behaviors on issues that prevent all people from living a healthy, self-determined life. Up to 90% of our audiences report changing issue-specific behaviors after exposure to our programs. To learn more visit pcimedia.org.

PCI Media Contact:
info@pcimedia.org

Thrivology

The science of how young people thrive

Team Name	Healthy Teen Network x Johns Hopkins Center for Adolescent Health
Problem Statement	To create a world where all young people thrive, Thrivology must first connect with professionals on deep, emotional levels to inspire trust in and uptake of our forthcoming resources.
Description	Healthy Teen Network and Johns Hopkins Center for Adolescent Health created Thrivology, an optimistic, affirming, grounded, assertive, and exciting brand. Collectively, these values come alive with a logo and marks that hint at our brand story; plain, down-to-earth language; and bold, nature-inspired collages. These and other meaning-rich creative decisions are captured in our *Brand Guidelines* to ensure forthcoming resources convey our values, are consistent and compelling, and ultimately shape a world where all young people thrive.
3 Key Findings	1. Creating a values-forward brand requires a structured, time-intensive process with multiple touchpoints for feedback and iteration. 2. A strong, complete, and cohesive brand may be built from the building blocks of several brand prototypes, including discarded prototypes from which useful elements are rescued. 3. When brand values exist in tension, making creative decisions is a generative balancing act where what may emerge is a consistent and compelling brand.
Status	Development
Learn More	• **http://thrivology.com/** • **Nicholas Sufrinko,** Creative Direction and Product Design Manager, Healthy Teen Network, nick@healthyteennetwork.org • **Milagros Garrido,** Director, Innovation and Research, Healthy Teen Network mila@healthyteennetwork.org
How can fellow innovators help?	How have you used brand guidelines in product development? What worked? What didn't? Connect with Nicholas and Milagros. Ask us questions or share your go-to resources for branding, design, and trauma-informed and inclusive services. Follow Thrivology.

Thrivology

Innovation Visual

Helping youth in care *THRIVE* through empowered conversations about sexual health and relationships

Team Name	Texas Foster Youth Health Initiative
Problem Statement	Youth in foster care experience disproportionate rates of unintended pregnancy, STIs/HIV, and interpersonal violence. They also face barriers to participating in school-based sex education such as lack of guardian consent, placement changes, and programs that are not tailored to youth with histories of trauma. Youth in care need medically accurate, trauma- informed education; foster caregivers and other supportive adults need resources and guidance to support youth.
Description	*THRIVE* is: • A 10-hour sexual health and healthy relationships curriculum for youth in out of home care, ages 14-19 • Trauma-informed, inclusive, and sex positive; designed with input from young people with lived experience in care, foster caregivers, and child welfare professionals • Delivered in 3 – 5 sessions; facilitation in small groups designed to support authentic engagement and youth voice • Part of an intervention package that includes *Brave Conversations* training for caregivers and other supportive adults.
3 Key Findings	1. Youth are very satisfied with *THRIVE* (average of 4.27 out of 5 points). Youth like that the program has opportunities for movement, discussion, and creativity. 2. Youth feedback shows that *THRIVE* supports a positive sense of self, provides opportunities to connect with peers, helps youth reflect on their relationships, and builds knowledge to care for sexual health. 3. Focus groups with staff at agencies that implemented *THRIVE* demonstrate the importance of staff and caregivers also receiving training through *Brave Conversations* to continue conversations about sexual health and help youth access information and health care providers, and problem solve.
Status	***Outcome or Pilot Testing:*** *We're conducting larger scale pilot testing and looking for early outcome data*
Learn More	Website: https://tfyhi.socialwork.utexas.edu/ Contact Person: Sharon Hoefer, Project Manager Email: sharon.hoefer@austin.utexas.edu
How can fellow innovators help?	We have had most success reaching youth in congregate care settings. How have you successfully reached youth in foster homes? How do you balance the need to fit agency timelines with prioritizing dosage and the need to build rapport and safety in the group environment?

Innovation Visual

THRIVE Theory of Change

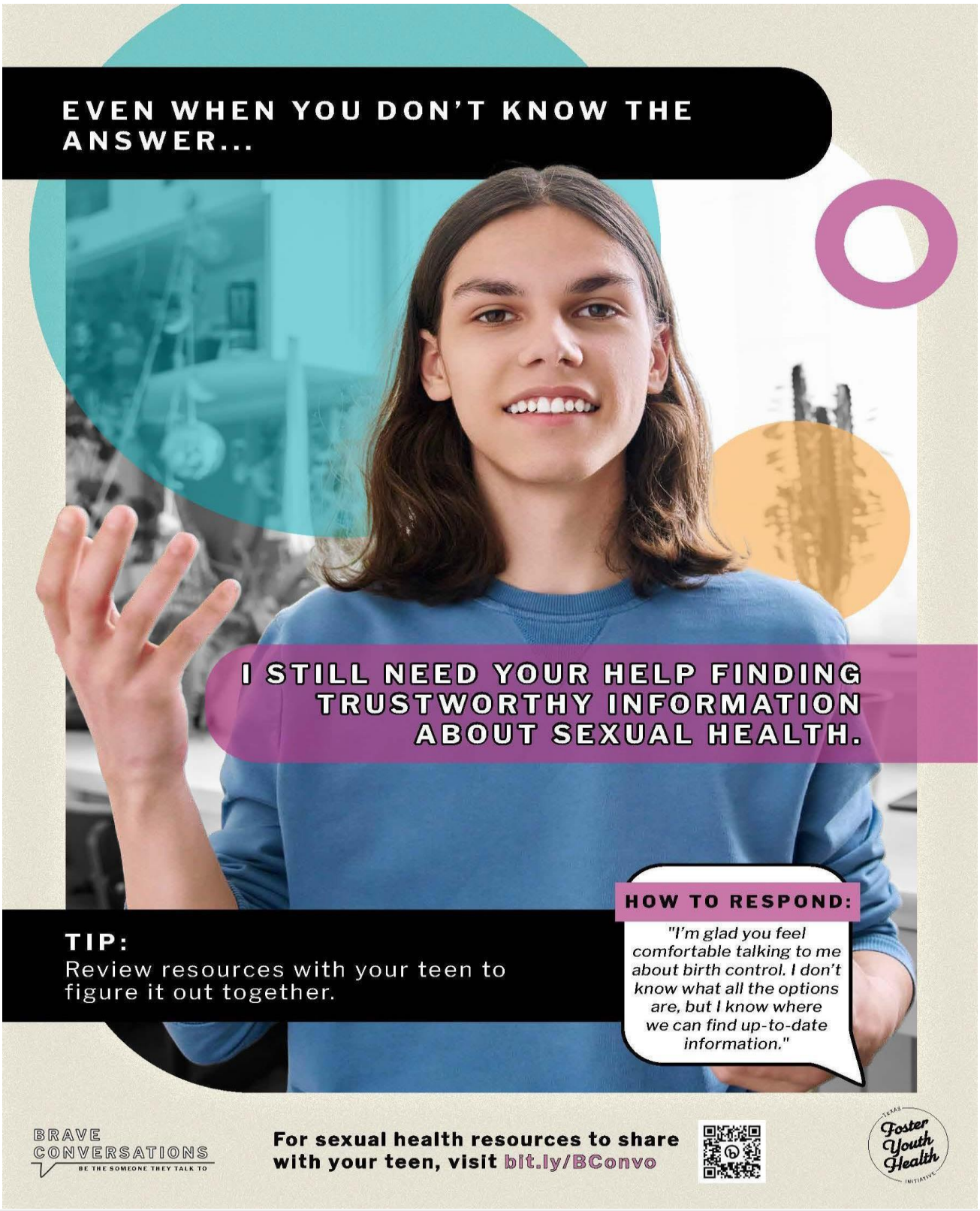
Brave Conversations

Be The Someone They Talk To!

Team Name	Texas Foster Youth Health Initiative
Problem Statement	Foster caregivers and child welfare professionals have an important role in supporting young people's sexual health and relationships, but they experience challenges in talking about these topics, including confusion about their role, lack of training on sexual health and adolescent development, and fear of retraumatizing youth.
Description	*Brave Conversations*: • Is a 4-hour training for foster caregivers, child welfare professionals and other supportive adults • Helps adults build skills to identify their own values, create inclusive environments, have trauma-informed conversations about sex and relationships, and respond to challenging situations • Is part of an intervention package that includes the *THRIVE* Youth Curriculum.
3 Key Findings	1. Training participants are satisfied with *Brave Conversations*, with 86% indicating they were "very satisfied" at post-survey. 2. Based on focus groups findings, participants feel more prepared to engage youth in open, non-judgmental conversations about sexuality and sexual health and experience positive changes from these conversations. 3. In pre and post training surveys participants indicate statistically significant increases in confidence and knowledge, and in their intention to talk to youth about sexual health; participants also indicate significant decreases in perceived challenges and increases in expectation -of positive outcomes. a. Changes appear to be maintained at 3 month follow up.
Status	***Outcome or Pilot Testing:*** We're conducting larger scale pilot testing and looking for early outcome data
Learn More	Website: https://tfyhi.socialwork.utexas.edu/ Contact Person: Sharon Hoefer, Project Manager Email: sharon.hoefer@austin.utexas.edu
How can fellow innovators help?	How have you worked to support adults in developing LGBTQ+ inclusive practices considering differences in religious and personal values? What kind of basic sex ed information do you provide to caregivers and other adults supporting youth?

Brave Conversations

Innovation Visual



Let's Talk About It: Sexual Health!

Classes for youth and parents of youth with intellectual and developmental disabilities

Team Name	Parent Educational Advocacy Training Center (PEATC), Disability-inclusive Sexual Health Network
Problem Statement	Lack of access to sexual and reproductive health education for youth with intellectual and developmental disabilities
Description	Our virtual classes are intended for youth (ages 14-22) and parents of youth with intellectual and developmental disabilities. Our uniquely designed, flexible curriculum offers stand-alone classes on 10 sexual health topics which are offered intermittently. We've also created a parent toolkit, which provides an overview on how to talk about sexual health, and 10 one-page fact sheets that cover the same sexual health topics as our curriculum.
3 Key Findings	1. This subject area is highly valued among parents of IDD youth and is greatly needed. This has been informed by parent feedback. 2. Lessons specifically created for IDD users eliminates barriers and results in learning. Utilizing the waterfall chat method has resulted in thorough pre/post data collection which indicates an increase in knowledge among participants. 3. Offering flexible, low-barrier programming attracts participants. This has been informed by parent feedback and successful registration rates.
Status	**Outcome or Pilot Testing:** We're conducting larger scale pilot testing and looking for early outcome data. We are currently following the protocol outlined in our IRB approval.
Learn More	Peatc.org; Tammy Burns, Project Manager & Family Support Specialist, burns@peatc.org Attending on behalf of Tammy: Jess Balac, Program Coordinator, DSHN; balacje@jmu.edu Adrienne Griggs, Innovation & Impact Coordinator, DSHN griggsae@jmu.edu
How can fellow innovators help?	1. How are others collecting data? 2. What data collection methods have they found to be most effective for their organization and program and why? 3. Are there a new way people are collecting data that could be accessible for IDD learners? 4. How are they sharing data with their stakeholders? 5. Are organizations making changes to their programming as a result of sharing information with stakeholders? 6. What have they found to be their most effective communication strategies?

Let's Talk About It: Sexual Health!

Innovation Visual

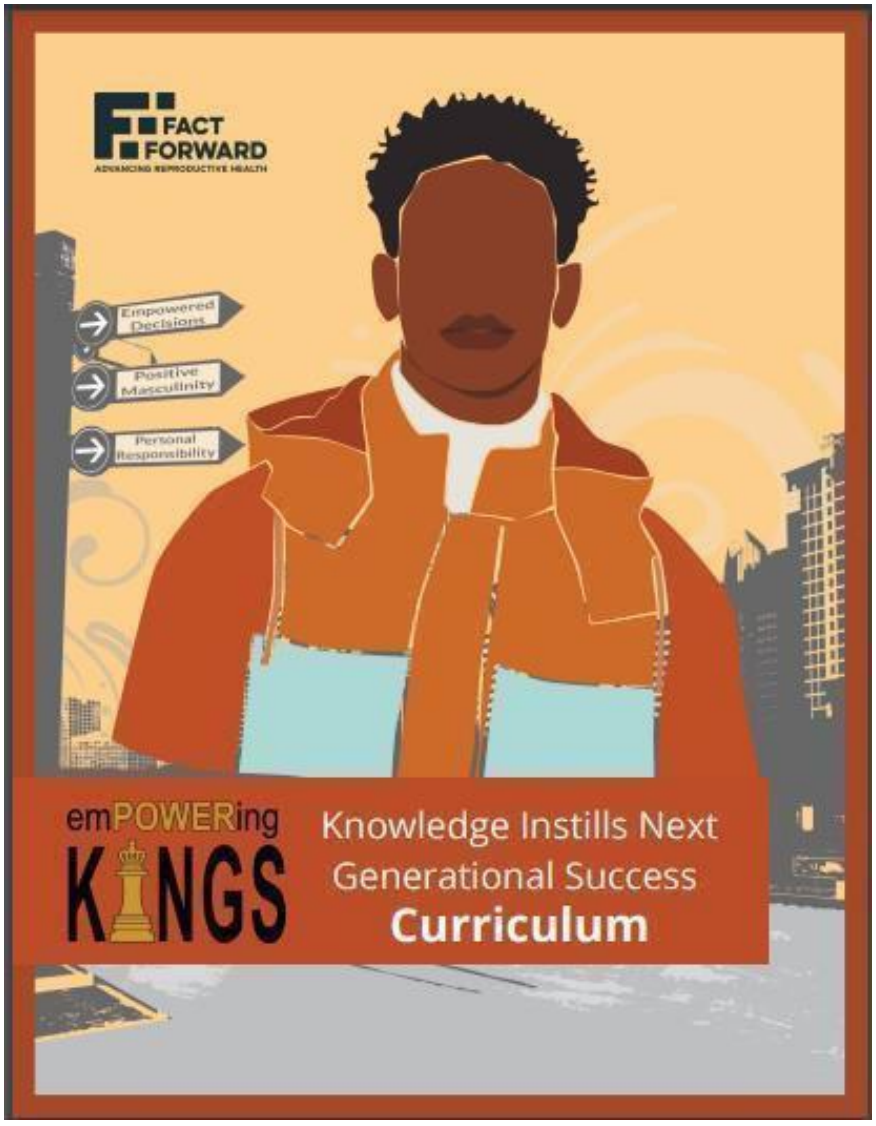
emPOWERing K.I.N.G.S.

Views from the Throne: Navigating Sexual Reproductive Health Education and Services for Black Males

Team Name	emPOWERed SC Network & Fact Forward
Problem Statement	Fact Forward surveyed community members in South Carolina, and overwhelmingly the response pointed to a lack of programming, strategies, and approaches geared towards black males specifically around reproductive and sexual health services and education.
Description	*empPOWERing K.I.N.G.S.* (Knowledge Instills Next Generational Success) is a ten-session curriculum and mentoring program designed to discuss personal responsibility, pregnancy prevention, healthy relationships, peer pressure, and positive masculinity through discussion with Black men and conscious Hip-Hop.
3 Key Findings	What did you learn about this innovation throughout development and testing? 1. During the development phase, network partners and youth expressed the importance of creating a space for Black males to open up with other black males through mentoring, which sparked the need to add a mentoring component as a core element to the curriculum, as well as a mental health lesson, entitled "Health is Wealth". 2. Youth and facilitators enjoy this unique curriculum, emphasizing session titles written in African American Vernacular, a variety of topics discussed specific to the Black male experience, as well as the use of hip songs throughout. 3. One quote from a facilitator states: *"A lot of the misconceptions were passed down from family members and/or friends. The program sessions encouraged conversations and critical thinking. Based on the spirited conversations, the young men saw other, and better, options outside of what they never questioned to be true, right, or best practice".* What data did you collect that provided these insights. • Pre and Post Surveys • Fidelity Session Forms • Debrief Interviews • In-person feedback
Status	***Early Formative Testing****: We're doing some early testing of our prototypes and refining it*
Learn More	Website: www.factforward.org Instagram: empowered.sc Facebook: emPOWERed. SC.FF Katrina James, Capacity Building Manager kjames@factforward.org
How can fellow innovators help?	1. What data collection strategies have you used to encourage youth to complete pre and post surveys? 2. What recruitment strategies have you utilized to retain youth for multi-sessions interventions? 3. How do you engage men as facilitators?

emPOWERing K.I.N.G.S.

Innovation Visual



BC4U Video Health Platform

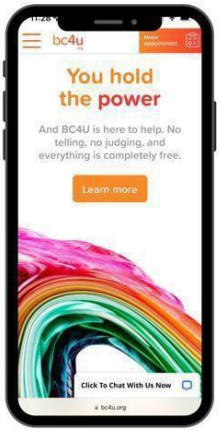
Youth want sexual health services that are free, confidential, easy and on demand

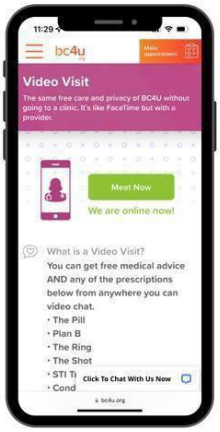
Team Name	BC4U; Children's Hospital Colorado & University of Colorado School of Medicine
Problem Statement	Barrier-free access to sexual health care for adolescents and young adults
Description	On demand video visits for sexual and reproductive healthcare through the Better Care for You (BC4U) program. Using any internet connected device with a camera and microphone, people 24 years old and younger in Colorado are able to access free, confidential video health visits when they want, and get testing supplies and prescriptions mailed to them. It is easy access, no login or password, and can be used whenever the clinic is open.
Key Findings	1. Youth want easy confidential access, without appointments, logins, passwords 2. The video health platform can expand access statewide, including to underserved and rural areas 3. Usage of the platform has decreased as the COVID Pandemic has slowed
Status	• ***Impact Evaluation:*** *We're preparing for or actively conducting one*
Learn More	BC4U Website: Direct Link to Video Visit: https://bc4u.org/about-video-visit/ Instagram & TikTok: @bc4ucolorado Andrea Loasby, MBA, MSIB, Director of Program Development (BC4U) and Payment Reform; andrea.loasby@childrenscolorado.org
How can fellow innovators help?	1. How can we market this service and increase video visit volumes? 2. What improvements do you suggest we make to the video visit platform?

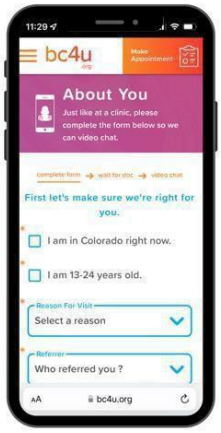
BC4U Video Health Platform

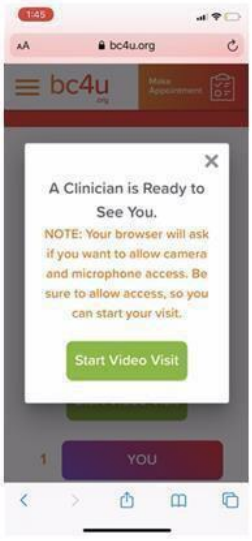
How our interactive platform looks:

On-Demand Video Visit Platform









Ask us to see our iPad! We can share a video showing the entire process or demo a visit.

Collective Impact through Trusted Messengers

Team Name	PRO Youth and Families
Problem Statement	Research shows that specific youth populations in Sacramento, Ca are more heavily impacted by teen births and STI's, and too few trusted adults have the tools and information about reproductive health to youth. Without trusted messengers who can provide information in a culturally relevant, youth- friendly manner, we will continue to see disproportionately high rates of teen pregnancy and STI's among Black/African American, Latinx, and Southeast Asia youth.
Description	The Youth and Family Collective uplifts and strengthens youth-serving organizations to drive collective impact for youth in our region. The YFC is building community capacity to provide responsive, equitable, and accessible programs and services for youth that address interconnected challenges and provide opportunities to support skill development and connectedness around important TPP (Teen Pregnancy Prevention) themes. The YFC builds on strengths of our region's community-based organizations (CBOs) that have established trusted relationships with youth in the community. Through its Youth & Family Collective (YFC) initiative, PRO has created the Youth Engagement Squad (YES), which mobilizes leaders from trusted community-based organizations in high- need neighborhoods to become facilitators of *Love Notes,* an evidence-based curriculum designed to give youth factual and accurate reproductive health information. The originations deliver the curriculum top small cohorts of youth to pair it with a paid service project opportunity that addresses optimal health. This strategy is a resource multiplier, increasing the number of trusted youth and adult messengers with accurate information about reproductive health, normalizes conversations about reproductive health, and links it to healthy relationship decision-making skills.
3 Key Findings	1. Each organization/individual we collaborate with have already built trusted relationships in their often hard to reach neighborhoods. When we empower these leaders with the flexibility to tailor and deliver TPP curriculum as they see fit, their voices are more likely to be received and the potential for collective impact is maximized. 2. Bringing a diverse network of organizations together around a unified vision creates a vital platform to learn from one another and thus, TPP curriculum and best practices continue to evolve and improve based on a sharing of lived experiences, methods and success stories. 3. An administrative burden and even competitive nature toward funding exist amongst smaller grass roots nonprofits. When YFC collaboration model is put into action, we are able to hold "administrative space" and make funding more approachable for all community-based organizations involved. This results in creating more time, flexibility and energy necessary for our partners to carry out their imperative work so more communities can thrive.
Status	***Outcome or Pilot Testing:*** We are currently in the piloting stage of this innovative project. We plan to continue this project implementation and utilizing the data received to refine the process and expand its reach.
Learn More	www.proyouthandfamilies.org/yfc, Sean LaTou-Jarquin Youth and Family Collective, Director of Special Projects SeanLJ@proyouthandfamilycollective.org

How can fellow innovators help?	1. Does anyone use the collaborative program model? 2. How is the collaboration structured? 3. What tools are used to support collaboration? Especially tools used to shared data collection and communication. 4. What innovative ideas do partners have support equity with their projects and partnerships? 5. How do other grantees navigate administrative challenges and barriers in partnering with smaller community-based organizations? 6. How are organizations working with cross-sector partners (e.g. governmental agencies, clinics, healthcare systems, etc.) for their projects?

Innovation Visual

Observing Trauma Informed Practices

Observing Trauma Informed Practices in School-based Sexual Health Education

Team Name	UChoose and the Johns Hopkin Center for Adolescent Health
Problem Statement	Despite the evidence of trauma adversely affecting youth sexual risk-taking behaviors and outcomes, implementation of trauma-informed approaches during sex education remains inadequately studied.
Description	Using Cardea's *A Guide to Trauma-Informed Sex Education* we adapted our facilitator observation guide to include items under the headings of Student Preparation; Social and Emotional Safety; Peer Support and Empowerment; and Cultural, Historical and Gender Issues.
3 Key Findings	1. Trauma Informed practices in the classroom can be challenging to capture through observations. 2. Teacher focus groups outlined trauma informed practices they use in their classrooms, yet observation data captures fewer practices.
Status	• ***Trying something new out:*** *We worked within our team to adapt observation measures from Cardea's A Guide to Trauma-Informed Sex Education. We will talk through the observation data and hope to brainstorm how to improve this portion of our observation guide.*
Learn More	https://www.uchoosebaltimore.org/ https://www.instagram.com/uchoosebaltimore/ Beth Marshall, Evaluator bmarsha2@jhu.edu
How can fellow Innovators help?	1. Have others tried to capture trauma informed practices through observations? 2. Are there measures that organizations use and would be willing to share? 3. Would love to connect with others trying to measure trauma informed practices objectively.

Your Sexual Health Toolkit

Accessible and engaging sexuality education for youth 16-24 with disabilities

Team Name	SHINE – Sexual Health Innovation Network for Equitable Education with Youth with Intellectual Disabilities, convened by Planned Parenthood of Greater New York
Vision	We believe that people with disabilities deserve access to the fullest range of sexual and reproductive health information and care they need and want. **Project SHINE envisions a world where youth with intellectual and developmental disabilities have equitable access to high-quality information and affordable health care, with supportive laws and policies that ensure the greatest autonomy and informed sexual well-being possible across the lifespan.**
Description	Our innovation, which is informed and co-created by youth with intellectual and developmental disabilities (IDD), is a multi-modal, accessible sexuality education web- based toolkit with a "Choose Your Own Adventure" theme. Launching in June, it will offer youth with IDD ages 16-24 and their support networks an engaging and varied learning experience to build an understanding of their body, sexuality and autonomy. Sections include: interactive glossary with detailed illustrations, curated resource hub, real stories about sexuality, and reflection questions & conversation starters. The website features accessible design, an intersectional equity approach, and will be available in English and Spanish.
3 Key Findings	Based on formative research (> 600 surveys with disability professionals and 10 focus groups with youth ages 16-24 with IDD, parents/caregivers and professionals) and pilot testing of early models with youth ages 16-24. 1. Youth want something they can use on their own, or with others if they want 2. Materials must be engaging, clear, and convey information in multiple ways (text, audio, video, illustration, games) 3. Youth want to be able to choose what and how they learn from youth interview participant in pilot testing: *"This website will provide a way to learn whatever you want to learn, because it has so much needed information presented in different ways."*
Status	We are currently testing our toolkit and preparing to launch in June 2023. Toolkit dissemination will be supported by trained Youth Ambassadors.
Learn More	Projectshinenetwork.org | Randa Dean, Project Advisor -- randa.dean@ppgreaterny.org
How can fellow innovators help?	1. What recommendations do you have on networks for disseminating this toolkit? 2. What funding streams do you know of to sustain and manage the website toolkit? 3. Have you managed a website across multiple partners? How have you made that work?

Your Sexual Health Toolkit

Innovation Visual

OASH | Office of Population Affairs

Activate Teen

A starter kit to help teens discuss needs and sensitive topics with providers

Team Name	Texas A&M University - Comprehensive Healthcare for Adolescents Initiative (CHAI)
Problem Statement	Adolescents have questions about their bodies and health but lack a sense of autonomy. Oftentimes they don't know what to ask or how to talk to providers about things like sexual health or mental health.
Description	Activate Teen (AT) is a starter kit for teens who don't know how or what to talk about with providers. AT is sent to adolescents when they schedule a healthcare appointment. The kit helps teens discover connections between products and questions they have and provides an appointment guide to tailor to their visit.
3 Key Findings	1. Throughout the development and testing of AT we have learned how to consolidate information into easily digested information to help them better prepare for this health care appointment. 2. To reach youth where they are before their health care appointment, we developed a mailing system which is effective but included working with additional partners and ensuring we all have clear understanding of responsibilities and expectations in order to fulfill the AT kit (development to mailing). Quantitative data included the number of "hits" and/or "clicks" a specific resources/page were accessed and to what extent. The qualitative data include "mock" health care appointments which strived to understand which topics youth needed the most support and/or resources in. 3. Lastly, the quantitative and qualitative data combined, reveal the feasibility of AT among youth participants.
Status	***Early Formative Testing:*** We're doing some early testing of our prototypes and refining it.
Learn More	Kelly Wilson – PI kwilson@tamu.edu https://www.chai-project.com
How can fellow innovators help?	1. How can providers/organizations become invested in ASRH before visits? 2. How might we reach adolescents before scheduling healthcare appointments?

Activate Teen

Innovation Visual

Confident Teen

Ensuring adolescents have confidential time with their providers

Team Name	Texas A&M University - Comprehensive Healthcare for Adolescents Initiative (CHAI)
Problem Statement	Many adolescent patients are not afforded the opportunity to talk with their healthcare provider one-on-one (away from their parent/guardian). Additionally, adolescent concerns about confidentiality can be a barrier to appropriate care regarding sensitive subjects such as sexual and reproductive health (SRH).
Description	Confident Teen (CT) is a systems approach designed with and for healthcare clinics serving adolescents. It includes a confidentiality policy to increase private time to ensure adolescents can communicate their sexual and reproductive health (SRH) and other health needs with providers. Adolescents receive information about confidentiality and their right as a patient to have it provided to them.
3 Key Findings	What did you learn about this innovation throughout development and testing? What data did you collect that provided these insights. 1. Adolescents do not know what is covered through patient-provider confidentiality. 2. Adolescents want time to talk one-on-one with their providers. 3. Adolescents are more open and honest about their health behaviors and questions when they have confidential, one-on-one time with providers away from parents/guardians.
Status	***Impact Evaluation:*** We're preparing for or actively conducting one
Learn More	Whitney Garney – PI wrgarney@tamu.edu https://www.chai-project.com/
How can fellow Innovators help?	1. How do you handle parents/guardians who are not supportive of confidentiality? 2. How can confidentiality help adolescents gain more ownership (autonomy) over their own health?

Activate: The Center to Bring Adolescent Sexual & Reproductive Health Research to Youth-Supporting Professionals

Team Name	The Activate Team is led by Child Trends and partner Chapin Hall
Problem Statement	We collaborate with youth-supporting professionals to identify needs for research- to-practice translation and strategies for making research more accessible and applicable. Our resources help youth- supporting professionals apply research in their everyday work with young people. By using Activate' s research-backed resources, translated into a user-friendly, easily digestible manner, professionals can focus on encouraging young people to make healthy choices about their sexual and reproductive health.
Description	The OPA-funded Research to Practice Center known as Activate: The Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals uses innovative and participatory-based research-to-practice translation methods to create research-based resources for use by professionals who support young people experiencing the child welfare and/or justice systems, homelessness, and/or disconnection from school and work (i.e., opportunity youth). We work with external contributors including young people, youth-supporting professionals, and researchers to identify needs for research-based resources, translate research into relevant content for youth-supporting professionals, inform the design of the resources including format and content, and to develop relevant dissemination strategies.
3 Key Findings	1. It is critical to create opportunities for meaningful engagement of contributors (researchers, youth- supporting professionals, and young people) at all stages of the research translation process. 2. We need to consider diverse types of research and evidence when translating research for youth- supporting professionals. For example, adapting research not initially conducted with or for young people experiencing the child welfare and/or justice systems, homelessness, and/or disconnection from school and work, or looking beyond research on sexual and reproductive health topics. 3. While not created directly for young people, we've learned that youth-supporting professionals use the language in resources when working with youth and are likely to give their resources to young people. Youth-supporting professionals and young people provide feedback across all stages of our research translation process to inform these lessons learned.
Status	***Development**: We're actively developing this as a coherent innovation*
Learn More	Activate's website: https://activatecollective.org
How can fellow Innovators help?	1. How can Activate reach a broader network of professionals who support young people experiencing the child welfare and/or justice systems, homelessness, and/or disconnection from school and work (i.e., opportunity youth)? 2. What aspects of adolescent sexual and reproductive health do you address and what types of resources are needed to support your work? 3. What do you think is most important to keep in mind when translating research into practice?

Activate: The Center to Bring Adolescent Sexual & Reproductive Health Research to Youth-Supporting Professionals

Innovation Visual

Model of Respectful Care

Team Name	Child Trends
Problem Statement	There has been a growing understanding of the inequities in sexual and reproductive health (SRH) care and wellbeing for historically excluded, marginalized and underserved populations. These changes underscore the critical need to help publicly funded family planning sites to focus on equity and apply a model of respectful care. In our previous innovation project, we found that providers were interested in prioritizing equitable and respectful care, but few reported having opportunities to (1) identify successful strategies that create equitable environments, (2) brainstorm ways to leverage assets from their clients and clinic, and 3) highlight facilitators and barriers to implementing respectful care in their clinics. Other analysis has revealed lower ratings of person-centered contraceptive counseling among Black, low English proficient Hispanic, LGBTQIA+ and low-income populations.
Description	Respectful, client-centered care is care that is provided to individuals in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm, discrimination and mistreatment, and enables autonomy and continuous support. We are developing a model of respectful sexual health care and will highlight how client, provider and clinic assets can be leveraged to ensure respectful care is embedded into family planning care and service delivery. Providers at Title X clinics will be interviewed to describe their understanding, approaches, and desires for respectful care; and then clients will be surveyed and interviewed on their understanding of and experiences with respectful care within family planning clinics.
3 Key Findings	While in the early stages of the project, we've learned: 1. Providers often understand client-centered care and respectful care to be synonymous 2. Providers feel there are several barriers to implementing practices that align with respectful care 3. Prioritizing respectful care practice takes effort and intention from not only leadership, but all staff in the clinic setting
Status	***Development**: We're actively developing this as a coherent innovation*
Learn More	www.childtrends.org Jenita Parekh, jparekh@childtrends.org Asari Offiong, aoffiong@childtrends.org Jennifer Manlove, jmanlove@childtrends.org
How can fellow innovators help?	We are currently interviewing providers across the country and would appreciate connections to any clinics that are implementing innovative practices that reflect respectful care. Some questions we have for fellow innovators: 1. How do you differentiate between client centered care and respectful care? 2. In a semi-structured interview, what strategies do you think will help us to identify respectful care practices that are being implemented in clinic settings? 3. What are ways that we can explore the feasibility, adoptability and acceptability of the respectful care model?

Model of Respectful Care

Innovation Visual

This model is adapted from the National Birth Equity Collaborative's (NBEC) Cycle of Respectful Care. [1]

[1] Green, C. L., Perez, S. L., Walker, A., Estriplet, T., Ogunwole, S. M., Auguste, T. C., & Crear-Perry, J. A. (2021). The cycle to respectful care: a qualitative approach to the creation of an actionable framework to address maternal outcome disparities. *International journal of environmental research and public health, 18*(9), 4933.

GCCT Positive Results Management

Efforts to improve management of positive results for GCCT in a large FQHC system

Team Name	Denver Health & Hospital Authority (DHHA)
Problem Statement	The problem we are looking to address with this innovation is improving proper follow up care after a positive chlamydia / gonorrhea (GCCT) result, which includes: • Timely treatment • HIV / Syphilis testing at the time of treatment • Retest for GCCT in 3 months (this component is important due to the high % of reinfection rate of GCCT in our health system)
Description	DHHA has implemented multiple systems to assess positive results management for GCCT which include the following: a Tableau reporting system to understand which aspects of care require follow up for individual patients and identify gaps in care, a smartset for providers to use during treatment to ensure proper follow up, and automated MyChart messages to remind patients to return for re-testing. This intervention intends to engage both medical staff / providers in proper management after a positive STI test, as well as engage patients in their care. This innovation strives to use both automated systems in the electronic health record (EHR) and staff training / buy in to effectively implement changes, however gaps in care still exist that have limited success for the intervention. This innovation could fit well in various health systems. Below is an example of one component of this intervention, the automated MyChart message: Title: **You're due for follow up** Message: ***"You are receiving this message because in the past year you tested positive for Chlamydia or Gonorrhea, common sexually transmitted infections (STI). Your health is important, and we recommend you get re-tested. No appointment is necessary, simply come to any Denver Health lab location to complete your test. Please reach out to us if you have questions. Thank you."***
3 Key Findings	1. When prompted with a MyChart message reminder to return for follow up GCCT testing, patients were more likely to return for follow up testing. 2. In order to receive the automated MyChart message for GCCT retest, patients must meet the following below criteria. However, many patients do not have an active and open order for repeat testing. This indicates there are major gaps in providers who are using the smartset to effectively manage positive results, which ultimately impacts the number of patients eligible to receive the prompting message.

GCCT Positive Results Management

<table>
<tr><td></td><td>
<table>
<tr><th>Criteria</th><th>MYC Messages Patient Inclusion</th></tr>
<tr><td>1</td><td>Patients ≥ 18 years with positive CT at last lab in prior 12 months and due* for retest</td></tr>
<tr><td>2</td><td>(1) and Active on MyChart</td></tr>
<tr><td>3</td><td>(1) and (2) and Open order for repeat testing</td></tr>
</table>
3. Data collected to provide these insights is all available through the HER. We measure number of eligible patients to receive the automated MyChart message, whether or not the message was read / unread, if the patient returns for retesting, if the patient returns solely for retesting or has an additional appointment, smartset usage
</td></tr>
<tr><td>Status</td><td>Trying something new out: This is just something we've been trying out and only recently started thinking of it as an innovation worth sharing</td></tr>
<tr><td>Learn More</td><td>Family Planning | Denver Health
Cori Depue (she/her), Community Health Planner
cori.depue@dhha.org</td></tr>
<tr><td>How can fellow innovators help?</td><td>1. Our title X program is integrated into a community health center network. For those working in large, complex systems, how have you gotten medical providers/ staff on board with using new systems tools (smartsets) to improve patient care?
2. We do not use our automated mychart messaging system for patients under age 18, which means we are missing a large number of patients who test positive for GCCT in DHHA system. I'm curious what other ideas folks have to encourage patients to return for STI testing that are under age 18 without a MyChart reminder.
3. For individuals who use electronic health messaging through MyChart / other systems, I'm curious how agencies have increased their read rate for messaging that exists in the EHR.
4. How are other health systems addressing proper management of positive STIs?
5. Data on follow up and STI management is limited, but at DHHA re-testing for GCCT is only completed by less than half of patients. How do other health systems ensure re-testing for patients who test positive for GCCT?</td></tr>
</table>

Paid Work Experiences

Helping youth build community relations, foundational life skills, and create employment opportunities

Team Name	Bethany Christian Services
Problem Statement	Youth are coming from low-income households with limited opportunities
Description	The Paid Work Experience Program is a community-based innovation for youth ages 14-18 aimed at developing positive self-concept, social skills, and conflict resolution. It enables youth to gain hands-on life skills through experiential learning and job training with intentional community worksite partners supervised by passionate adult managers. The program empowers youth to make healthy choices and think intentionally about their future, both in the workforce and personal life, while having money in their pockets and access to trusted adult guidance.
3 Key Findings	Through data collected found in surveys and focus groups, we were able to find that: 1. Youth felt more equipped for the work force 2. Youth gained a better understanding of team dynamics, personal responsibility, and communication 3. Youth found new ways to self-advocate
Status	***Development****: We're actively developing this as a coherent innovation*
Learn More	www.grcct.com Instagram: @protrek Latrece McDaniel-Director of Programs LMcdaniel@bethany.org
How can fellow innovators help?	1. Do you have questions for other participants? 2. Do you need feedback or help addressing a challenge? 3. Do you want to find new connections? Place those here. 4. What strategies do you use to keep youth involved in programming when they feel like quitting?

Paid Work Experiences

Innovation Visual

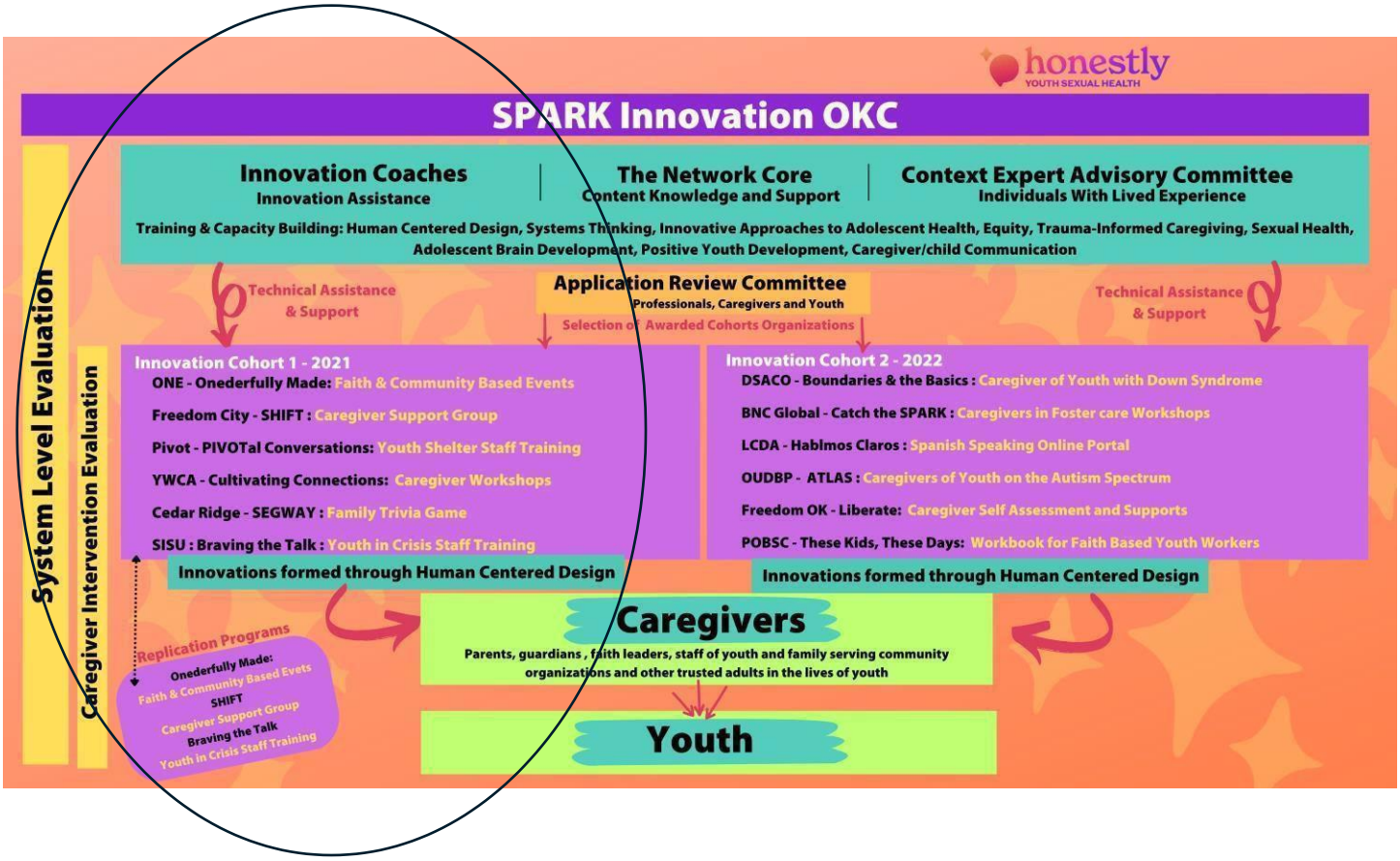
Innovation Replication

Taking innovative projects to the next level.

Team Name	Honestly
Problem Statement	We wanted to gain understanding and insight into innovations created to see if they can be implemented in other communities, with similar results.
Description	What: We took 3 innovations created by organizations in our first cohort and had them support 2 other organizations in implementing the innovation with their community. Who: Community-based organizations with a similar community to those in cohort 1. How: Organizations in cohort 1 recruited 2 other organizations. Cohort 1 trained and supported these organizations in implementing the innovation with their community and collected survey feedback.
3 Key Findings	What did you learn about this innovation throughout development and testing? 1. We learned how to structure support for replication organizations. 2. Saw courageous conversations being had between organizations and their participants. 3. Organizations were eager to implement innovative projects created by fellow community members and eager to have sexual health conversations with their caregiver community. Data to support these insights were gathered through feedback from implementation and original organizations via discussions in our check in meetings and surveys from the replication audience.
Status	***Impact Evaluation:*** *We're actively conducting surveying for knowledge, comfort, and capability.*
Learn More	@honestlyokc Carlie Deatherage, Program Manager cdeatherage@honestlyokc.org
How can fellow Innovators help?	1. Are you replicating your innovation(s)? 2. If you're a current innovation grantee, did you replicate any of your innovations? Why or why not? 3. If you did, how did it go? How did you structure it? 4. We'd love to hear from you if you have questions about our replication process or if you replicated, we'd love to hear how you structured it!

Innovation Replication

Innovation Visual



SPARK Tank

Where innovation meets community action.

Team Name	Honestly
Problem Statement	The problem we are trying to address with Spark Tank is a large-scale opportunity to share innovations created on the project with the greater community.
Description	What: An exciting event to showcase innovations created through SPARK Innovation OKC. Who: We invite partners on the project and of Honestly to join in as well as caregivers and other community members. How: Innovation cohorts have an overview video of their innovation, and then asked further questions by a panel of funders or project partners to gain a better understanding of their innovation. SPARK Tank wraps up with a keynote address.
3 Key Findings	What did you learn about this innovation throughout development and testing? 1. Organizations have enjoyed the opportunity to share their innovation and celebrate their successes with the wider community. 2. SPARK Tank was not only an opportunity to share innovations but generate engagement and excitement around innovation and sexual health in our community. 3. We learned how to make SPARK Tank more streamlined and better each year. This information was obtained via feedback from Honestly staff, and a survey from innovation cohorts.
Status	***Packaging:*** *We're packaging our final version and sharing*
Learn More	@honestlyokc Carlie Deatherage, Program Manager cdeatherage@honestlyokc.org
How can fellow Innovators help?	1. How have you showcased your innovative projects? 2. Did reading about SPARK Tank inspire any ideas? Feel free to reach out, we'd love to talk more!

SPARK Tank

Innovation Visual

Note: pictured is Spark Tank 2022 when we were Thrive and have since rebranded to Honestly.

OASH | Office of Population Affairs

Washington Youth Sexual Health Innovation &

A multi-level partnership model for youth-centered innovation in sexual health

Team Name	Washington State Department of Health (WA DOH) & Northwest Portland Area Indian Health Board (NPAIHB) Implementation Partner: SeaMar Community Health Centers	
Problem Statement	Strong partnership infrastructure and an intentional focus on improving health equity for historically marginalized communities are necessary for sustained innovation in youth sexual health programs. There is a need to build capacity at the systems level to facilitate equity- driven and community-led design, and to build capacity among community-based organizations to meet federal grant expectations in culturally and locally relevant ways.	
Description	• Our innovation is a state-coordinated, multi-level partnership model for Sexual Health Innovation Networks created and co-led by WA DOH and NPAIHB. • WA DOH convenes and co-facilitates a network of 10 tribal and non-tribal community partners developing 24 sexual health innovations to improve youth access to and experience with sexual health care. • As the only IIN grant held by a state government agency, WYSHIIN is testing an innovative approach to bridging youth sexual health work at the systems and community levels that may be replicated by other health departments.	
3 Key Findings	1. In reporting, Network partners indicated that the Network components they find valuable include funding for programs, networking with others who do similar work, access to resources and learning opportunities related to youth sexual health, opportunities to promote their organizations' work, and opportunities to collaboratively problem-solve. 2. Key informant interviews affirmed the importance of centering youth voice, embracing more holistic and culturally relevant approaches to sexual health, and 2SLGBTQ+ inclusion. 3. Key informant interviews also highlighted the challenges associated with contracting processes, and the value add of streamlined and partner-responsive grant reporting.	
Status	This innovation is in the Formative testing/Evaluation stage.	
Learn More	Nicole Casanova (she/her) Adolescent Health Performance Coordinator WA DOH Nicole.Casanova@doh.wa.gov	Justice Kurihara (she/her) Health Education Supervisor SeaMar Community Health Centers JusticeKurihara@seamarchc.org
How can fellow Innovators help?	1. What are the key components of your Network model? If not part of a Network, what coalitions or professional training/TA organizations in which you participate have helped your work move forward? 2. Which components have been most valuable to you? Why? 3. What challenge, if any, has belonging to a Network or Community of Practice presented? What helped you overcome that challenge?	

Innovation Visual

Washington Youth Sexual Health Innovation and Impact Network: Logic Model

Impact Statement: Build a multi-disciplinary network committed to improving youth access to and experience with sexual health care and increase youth engagement at the network coordination and implementation site levels

Inputs

Department of Health
- Adolescent Health
- Surveillance & Evaluation
- Title V MCH Block Grant Work

Northwest Portland Area Indian Health Board
- Healthy Native Youth
- We R Native

Office of Superintendent of Public Instruction
- Comprehensive Sex-Ed
- Washington Youth Sexual Health (WYSH) Survey and Plan

OPA funding

Activities

Network Coordination and Leadership (DOH + NPAIHB)
- Grow and coordinate multi-disciplinary network of partners
- Network communication
- Provide training and support to Implementation Partners
- Support community driven and culturally informed programming
- Utilize and expand existing relationships
- Network level youth engagement

Evaluation
- Collecting performance measures
- Process and Outcome Evaluation
- Innovation pipeline

Implementation Partners:
Greater Destiny Church
Nisqually Indian Tribe
Public Health – Seattle King County
Planned Parenthood (PPGHNAIK)
Quinault Indian Nation
Sea Mar Community Health Centers
Tulalip Tribes

Focus Populations:
Adolescents age 12-19 who identify as:
- 2SLGBTQ+
- American Indian and/or Alaska Native
- Black or African American
- Latinx

Outputs

Yr 1 & 2
- Network grows to 10+ Implementation Partners
- Interventions at all stages in the innovation pipeline
- Pivots made based on feedback
- Meaningful youth engagement at Network and Intervention level
- Statewide conference presentation

Yr 3
- 5+ interventions ready for dissemination
- National conference presentation
- Network sustainability plan in place

Short-term Outcomes
- Increased collaboration between DOH, NPAIHB and adolescent serving organizations
- Greater capacity across Network for youth engagement and innovation work
- Better understanding of what interventions work and what doesn't work
- Increased youth leadership and advisory roles across the state

Intermediate/ Long-term Outcomes
- Improved linkages and referrals between systems for youth sexual health care
- Adolescents report positive experiences accessing services
- Providers report increased competence and comfort providing youth friendly sexual health care
- WYSHIIN grows and is sustainable
- All adolescents in WA have access to youth-friendly sexual health care
- Fewer racial and ethnic disparities in pregnancy and STI rates among adolescents in WA state

Assumptions: Adolescents have unique sexual health care needs. Systems level improvements to adolescent sexual health services will better serve the needs of adolescents, reduce disparities, and contribute to their optimal health.

Washington State Department of HEALTH

NPAIHB Indian Leadership for Indian Health

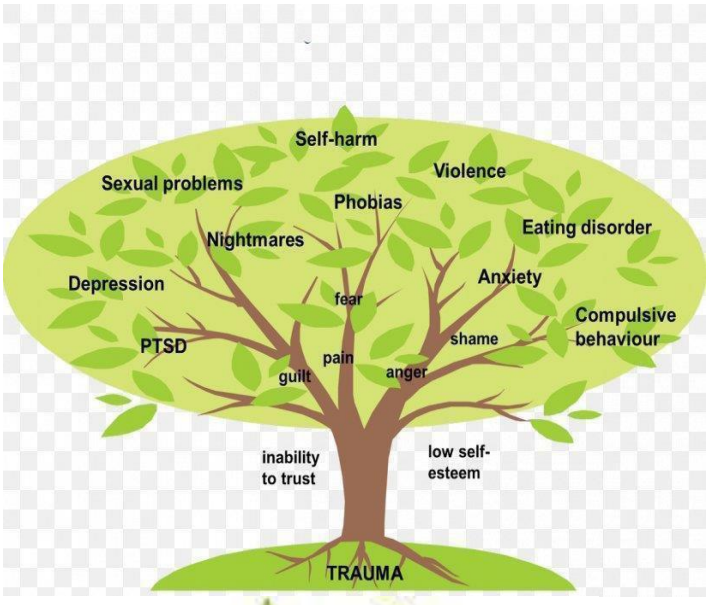
Youth Resource Coordinator

To be healthy as a whole, mental wellness plays the most important role

Team Name	Mission West Virginia, Inc. Youth Resource Coordinator
Problem Statement	Our youths' high needs and trauma require us to move from a trauma informed approach to a trauma responsive approach, involving looking at every aspect of our organizations programming, environment, language, and values, while involving staff in better serving youth who have experienced trauma.
Description	• We have moved our program to a trauma responsive program for the youth and families we serve. • Created a tier system to be able to meet the unique needs and levels of need of each youth. • Meet one-on-one with youth based on level of need. (e.g., high need/high trauma is level 3, meet in person more often than a level 1). • The Youth Resource Coordinator utilizes a multitude of service to meet the needs of the youth, such as, teaching coping and resiliency skills, advocating for them in the school system, being a safe adult with a listening ear, and referring out to other agencies as needed (i.e. family planning, counseling, medical treatment, basic needs, etc.).
3 Key Findings	1. Despite it being 2023, there is still a huge stigma in WV against mental health needs, especially for youth. This has caused youth to not reach out for help when needed. 2. The YRC has learned "you don't have to be a fancy therapist to help these youth. Just listening without judgement and being able to connect them to the right resources and advocacy encourages them to work through their trauma that can lead toward recovery." 3. We have not done quantitative studies; however, we know this position is helping through the success we are seeing in the students being served. For example: one of the students was living with a parent that did drugs and drank constantly, while allowing her daughter to also engage in these behaviors. Mom passed away and the student struggled with the trauma and loss of her mom, so she had depression, anxiety, and lack of motivation to continue with school and social well-being. Once she was in a stable household and started receiving the YRC services, she had a reported decrease in depression and anxiety. Also, now she has a 4.3 GPA and plans to attend college for psychology. She also loves to help our program and volunteers to be a part of any activities we have involving youth, such as being a panelist for the OPA Conference on youth mental health. Her goal is to help youth with similar issues that she has faced.
Status	***Early Formative Testing**: We're doing some early testing of our prototypes and refining it.*
Learn More	www.missionwv.org Autumn Wagoner, THINK Youth Resource Coordinator; awagoner@missionwv.org
How can fellow Innovators help?	Are other grantees seeing similar mental health issues with the population they serve? If so, what resources are available and how do they connect youth and families to these resources?

Youth Resource Coordinator

Innovation Visual



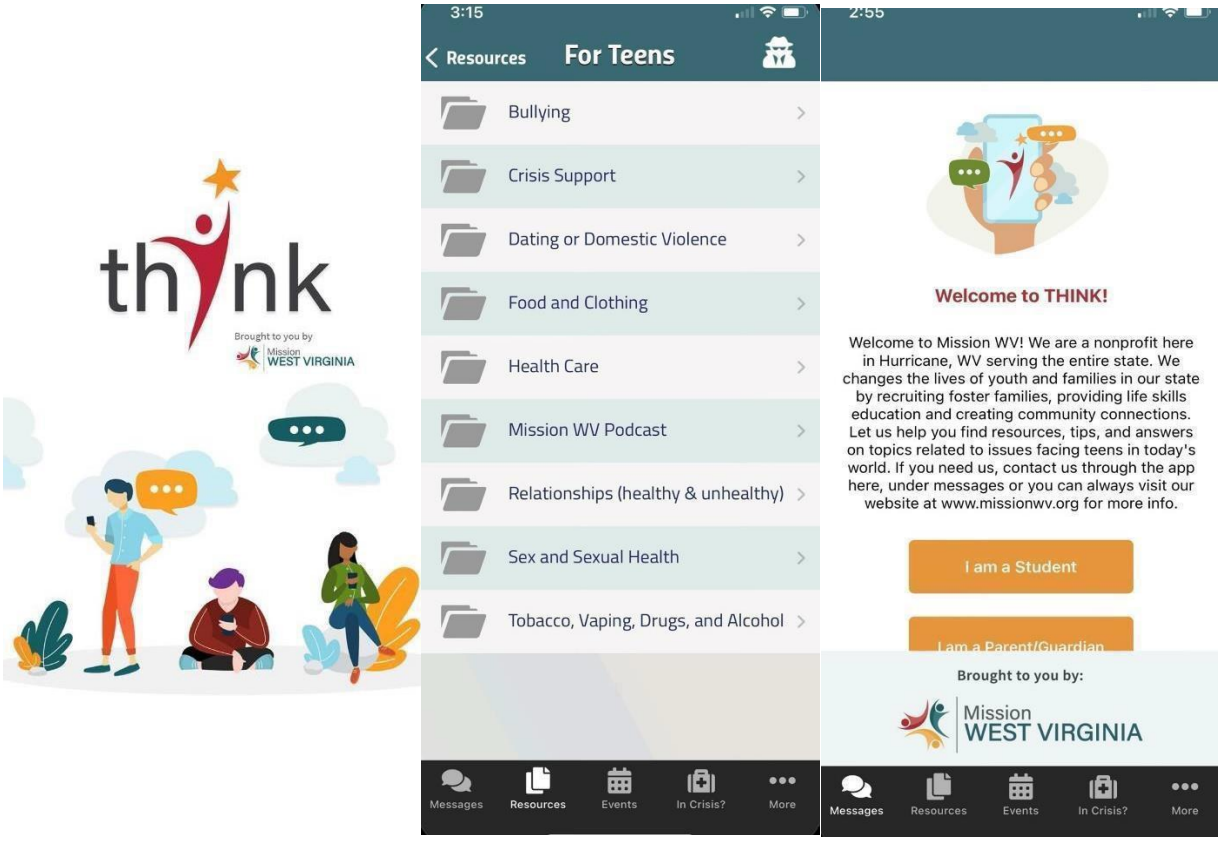
THINK APP

To provide resources and information to students and parents – at their fingertips, 24/7

Team Name	Mission West Virginia – THINK APP
Problem Statement	COVID enhanced the need for a digital world, one where youth and families can easily access information on their phones, at the touch of a button. We teach extremely important information, but also sensitive and sometimes traumatizing information, so how do we help our youth and families once we are done teaching? The THINK APP came to fruition. A one-stop-shop for resources, crisis lines, and communication for youth and their families.
Description	• Our App allows us to reach youth and parents – outside of the classroom setting. We are only with our students 8-14 days, but we know they have questions and concerns once we leave. This is a way for the educators to stay in touch with our participants throughout the grant period. • We created a one-stop-shop for parents, community members, and youth to find resources on youth related issues, including connecting to crisis lines with a click of a button. • Our main goal is to utilize the app for youth to find resources, tools, facts on teen pregnancy prevention. Data tells us that 70% of all Americans own smartphones and 50% own tablets. These mobile devices are responsible for 71% of the country's digital traffic. Recent research shows that 90% of their mobile time is spent in apps, and only 10% browsing the rest of the internet. We need to be where the youth are.
3 Key Findings	1. Since January 1, 2022, we've had 1221 students download the app. 224 identified as female, 249 identified as male, and 638 identified as gender fluid, gender neutral, non-binary, transgender or other. This data tells us that those who do not identify as male or female alone, need support the most. 2. We've received 56 messages from parents and 1027 messages from students. 3. We've not done any quantitative studies; however, we know that our students are sending questions about healthy and unhealthy relationships, abuse, and mental health to our educators looking for support. We believe providing this support and guiding students to the appropriate support resources, we are helping to provide optimal health.
Status	***Packaging**: We're packaging our final version and sharing*
Learn More	www.missionwv.org Becky White, THINK Marketing Director; rwhite@missionwv.org
How can fellow Innovators help?	We'd love to direct out students and parents to resources created by other grantees. If you have created a resource repository, we'd love to see it! Are there other digital means that grantees are using to reach youth and/or families?

Think APP

Innovation Visual



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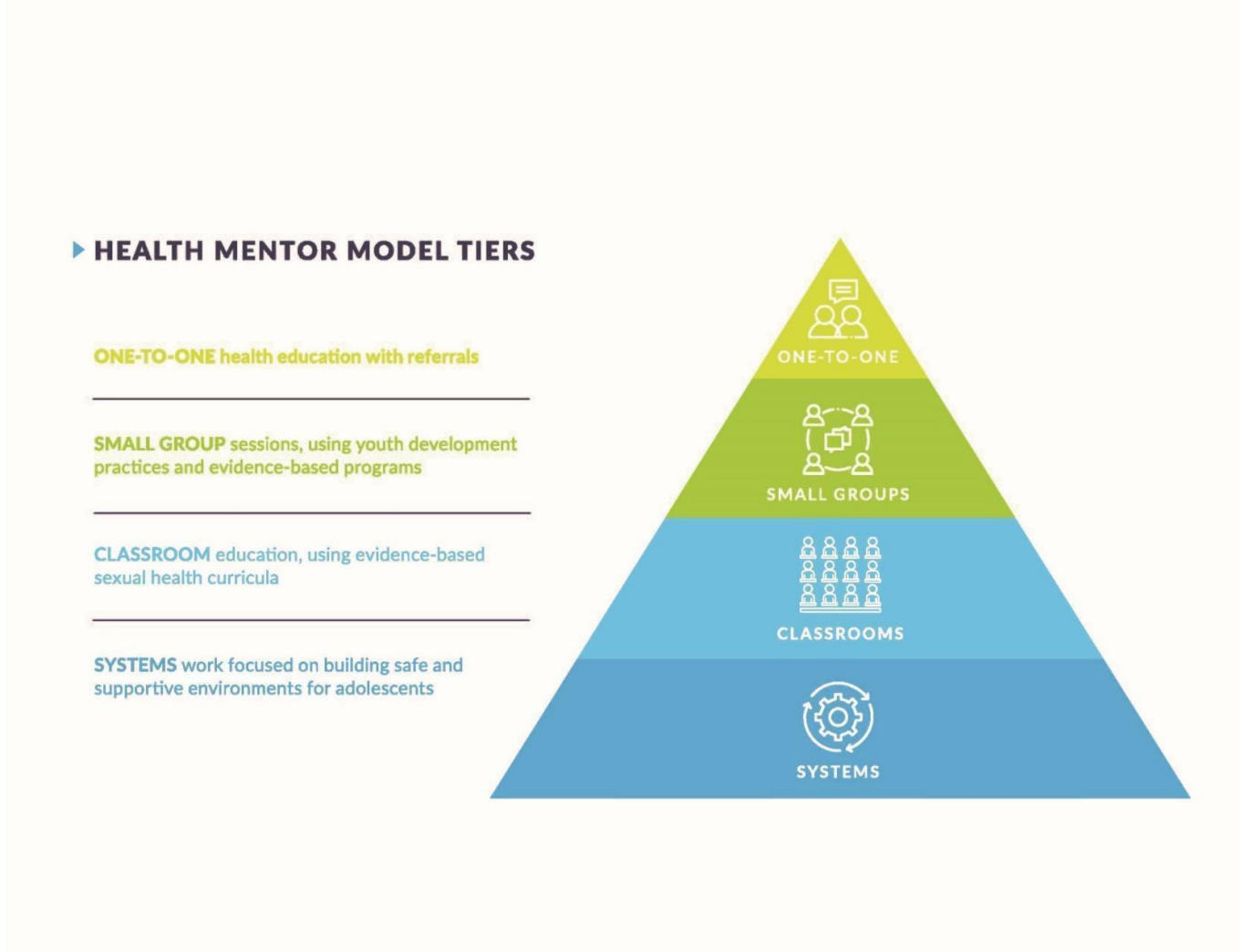
Health Mentor Model

A sexual health educator embedded in a school setting

Team Name	Better Together Hennepin (BTH)
Problem Statement	The Health Mentor Model (HMM) was developed as a holistic, flexible, and responsive model that centers on the implementation of evidence-based programming to improve adolescent sexual health, while drawing on community wisdom, addressing inequities, responding to local needs, and building a bridge for young people between clinics and schools.
Description	The HMM is a cross-sector partnership between Hennepin County Public Health, adolescent-friendly clinics, and schools in communities highly impacted by health disparities. The HMM embeds a sexual health educator called a Health Mentor (HM) full time in a school. HMs are employed by adolescent friendly clinics to build a bridge for young people between the clinic and school. The HMM uses a health equity framework through continuous youth and community engagement, creating relevant programming that is culturally responsive and inclusive. The HM provides: • High-quality evidence-based sex education in classrooms • Small groups using youth development principles • One-to-one education and support utilizing Motivational Interviewing including warm referrals to supportive services • Systems work to create safe and supportive environments where students learn
3 Key Findings	1. Teen pregnancy and STI prevention alone is not adequate. Mental wellbeing is a crucial component of sexual health. 2. The model is overwhelmingly supported by young people and by school staff AND it can look quite different in different sites. 3. Partnerships and community engagement are key. This work requires strong relationships with everyone involved in the project. This not only provides constant opportunities for quality improvement and refinement but is also protective in times of controversy. Data collected to inform these findings includes: • Youth and staff surveys • Youth listening sessions, YLC engagement • Staff listening sessions, stakeholder interviews • Observations • Constant engagement between schools, clinics and BTH
Learn More	https://www.hennepin.us/bettertogether Emily Scribner-O'Pray, Better Together Hennepin Supervisor emily.scribner-opray@hennepin.us
How can fellow Innovators help?	1. Share ideas for how we can better engage parents in the Health Mentor Model. 2. We have mostly implemented this model in high schools and have just begun a middle- school pilot in three sites. How do you think this model might address the developmental needs of middle school students? How might it look different? 3. Ideas for outcome evaluation. How to evaluate when EBPs are embedded into the model.

Health Mentor Model

Innovation Visual



Young Parents Peers Program

Team Name	SRH Design Team (Latin American Youth Center x Unity Healthcare) As part of the D.C. Primary Care Association DCNEXT! project
Problem Statement	To empower EPTs with the education and resources needed to make confident and autonomous decisions about their individual sexual and reproductive health.
Description	YP3 is a peer-to-peer case management and support program to help expecting and parenting teens (EPTs) discuss, define, and achieve their sexual and reproductive health life goals.
3 Key Findings	1. Reproductive health goals looked different for each participant! 2. The term "SRH" has different meanings. What do we define as "sexual and reproductive health?" 3. Reproductive health goals look different for each participant!
Status	We are currently piloting three cohorts of YP3, with two completed to date. Using a baseline and end-line survey, our key measures are knowledge of community resources; knowledge of contraceptive methods; participant's confidence in making reproductive health decisions; and the net promoter score (% recommending to peers). We have completed two pilots, with a third scheduled to launch in March 2023. As such, the Innovation Exchange is being held at a pivotal point in our timeline. It will be a wonderful opportunity to pitch YP3, share results, and collect feedback moving forward.
Learn More	Jennifer Flores Sexual and Reproductive Youth Developer, Jennifer.Flores@layc-dc.org
How can fellow Innovators help?	Identifying new community partnerships and overlap in programming

Wine & Sex Ed Nights

Back to school with EyesOpenIowa!

Team Name	EyesOpenIowa
Problem Statement	It has been challenging to engage with parents/caregivers in a meaningful way.
Description	A parent-host brings together 8-12 of their friends for an evening at their home. EyesOpenIowa staff provide one lesson from an EBP for the parents who are the "students" for the event, and staff facilitate conversation after the lesson. Snacks are provided and wine is donated. EOI staff follow-up by email with resources.
3 Key Findings	1. Parents/caregivers want and need conversation and resources. 2. In depth feedback from parents/caregivers can significantly impact strategies and support for the project. 3. Creating a safe space increases support between parents, even those who do not know each other. EyesOpenIowa collects qualitative data through feedback from hosts and participants and provides summaries of this to project staff.
Status	***Trying something new out:*** *This is just something we've been trying out and only recently started thinking of it as an innovation worth sharing*
Learn More	www.eyesopeniowa.org Shari Stucker, Director of Programs, Shari@eyesopeniowa.org
How can fellow Innovators help?	1. How to expand reach without doing broad advertising? 2. What types of data to collect consistently that would help assess parent engagement levels, equitable access and reach, and the overall project?

Wine & Sex Ed Nights

Innovation Visual

Principles to Promote Youth Voice and Meaningful Engagement in SRH Programming

Meaningfully Engaging Youth in Sex Ed is a Matter of Principle(s)

Team Name	YEN (Youth Engagement Network)
Problem Statement	Many youth, particularly BIPOC cishet young men, BIPOC LGBTQ+ youth, and youth living in rural areas are disenfranchised from, or do not even have access to, sexual health education in their schools and communities. With heightened polarization around sexual health education, it is our responsibility as youth-serving professionals to meet young people where they are and engage them in sexual health programming in ways they see as meaningful and that elevate their voices. However, we lack a guiding model that provides a common language for talking about meaningful youth engagement, shared power and voice, and innovative ideas for achieving this. We set out to answer the following questions: What conceptual model/framework depicts the components of and change processes behind meaningful youth engagement and voice (for our YEN priority populations) in a way that can guide intervention development, implementation, and evaluation of sexual health education programs? What systematic, science-driven process can we use to create this model and allow us to hear from the youth themselves about the practices that promote shared power and voice and engage them in ways that are most meaningful?
Description	• In 2022, the Youth Engagement Network undertook a group concept mapping process to create a conceptual framework for elevating youth voice and resulted in 5 Principles of Youth Voice and Meaningful Engagement in Sexual Health Programming. • Comprehensive and multi-faceted, the youth-identified principles highlight for practitioners the nuances of engaging young people, particularly those whose voices have not typically been heard, in sexual health programming. • The principles describe the importance of representation and relatability to young people's intersecting identities, while also naming the necessary power shift in program development and implementation for sharing power with young people who are the experts of their own needs. • Most importantly, these principles speak to systems of oppression and how creating healing-centered and affirming spaces allow them to engage in impactful and safe conversations about their sexual health.
3 Key Findings	We have been leading qualitative discussions with youth people and practitioners in sexual health education who work with young people. We learned: 1. We need to value the whole youth and their experience, supporting them in building power. Youth leadership development is a potential entry point for meaningfully engaging young people and developing strong peer/community education models. 2. We are constrained by our own thinking. Through equitable youth-adult partnerships, it is necessary for us to reimagine sexual health for young people by transcending "youth empowerment" and "accessible programs". 3. Providing equitable, affirming, and non-shaming sexual health programming for young people is an ongoing journey and dialogue, one in which we engage in bidirectional and nuanced conversations with youth and their communities.

Status	***Vetting:*** We are in the process of vetting the principles with groups of young people across the U.S. and adults who work with young people in sexual health programming. ***Developing Talking Points and Tools***: We are working with our Network to develop talking points for youth and adults to use with a variety of audiences to discuss the principles. We also are identifying tools – such as checklists – that will help practitioners apply these principles.
Learn More	https://www.etr.org/yen/ ; Pam Drake, YEN Evaluation Director, pam.drake@etr.org
How can fellow Innovators help?	1. We wonder… How well do the programs you represent reflect these principles? 2. Where are the gaps? 3. What tools do you need to bring these to practice?

Innovation Visual

The following practices foster meaningful engagement of young people in sexual health programming through sharing power, elevating youth voice, and expanding equitable youth access to medically accurate information and compassionate and relatable role models that affirm intersecting identities and promote sexual wellbeing.

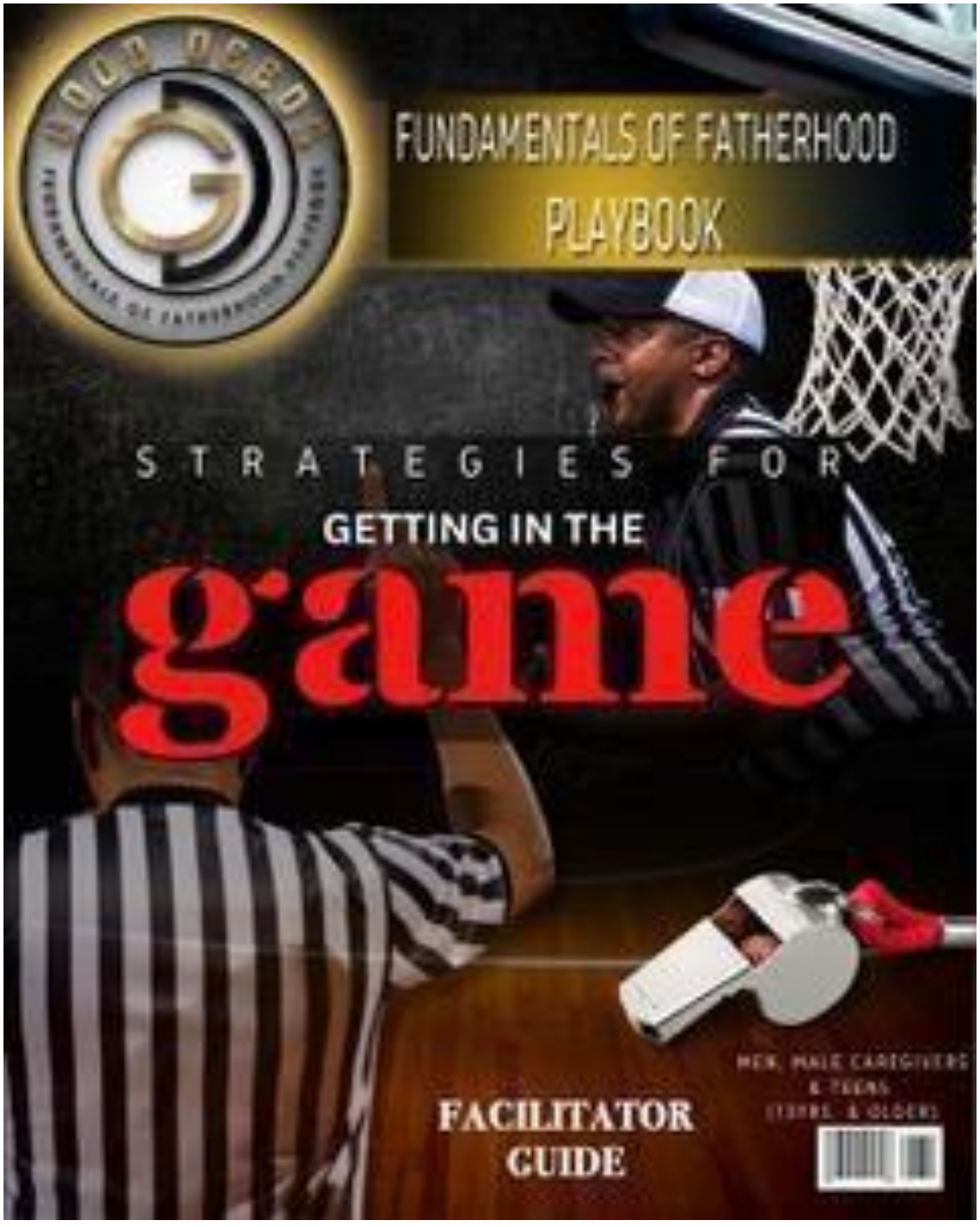
Good Deeds Ministry Presents: The Fundamentals of Fatherhood Playbook

Empowering & engaging parents and teens through a fatherhood/teen playbook

Team Name	Morehouse School of Medicine – Health Promotion Resource Center Statewide Network Among Partners for Parents/Caregivers (Statewide Network)
Problem Statement	The Fundamentals of Fatherhood playbook seeks to address the problem of lack of communication between fathers and/or male caregivers and adolescent male children. The playbook's goal is to improve decision-making as it relates to health, relationships, sexual health, and overall adolescent health and wellbeing.
Description	The Playbook uses fundamental skills, drills, and practices of basketball as a method to bridge the father and son relationship. The Playbook allows fathers to communicate with sons about what it means to be a man and a father, good decision-making as it relates to health, relationships, sexual health, and overall adolescent health. The Playbook helps sons learn to seek their father's guidance and consult them as a resource on sex and relationships, contraceptive use, and risk reduction.
3 Key Findings	1. Across five content areas, 66% fathers and male caregivers found topics helpful, 52% learned something new, 40% used the content to make a parenting decision and 39% talked to their teen about topics. 2. The most helpful session/topic was Module 1: Definition of Fatherhood (75% of fathers). The session/topic that provided "New Learning" the most was Module 5: Coping with Stress and Decision Making (59% of fathers). 3. 90% of fathers reported that the group discussions were very helpful in learning how to communicate with teens better and 77% of fathers reported that the group discussions were very helpful in teaching them how to help teens avoid sexual risk and pregnancy
Status	• ***Early Formative Testing**: We're doing some early testing of our prototypes and refining it* • ***Outcome or Pilot Testing:** We're conducting larger scale pilot testing and looking for early outcome data* • ***Impact Evaluation:** We're preparing for or actively conducting one*
Learn More	www.fathersandsonsplaybook.com Facebook: https://fb.watch/k7VbCWg96A/?mibextid=DcJ9fc Dr. Vincent Dortch - CEO abcdortch@yahoo.com
How can fellow Innovators help?	1. What is your dissemination plan for your innovation? 2. Do you plan to conduct or participate in a rigorous evaluation of your innovation? 3. What are some challenges you faced during the development of the innovation? 4. How did you address the challenges?

Good Deeds Ministry Presents: The Fundamentals of Fatherhood Playbook

Innovation Visual



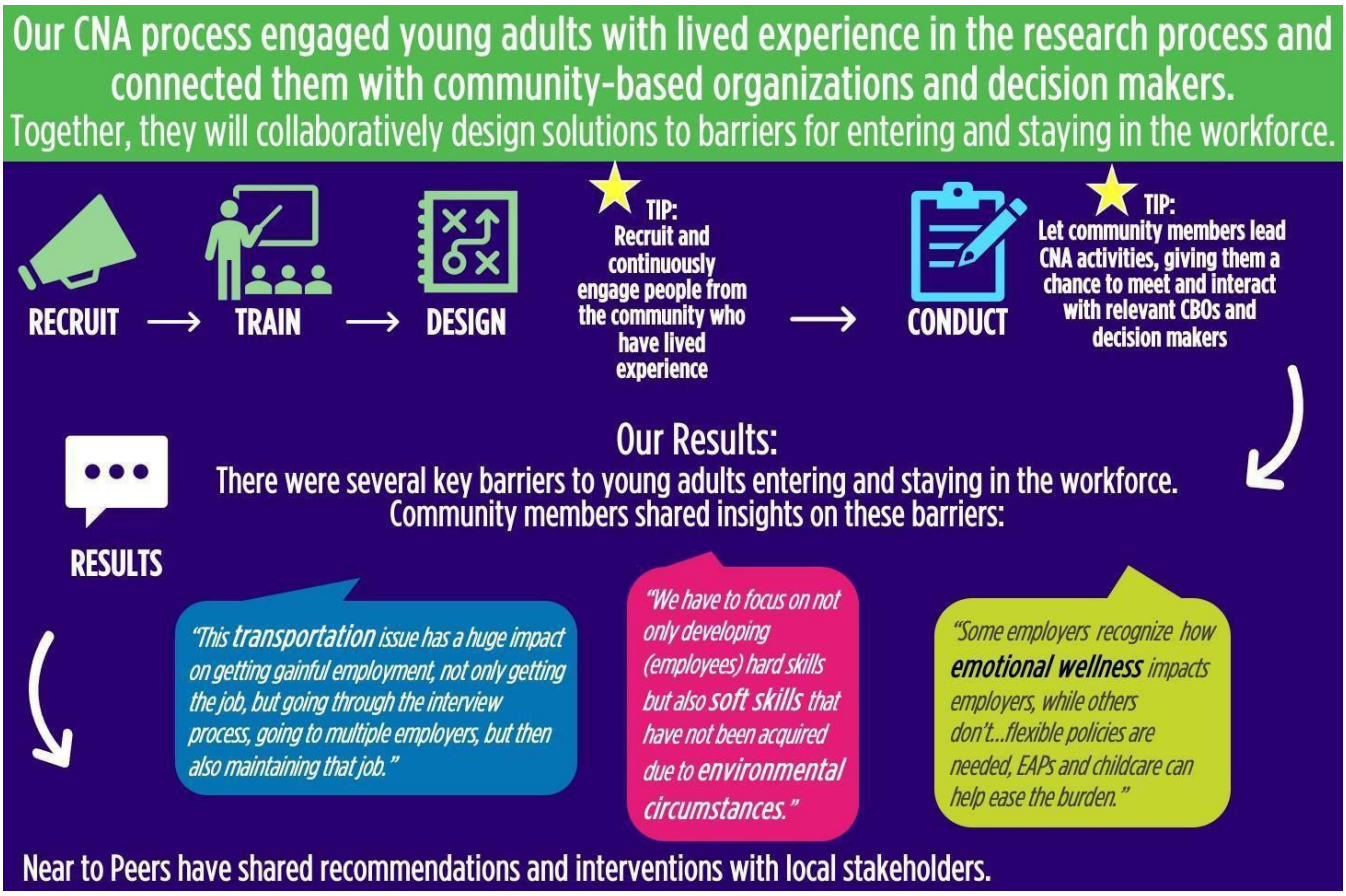
Co-Creating Pathways to Employment

Co-Creating Pathways to Employment with Young Adults in Buffalo, NY

Team Name	HOPE Buffalo, a project of Cicatelli Associates Inc.
Problem Statement	Certain Social Determinants of Health (SDH), such as low income and unemployment, have been directly associated with higher teen pregnancy rates. Accordingly, HOPE Buffalo, in collaboration with community-based partner Erie Niagara Area Health Education Center, recruited community members ages 18-21 (**Near to Peers; NTPs**) in November 2021 to spearhead a community needs assessment (CNA) focused on creating pathways to employment for young adults in Buffalo, NY.
Description	• The NTPs participated in a series of CAI led training sessions on conducting community-based participatory research (CBPR)— including concepts teaching them how to collect qualitative data through motivational interviewing and focus group facilitation. • Rooted in the social-ecological model, this training built their capacity to create research questions, conduct research, and to identify the best methods to collect data based on their understanding of the context and community. • The NTPs developed research questions and then collectively decided on the types of community stakeholders they would like to engage via three CBPR methods—interviews, focus groups, and surveys. • NTPs were able to identify key themes from the CNA results to guide their own development of proposals to improve pathways to employment.
3 Key Findings	Key themes included several barriers to entering and staying in the workforce in Buffalo, NY: 1. Access to mental health and emotional wellness benefits 2. Access to mentorship in the workplace 3. Lack of resources/supports for successful employment (e.g., transportation)
Status	Upon completion of the CNA, CAI staff facilitated two additional trainings courses to further equip NTPs as leaders in charge of prioritizing which employment pathway barriers to address with their own recommendations and strategies. The NTPs narrowed down their recommendations and strategies to address three topic areas: employee resources/benefits, grace period/trial period/internships, and mentorship. The NTPs presented their recommendations and strategies to key stakeholders in Buffalo, NY in December 2022 (stakeholders included employers, workforce development organizations, and individuals at higher education institutions who connect with young adults to career opportunities). CAI is currently working with workforce development organizations, employers, education institutions to pilot NTP recommendation implementation.
Learn More	https://caiglobal.org/projects/hope-buffalo-optimally-changing-the-map-for-teen-pregnancy- prevention/ https://www.instagram.com/hopebuffalony/?hl=en https://www.facebook.com/hopebuffalony/ Jorge Valderrama, PhD Senior Researcher, jvalderrama@caiglobal.org
How can fellow innovators help?	1. Has anyone else conducted a needs assessment related to social determinants of health associated with teen pregnancy/teen births/STIs? 2. If so, how did you publicly share results (maps, infographics, etc.)? 3. Were any tools/strategies developed because of the needs assessment?

Co-Creating Pathways to Employment

Innovation Visual



Taking Time for Teens (T3) Project

Inspiring positive youth outcomes through social media engagement

Team Name	Morehouse School of Medicine – Health Promotion Resource Center Taking Time for Teens (T3) Project
Problem Statement	This innovation addressed the need to engage youth in the T3 Project and encourage them to advocate for themselves regarding health and community issues that impact their lives.
Description	Working with youth from various Youth Leadership Council (YLC) Groups in the service area, TikTok videos were created centered around health topics that the youth felt were relevant to achieve optimal adolescent health. Each YLC Team worked collaboratively to choose a topic and develop a short skit, which was filmed and posted on the T3 TikTok page. This proved to be an effective tool as there was a significant increase in the T3 social media activity once the videos were posted as well as increased youth engagement with the project overall.
3 Key Findings	1. The month (August 2023) the 7 TikTok videos were posted, the overall social media reach jumped to 316 followers and 5,035 interactions. 2. The development of the TikTok videos also served as a team building activity and allowed youth to use their voice to share scenarios around health issues that they felt were important in their lives, schools, and communities. 3. The youth also gained skills in effective communication, goal setting, and how making good behavior choices helps to reduce risks that can impact the goal of optimal adolescent health.
Status	***Trying something new out:*** *This is just something we've been trying out and only recently started thinking of it as an innovation worth sharing*
Learn More	https://linktr.ee/takingtimeforteenst3 Katherine Handwerk, social media and data khandwer@phoebehealth.com
How can fellow innovators help?	1. Have you used social media to engage youth, what were your challenges and success? 2. What are other creative tools and resources you used to engage youth and the community members?

TikTok Activity

Summary:
Students will work within their YLC groups to develop short skits to be posted on the T3 TikTok page.

Each group of students will choose to either develop a skit around a health topic of their choosing or to present and discuss their group vision board. If there is enough time, groups can do both if they would like.

Groups that choose to present their vision board will need their board so they can practice presenting and to refer to in their TikTok.

Groups that choose to develop a skit around a health topic should choose something that they believe is relevant to their group and their school.

Suggested topics for skits:

- Pregnancy prevention
- STI Prevention
- Mental Health
- Increasing activity
- Drug and alcohol prevention
- Bullying
- Internet safety
- Other topics related to optimal adolescent health

Examples of skit storylines:

- What to do when you see someone being bullied
- What to do if you see someone who is crying and looks sad
- Negotiation skills around peer pressure to have sex
- Negotiation skills around peer pressure to drink alcohol or do drugs
- Friends talking about starting a group to work together to increase their physical activity
- Ways to reduce stress

Activity Guidelines:
Students will break up into their YLC Groups. Larger YLCs can break down into two groups if needed so that everyone has a chance to participate. Each YLC group will choose one of the suggested topics and create a short skit (1-2 minutes in length) on that topic. They will have 30 minutes to put their skit together and then will present their skit to the whole group. After everyone presents, each group will do their skit again so that we can record the skits to post on the T3 TikTok page.

Network of Trust Video Project

For YOUth, With YOUth

Team Name	ASU Stronger Together/Phoebe Network of Trust
Problem Statement	This innovation was developed to provide health and wellness information to expectant and parenting teens who were not able to attend a traditional, face to face program.
Description	This innovation is a series of short health and wellness videos for expectant and parenting teens (EPT). Videos are loaded on YouTube and can be texted or emailed so they can be viewed on any device with an internet connection. Videos were developed with input and participation of EPT. Intended users are EPT, but can share the videos with friends, family, partners or others who may find the videos relevant.
3 Key Findings	We are currently in the development and testing phase. We have learned 1. Both email and text are a good way to send the links 2. Reminders to watch videos are important 3. EPT want to see EPT, as well as experts who are closer to their age in the videos.
Status	***Early Formative Testing****: We're doing some early pilot testing of our prototypes and refining it*
Learn More	https://linktr.ee/asustrongertogetherswga Katherine Handwerk, Phoebe Network of Trust, khandwer@phoebehealth.com Angela Johnson, ASU Stronger Together, Angela.johnson@asurams.edu
How can fellow innovators help?	One challenge is tracking if videos have been watched. We're currently relying on self-report and knowledge questions on the pre/post surveys. Does anyone have a solution when utilizing YouTube to track video watching by specific users?

Network of Trust Video Project

Innovation Visual

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	*LONG-TERM OUTCOMES
-Staff (Katie) -Partnership with ASU/Stronger Together -Funding from Stronger Together -Filming location -videographer -EPT Participation -evaluation team (Jenn & Glenn)	-video workgroup meetings -video development -recruit participants -film videos -complete pilot study -complete evaluation	-# of video workgroup meetings -completion of 6 videos -# of video workgroup participants -# of pilot study participants -# of views for each video -# of completed surveys	-increased knowledge of safe sleeping, car seat safety, choking prevention, infant/child CPR, STI and pregnancy prevention -Increased positive self-efficacy of safe sleeping, car seat safety, choking prevention, infant/child CPR, STI and pregnancy prevention	-Increased intention to practice safer behaviors around safe infant sleeping, car seat safety, choking prevention, and STI and pregnancy prevention	- Increased engagement in positive health behaviors to include: 1) Correct and consistent condom use to prevent STI's 2) Correct and consistent Birth Control use to prevent secondary pregnancy 3) Correct and consistent Car seat use 4) Placing infants on their back to sleep 5) Keeping items out of infant/child reach that are choking hazards

*Please note: In this study, we will not actually be observing long term behavior outcomes. The Long-Term outcomes listed are what we are intending and believe will occur for those who participate in our project.

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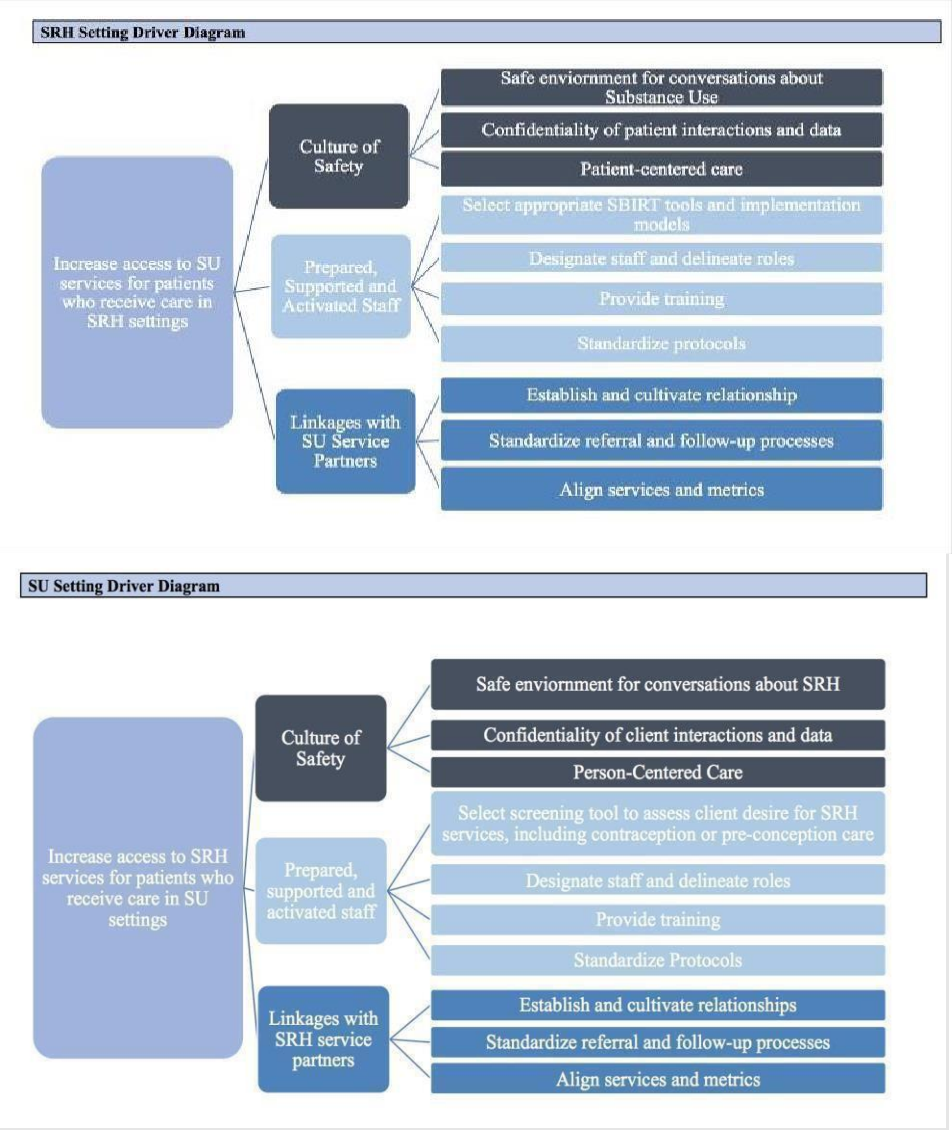
PAIR: PARTNERSHIP TO ADVANCE

A TOOLKIT: INCREASING LINKAGES BETWEEN SEXUAL AND REPRODUCTIVE HEALTH AND SUBSTANCE USE SERVICE SETTINGS

Team Name	Public Health Solutions' Sexual and Reproductive Health Capacity Building Program
Problem Statement	PHS designed and launched a 3-year innovative research project to strengthen referral linkages between sexual and reproductive health (SRH) and substance use (SU) services sites to identify and address unmet SRH and SU needs among patients. This project, called the Partnership to Advance Integrated Referrals (PAIR) Quality Improvement Learning Collaborative (QILC), sought to support care service settings in providing services to persons capable of pregnancy with substance use needs who report barriers to accessing SRH services; untreated substance use impacts the use of effective contraception and can result in adverse maternal and infant health outcomes. To share the results of our work, we've developed a toolkit that supports Title X clinical settings with an identified need to improve screening and intervention practices, and referral linkages to meet the SU needs of young people.
Description	Charged with designing and directing new on-site improvement projects and driving innovation. For clinical settings, it provides an excellent opportunity to implement screening, brief conversation, and referral workflows into their settings and improve access to SU care services for young people. Additionally, the quality improvement practices and recommendations outlined in the toolkit can be extrapolated and used to strengthen other types of referrals or linkages, depending on a clinical setting's individual needs.
3 Key Findings	1. Improved screening rates from 47.9% to 67.4% for SU sites and 51.6% to 75.6% for SRH sites from the first quarter of data collection to the final quarter. 2. High aggregate rates for delivering brief interventions: 80.7% for SRH sites and 96.1% for SU sites. 3. Strong client satisfaction with both services and providers; with most scoring their satisfaction at 22 out of a possible 24 points.
Status	**Packaging:** We're packaging our final version and sharing
Learn More	www.healthsolutions.org Contact Person Name & Role: **Christina Ortiz, Training Manager** Contact Person's e-mail address: cortiz@healthsolutions.org
How can fellow Innovators help?	1. How can you use this toolkit in your settings? 2. Is there any additional information/support you would need to carry out this work? 3. How can we share our toolkit to a larger audience?

PAIR: PARTNERSHIP TO ADVANCE

Innovation Visual



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More2Me

Skill building for systems-involved youth to enhance health-promoting conversations

Team Name	Teen Health Mississippi through a partnership with The Policy & Research Group's Juvenile Justice Innovation & Impact Network
Problem Statement	We seek to address unintended pregnancy and STI prevention for rural, minority youth who have been involved with the justice system, are at risk of justice system involvement, or are involved with child protective services including but not limited to foster care.
Description	More2Me is a 4 session, 90 minute computer-based intervention that gives youth in the justice system a safe space to have open conversations with a trusted adult (goal coach) about goals, their social network, sexual health, and general wellness (related to relationships, mental health, family, legal, and physical health). Using interactive activities (roleplay, games, videos) and discussions facilitated by trained goal coaches, More2Me provides teens with the self-efficacy and self-advocacy to consistently use contraceptives and condoms and obtain sexual and reproductive health (SRH) services such as HIV/STI testing. Our intended users are minority youth from rural areas who are between the ages 13 to 19 and are involved with either the justice system or child protective services, which includes but is not limited to foster care. Although the program is computer-based, it can be delivered in in-person, virtual, or hybrid sessions.
3 Key Findings	1. More2Me can be used in three different modalities: in person, hybrid, and virtual as indicated by attendance and fidelity monitoring data. 2. Based on data collected from 10 youth who participated in a feasibility test of More2Me, social networking theory seems like a promising theoretical perspective for TPP. 3. Preliminary Testing Data (n=10): o Youth ranked the support they received from goal coaches as 4.85 out of 5. o Youth ranked their enjoyment of the program as 5 out of 5. o Youth felt the program improved their relationships and their SRH knowledge as 5 out of 5. 4. Youth rated their level of autonomy to make decisions in the program as 5 out of 5.
Status	***Packaging****: We're packaging our final version and sharing*
Learn More	For more information about More2Me, please contact: Hope Crenshaw, Executive Director of Teen Health Mississippi, at hope@teenhealthms.org. For more information about the JJIIN project, please visit our website at www.tpp-jjiin.com and/or contact: Alethia Gregory, Lead Research Analyst at The Policy & Research Group, at alethia@policyandresearch.com.
How can fellow Innovators help?	1. We would love to make new connections with others. 2. How might More2Me work in your setting? 3. What strategies do you use to recruitment and retain youth in your programs? 4. How might our programs better address the relationship contexts within which youth make sexual decisions? 5. How are you balancing feasibility and potential impact in your innovations? 6. What theories of behavior change are you utilizing in your innovations?

More2Me

More2Me is an innovative, computer-based experience that addresses goal setting, social networking, and sexual-reproductive health (SRH) for rural, minority youth in the juvenile justice system (and those at risk of being in the juvenile justice system) (JJIRM-youth). More2Me utilizes human centered design , motivational interviewing, roleplaying, and colorful imagery to connect JJIRM-youth with vetted, high quality information and curated content about decision making, mental and social wellness, safer sex skills, improved communication, healthy relationships, goal-setting, and so much more.

PROBLEM STATEMENT

We asked teens how we can support them and they answered:

"Sometimes we (teens) have more questions about our minds, bodies, and future than we have answers. **More2Me** gives us a safe space and a trusted adult to find answers to those questions and set goals that help us get to where we ultimately want to be in life. Regardless of the troubles we've had in life, we can still be successful. It just requires a bit of determination, support, and a plan. Trust us, there's **More2Me** than meets the eye."

THE HEART OF MORE2ME

- 4 1-hour intervention sessions that provide trauma informed and culturally competent content for youth. Target intervention age 13-19.
- Face-to-face and/or virtual platform for youth to explore personal goals, SRH, and social networks.
- Trained adult interventionists called Goal Coaches will guide youth through program.
- A resource booklet where More2Me participants can create a log of their milestones.
- Vivid, colorful content that uses multi-modal strategies for kinesthetic, auditory, and visual learners.

WHY MORE2ME?

More2Me uses a specialized 360 degree approach to build a strong youth-adult partnership model that places youth at the forefront of branding and creation. **More2Me** centers solutions in ways that 1) leverage key networks and community partnerships, 2) is culturally relevant, and 3) increases youth knowledge and access to resources. **More2Me** saves lives, prevents unplanned pregnancy, decreases STIs, and provides relevant health support for youth.

TEEN HEALTH MISSISSIPPI

THMS

@teenhealthms

MORE2ME

More2Me is backed by Teen Health Mississippi (THMS), the premiere youth-based sexual reproductive health and rights organization in the state of Mississippi. THMS works to build the capacity of youth and youth-serving adults to promote sustainable health equity models in communities that need it the most.

JOIN MORE2ME

To learn more about More2Me, please contact Whitney French at whitney@teenhealthms.org or 662.483.0363

Ease – Empowerment, Advocacy & Sex

Online education for teens with I/DD (& their parents) about Relationships & Sex Ed

Team Name	Ease – Empowerment, Advocacy & Sexuality Education
Problem Statement	Teens with Intellectual & Developmental Disabilities (I/DD) are often left out of the conversations about relationships & sex education as school curriculums are either non-existent or not accessible.
Description	• Ease offers online classes to educate teens with I/DD about Relationships & Sex Ed and teaches parents/caregivers how to have the conversations • Ease individualizes the education to meet all needs of the students with their own comprehensive, trauma-informed curriculum using clear and concise language and multiple modalities • Some students are referred to Ease as part of their Jail Diversion Plan or a Title IX intervention
3 Key Findings	1. There is a need for clear and concise education with structure, repetition and scaffolding to ensure understanding and the ability to make connections to their lives. 2. Data included pre- and post questions and weekly review questions in class. 3. Anecdotal notes and feedback informed instructional changes and modifications to the curriculum content. We also modified questions asked when answers didn't reflect mastery of the topic.
Status	***We are in the process of testing and refining on a larger scale:*** *we are utilizing the protocol from our recent IRB approval*
Learn More	www.EaseEducates.org Arlene Lechner, M.Ed & Melissa Hochberg, M.Ed Ease CoFounders, Human Sexuality Educators & Mental Health First Aid Certified EaseEducates@gmail.com
How can fellow Innovators help?	1. We are looking for help to attract more teens to register for classes. 2. We are looking for grant funding as we continue to modify and refine the Ease teen curriculum. 3. We would like the Ease curriculum to be a part of educational conversations. 4. We always love to connect with others and look for ways to collaborate!

Ease – Empowerment, Advocacy & Sex Education

Innovation Visual

OASH | Office of Population Affairs

Puberty Education Kits

Check out an African-American, Latine, or Autism-specific puberty education kit from the library

Team Name	Adolescents and Communities Together collaborative and the Multnomah County Library
Problem Statement	Young people deserve access to puberty education as a means to reduce unintended harm or awkwardness through this pivotal time period in their lives. Certain communities haven't been given equal access to the information they need.
Description	Three puberty education kits were created to help adults talk to young people in their lives about the changes happening during this period. The kits were created in partnership with culturally specific organizations and groups to serve autistic youth, African American youth, and Latine youth. Each kit can be reserved from any Multnomah County Library and include activities, books, videos, a notebook, and conversation starters for families to use while exploring puberty topics.
3 Key Findings	What did you learn about this innovation throughout development and testing? What data did you collect that provided these insights? 1. Parents/caregivers want information and activities that reflect the needs and experiences of their communities. 2. There are not many books in Spanish about puberty. 3. The kits are popular and there is a need for additional kits at locations outside of Multnomah County. We collected data through formal and informal focus groups with community members and organizations. Each kit comes with an evaluation sheet that is returned to the library when the kit is returned. This ongoing feedback offers our team opportunity for improvement of the puberty kit program.
Status	Impact Evaluation: Two copies of each of our three kits are available to be checked out through the library system. We have been receiving positive feedback via the evaluation forms in the kits.
Learn More	Multnomah County Library Puberty Kit https://multcolib.org/search/site/puberty%20kit Molly Franks, Health Education Program Specialist, molly.c.franks@multco.us
How can fellow Innovators help?	1. What suggestions do you have for other books? 2. Are there aspects of puberty we haven't thought about? 3. What other communities should we engage to create a relevant kit for that community? 4. What could an expanded program/offering look like? 5. What other activities or puberty tools should we include in the kits?

Puberty Education Kits

Innovation Visual

ABCD Family Planning Training Institute

Everything you need to know, right in one place!

Team Name	Action for Boston Community Development (ABCD) Health Services Department Innovation led by Erin McSweeney, TTA Coordinator
Problem Statement	In the Greater Boston Area, and Massachusetts as a whole, there was no place where Family Planning Counselors could get all of their training before they began working in Family Planning. For our sub-recipients, this meant that they may have not received all of the necessary information to provide quality family planning counseling.
Description	Our innovation was designed to provide the Family Planning Counselors at our sub-recipient sites a comprehensive training program that gives them both strong foundational knowledge of sexual and reproductive health as well as continuing education opportunities. Our foundational training has three main courses which are all delivered in a hybrid eLearning/Zoom session format. Our continuing training program is a series of bimonthly topic-based trainings offered over Zoom and then recorded so that staff may watch the sessions as webinars on our LMS portal.
3 Key Findings	Through our evaluation forms, training course exams, follow up visits with our counselors, and feedback from the community we had these three main findings: 1. Our program provided more of a networking opportunity than we were expecting. Participants found this element beneficial, so we have included more opportunities for participants to get to know one another within a training. 2. Family Planning Counselors without a nursing degree or higher reported that continuing education is often not available for them. Our program now makes sure that our Continuing Training Catalog is delivered at a meaningful level for our FPCs. 3. From our training feedback, we have learned what educational topics are most important to our counselors. The primary ones are: counseling with a trauma informed approach, sexual education and counseling for people with developmental delays and/or disabilities, conditions which affect menstruation, reproductive justice, and family planning counseling for sex workers.
Status	The two parts of our training program, the foundational program and the continuing education program, are in two different stages of development. For the foundational courses: Basic Family Planning Training, HIV Education for Health Workers, and Family Planning Training for Advanced Practice (For RNs only) we are in the Impact Evaluation phase. We have been running this aspect of the program for a few years and we monitor staff response to the training program using course evaluations and follow up observation visits with staff. For our Continuing Training Catalog, which is our continuing education branch, we are in the Outcome and Pilot Testing phase. We are collecting feedback from participants after each training. The trainings in this program are conducted by different partnering organizations, who we are currently in the process of reviewing for continued partnership. We are also in the pilot testing stages of a new LMS feature where we can upload the recordings of the live sessions of our trainings to an online platform where our sub-recipient staff can refer to the trainings at any time.
Learn More	https://bostonabcd.org/service/fptraininginstitute/ Erin McSweeney, Training and Technical Assistance Coordinator, erin.mcsweeney@bostonabcd.org

How can fellow innovators help?	I would love to know, have you made the switch back to in-person? I am struggling with getting interest/participation in our trainings when I offer them in person vs. over Zoom. 1. We do a lot of training around pregnancy options counseling in our program. However, I have wanted to expand our adoption section as well as alternatives to giving birth in a hospital. Doe know of any good resources for these topics? 2. With our limited budget, we cannot afford to pay for multiple translations of educational material suggestions on where to find materials on Birth Control, HIV/STIs, and any general SRH topic wide variety of languages? 3. We are always looking for new partnerships and trainers! If you have expertise in an area, you work with young people, I'd love to connect!

Innovation Visual

This is what our Continuing Training Catalog currently looks like! As we host more trainings, staff will be able to access them afterwards through this portal. By the end of the year, there will be 6-8 available.

OASH | Office of Population Affairs

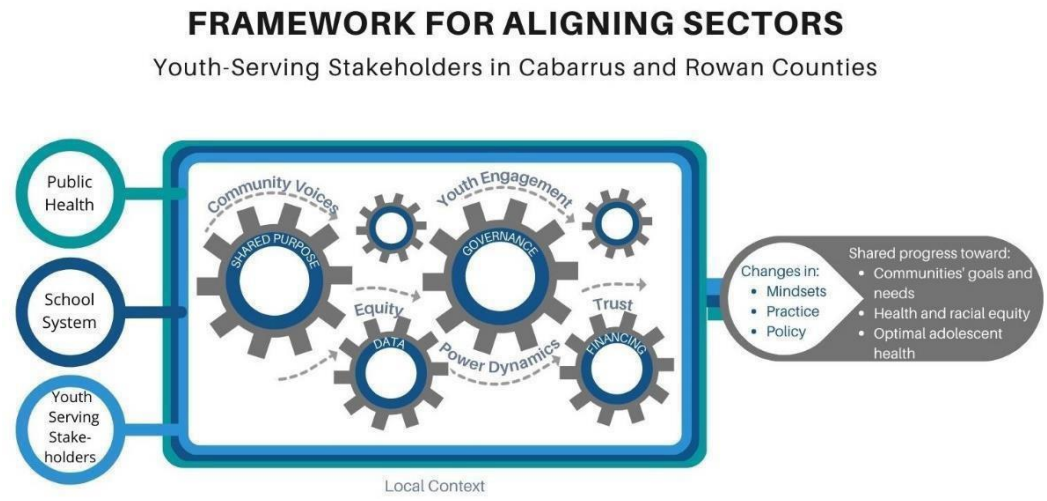
The Learning Collaborative

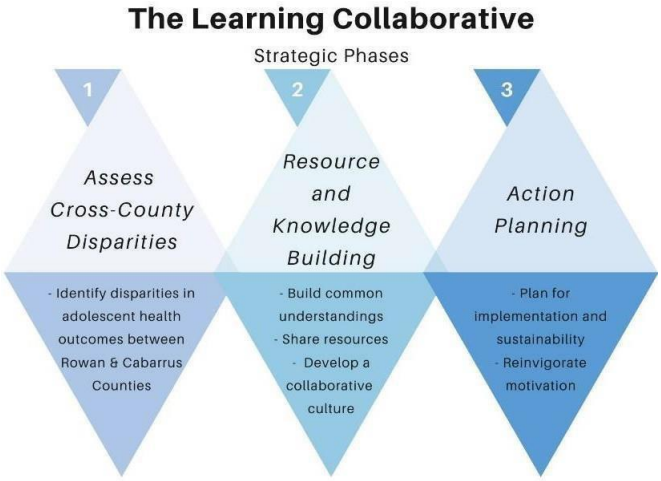
The Elevate Learning Collaborative is an innovative, cross-county collaborative tasked with taking a systems-level approach to reducing disparities and improving outcomes in adolescent health

Team Name	The Elevate Program with Cabarrus Health Alliance
Problem Statement	Adolescents in the Cabarrus-Rowan County area of focus experience disparate health outcomes, especially when related to sexual and reproductive health outcomes, including teen pregnancies, STIs, and HIV infections. These incidences are found to be at rates higher than those of surrounding counties and the State of North Carolina and are also found to be higher in specific ethnic and racial groups, specifically Latinx/Hispanic and Black adolescents.
Description	The Elevate Learning Collaborative: • Membership includes 25 youth-serving community organizations and stakeholders across Cabarrus and Rowan Counties. • Focuses on using a systems-level approach to align collective impact, harness the power of community voices, and build trust with a shared vision of meeting community needs, reaching health and racial equity, and establishing optimal adolescent health. • Uses a strategic timeline to identify disparities in health outcomes, build common understanding, share resources, develop a collaborative culture, and action plan with a lens of sustainability.
3 Key Findings	1. Youth-serving professionals and organizations require opportunities to learn together and identify areas of collective impact. 2. Youth-serving professionals do not have the opportunity to hear directly from adolescents and their parents/care givers on how they navigate and receive health care related to mental, physical, and sexual health. 3. 82% of Learning Collaborative partners report that participation in the Learning Collaborative has increased their organization's capacity to participate in work aimed at achieving optimal health for adolescents (Partner Survey).
Status	• ***Trying something new out:*** This is just something we've been trying out and only recently started thinking of it as an innovation worth sharing • ***Development:*** We're actively developing this as a coherent innovation
Learn More	Devon Choltus, MPH – Program Coordinator II devon.Choltus@cabarrushealth.org; Rachel Baker, MPA – Program Supervisor rachel.baker@cabarrushealth.org
How can fellow innovators help?	1. What key partners and stakeholders are missing from the Learning Collaborative? 2. What strategies would you suggest to improve attendance rates and maintain strong commitment to the collaborative? 3. What have you learned about action planning processes with stakeholder engagement groups?

The Learning Collaborative

Innovation Visual





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Teen Vibe Camp

Building community and elevating youth voice through creativity and connection

Team Name	YMCA of Greater Louisville
Problem Statement	Recruitment, engagement, and retention of the EBP.
Description	Relying on the YMCA strengths in teen camps, we offer our Teen Vibe Camps over school breaks. Youth receive the EBP in the morning and are engaged creative exploration of the themes through podcasting, music, social media.
3 Key Findings	1. Teen Vibe Camps consistently score higher than other models on fidelity, quality and attendance. 2. The camp environment builds a sense of community and belonging – many of our youth come back for repeat camps. 3. The creation of the final project elevates youth voice and allows for dissemination of themes.
Status	We have successfully hosted many camps and are planning on creating a Blueprint to be able to replicate the model in other settings.
Learn More	https://linktr.ee/ymcalouisvilleteenvibe Kelley Luckett, YHRP Program Director kluckett@ymcalouisville.org
How can fellow innovators help?	1. How are you using Social Justice Youth Development with your programs? 2. What assets do your organizations have that could build/empower youth creativity & voice? 3. How can we adapt this model for other sites' organizational assets?

Teen Vibe Camp

Innovation Visual

OASH | Office of Population Affairs

Love Notes Peer Facilitators

Empowering youth-led program impact through peer-to-peer education

Team Name	YMCA of Greater Louisville
Problem Statement	Building rapport and elevating youth development.
Description	We train seniors in the teaching and learning magnet to be facilitators of the EBP, Love Notes and they implement in freshman health classes. This serves as a win- win for all of us. This served as their field experience for graduation.
3 Key Findings	1. Peer Facilitators consistently score higher on OPA quality observation scores, as compared with adult facilitators. 2. Peer Facilitators have a unique ability to build rapport with the program youth, youth often report their connection with peer facilitator as a highlight. 3. Peer Facilitators have increased self-confidence, they report positive changes, and some report that the opportunity is life-changing.
Status	We have been pilot testing this at one school and are expanding to other schools within the district next year.
Learn More	ymcalouisville.org/love-notes Kelley Luckett, YHRP Program Director kluckett@ymcalouisville.org
How can fellow innovators help?	1. What experience do your programs have utilizing peer education in EBP delivery? 2. What challenges have your peer educators faced? 3. How can we make sure our peer facilitators are comfortable & capable delivering program to their younger peers?

Love Notes Peer Facilitators

Innovation Visual

OASH | Office of Population Affairs

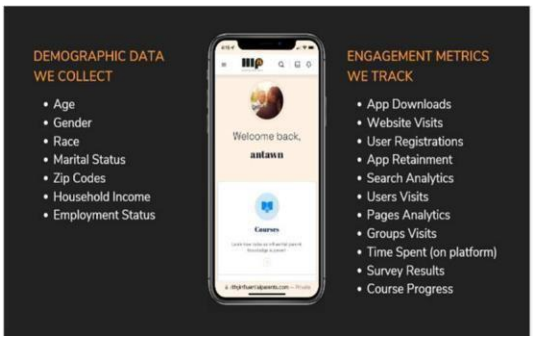
HIP- Healthy Influential Parents

EMPOWERING TEENS AND PROVIDING SOLUTIONS!

Team Name	STRONGER TOGETHER SWGA
Problem Statement	Can we create a supportive online environment for young parents that includes health and wellness information and opportunities to interact and share with others?
Description	Social media has become a critical tool for teens to learn/promote ideas and opinions that shape their lives daily. HIP APP (Healthy Influential Parents) was designed to develop innovative strategies to achieve optimal health and go beyond traditional teen pregnancy prevention education formats by also addressing mental health, STI/STDs, and delaying additional pregnancies through: • educational courses • groups for interaction and peer support puzzles and quizzes
3 Key Findings	What did you learn about this innovation throughout development and testing? 1. Good social development can lead to responsible sexual behavior education. 2. Other comprehensive sex education programs do not adversely affect the initiation or frequency of sexual activity! 3. Teens are comfortable talking with their peers, and most will advise other sexually active teens to wait and make sure to use protection to avoid teen pregnancy. What data did you collect that provided these insights? Through surveys, interviews, and observations we learned through developing HIP that great teen-lead campaigns can generate awareness, motivate action and keep a community focused on the bottom line—reducing teen pregnancy
Status	***Outcome or Pilot Testing:*** We're currently conducting a pilot test through June 30 with the goal of reaching 100 young parents in SW Georgia. Following this, enrollment will be expanded to other areas and additional testing will be done.
Learn More	Tiffany Terrell, Implementation Coordinator healthyinfluentialparents@gmail.com https://app.healthyinfluentialparents.com/register/ https://www.facebook.com/HIPTEEN/ **https://www.instagram.com/hip_hteenparents/?hl=en**
How can fellow Innovators Help?	New connections are needed to expand the reach of teen parents. What tips do others have on managing content and interactions on a social media-type application?

Healthy Influential Parents

Innovation Visual



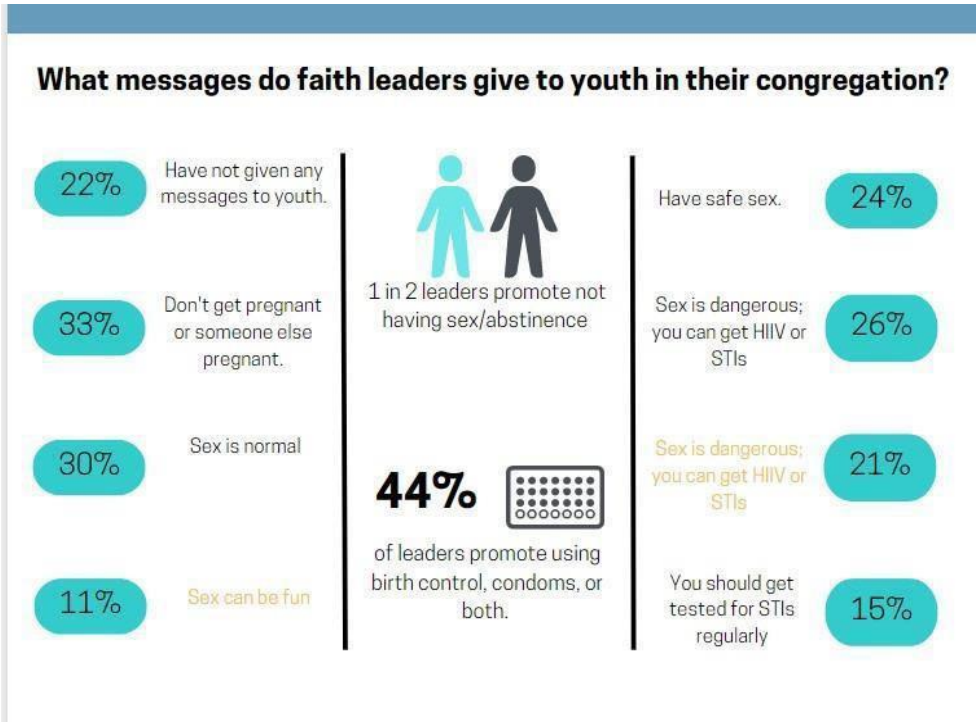
emPOWERed by Faith

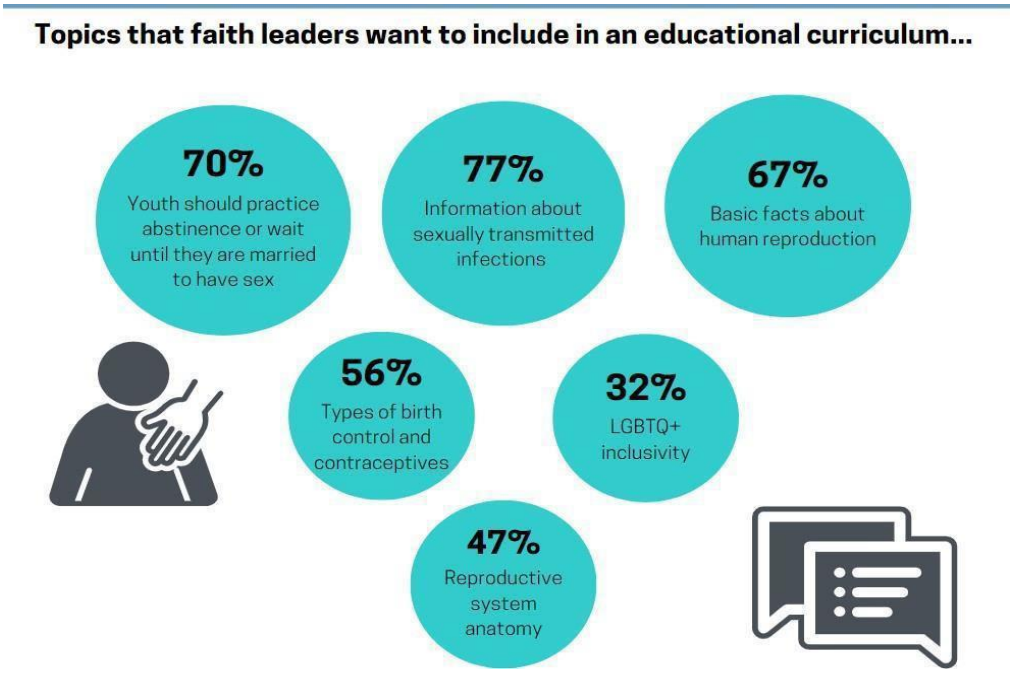
Harnessing the Spirt of Faith-Inspired Sex-Ed in the Black Church

Team Name	emPOWERed SC Network & Fact Forward
Problem Statement	Churches have historically been important in the mobilization and disseminating of information to people within the African American community. Pastors and church leaders are highly respected and valued in these communities and their opinions are viewed as credible. While the faith community has very steep roots and a rich history in mobilization and dissemination of information, it has been somewhat underutilized around the subject of adolescent sexual health. While Fact Forward has already begun to assess this subject within Black churches, it is statistically evident that religious adolescents may be less likely to use contraceptives when they become sexually active (Amadzcyk and Fellson, 2008, Bruckner and Bearman, 2005; Williams, Dodd, Campbell, Pichon, & Griffith, 2014).
Description	This innovation will consist of trainings/workshop for youth and parents/trusted adults to be implemented within the Black church, along with a campaign in a box with messaging, posts, etc., to promote sexual health education messaging and information on where to access services for youth. This innovation will also include an assessment tool to determine where should houses of worship begin with addressing this priority area.
3 Key Findings	• Faith leaders expressed great interest in trainings/workshop for youth and parents/trusted adults to be implemented within African American houses of worship, along with a campaign in a box with messaging, posts, etc., to promote sexual health education messaging and information on where to access services for youth. • Topics faith leaders would like to see in a faith inspired sex education curriculum: ○ Information about sexually transmitted infections *(77% of 100 faith leaders with select all that apply)* ○ Youth should practice abstinence or wait until they are married to have sex *(70% of 100 faith leaders with select all that apply)* ○ Basic facts about human reproduction *(67% of 100 faith leaders with select all that apply)* ○ Types of birth control and contraceptives *(56% of 100 faith leaders with select all that apply)* • Recommendations for increasing comfortability of discussing sexual health with you and/or parents in a faith setting: ○ Proper education and training for faith leaders ○ ○ Blueprint standard for training curriculum ○ Train college-age youth as ambassadors ○ Building church capacity ○ Understanding parent and family values **What data did you collect that provided these insights**. • Data from listening sessions with faith leaders, youth, and parents • Faith leaders survey data from 100 faith leaders in South Carolina • Data from a faith-leader expert panel
Status	***Development**: We're actively developing this as a coherent innovation*
Learn More	Website: www.factforward.org Instagram: empowered.sc Facebook: emPOWERed. SC.FF Brittany Wearing, Community Investment Manager bwearing@factforward.org
How can fellow Innovators help?	Have you engaged with southern Black faith leaders or houses of worship in your community around adolescent reproductive and sexual health education? If so, what were some lessons learned?

emPOWERed by Faith

Innovation Visual





Reality Check

Reality Check: Reaching helping young men prepare for adulthood

Team Name	SC Center for Fathers and Families
Problem Statement	Reality Check is a unique curriculum that seeks to address adolescent male development through the eyes of fatherhood. It uses interactive activities to impact young male decision making.
Description	In no more than 3-4 bullets or sentences, how would you describe your innovation? We suggest you address what/how/who, overview, modality, and intended users. Reality Check is a unique curriculum that targets young adult males/teens. It is a 15-hour curriculum that addresses transitioning into adulthood through activities that focus on education and income, career planning, and issues dealing with fatherhood. It is designed for males ages 14-24 and is currently being used in weekly, bi-weekly, or daily sessions with young men in various settings.
3 Key Findings	Reaction surveys were collected from 151 youth involved with the SC Department of Juvenile Justice who completed Reality Check (RC). 1. ***Youth respond positively to RC***. The survey contains four multiple questions scales, each scale ranging from 1 (low) to 5 (high). Average scale scores were as follows: Logistics, 4.42; Facilitators, 4.43; Program Environment, 4.21; and Program Content, 4.37. 2. ***Youth see a strong benefit to RC***. Youth rated 11 areas of RC according to their perceived benefit. Scores again range from 1 (low) to 5 (high). No area was rated less than 4.26. The three most beneficial area were The cost of raising a child (4.45); budgeting (4.41); and the connection between education and income (4.36). 3. ***Youth highly endorse RC.*** 88% said they would recommend the program to a friend, and 58% said they would continue in the program if allowed.
Status	**Outcome or Pilot Testing:** *We're conducting larger scale pilot testing and looking for early outcome data*
Learn More	Realityforyoungmen.com Marc Himes, Director of Community Engagement mhimes@scfathersandfamilies.com
How can fellow Innovators Help?	Would love to connect with others that manage curriculum (production, training, evaluation, etc.)

Beyond the Bump

Adolescent-focused doula support for expectant and parenting teens

Team Name	Children's National- DC NEXT! of Washington, DC
Problem Statement	Improve the quality of care for adolescent teens during the prenatal, birthing and postpartum phase
Description	• Doula support beginning at 33-34 weeks postpartum by a teen trained doula • Childbirth education classes • Labor support • One overnight visit • Postpartum home visits through 8-12 weeks postpartum • Breastfeeding support through a lactation consultant • Some case management support through doulas
3 Key Findings	1. Teens can have low intervention births with the support of labor doulas 2. Breastfeeding initiation in adolescent parents can be increased when support is in place 3. It is very hard to engage teens once they return to school or work
Status	**Early Formative Testing**: We may step back to refine our prototypes and do more testing with them **Outcome Testing:** May enroll another pilot group for testing and a bigger pool of outcome data
Learn More	Jaytoya Manget, DNP, MSPH FNP, jmanget@childrensnational.org
How can fellow innovators help?	We welcome any feedback and would love to hear about the experiences of others who have tried to run similar programs!

Innovation Visual

OASH | Office of Population Affairs

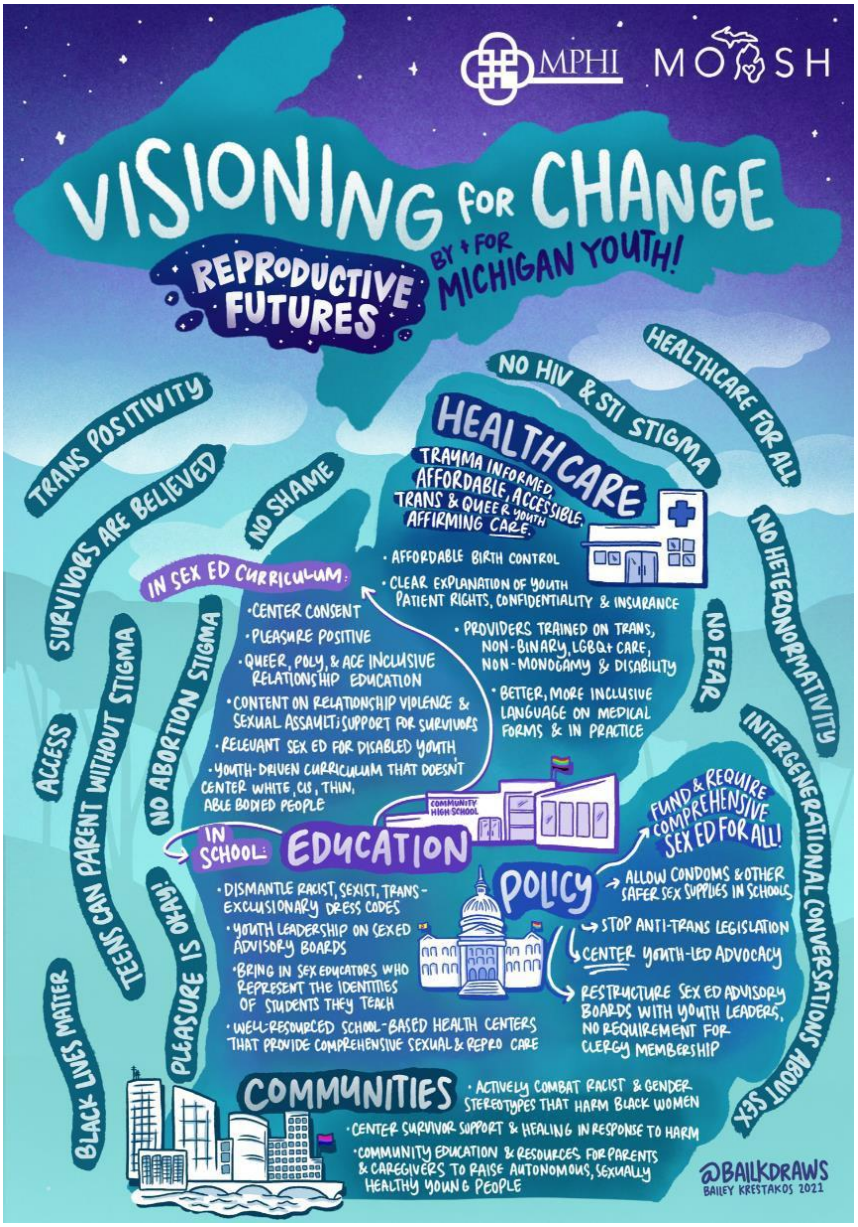
MOASH YAC Collective

Nothing about Us without Us! Implementing Youth Voice at Every Stage of Development

Team Name	Michigan Organization on Adolescent Sexual Health (MOASH)
Problem Statement	This YAC (Youth Advisory Council) Collective innovation should be shared because 1) youth voice must be on the radar of other innovators, including the importance of multiple councils focusing on specific identities and topics to learn from one another; 2) support in determining next steps in navigating sharing this important work equitably while also being credited and compensated; and 3) how to position this innovation and highlight the ways it aligns with OPA's future directions regarding systems change innovations.
Description	• The MOASH YAC Collective is a model to coordinate multiple youth sexual health-focused councils to increase statewide systems-level impacts, build youth relationships and cultures of support among youth and facilitators, optimize collective capacity, and avoid duplication of efforts, and provide a structured and consistent experience for youth development. They operate under the YAC Collective Protocols which define standard protocols, policies, and practices for all components of the YAC process. • The Collective is organized under specific guiding principles and guiding philosophies on working with youth that bring MOASH's core values of anti-oppression, collaboration, and centering youth voice to life. • The goal of the YAC Collective is to improve sexual and reproductive health and wellness (SRH) among Michigan youth, particularly among youth who experience systemic marginalization or discrimination. This includes promoting traditional health outcomes (Reduced STIs, unintended pregnancies, and sexual violence) as well as positive youth development outcomes (increased SRH empowerment and sex positive culture).
3 Key Findings	1. We learned that our YACs thrive from a structured format. While leading a minimum of 5-7 youth advisory councils a year (depending on funding), we found that having unified policies that apply to each YAC and its members help us to maintain quality and equity across councils. Our facilitators have also expressed their deep appreciation for more direct and outlined structure, giving them the ability to review policies and make informed decisions. 2. We conducted focus groups with our youth to empower their voice and their ability to make decisions for themselves. In addition to the focus groups, we also developed a committee that was representative of each council to lead us in our evaluation measures. The data we collected from our focus groups and evaluation committee allowed us to lay a foundation for our YAC protocols guide. 3. While we were already aware of the importance of youth voice, implementing a protocols guide helped us to stress the necessity of having youth present at every stage of developing a new project, and not simply asking for their feedback after a project has been completed. When working with youth, you must remain flexible and work within the parameters of their schedule, along with making sure that documents are living documents that are able to be reviewed and changed at all times.
Status	**Early Formative Testing:** We're doing some early *testing of our prototypes and refining it* **Outcome or Pilot Testing:** We're conducting large scale pilot testing and looking for early outcome data
Learn More	moash.org Chardae Brockman, Program Director, chardae.brockman@moash.org;

How can fellow innovators help?	1. How they plan to sustain their projects, especially if they don't move to packaging and selling. 2. Advice on areas where our innovation needs to be tailored for different youth audiences. 3. Suggestions and input on how we ensure that our innovation stays relevant and up to date in a quickly changing world. 4. How to highlight to funders the importance of systems change outcomes in addition to individual youth outcomes.

Innovation Visual



Appendix D:

Breakout Descriptions

Rev Your (Story)engine
Ilanna Webb, Reproductive Health National Training Center (RHNTC)

Utilizing a narrative-based methodology, StoryEngine.io, can help adolescent health program providers across settings reflect on their work, identify learning moments, explore contributing factors, and plan for dissemination. The RHNTC is facilitating this process with 14 TPP programs using non-extractive and inclusive principles to tell their stories and potentially inform strategy, professional development, communications, and outreach efforts. Learn more about this unique innovation process and discuss questions such as: What are some ways you've seen storytelling and narrative based methods used to identify learnings? How might we involve youth and their creativity in these methods in addition to lifting them up to share their stories?

Protecting Your Innovation: Navigating Intellectual Property in Adolescent Sexual and Reproductive Health
Milagros Garrido, Healthy Teen Network

As an innovator in adolescent sexual and reproductive health, you understand the critical importance of developing new and innovative solutions to improve the health and well-being of young people. However, protecting your innovation through copyrights, patents, and trademarks is equally crucial. Intellectual property can be a daunting field, but understanding key information can help you avoid costly mistakes. Whether you're just starting out in your innovation journey or nearing the end, this breakout session will provide you valuable lessons learned navigating the world of intellectual property including reviewing existing guidance from OPA. This breakout session will provide you with the space to share your personal experiences and valuable insights you gained along the way while protecting your intellectual property and ensuring the long-term success of your innovation.

Building Early Evidence
Cay Bradley, Mathematica

Come discuss your experiences with and questions about appropriate evaluation methods and planning for building early evidence in your innovation process. We can discuss formative evaluation activity in support of exploration, development, and refinement to assess whether an innovation is feasible, appropriate, and desirable / acceptable. We can also discuss early summative evaluation activity to assess innovation promise, document its functioning, foster innovation refinement, and produce foundational information to plan and make the case for future rigorous impact evaluation.

Pard'ner Up! Keeping those Innovation Partners Engaged Long-term
Megan Hiltner, Reproductive Health National Training Center (RHNTC)

Maintaining partnerships while advancing innovations and expanding your network can come with challenges. However, partnerships and relationships are what can make or break your project! Stop by to learn and share your own tips for maintaining, strengthening, diversifying, and expanding your network of partners.

Troika Consulting: Learn and Practice a Simple Method for Getting Immediate and Imaginative Feedback
Lizzy Laferriere, Office of Population Affairs (OPA)

Encountering a challenge with your innovation? Interested in thinking outside of the box and getting some fresh takes? Stop by and discover a simple but effective method for engaging others in providing feedback. The Troika Method is one of many liberatory structure methods. We'll learn the method and practice by sharing our challenges and getting real feedback from our peers.

Best Practices for Facilitating Youth Focus Groups
Lauren Tingey, Mathematica

Engaging youth as co-designers is an essential pillar of adolescent health innovation. Discover some best practices for engaging youth voice in helping to create or test your innovations.

Impact Study Hiccups and How to Get Over Them
Russell Cole, Mathematica

Many innovators hit roadblocks along the way or while conducting impact studies of their innovations. Join us to learn about the common hiccups and strategies to mitigate the risks and overcome obstacles. We'll also have opportunities to discuss your own experiences with preparing for and leading such studies.

Appendix E:

Reflection Guide

RHNTC
REPRODUCTIVE HEALTH
NATIONAL TRAINING CENTER

Sustaining your programs: Strategic partnership mindsets

Reflection guide / Version 1 for feedback

Raising money to sustain your program doesn't have to feel intimidating. You can learn to mobilize resources in ways that clarify your unique contributions, strengthen social bonds, and sharpen strategy. The process of raising money can be a source of meaning, growth, and joy—for your donors, your team, and you.

The purpose of this guide is to introduce you to a set of mindset shifts, principles, and concepts that underpin a relational approach to fundraising and development. This is not a how-to guide. It is intended to spark discussion and reflection around attitudes and approaches; begin to unpack issues around power, class, and wealth; and help you approach donors as peers and co-creators.

Fundraising is the process of finding a community of people who are passionate about an issue or a challenge. It's about working together to gather and apply the financial, social, political, cultural, and intellectual resources to make change. It's never about trying to get someone to give you money for your project or organization.

Five shifts, five principles

This guide is based on decades of fundraising expertise, which has been distilled into a program by Geoffrey MacDougall and Aspiration. Core to this approach is the belief that, to fundraise effectively, it's important to examine and shift five mental models.

EFFECTIVE FUNDRAISING: FIVE SHIFTS

We play a supporting role → **We are creative leaders**

This is a transaction → **This is a partnership**

I'm a supplicant, asking you for money → **We are peers and collaborators**

Money is scarce → **Together we have an abundance of power and resources**

Our interactions are structured and guarded → **We are candid and work open**

We've organized this guide around a set of core principles. These are the first things to reflect on—the main takeaways to remember as you begin your journey:

1. Strategic partnership, not transaction
2. Center the work, not the organization
3. Always keep it emergent: Create it together
4. Emotion sells, details rationalize: Speak to the whole person
5. Share credit and ownership: It's not yours

OPA grantees, please note the following disclaimer: Costs associated with fundraising are unallowable according to the U.S. Health & Human Services Grants Policy and cannot be covered by an Office of Population Affairs grant. Please consult with your Project Officer and Grants Management Specialist to ensure costs are allowable and appropriate for your grant project.

Fundraising is sales—to people with resources. Sales is about building one-to-one relationships; it's different from marketing, which uses a one-to-many model. Many of us cringe at the concept of "sales". But it can be a pleasant activity, as long as...

1. **You care about the person as a person.** You genuinely care about the person you're engaging: who they are, what they want to see happen in the world, their legacy, etc.
2. **You care about their creativity, ideas, and contributions.** You're curious about this person's experience, opinions, and what they can share that will make the work better.
3. **They can write you a check.** Ultimately, they decide whether or not to give you money.

These three things need to exist in parallel—I care about you as a person, I want your insights and inputs, and I need your money. As long as you are fully committed to all three, the sales process is not manipulative and the person won't feel that you're treating them like a checkbook or a wallet with legs.

1 / Strategic partnership, not transaction

There is no transaction at the core of nonprofit fundraising. We're working together to gather resources to achieve a shared goal. Private-sector interactions are framed like this: "I have something of worth and you have something of worth and we're going to trade them." Similarly, when most people think about fundraising, they think, "I have an idea and I need someone to give me $10 million so that I can go do it." That's not a successful way of thinking. A successful fundraising frame is more like this:

> "There is a thing in the world that needs to happen. The work is hard and we're going to need a lot of resources to pull it off effectively. I have some of those resources and you have some of those resources. Together, we'll figure out how to marshal our assets to tackle this challenge and reach our goal."

Visually, you're on the same side of the table. You're both bringing together different kinds of assets to get something done, as opposed to "I need to do something and you need to do something, so we're going to trade."

Consider the various forms of power and resources required to meet a challenge and achieve a goal. Money is just one of them. You have just as much to contribute—and sometimes more! You're doing something that matters, and the people you're talking to also think it matters. That's their incentive to join you. **That's why they're talking to you.**

Once you shift to this holistic construct of "resources" you're no longer supplicant—you're a peer. They are not helping you. You are working together. You communicate this through the pronouns you use and the way you describe things: the person you're talking to is already part of the work.

Find your power

There is a lot of money in the world, but only one of you. Each of us contributes different types of power. Finding your powers will help you engage with donors as peers. Looking at this list, what do you bring to the work? What would you add?

Decision-making control	Geographic location	Audience, reach
Social & cultural capital	Expertise, experience, education	Momentum, energy
Identity & lived experience: Race, gender, class	History: family, legacy	Persuasion, charisma
Institutional & professional position and connections	Political position	Trust
Reputation, profile, influence	Community organizing & collective action	Money
Moral authority, ethical high ground	Ability to make decisions and execute	Infrastructure, tools, technology
		Data

2 / Center the work, not the organization

What matters is the work, not your organization. No one cares about your project ambitions, staffing models, platform, or brand profile. People care about problems being solved. Challenges being met. When you talk about yourself, people start to tune out.

When you talk about the challenge you're taking on, people pay attention. You create an opening for them to start thinking about how they might approach tackling that challenge, what they can contribute, or who they can connect you to. There's an intellectual and creative engagement in the process.

> ~~**Story of your budget.**~~ "We need to hire three more people. I don't have enough time in the day right now."
>
> ~~**Story of your strategy.**~~ "We want to engage a broader community with each of our three program areas."
>
> **Story of the work.** "Our community is facing a critical challenge. We have a chance to make things better."

Tell the story of "the work"—in a way that includes the people listening to you and that highlights connections and shared context. Don't tell the story of your organization, or of your work. Consider how you're speaking or writing. **Any time you use "we," that has to include the listener or the reader.** They're not helping you; they're doing the work directly. This is how you push beyond transaction.

3 / Always keep it emergent: Create it together

Emergence is a powerful and important construct. Emergence is what's in front of us. We're playing with it. We're thinking it through together and sharing creative authorship. We trust each other.

People like seeing the work unfold, as opposed to being sent reports about a finished product. They like seeing drafts and being asked to think through challenges as they arise. Consider times in the past when someone shared a document with you. Was it a super-polished PDF, or a half-baked google doc? We're not promoting specific tech here. The point is this: **Did the language, format, or media make it inviting and easy to add your ideas?** Change or edit? Provide comments? Most of all: Did you feel included?

When people are invited earlier in a process, they feel more ownership and connection. People are likely to take bigger risks when they have a personal stake in something. When something is emergent, it's less risky. I can say yes today, because I'm still going to be involved tomorrow. I can fix it later. People are more willing to say yes—and to say yes earlier—when something is emergent, and not fixed or decided.

If something is emergent, I can put my fingerprints on it. I can have an impact. Even if you've been doing something for 30 years, there's a way to make it emergent. Your goal is to communicate something like this: "The problem sets are in front of us. We're thinking about doing it this way. What do you think?"

4 / Emotion sells, details rationalize: Speak to the whole person

Sales does not happen at the detail level. **People commit because they feel an intellectual, emotional, and creative attachment to you and to the work.** Not because your plan is brilliant or you've got a competitive advantage or you're well positioned or you've got resource efficiency or you've thought it through. Not because of your beautiful pitch deck or your perfect proposal. They'll use your proposal for other purposes after the fact—namely to rationalize to themselves and others why they decided to say yes.

Maintain momentum and create opportunities to deepen attachments to the work. Personal motivation, emotional connection, and the deeper meaning behind the work make people feel passionate or excited. This is another reason why emergence and involving people early on matters: It demonstrates shared ownership and partnership.

Progress is a big motivator. We're pulling together the resources, we're finding the people, we're building the team. All of this feeds momentum, as does providing people with ways to contribute, apply their expertise, and deliver value to the process: "Oh, I know how to do that!" Or, "I can make that connection. I could set that up."

Donors have had more of these types of conversations than you, by orders of magnitude. They've had good versions of it, they've had cringy versions of it. They know the dance and how all of this works. And they're still showing up because they understand that this is how the world works and they want to do the work.

When you share your idea, they will see problems. Instantly. Approaching people with candor empowers them and fosters trust. If you pretend that problems don't exist, they'll lose faith and you'll lose credibility. Be honest, be the first to point out risks, and include them. **Be candid and make tackling problems a focal point of creative engagement.** Don't create something that you have to defend, bandaid over, or avoid. **Every problem is an opportunity for a fundraising conversation and a chance to deepen a working relationship.**

5 / Share credit and ownership: It's not yours

You need other people's insights, ongoing participation, and resources to accomplish the work. You can't approach partners with an attitude that says, **"This is mine and it's perfect. Don't touch it."** It has to be shared work. Who they are, what they think, and **what they have to offer to the process matters**. You must genuinely care about them, their ideas, and their contributions.

If your potential donor suggests doing something you think is a bad idea, you're not the one stopping them. **Because it's not about what you want to do—it's about whether or not "the work" is advantaged or threatened.** Or, this approach or these behaviors undermine something that's required to accomplish our goals . **The work is what carries the moral authority** and allows us to mediate disagreements and find common ground.

If they helped design the work, your donor will be more willing to overlook any rough edges. And if you run into a big problem or the solution doesn't work, they will have much more tolerance and willingness to dig in and help you fix it or figure out how to pivot. You're

not alone and are less likely to be faced with an embarrassing situation where you have to explain why it didn't work. This is especially important if you're innovating and testing out new approaches and ways of working.

Shared credit and ownership balances power dynamics and reduces anxieties around monitoring and evaluation, workload, and reporting. If you approach the work with a frame that says "we're gathering resources together and we're on the same team," then the accountability is to the work and to each other. One party is not accountable to the other. **This makes it easier to have candid and difficult conversations, promotes mutual learning, and focuses attention on more important, strategic questions.** You're less likely to allocate three months to producing a beautiful report that glowingly summarizes two years' worth of work. You both know the work is hard and what got dirty. You're doing the laundry together.

Finally, when it comes time to celebrate and promote the work, make sure to acknowledge everyone's contributions. When the work is shared, donors are more likely to be proud of what's going on, more likely to talk about it, and more likely to introduce you to others within their networks. **These connections create more opportunities and serendipitous encounters, which in turn expand the pool of resources.** Most importantly, joint ownership means that you learn and grow together, which lays the foundation for long-term relationships and leads to more stable and larger amounts of funding over time.

Summary

Why does someone give? Why do they want to do the work?

- They believe in the same cause and have the same goals. They want to advance the work.
- They think there's a chance to be successful. They want to have an impact.
- Intellectual and creative engagement. Curiosity.
- To feel empowered and engaged in something meaningful. To be part of a team.
- To fight against something bad. To build something good.
- Community spirit, service, commitment.

- To belong to a social movement. A sense of identity.
- To get access to something: energy in a room, a set of conversations.
- Pride and personal satisfaction. Legacy.
- Religious beliefs.
- To support the person asking. They like you and want to support you.
- They're convinced to give by a persuasive person.
- Financial benefit, tax avoidance.
- To assuage guilt. To improve reputation.
- It's fun and enjoyable.

What makes a person feel included? Empowered?

- Being involved early in the process. Founding or being part of the leadership team.
- Access. Opportunity to play. Fun and candid exchange.
- Opportunity for learning and growth.
- Being kept in the loop. Communication and feedback.
- Sharing creative authorship. Being able to shape the work. Involved in decision-making. Seeing their contribution take root. Feeling useful.
- Reciprocal trust and authentic feedback and engagement. Sense of belonging.
- Acknowledging their expertise and knowledge. Taking what they say seriously; referencing them and their ideas. Being respected. Receiving positive feedback.
- Engagement and participation. Meaningful personal relationships. Experiencing community.
- Receiving thanks. Getting credit.
- Inclusive language. "We..."
- Being invited into a new space. Bringing new people into their space.

What makes someone feel excited?

- They have a stake in the success.
- Working to advance their core values. Connection to the core purpose.
- Having applicable expertise.
- Personal connection to the team and the work.
- Seeing the work unfold. Momentum.

- Tackling a shared challenge and making progress.
- Co-authorship and getting credit. Feeling like it's "theirs."
- Good cheerleading.
- Learning new things.
- Seeing the impact.

Why do these things matter?

- Higher risk tolerance. More likely to forgive mistakes or shortfalls, and participate in fixing them.
- Greater willingness to spend social capital. More likely to connect you to their networks.
- Longer relationship. Likely to be around for the long-haul.
- More likely to give larger amounts of funding over time.
- Balances the power dynamic. Easier and more candid conversations.
- Reduces the anxiety and workload around reporting.
- More likely to be proud of the work and talk about it.

What should I learn next?

This reflection guide is a first step, introducing key mindsets, principles, and concepts. Fundraising and development is a field and a profession with a broad set of skills, knowledge, and practices. Here are some of the topics to delve into as you progress in your journey:

Narrative frameworks

- Three stories: Self, Us, Now
- Balancing fight & build narratives over time
- OnePitch: Identity, argument, ask
- Challenge & opportunity framework
- The "123"—Establishing an organizing refrain

Getting ready

- Presenting “The Ask.” Engaging as individuals, balancing the power dynamic, and the creative power of sketching. Combining strategic planning and strategic development. Three circles (staff & board, external experts, potential funders) and three types of meetings (opening, shaping, closing).
- Populating and managing a pipeline. Focusing your team on shared financial targets. Successfully mixing grants, gifts, and donations.

Driving growth

- Gaining traction with foundations. Offering value, establishing strategic alignment, and building lasting partnerships.
- Scaling your work through major donor campaigns. Identifying and empowering leadership from your community. Bringing your donors closer to the work through intentional and creative dialogue.
- Achieving sustainability with professional development programs. What an established program looks like at scale. The roles, systems, and tools required to keep it going.

Advanced leadership

- Securing principal gifts and investments. Delivering a transformative and meaningful experience.
- Engaging your donors as complete financial beings. Understanding the basics of tax law and personal finance. Establishing multiple giving instruments over time.
- Navigating problems and stewarding change. Getting your board and staff excited about taking on new challenges and sunsetting old programs. Managing expectations and bringing them along.

Resources

A curated list of resources as you dig deeper.

RESOURCE	TYPE / USE
How to Raise Money: Strategic Leadership for Change	Get an overview and connect with Aspiration to get started with more in-depth training and coaching
Strategic Development Workshop	Deck to accompany workshop / Aspiration
Strategic Development Campaigns: How they Work	Deck to accompany workshop / Aspiration
Dos & Don'ts: How to Run Opening, Closing & Shaping Meetings	Tips for opening, closing, and shaping meetings / Aspiration
Campaign Study Discussion Guides	Discussion guides for opening, closing, and shaping meetings / Aspiration
Major & Principal Giving: Behaviors, Tools & Considerations to Best Position Your Ask	Deck to accompany workshop
Pipeline template	Pipeline spreadsheet / Aspiration
Proposal template	Proposal document template—but remember this should be the last thing you do! / Aspiration
Budget template	Budget spreadsheet / Aspiration
Public Narrative: Self, Us & Now	Working paper and worksheet to develop your narrative arc / Marshall Ganz, Harvard University
Bernard Ross & Michael Rosen: Overcoming the 9 Fundraising NOs	Blog post with overview of how to manage the first "no" and stay curious / Michael Rosen
Understanding Program Officers	Podcast: The Secret Ex-Rock Star at The Ford Foundation / ZigZag with Manoush
Russell James: Cash is not King	Overview of other types of resources besides a check 🙂 / Russell James, Texas Tech University
Developing Strategic Messaging to Attract TPP Program	Develop strategic messaging to attract potential partners that highlights the benefits of your program and addresses their

Partners Job Aid	concerns. Part of the Putting Systems Thinking into Practice Toolkit / RHNTC

Glossary

Cash — Money in the form of physical currency or funds that are readily available for immediate use. Can also include personal property and cash equivalents (assets that can be easily and quickly converted into cash without a significant loss of value).

Development — The process of identifying and cultivating relationships with potential donors and supporters in order to secure financial contributions. Development professionals seek to build long-term partnerships with individuals, corporations, foundations, and other entities that are aligned with an organization's mission and values. Development is a broader concept that encompasses all aspects of building and maintaining relationships with donors and supporters, including fundraising.

Donation — A specific type of gift made to a nonprofit organization or a cause. Donations are typically made by individuals or organizations who support the mission and goals of the nonprofit, and are often tax-deductible.

Donor — An individual, organization, or entity that gives money or other resources to a nonprofit organization or cause. (Often used interchangeably with "funder.")

Funder — An individual, organization, or entity that provides financial resources to support specific projects, programs, or initiatives. (Often used interchangeably with "donor.")

Fundraising — The process of seeking and collecting donations, gifts, grants, or other forms of financial support from individuals, organizations, or institutions for a nonprofit organization or cause. Fundraising is a specific set of activities that is part of the larger development process.

Gift — A voluntary transfer of property, funds, or other resources from one person or organization to another, without any expectation of receiving something in return. In the context of nonprofit organizations, donations are often referred to as gifts. See examples of gift options and gift vehicles.

Grant — A financial award given to a nonprofit organization or an individual for a specific purpose or project. Grants are typically provided by foundations, government agencies, or other organizations that support particular causes or initiatives. Grants may require an application process, and may come with specific requirements or expectations for how the funds will be used.

Investment — A financial transaction in which an individual or organization provides funding with the expectation of receiving a return on that investment in the future.

Non-cash — Assets that have value but are not in the form of money or currency, including stocks, bonds, retirement accounts, mutual funds, life insurance, and real estate. In the U.S., non-cash assets account for more than 80% of total wealth.

Open / working open — In the context of social innovation, working open means taking a transparent approach, sharing processes, progress, and outcomes. In practice, this includes using collaborative technologies, sharing incomplete documents, and facilitating co-creation and inputs early on. The goal is to foster inclusion, trust, and a culture of mutual learning and collaboration.

Planned giving — A type of charitable giving that involves making a donation to a nonprofit organization or cause as part of an overall financial or estate plan. Planned gifts can take many forms, including bequests, charitable trusts, gifts of stock, life insurance policies, and real estate. Planned giving may be structured to provide long-term support.

Revenue — Income that a nonprofit organization generates from its operations or activities, including fees for services, program fees, or merchandise sales.

About this guide

This guide was collated and edited by Christine Prefontaine based on guidance, content, and materials developed by Geoffrey MacDougall and Aspiration. It is distributed under a Creative Commons Attribution-NonCommercial 4.0 International license; if you build on this work, please cite/credit Geoffrey MacDougall and Aspiration. (In this case, using this content and the associated resources to secure funding for mission-driven work does not constitute a commercial application.) Other contributors and advisors included Iana

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This is an open document. If you would like to provide feedback, use the comments feature or email Christine Prefontaine.

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Appendix F:

Exchange #2 Notes

Help Me, Help You – What keeps you awake at night working on innovation in this area?

Sheet 1

- **Summary:** Innovation challenges include connecting with and engaging youth, program exposure, finding strong educators, staying current, and sustainability.

- Finding new ways to connect, build partnerships and stronger relationships with each youth
- Being part of each youths growth and change
- Getting the exposure for the voices – the follows on IG, the listeners on podcast, etc.
- How do we attract educators (and others who work with you) who are relatable, compassionate, and engaging?
- Making sure all youth feel heard and included, intersectionality
- Are we moving along with the timer? – Language, etc.
- Guardrails?
- Sustainability
- As it keeps growing – can we keep up, recreate/expand
- Relationships with youth is integral for continued engagement. So how do you hook students early on who don't want to be there?
- How do we continue to engage more marginalized youth? There are still subpopulations we're not reaching.
- Are we ready to hear youth voice and act on it?

Sheet 2

- **Summary:** Innovation challenges include strategies to support parent outreach and participation.

- Thinking of more strategies for parents
- How to get the parents to participate one month later
- Recruiting more fathers and sons
- How to expand and reach more parents without advertising
- How to get the next group of parents to attend a night of wine and sex ed
- How do we best support/engage parents who are really stretched so thin
- How to make our website more interactive
- Keeping up with the pace of new technology
- How to get parents to register, organizations to look at

Sheet 3

- **Summary:** Innovation challenges include patient care, clinic policies, patient recruitment, limited staff and burnout, teen engagement and feedback, and barriers to startup.

- Model of respectful care: how are providers understanding and differentiating between respectful care and patient centered care?
- ABCD Training – No matter how well trained the Title X staff is, it's hard to the change clinic policies which impact care.

- Health Mentor Model – How do we pivot our EBI's to be inclusive of wellbeing while not providing counseling?
- Recruitment of patients for empowering providers
- Getting staff to do the work when they are busy with other duties
- Staff shortages in health departments and centers
- PAIR – What's next after publication?
- Not all PCPs screen for SRH needs
- Health Mentor Model - How to keep health mentors safe when there is controversy
- Health Mentor Model – How to keep front-line staff from burning our from wearing so many hats
- How do we get feedback from teens? No show for appointments
- Capacity
- How do we keep teens engage after return to work/school?
- Are there better ways to support postpartum teens as they transition to other phases?
- Beyond the Bump – We want to package a training to disperse to doulas. What do you hear adolescents say they want? Care specific
- Same day contraceptive via pharmacy box: Stringent 340B requirements, start-up cost, geographic location for the pharmacy box, proprietary product = monopolize model

Sheet 4

- **Summary:** Innovation challenges include youth and parent engagement, technology updates and maintenance, legislative changes to telehealth and data tracking, pilot testing, and project marketing.

- Getting the info into the hands of teens & parents – parents are the most difficult
- Ongoing costs to maintain tech
- Legislative impacts to telehealth
- Engagement – youth say they are interested in program but then they don't follow through to enroll
- Pilot testing: Difficulty with recruitment, retention, and engagement
- Ethnics and changing laws, protocols re: data tracking with under 18 year olds
- Challenge: Finding topic experts who are willing to speak
- Challenge: Marketing partners connecting our project (the podcast) with their network and getting more partners
- How quickly tech changes/our ability to keep up
- Needing new skills within our team to maintain the tech

Sheet 5

- **Summary:** Innovation challenges include sustainability, youth development, issues underlying TPP and SRH disparities, integrating sexual health with primary care, and obtaining data.

- How do you break down the silos
- Policy change leads to sustainability
- Youth/adolescent development and risk behaviors

- Getting to the root of the issues underlying TPP/SRH disparities
- Reproductive health is more than STIs/pregnancies – it is well-being, consent
- Excited about sexual repro health and mental health connection
- Teen council program (high adult educator [illegible]) but you do a lot of advocacy work
- Generational issues – grandparents raise grandchildren
- Integrate primary care and sexual health
- Getting the data to substantiate the peer to peer [illegible] work

Sheet 6

- **Summary:** Innovation challenges include outreach and recruitment, queer/transphobia, parents, and social media protection.

- Need more outreach resources (opportunities)
- More sharing opportunities
- Queer/transphobia
- Unsupportive parents
- Anti Trans sentiment (national attitude) (legislation changes)
- Recruiting youth (who may not be reachable)
- Social media trolls – balancing social media protection

Amplification – Where might collaboration amplify our impact in this area?

Sheet 1

- **Summary:** Collaboration on topics such as youth engagement and collaboration between youth may amplify impact.

- Sharing ideas on how to engage them
- Lessons learned
- Reaching new youth
- Regional YLC summit/tally
- Opportunities to convene youth engagement staff and youth
- Assess programs in relation to principles
- Youth summits
- Youth worker happy hour (virtual or in-person)
- Presenting to other youth orgs
- Creating opportunities for youth to engage and speak with other youth about their projects, youth advisors do the same

Sheet 2

- Recruitment

Sheet 3 – none

Sheet 4

- **Summary:** Collaboration on topics such as best research practices, remote evaluation, web design and digital tools, local colleges and universities, subject matter experts, and resource sharing may amplify impact.

- Best practices and peer reviewed journal articles in UX researcher vetting
- Digital evaluation done remotely
- Accessibility and universal design in web and digital tool development
- Data via pixel/plug-in being disable by hospital
- Reach out to local colleges and universities: Communication students may help with marketing, tech students to design websites or apps
- Increase access to subject matter experts such as mental health
- Opportunities for collaboration or mutual sharing of program/service/resources/project between organizations for support and outreach
- Organized board of coders, engineers, techies, we can access with questions regularly
- Best practices for user testing and analysis

Sheet 5

- **Summary:** Collaboration on topics such as working with other organizations, peer to peer models, youth engagement, participatory research, and sustainability may amplify impact.

- Peer to peer models? Capacity building [illegible] young adults
- Range of stipends – Cost per org, pilot and try new things, governance change
- Working with small orgs – need capacity building and coaching, cloudset, finance, etc.
- Share lessons learned on engaging/building youth engagement and youth advocacy
- Sustainability???
- Reframe PCPC and preconception health
- Getting buy in from admin on peer to peer
- Rapid participatory research
- Challenges – research takes time, IRB protocols, recruitment challenges
- Sustainability – capacity [illegible]
- Sustainability – HCs and Title X integration requires lots of A and training via [illegible]

Sheet 6

- **Summary:** Collaboration on topics such as resources, programming materials, and promotion may amplify impact.

- Collaborate with others for previously developed materials
- Forward materials to teachers/educators
- Get in contact with FLASH team (elem.)
- Use your contacts! (check your rolodex)
- Need support with promotion! (RHNTC)

Systems/Environment/Policy – Exchange #2

Innovation: Collective Impact through Trusted Messengers, Team Name: PRO Youth and Families

Innovation: Washington Youth Sexual Health Innovation & Impact Network (WYSHIIN), Team Name: Washington State Department of Health (WA DOH) & Northwest Portland Area Indian Health Board (NPAIHB), Implementation Partner: SeaMar Community Health Centers

- Kelly W. – TX A&M, developing innovation for access health, confidence teen impact policy in healthcare settings
- Sarah – Innovation-colleges, no standard SRH, website scans-2018, update in 2023, develop template for colleges in future
- MWVA – Parent permission required to talk to counselor, shortage of child mental health providers, TPP overlaps, trauma engaged program
- Creative about mental health provision
- WYSHIIN – Clear network, partnership model, state, tribal organization
- SC – collaboration, partnerships
- How do you train youth to do research? Commitment, paid, some trainings, support/comfort
- Youth to youth, LIFT, Marshall Islands, rural youth
- Cicatelli (Buffalo, NY) – Social determinents of TPP (employment), young adult researcher (youth led evolution)
- Honesty/(THRIVE) – Spark innovation, collective impact, capacity building TA, some replication as well as innovation

Tech – Exchange #2

Innovation: Fostering Parenthood: The Podcast, Team Name: Reproductive Health Equity Project

Innovation: THINK APP, Team Name: Mission West Virginia

Innovation: HIP – Health Influential Parents, Team Name: STRONGER TOGETHER SWGA

Innovation: Network of Trust Video Project, Team Name: ASU Stronger Together/Phoebe Network of Trust

Innovation: BC4U Video Health Platform, Team Name: BC4U; Children's Hospital Colorado & University of Colorado School of Medicine

Innovation: Your Sexual Health Toolkit, Team Name: SHINE-Sexual Health Innovation Network for Equitable Education with youth with Intellectual Disabilities, convened by Planned Parenthood of Greater New York

Innovation: Thrivology, Team Name: Health Teen Network x Johns Hopkins Center for Adolescent Health

Innovation: Taking Time for Teens (T3) Project, Team Name: Morehouse School of Medicine – Health Promotion Research Center

LGBTQIA2S+ – Exchange #2

Innovation: Centering our Queervisory Youth in LGBTQ Sex Education, Team Name: Planned Parenthood of the Great Northwest, Hawaii, Alaska, Indiana, Kentucky (PPGNHAIK) as part of the Washington Youth Sexual Health Innovation and Impact Network (WYSHIIN)

Innovation: Puberty Education Kits, Team Name: Adolescents and Communities Together collaborative and the Multnomah County Library

Youth Engagement – Exchange #2

- **Summary:** Youth engagement on advisory boards may be incentivized by payment and flexible meeting times. Additionally, older youth may be able to recommend others to participate.

- Youth ambassadors have huge impact in the community. Ppl do listen to youth
- Have difficult with youth engagement for advisor board – pay them, provide incentives, flexible meeting time
- Older youth aging out of system tend to recommend younger family members/friends
- Love YEN conceptual model
- Love TAMU app box project. Empower youth to take initiative of health. Excited how they engage youth and medical provider.

Young Men – Exchange #2

- **Summary:** Several important topics in programming for young men include pregnancy prevention, fatherhood, sexual and reproductive health, and male mentorship and support.

Innovation: empowering K.I.N.G.S., Team Name: emPOWERed SC Network and Fact Forward

Innovation: Reality Check, Team Name: SC Center for Fathers and Families

Innovation: Young Parents Peers Program, Team Name: SRH Design Team (Latin American Youth Center x Unity Healthcare) as part of the D.C. Primary Care Association DCNEXT! Project

- Mentoring looks different for different orgs.
- Lack of support from parents 15 years old
- Get Black males involved in SRH
- Pregnancy prevention from fathers perspective
- Challenges neglect letter to father
- Career development legal issues
- Video fathers shared (storytelling)
- Changing
- Taking care of YOU
- Male change mindset responsibility
- Champions (male)
- The mask we wear
- Male facilitator

- Male understanding their rights
- A right to sexuality
- Connect where the guys are
- Culture

Older Adolescents – Exchange #2

- **Summary:** Parent engagement is an important aspect of older adolescent programming as is parent to parent communication and networking.

- Wine+sex ed night
    - Parent engagement (MS+HS aged)
    - Networking through parents
    - Sex ed lesson (8-12 parents/session)
- Curriculum re: parenting styles
    - Parents like learning from other parents
    - Parenting styles
    - Finding me parenting you
- Fundamentals of Fatherhood Playbook
    - Empower and engage fathers and sons relationship
    - 90% found father to father communication helpful
- Curriculum – [illegible] classes for teens and young adults with intellectual and developmental disabilities
    - Have a jail diversion program
    - Parent piece and YA/youth piece of curriculum

Health Care Access/Clinics – Exchange #2

Innovation: PAIR: PARTNERSHIP TO ADVANCE, Team Name: Public Health Solutions' Sexual and Reproductive Health Capacity Building Program

Innovation: Confident Teen, Team Name: Texas A&M University – Comprehensive Healthcare for Adolescents Initiative (CHAI)

Innovation: Beyond the Bump, Team Name: Children's National – DC NEXT! Of Washington, DC

Innovation: Model of Respectful Care, Team Name: Child Trends

Innovation: Health Mentor Model, Team Name: Better Together Hennepin (BTH)

ABCD Family Planning Training Institute: Team Name: Action for Boston Community Development (ABCD) Health Services Department Innovation, led by Erin McSweeney, TTA Coordinator

- Empowering providers: reproductive health patient navigator, RAAPS/ACT, SHA, after visit assessment, Plan C: The Contraceptive Chat, Roadway to Reproductive Health Simulation Game

Appendix G:

Exchange #4 Notes

Exchange #4:	
Table #	2
Notetaker	Liz Moreno

Summarize major takeaways in 3-5 bullets, or more if needed, to memorialize the major headlines from your discussion. Then indicate any OPA follow-up. Send to Amanda as soon as you can this week.

If someone at the table made a major point or required follow up, try to note their name below. You'll be discussing the following, then emcees will be requesting report outs.

Takeaways

- Greta from Eyes Open Iowa talked about having a parent night (wine and sex ed night) where they also serve wine and treats (not paid for my grant money) and provide a sample lesson of curriculum and allow time for parents to talk about it and help parent realize they are not alone
- Celebrate successes, be proud of what you have accomplished so far; celebrate partners and make sure they are part of decision-making process
- Creativity is important, allow time for that
- Take the time to think about what the outcomes are that you want from program activities and then build content from there; think through why you think these activities will drive change
- Think about how to assess different components of your intervention so you can learn what is impact of each
- Think about how you can use storytelling within your work (not just as a pitch to funders, but also as part of the intervention/program)

OPA Follow up

e.g., if someone asked a question you couldn't answer about HHS grants policy, if you heard a need for TA or guidance, etc.

- More ideas and advice from others and input about implementation approach (1:1 vs. facilitated session; virtual vs in person)

GENERAL NOTES:

- What's next for your innovation?
    - Hope to get Tier 1 funding to implement
    - Figuring out how to expand reach
    - Get qualitative feedback
    - Entertainment education video series, narrative based, targets youth in juvenile justice system in New Mexico, currently 3 episodes, so fairly short, thinking about ways to expand it and address different issues without making it too long; also thinking about other places where the stories can still resonate (other at-risk youth)
- What help do you need?
    - If we get refunded, figuring out what a would pilot look like
    - Help from parents they engage with to spread the word (but also don't want to advertise too much outside of trusted circle because you never know who will show up)
    - Public support

    - More ideas and advice from others and input about implementation approach (1:1 vs. facilitated session; virtual vs in person)
- What advice do you have for others at this stage?
    - Celebrate successes; celebrate partners and make sure they are part of decision-making process
    - Be proud of what you have accomplished so far, don't stress about not being where you want to be
    - Creativity is important, allow time for that
    - Take the time to think about what are the outcomes you want from activities and then building content from there; thing through why you think these activities will drive change
    - Think about how to assess different components of your intervention so you can learn what is impact of each
    - Think about how you can use storytelling within your work (not just as a pitch to funders, but also as part of the intervention/program)
- What actions will you take after the event?
    - Not sure yet
    - Maybe do one more parent night and think about how that idea can be broadened beyond that was a nice experience, but integrate into program
    - Would like to add more episodes so they can explore other topics and keep learning and testing

Exchange #4	
Table #	4 – including 3 folks from YMCA Louisville, 2 from Healthy Teen Network, and Emily from Mathematica
Notetaker	Lizzy

Summarize major takeaways in 3-5 bullets, or more if needed, to memorialize the major headlines from your discussion. Then indicate any OPA follow-up. Send to Amanda as soon as you can this week.

If someone at the table made a major point or required follow up, try to note their name below. You'll be discussing the following, then emcees will be requesting report outs.

- *What's next for your innovation?*
- *What help do you need?*
- *What advice do you have for others at this stage?*
- *What actions will you take after the event?*

Takeaways

- **1. Technology – Tech changes SO FAST! How does that work in innovation to impact continuum?**
    - Our tech innovators talked about how difficult it is to continually invest in keeping tech innovation fresh and new. Something developed and impact evaluated 5 years later is going to be so out of date and feeling like a dinosaur.
    - How do you drive traffic to a website or app? Can it never be done or work well outside of a tie in to a program that has youth use it?

    - We're struggling to figure out how to monetize the tech we develop and considering pulling out the content to repackage it – since the content is what's an EBP, not necessarily all the app design. (that might be something worth digging into)
- **2. A lot of our innovation is about tapping the CLASSICS of evidence based approaches in new ways (e.g., trusted adults, youth coming somewhere where they feel heard, safe spaces, using empowering framing)**
    - E.g., EBPs in the morning, podcasting in the afternoon
- **3. Teen friendliness isn't just about clinic spaces**
    - How do we also ensure places like all of our YMCAs are really built FOR youth? How do we use the Teen Champion model?
- **4. How do we continue to make sure Tier 1 feels like they have the space, incentive to try innovative things?**

OPA Follow up

e.g., if someone asked a question you couldn't answer about HHS grants policy, if you heard a need for TA or guidance, etc.

- We need to do a lot more thinking about how we integrate the **core components** into TPP both tiers….. it's going to be both a great thing, and a very confusing thing for all of us
- Grantees want more applied TA around **storytelling** and nimble framing of projects to diverse crowds
    - Can we do practice / pitch days where we invite others from the philanthropic or private sectors to come in and give feedback?
    - Can we do more practice with each other?
    - Follow up session on StoryEngine.io?
- Grantees clearly wanted more follow up on thinking about innovative projects as something to package and share (especially for Tier 1 grantees) and the importance of **lawyering up early**!
    - E.g., We hadn't thought of this as an innovation before, and now we're like oh wow….. we need a lawyer! What if our name isn't supposed to be used? What if we want to fight for it? We need to start having these conversations earlier.
- Can OPA find some events / TA to connect innovators more with the private sector in silicon valley for help on thinking about tech?

Exchange #4	
Table #	9
Notetaker	Merlin A.

Summarize major takeaways in 3-5 bullets, or more if needed, to memorialize the major headlines from your discussion. Then indicate any OPA follow-up. Send to Amanda as soon as you can this week.

If someone at the table made a major point or required follow up, try to note their name below. You'll be discussing the following, then emcees will be requesting report outs.

- *What's next for your innovation?*
- *What help do you need?*
- *What advice do you have for others at this stage?*
- *What actions will you take after the event?*

Takeaways

- *What's next after the app (HIP)?*
    - *June 30th kickoff.*
- *Would love putting young people or young parents in the space of training and advocacy.*
- *Network between GCAP and HIP, to discuss silos.*
- *GA? does not want PP to be involved in the chat function of GCAP.*
- *How can we make the puberty education kits available???*
- *Mention of AFY and Youth Resource to moderate content on apps.*
- *Need for mental health resources amongst teens and young parents.*
- *"Never mind the noise." Let's do the work and let it speak for us.*
- *Partner'ing with other organizations are most times not authentic.*

OPA Follow up

e.g., if someone asked a question you couldn't answer about HHS grants policy, if you heard a need for TA or guidance, etc.

- Suggested to remind people to bring business cards for networking.

Exchange #4	
Table #	11
Notetaker	Not listed

Summarize major takeaways in 3-5 bullets, or more if needed, to memorialize the major headlines from your discussion. Then indicate any OPA follow-up. Send to Amanda as soon as you can this week.

If someone at the table made a major point or required follow up, try to note their name below. You'll be discussing the following, then emcees will be requesting report outs.

- *What's next for your innovation?*
- *What help do you need?*
- *What advice do you have for others at this stage?*
- *What actions will you take after the event?*

Takeaways

- Identifying Gaps for services and working with Health Departments for support.
- Collaborating with Partners.
- There was a lack of interest in patients with telehealth and they preferred in person.
- They discussed challenges in getting new patients young patients to receive services and concerns with meeting numbers.
- Shared that services for young people and concerns that are elevated about confidentiality.
- Differences in rural vs. city and how to advertise to the right audience.
    - Instagram & TikTok
- Once they get them in it's still a challenge to get them in for follow up.
- Rural area using social media and had a big success.
- Using Youth Advisory Councils in advertising and ask people.

- Follow Data of how people of how people find your website.
- Idea for social media:
    - Put in community QR Code how to get $25- post on social media
    - Client comes in to get $25 and ask how did you hear about us
    - Client comes in and they can get $30 for completing survey
- Other Ideas:
    - You Tube video
    - Word of mouth
    - Friend social media post
    - Website
    - School based site promo
- Ideas of incentives discussed.
- Title X Representative from New Mexico mentioned that Dollar Store gift cards were better than Visa because of fees. She mentioned that there wasn't a Walmart in the area.

Exchange #4	
Table #	14
Notetaker	Tracy Georges

Summarize major takeaways in 3-5 bullets, or more if needed, to memorialize the major headlines from your discussion. Then indicate any OPA follow-up. Send to Amanda as soon as you can this week.

If someone at the table made a major point or required follow up, try to note their name below. You'll be discussing the following, then emcees will be requesting report outs.

- *What's next for your innovation?*
    - Jill Gwillt– expand data collection and app with the upcoming funding
    - Todd Mulroy – built up the capacity of staff, expand the LIP program throughout the Marshall Islands
- *What help do you need?*
    - Funds to implement and complete projects
    - Support staff
    - Partnerships with liked mind organization
- *What advice do you have for others at this stage?*
    - Reach out to others doing similar work in your region or space for guidance, if needed. May provide insight on topic such as political impact, barriers to implementation, etc.
- *What actions will you take after the event?*

Takeaways

- Most grantees collected data but have hard time disseminating to the public
- Grantees connected with each during event but would love to continue the networking in a structured way.
    - Want to engage in meaningful partnerships

OPA Follow up

e.g., if someone asked a question you couldn't answer about HHS grants policy, if you heard a need for TA or guidance, etc.

Exchange #4	
Table #	Not listed
Notetaker	Not listed

Summarize major takeaways in 3-5 bullets, or more if needed, to memorialize the major headlines from your discussion. Then indicate any OPA follow-up. Send to Amanda as soon as you can this week.

If someone at the table made a major point or required follow up, try to note their name below. You'll be discussing the following, then emcees will be requesting report outs.

- *What's next for your innovation?*
- *What help do you need?*
- *What advice do you have for others at this stage?*
- *What actions will you take after the event?*

Takeaways

- A storytelling bank is a helpful tool; stories can serve as leverage points.
    - Threats to projects – radical policies taking place; good opportunity for storytelling
- Understand the convening power of a collaborative in getting the story out there
    - "I've never met a collaborative before and I was so excited to meet someone that does what we do!"
- Stories need to include hearing directly from the population that is affected – how do we do that and build that out?
    - Build capacity of those with lived experience to be in the space and thrive in "adult-youth partnerships" and build the capacity of the adults to listen and respect youth as equal partners and make space for them equitably. ← United Way has a model like this
- Where we need HELP:
    - Teaching partners how storytelling; grassroot organizations
    - Partners being able to attend other professional development opportunities like conferences
    - Persona profiles – think about your audience in that matter….put yourselves in their shoes, assumptions are OK…test them. Create a journey map and think about what is needed in the backend (in the kitchen)
    - How to help partners feel safe in sharing their struggles; removing the work/partnership from the funding
- Some grantees are unsure what's next for their innovation because the funding cycle is complex and often short. If they don't receive funding in the next cycle, they'll have to shut down the project or start over when they get another funding source.
- A next step for their innovation is expanding partnerships with community-based organizations and community health workers.

- After the event, they will do more to stress the importance of evaluation and data collection to partners.
- The meeting helped support how to craft their message and discuss at meetings that were scheduled prior to.

OPA Follow up

e.g., if someone asked a question you couldn't answer about HHS grants policy, if you heard a need for TA or guidance, etc.

- Strategy as OPA communicates their message should include grantees and leverage their connections
- Connections based on role in a grant, type of organization (collaborative, university, foundation, etc.)
- Have a storytelling bank that they can use as a helpful tool.

Appendix H:

Breakout Session Notes

Breakout Topic	Building Early Evidence
Notetaker	Tara Rice

Summarize major takeaways in 3-5 bullets, or more if needed, to memorialize the major headlines from your discussion. Then indicate any OPA follow-up. Combine notes from day 1 and day 2 into this one document. Send to Amanda as soon as you can this week. ***THANK YOU!***

Takeaways

- Projects can build evidence at each stage across the full spectrum of the project life cycle (i.e., evidence does not just come at the end from a large-scale RCT, there is also evidence generation at the early development and testing stages).
- Engage participants in early innovations with participation incentives meaningful to them. Grantees/evaluators can track data (such as attendance, engagement) over time to assess what incentives are most effective in driving/maximizing participation. Grantees/evaluators may hold focus groups to assess why people are not participating or stopped coming to the program. (Questions might include: does participation happen during free time? Does participation interfere with another activity? is the implementation space appealing, etc.)
- Early innovators may develop, understand, and assess each activity or component individually; then developer can build a full intervention from the individual activities that are already well-understood.
- Early innovators see the tension between needing to standardize a curricula for evaluation (fidelity, etc.) vs allowing for implementation variation based on the needs of the participants. Evidence-based vs community responsiveness. The tension between flexibility and adhering to a formula for implementers is noted as ongoing issue but this does not have to be an all or nothing proposition. For example, one could be community-responsive within an evidence-based program through an allowable adaptation.
- Documenting what is done each time the program/innovation is implemented is important; one should balance the right level of information collected, and balance between the need for flexibility and the need to build evidence. Ultimately, these needs may be closely related, because as you collect data about how the program is implemented, you are building evidence about what programs works, when, and for whom. Qualitative data (observations, interviews with facilitators, focus groups) can help assess what is happening to drive output and revise/refine the theory of change and logic model.
- Innovators appreciate the opportunity to be able to try something new, test it, and learn lessons from outcomes (even if something “did not work”); this is in contract to the traditional monitoring and evaluation approaches which tend to focus on the traditional evaluation model which focuses solely on the outcomes and impacts.
- Focusing on having inclusive youth voice within Tier 1 projects really allows replication grantees to be innovative.
- Grantees who give subawards to community orgs can get their subawards to buy-in to collecting data for evaluation and grant requirements by respecting the community orgs likely have different priorities and meet them where they are. Evaluators should consider ways to draw connections between the data collected and the identified goals of the community orgs. Use every day plain language words that explain what you do and minimize jargon. Discuss data collection in terms of the priorities of the orgs where feasible instead of just saying “what we need to get from you.” Evidence does not have to be numbers; qualitative data is important.

"Stories" and anecdotes are great starting point to get more information that they can help the community orgs achieve goals.

- Grantees should show data (such as from performance measures or evaluation activities) to partners (such as implementing sites, subawardees, priority population etc.) regularly and get their feedback on what the findings are and how to communicate them. Show the key partners that the data are used, and how they are being used. Engage the partners early on to see what info they are interested in seeing. Talk together about what the data are suggesting. Co-create infographics using the data along with partners.
- Customizable data systems such as RedCAP can help facilitate data sharing with partners as well as other data management tasks.
- Continuous Quality Improvement involves collecting data, learning and improving programs, and this also can be considered evidence collecting.
- There may be different levels of evidence. As an example of this, one network grant described their intervention testing process. The intervention consists of a series of videos, delivered in 3 different "versions", such as with planned group discussions only (gender specific groups and mixed gender), or with a facilitator only. How do we pick a next step. If you're aiming for an evidence -based program, look at the implementation approach that has the best outcomes as the "preferred implementation mode" for future evaluations. You can them look at the data for the other approaches. Consider whether your data might show that the other version works as well, this other version might be a future "adaptation."
- Sharing your data (such as evaluation findings or performance measures) with sites all along is important. Evaluators should share notes with people who are interviewed so that these key partners can weigh in whether their views have been consistently and accurately noted
- Getting youth (priority population) involved in seeing, reacting to, providing feedback on the data findings is important as well
- Data walks are great to help get community feedback from the priority population/community partners on the data collected. Urban Institute noted as a leader in this area.
- A person new to innovation asked Who determines if a program is evidence-based? Different organizations make these determinations. TPPER is the basis for evidence-based determinations in TPP, though the NOFOs may have additional rules/guidance specific to a grant. Other organizations in different fields do evidence reviews as well. Evidence-informed, you use evidence to inform curriculum development.
- Another grantee implementer notices that it is frustrating that it takes 5 years to figure out that something is effective. The world can change a lot in 5 years, will curriculum still be relevant 5 years later? This is why having a continuum of evidence is so important. There are types of early evidence that can be collected in shorter period of times. Also, if you have shorter term outcomes to focus on, you can do an impact evaluation in shorter period than 5 years.

OPA Follow up

e.g., if someone asked a question you couldn't answer about HHS grants policy, if you heard a need for TA or guidance, etc.

- Consider ways in which existing evaluation TA can be broader activity support in future cohorts. There are synergies between programmatic support and evaluation support. Program improvement literature can aid evaluators in strengthening their evaluations.
- People are interested in mid-level evaluation and how is OPA is/will be defining this. We could not at the time of the Innovation Exchange discussion specific open tier 2 NOFOs but I think this

could be the subject of future eval TA materials and knowledge sharing. Broadly, Over time, OPA & HHS have learned that building evidence takes time. You can't go from idea to large scale RCT in a year. You need to think about what the intervention is, who delivers it, develop the activities, tinker with the pieces, etc. Developing an intervention takes one set of skills, but often a different person with other skills would be more objective as the evaluator. Is it replicable when other people do your program? Amount of time, money, attention needed for an RCT. What design to use in the middle stage? Depends on the question that you can answer. A single case design maybe, or increase the sample size of an existing study. All the voices (program implementers, evaluators, and program developers) need to be heard in study design.

- There are no Innovator-specific strategic planners to help orgs develop logic models for early stage innovation. This could be a gap to address for future Tier 2 innovator eval TA.
- In general, having more eval TA offered on how to do community participatory research, data walks, engage youth in evaluations, etc., may benefit the next TPP Tier 2 cohorts
- Having more discussion/TA around what constitutes early-stages of evidence in TPP, such as in innovation and the middle stages (see 1st bullet in this section) may help future grantees. OPA may not be ready to publish formal criteria for a TPP continuum of evidence (yet), and we likely would need to pull the TPPER team into this discussion at some point in the future. Nonetheless, I think planning for a continuum now would be great.

Breakout Topic	Impact Studies Hiccups
Notetaker	Jaclyn Ruiz

Summarize major takeaways in 3-5 bullets, or more if needed, to memorialize the major headlines from your discussion. Then indicate any OPA follow-up. Combine notes from day 1 and day 2 into this one document. Send to Amanda as soon as you can this week. ***THANK YOU!***

Takeaways

- Ensure you are embarking on an RCT at the RIGHT time. Questions to ask yourself:
    - Do I have a promising intervention that is well defined?
    - Do I have a theory of change/logic model that clearly shays what the program is and the outcomes that will be affected by the intervention? ←can start with an outcome evaluation that isn't necessarily an impact study
    - Rich data about what the experiences are of the folks in the intervention (those being impacted by it) ← rich implementation data
- In addition to WHAT to collect also think about the timing of the data collection:
    - Make sure you understand the population
    - What the rates are of the behavior you're looking at
    - What do you want to measure when?
- Communication and partnerships are key
    - Communication between program team and evaluation team
    - Get an evaluator that can speak with you and jointly problem solve and be flexible – create solutions to address needs you're facing.
    - Investing in partnerships to ensure folks are fully aware of what the expectations is
    - Be extra clear when communicating about materials ((not just content but surveys and consent). Ensure communication is very transparent and constant.
- Story telling is so helpful – sharing out what are the challenges, lessons learned – what worked, what didn't and where is the need, not just with interventions but with evaluation studies and methods. ← this helps not only other grantees but OPA (as a funder) as well.
- Think through and identify all the potential barriers and plan for them. Think about what can be done to course correct.
- Formative evaluation and some outcomes measures can help identify when you're ready for the next step (impact studies – issues identified in this space and serve as an opportunity to innovate and refine.
- Core components – identifying critical material/content → as developers, you have a hypothesis – empirical research linking data such as attendance and lesson to identify correlations

OPA Follow up

e.g., if someone asked a question you couldn't answer about HHS grants policy, if you heard a need for TA or guidance, etc.

- Grantees struggle with the funding opportunities and feeling restricted and limited by what they are "allowed" to do → strongly recommend framing and messages that clarifies that the expectations are but also where innovation and creativity can exist
    - I am only allowed to collect sexual behavior data by survey

    - I am only allowed to do a RCT and not attempt other types of studies or evaluation methods

Raw Notes

DAY 2:

- Things that go wrong: Low recruitment, folks not completing surveys (sample attrition), folks do not attend (dosage), comparing program to something else that's pretty good (effective contrast), not having outcomes that are well-aligned to what you're testing or the program, not having the right partnerships in place, staffing changes and/or staffing concerns, not properly documenting, adolescent confidentiality
- Need to plan for all these issues that can happen at every study. What can we do to course correct?
- Survey content is critical, be extra clear in consent materials (and assent materials) that information in confidentiality, ensure communication is very transparent and constant.
- Communicating clearly re: control vs. intervention in randomized control trials
- Create a theory of change on what long-term outcomes may be impacted by a short-term outcome
- Get an evaluator that can speak with you and jointly problem solve and be flexible – create solutions to address needs you're facing.
- When have you iterated enough? Pre/post – get some measurements, get some evidence that the program can be implemented
- What is the right dosage?? If you're doing formative evaluation – this can be something to monitor and check – if too low (below 50%) – this is an opportunity to innovate to determine HOW DO YOU increase attendance…here is where you refine.
- Core components – identifying critical material/content → as developers, you have a hypothesis – empirical research linking data such as attendance and lesson to identify correlations
- Other measurements/outcomes → clinic results (STI results), teen birth rates

DAY 1:

- They always go off track
- Attempt to course correct and being thoughtful about WHEN you do an impact study
- We jump too quickly to a RCT (high stakes, rigorous) when a program is not ready
- Intervention that you're testing be very concrete and very well-defined
- Theory of change – what are we going to see as a result of this intervention – what are the outcomes that we should be measuring → need to be tightly aligned with what the intervention is trying to change
- Questions to ask yourself:
    - Do I have a promising intervention that is well defined?
    - Do I have a theory of change/logic model that clearly shays what the program is and the outcomes that will be affected by the intervention? ←can start with an outcome evaluation that isn't necessarily an impact study
    - Rich data about what the experiences are of the folks in the intervention (those being impacted by it) ← rich implementation data

- Mid-level evaluation funding – takes so much time to do the work that Russ mentioned about the foundation that is needed for impact studies including the partnership aspect
- Building partnerships – have to be rock solid; if not – we get into the RCT and a partner may back out because it's too intense, too much
- Helpful preliminary outcomes – sexual behavior and its consequences (TPPER has the 5 domains) but this may not be applicable/relevant to intervention….think about what outcomes may be proximal to these sexual behaviors
- In addition to WHAT to collect also think about the timing of the data collection:
    - Make sure you understand the population
    - What the rates are of the behavior you're looking at
    - What do you want to measure when?
- Healthy relationships and IPV – think about the system in which you are trying to do the study and the requirements and restrictions. What will the county say about the questions you ask, and who may be consenting? Do a lot of prep and planning – because changes in leadership can severely impact progress. Work with the IRB that will give you the "lowdown" of what you can and cannot do. Think about the ideal situation but then what's reality.
- How do you deal with powering your study and getting the numbers needed to show impacts? Brief will be released by MPR/OPA on this topic – there is a whole other line of research from psychology - single case design research.
- Another brief – systems change evaluation – is available and may be a helpful resources to consider when thinking about other types of evaluations.
- Doing randomized control trials with comparisons when on paper they look the same but in reality the environments where the intervention is being implemented is so different (e.g., implementing in progressive Seattle vs. Corpus Christi, TX) – think about sub-group analysis as part of your story telling, Bayesian lens may support that story telling
- Think about how generalizable do you want the study to be
- Adjustments – adjusting impacts for generalizability (occurs in the education world); kinds of resources needed to invest in recruitment….more is always better (helps with power and storytelling)
- Communication between program team and evaluation team
- Really taking the time and investing in the partnerships
- Story telling is so helpful, what are the challenges, lessons learned – what worked, what didn't and where is the need, not just with interventions but with evaluation studies and methods.
- Null effects are a failure - Investigating why is so helpful for the field

Breakout Topic	Pard'ner Up! Keeping those Innovation Partners Engaged Long-term
Notetaker	Liz Moreno

Summarize major takeaways in 3-5 bullets, or more if needed, to memorialize the major headlines from your discussion. Then indicate any OPA follow-up. Combine notes from day 1 and day 2 into this one document. Send to Amanda as soon as you can this week. ***THANK YOU!***

Takeaways

- Be careful who you put around the table, make sure your interests/goals align (also be careful partnering with universities and hospitals that have very high administrative rates that can suck the life out of the project and leave crumbs for actual programming)
- Be upfront with partners regarding project charter so it's clear what is being agreed to (soft contract that includes key dates, responsibilities, the why of the partnership – including each partner's why of what they're doing), also do checks to make sure there is equity and understanding as well of why data is needed
- Co-create goals and objectives together with partners so it's not just one sided (reaching numbers, gathering data); also start with the why of why a partner is engaging with you and focus on what you're bringing to that why (e.g., our grant requirements align, networking)
- Idea for sustaining relationships past grant – conduct a partnership impact evaluation to capture themes at different levels (identified areas that partnerships impacted); can use strategies like appreciative inquiry (dig into understanding a project or relationship from a strengths perspective, what worked well, what things were positively impacted as a result of this partnership)
- Lead with your why when discussing partner expectations; why expectations (e.g., data collection) are necessary; consider whether it's possible to hold partners accountable by not only reports/data, but by what they hope to see at the end of the project (e.g., by the end of this project what will you notice?)

OPA Follow up

e.g., if someone asked a question you couldn't answer about HHS grants policy, if you heard a need for TA or guidance, etc.

- TA on tools for tracking multiple partners (e.g., making sure everyone is getting paid, partner management and tracking, etc.)

General Notes:

Participants: Megan Hiltner, Liz Moreno, Carlie Stout Deatherage (Honestly/Thrive – Tier 2 grantee), Mollie Overly (PP of the Great NW Indiana/Kentucky, project is for Washington state, based in Seattle), Alexa Weishear (Fostering Unity, partner with National Center for Youth Law; project is a podcast for parents/caregivers of youth in foster care); Jane Lose (Title X in Colorado); Erin McSweeney (non-profit in Boston; Title X grantee); Jorge Valderama (developing workforce pathways for youth); Breione St. Claire (Essential Access Health- Title X grantee for CA and HI); Mindy Scott (Activate, research alliance); Silvia Penate (DC, Latin America Youth Center); Jennifer Flores (DC, LAYC)

Topics of interest:

- Sustaining partnerships after a grant ends
- Diversifying partnerships

- Connecting with partners with lived experiences
- How do you sustain a partnership when there is turnover?

Intro from Megan:

- Discussed handout and RHNTC resources – MOU templates (may want to add language that makes room for flexibility); eval tool/guide for measuring impact of partnerships (e.g., look how trust was impacted as a result of this partnership)
- Start with the why of why a partner is engaging with you and focus on what you're bringing to that why (e.g., our grant requirements align, networking)
- Partnership leads – do you have such a person at your organization? – Alexa said that Jess Moreno is that person at their organization, she makes sure everyone that needs to be looped in is looped in, figures out who new point person will be when there is turnover; Sylvia and Jennifer said this is harder for non-profits who don't have extra money for such a role, so just divvy up the work; Mollie shared that they try to keep track of facilitators via a database (A-dapt) to know where they have facilitated so you know who the connections are where in case you lose a staff member who is that key connection there; can be helpful to use Google collaborative tools that others can easily tap into as opposed to a static spreadsheet saved on one person's computer
- Ideas for sustaining relationships past grant – partnership impact evaluation to capture themes at different levels (identified areas that partnerships impacted); can use strategies like appreciative inquiry (dig into understanding a project or relationship from a strengths perspective, what worked well); continuing communication with partners; celebrate successes and show gratitude to partners – handwritten notes, bring folks together in a meeting and highlight successes; highlights partner work in newsletter; shift focus from reaching numbers/collecting data to community building; Breione shared they started a work group focused on getting feedback from partners on what worked well, what didn't, etc.; Alexa said as a partner they appreciate continued references and referrals outside of the project; providing professional development opportunities for partners
- Ideas for diversifying partnerships – systems thinking tool (5 P's); if want to engage use, they want money, it's what they want and need (visa gift cards; ask the youth what would be best for them – money, gas gift card, free diapers/formula for young parents, food, free day care, professional development, etc.; Alexa said they give youth podcast contributors at least $25/hour; Breione said they want to ensure they have input from youth of color; you could try leveraging other groups/organizations that already have a youth advisory board; connect with other school officials that are already serving youth and parents; ask youth what might cause you to not come to a session/meeting (e.g., transportation, etc.) that way you can help remove that challenge if possible
- Strengthening partnerships – co-create goals and objectives together so it's not just one sided (reaching numbers, gathering data)
- Other – parent survey and using that info/data to recruit new partners; think outside the box, reach out to potential partners you may not think to partner with and see where you have common ground; youth voice to show appreciation

Participants: Molly and E (Multnomah – bigger entity so money often goes to them and then they distribute); Sherry Stucker (Eyes Open Iowa); Janita (Child Trends – evaluation); Dennis Enix (YMXA of Louisville); Sean (Pro Youth and Families); Jess Balac (JMU – Disability and Sexual Health Network); Jacki Akafi (PP of New York); Jenn (Children's Hospital)

Topics of interest:

- Strengthen partnerships beyond collecting data for evaluation (partnerships that aren't extractive)
- Tracking multiple partners (e.g., making sure everyone is getting paid, partner management and tracking, etc.)
    - Google docs and forms are really helpful because you can share info in real time (it can be tricky though in terms of access, ownership, etc.); spreadsheets; app Band (can send out reminders); Slack; Google workspace/folder where you can save meeting minutes, etc.; create short video tutorials on how to enter data (can use Loom to do this and it is free and people can add comments); Assana is another platform some use; also track difficulties of doing this work and of partners, so bigger funders can better understand); YMCA moved away from setting a percentage of staff/organizations on tasks (30%) and instead had an hourly rate, for instance $150/hour and they have to submit detailed description of work done during time they are billing for; break down funding cycles into phases so they don't get all funding at once (set benchmarks for pay outs) and partners are lovingly held accountable
- How to engage difficult partnerships that may not be an obvious, easy fit (e.g., how to engage medical community)
- Sharing maintenance responsibilities and sustainability among the network
- How to sustain current partnerships and diversify/expand partners, especially post COVID
- How to diffuse power and strengthen partnerships in those relationships (for instance, if you are an organization with power and money, how to diffuse that power
- How to leverage partnerships and develop new ones during dynamic policy shifts – how to be forward thinking
    - Megan told everyone about upcoming webinar on changing policy landscapes
- How to engage partners in the substance use community – the city, libraries, other youth serving organizations, social services agencies; local services board; parks and rec; look for organizations that have received large grant to address that issue and see who they have partnered with
- Side Note: you have to be careful when partnering with universities (and hospitals) because can "suck the life" out of a project because they are so expensive (administrative rates that are negotiated and are high, for example 25-30%, plus staff rates, whereas nonprofits can't go above 5-10%?) and you end up with crumbs to actually do programming; takeaway – you have to be careful who you put around the table to make sure your interests/goals align; be upfront with project charter so it's clear what is being agreed to (soft contract that includes key dates, responsibilities, the why of the partnership – including each partner's why of what they're doing), also do checks to make sure there is equity and understanding as well of why data is needed; Megan has a charter template for quality improvement
- Side note: as you're approaching potential partners, just know that partners are protective of their youth (e.g., schools) and giving outsiders access to them
- Side note: lead with your why; why expectations are necessary; is it possible to hold partners accountable by not only reports/data, but by what they hope to see at the end of the project (e.g., by the end of this project what will you notice?)

Breakout Topic	Protecting Your Innovation: Navigating Intellectual Property
Notetaker	Naomie Gathua

Summarize major takeaways in 3-5 bullets, or more if needed, to memorialize the major headlines from your discussion. Then indicate any OPA follow-up. Combine notes from day 1 and day 2 into this one document. Send to Amanda as soon as you can this week. ***THANK YOU!***

Takeaways

- Reasons for joining this breakout session included: to learn more about protecting innovations some already developed and others yet to be developed and connecting with others and learn what they are doing.
- Of high interest on both days was the differences between trademarks, patents, and copyrights, the process it takes to obtain each one, and the responsibilities to maintain and renew the protections.
- In addition to the handouts provided during the breakout, the facilitator provided additional resources for participants https://www.uspto.gov/ and https://www.federalregister.gov/
- Attendees appreciated learning the importance of obtaining legal counsel from law firms that specialize in intellectual property as early in the development phase as possible. Considerations to keep in mind when considering a law firm/lawyer to work with (e.g. their experience and role in the process and the types of protections they specialize in) were shared.
- There was interest in learning how artificial intelligence fits in this discussion.

OPA Follow up

e.g., if someone asked a question you couldn't answer about HHS grants policy, if you heard a need for TA or guidance, etc.

- This breakout session was very well attended on both days! Considering that most, if not all, participants expressed wanting to learn more about protecting innovations, it's highly likely that the OPA grantee community at large may have this knowledge gap. Therefore, it may be helpful to the OPA grantee community for OPA or OPA-funded TA provider to develop a T/TA on this topic.

Breakout Topic	Troika Consulting: Learn and Practice a Simple Method for Getting Immediate and Imaginative Feedback
Notetaker	Tracy Georges

Summarize major takeaways in 3-5 bullets, or more if needed, to memorialize the major headlines from your discussion. Then indicate any OPA follow-up. Combine notes from day 1 and day 2 into this one document. Send to Amanda as soon as you can this week. ***THANK YOU!***

Takeaways

- Why Troika? Grantees have roadblocks, want new perspectives, and want to learn new feedback methods.
- Activities outcomes: People with their backs turned felt comfortable not having to respond. This method provides space for participants to listen actively.
- People who provided feedback were able to relate to the problems since it allowed them to truly analyze the problem at hand when the person back was turned away.
    - Felt that they did not have to read people's facial and body language when the person back is facing the group.
- People with problems were tempted to turn around and join the feedback discussion.

OPA Follow up

e.g., if someone asked a question you couldn't answer about HHS grants policy, if you heard a need for TA or guidance, etc.

- How can I use this feedback technique with staff check-in?

Breakout Topic	Youth Engagement
Notetaker	Not Listed

Takeaways

Scenario 1: Adapting an EBP for different group type

Innovative approaches considered:

- Participant focused:
  - Seek input from both participants and community
  - Make the language inclusive and mirror speech patterns that are not too formal
  - Understand the culture, traumas, and other influences
  - Tailor incentives
  - What does success mean to the participants?
  - Assess if shared identity is an important characteristic for the participants
- Establishing trust:
  - Sharing the external boundaries that limit facilitation
  - Know when you can't make it work (ex: Kings designed for black men, adaptation for Hispanic males not possible—Kings is a gang, so there is a negative cultural response)

Scenario 2: Community partners tasked with recruitment, traditional methods not working, what to do?

- Approach from a different angle: use a different messenger to catch attention
- Offering student credit
- Use local podcasts or other media to reach new audience
- Meet with established clubs and participate in the activity—show that it matters
- Utilize the rapport with youth and build on it, value time and work, incentives, tabling at events—even on short notice, constantly show up
- Create student ambassadors to influence others

Scenario 3: Parents complaining about controversial topics like contraception, substance use, etc.

- Focus on and celebrate the conversation between parent and their adolescent
  - Share a synopsis of the curriculum
  - Reassure and speak to parental concerns
  - Educate parents in order to clear up the confusion
  - Bring the parent into the learning relationship with facilitator and adolescent
- Show that you are not afraid of different opinions
- Follow-up with parents that have opted out
- Find the balance between protecting your staff and yourself and addressing concerns
  - It is okay to mute inflammatory comments
  - Provide respectful boundaries

Questions/suggestions:

- What is a good way to assess caregivers and participants for knowledge gaps?
  - Make sure to work within established events like sports games, more successful than adding tasks for parents

Breakout Topic	Rev Your (Story) Engine
Notetaker	Jacquie

Summarize major takeaways in 3-5 bullets, or more if needed, to memorialize the major headlines from your discussion. Then indicate any OPA follow-up. Send to Amanda as soon as you can this week.

Takeaways

- The power of storytelling (relating data and evidence) is using the story to communicate with stakeholders and community.
- Story Engine extracts personal experiences that are more emotionally driven, not so much fact-based
- Developing an emotional connection to the data collected (the story you want to tell) is key to Story Engine.
- Much like thinking about your favorite book or movie, think about how it makes you feel… What makes the movie/book story it so memorable? The emotions felt or experienced make it special and hard to forget. Innovators can use that same thought process to apply it to the innovations.
- It's ok to talk about The Struggles within the innovation story
- Purposeful pivots rise from experiences challenges. Ilana calls this "Intentional Framing"
- It's important to understand the audience that will hear/experience the story. Tailoring the story to the different types of audiences is important
- Use "deep listening" skills for interviews… Helps get at the story.
- StoryEngine.IO is a website specific to this method presented by Ilana. Lots of good resources to help get started

Last thoughts

- Using this process would be a perfect tool/methodology for the EAAS grantees. Ilana is interested in talking about those projects and what might be done with them through Story Engine.

Appendix I:

Evaluation Report

2023 Innovation Exchange -Building Connections- Evaluation Report

May 10 – 11, 2023

OASH | Office of Population Affairs

Q1.1- I left this event feeling inspired.

#	Answer	%	Count
1	Strongly Disagree	13.33%	2
2	Disagree	0.00%	0
3	Neutral	13.33%	2
4	Agree	40.00%	6
5	Strongly Agree	33.33%	5
	Total	-	15

Q1.2- This event was a valuable use of my time.

#	Answer	%	Count
1	Strongly Disagree	0.00%	0
2	Disagree	0.00%	0
3	Neutral	14.29%	2
4	Agree	35.71%	5
5	Strongly Agree	50.00%	7
	Total	-	14

Q1.3 – I developed new and diverse connections to enhance my network.

#	Answer	%	Count
1	Strongly Disagree	0.00%	0
2	Disagree	0.00%	0
3	Neutral	7.15%	1
4	Agree	57.14%	8
5	Strongly Agree	35.71%	5
	Total	-	14

Q1.4 – I obtained helpful feedback to improve my innovation(s).

#	Answer	%	Count
1	Strongly Disagree	0.00%	0
2	Disagree	7.14%	1
3	Neutral	28.57%	4
4	Agree	50.00%	7
5	Strongly Agree	14.29%	2
	Total	-	14

Q1.5 – I identified concrete next steps for promoting my innovation and findings.

#	Answer	%	Count
1	Strongly Disagree	0.00%	0
2	Disagree	14.29%	2
3	Neutral	28.57%	4
4	Agree	35.71%	5
5	Strongly Agree	21.43%	3
	Total	-	14

Q1.6 – Small group exchange sessions offered valuable opportunities for sharing and learning.

#	Answer	%	Count
1	Strongly Disagree	0.00%	0
2	Disagree	7.14%	1
3	Neutral	14.29%	2
4	Agree	21.43%	3
5	Strongly Agree	57.14%	8
	Total	-	14

Q1.7 – I learned relevant new skills or methods.

#	Answer	%	Count
1	Strongly Disagree	0.00%	0
2	Disagree	0.00%	0
3	Neutral	21.43%	3
4	Agree	42.86%	6
5	Strongly Agree	35.71%	5
	Total	-	14

Q1.8 – I would attend an event like this again.

#	Answer	%	Count
1	Strongly Disagree	0.00%	0
2	Disagree	7.14%	1
3	Neutral	14.29%	2
4	Agree	21.43%	3
5	Strongly Agree	57.14%	8
	Total	-	14

2 – What were the strengths of the Innovation Exchange? **Continued…**

Do you have any additional comments/questions?
Connecting with other organizations and hearing about their work. The first exchange breakout was my favorite.
The group of innovators.
I liked the set-up and the size of the exchange and the opportunities provided to discuss our innovations.
The energy in the room was inspiring. The time to connect with others and learn new skills.
Engaging activities, fantastic facilitators/emcees, and a good balance of structured and unstructured time. Also highlighted the strengths in the OPA grantee community
The conference organization that have participants full attention and encourages participants to interact with peers and speakers.
Loved the small tables with structured time for connecting and sharing. It was a perfect way to start our first day, learn about others' amazing work and where there was overlap with what we're doing.
Bringing together folks from diverse fields and states/project. It was great to meet people doing similar work in vastly different ways.
I thought the small group idea was good! I really liked breaking up by topic area, I thought that was helpful! I also really liked the speaker at the end of the first day!

2 – What were the strengths of the Innovation Exchange?

Do you have any additional comments/questions?
The passion, energy, diverse leadership.
People in the room, relevant breakouts, opportunity to share work.
connection was great and hearing about other grantees efforts.

3 – How can we improve future convenings? **Continued…**

Do you have any additional comments/questions?
Overall, the agenda was well organized and full of things useful to participants. The things I would improve upon are comfort and convenience related. Having a bit more space to move around the room would have been nice - perhaps having access to a second space so that groups could spread out. Also, a beverage service or complimentary lunch would have been greatly appreciated - it was really tough to get out, eat lunch, and get back to the conference space in time!
It would have been nice to have breakout sessions in different rooms, more space to move around. I really enjoyed hearing people talk about their innovations. I would have liked to see a speed dating style of this so we could hear most if not all of them.
For the breakouts, it would be great if they could've been in different rooms because it was difficult to hear the facilitators with everyone in the same room.
More intentional time in small groups to share innovations and make connections.
Separate spaces for breakout rooms would be very helpful to reduce background noise and focus on the conversation at hand.
I think this is one of the best conferences I have attended! One minor feedback is that my innovation is about increasing contraceptive access but I was grouped with a group of abstinence plus grantee; one of which was a little uncomfortable with my innovation.

3- How can we improve future convenings? **Continued…**

Do you have any additional comments/questions?
I would have loved the second day to have also had the structured table setup and connection opportunity. As much as I hate to admit it, being in that space was a bit overwhelming, and it was sometimes most comfortable to gravitate to those I already knew. If we'd been told where to sit again on Day 2, and been at a table with new folks, I think it would have been a great chance to break the ice and meet others. As much as it can be avoided in the future, scheduling this convening a week before the OPA Tier 2 grants were due was a bit brutal. Lastly, while I enjoyed the speaker at the end of Day 1, and know the topic of working on our pitches was something a lot of the participants asked for and really appreciated, it wasn't as relevant for me/my team, and took up a lot of time. I personally would have preferred that be something that folks could choose to spend more time on but not be required, whether in a separate breakout or otherwise.
Provide more time for feedback on specific innovations. I got basic understanding of a variety of programs but would have loved to learn more about each program or seen examples of the curriculum. It would have been great to have youth from programs attend with agency staff to share their perspectives as well.
I think for me, someone who is shyer by nature, I didn't love that the small breakouts weren't organized. I would've liked to have been assigned a new group of people every time we did one of those sessions, I ended up with the same group twice because we weren't sure where to sit / go. I like the idea of having a panel but I didn't think this one was super successful, it would've been nicer if it was longer and it wasn't just other people at the conference / conference staff.

3- How can we improve future convenings?

Do you have any additional comments/questions?
Sometimes it seemed a bit disorganized. I didn't always feel instructions on what was happening were clear. A bigger space would work well, especially for things like small groups and breakout sessions.
Breaks felt very short. I felt like I was rushing all the time. I appreciate 30 minute breaks at conferences, especially when there are things like posters or the gallery walk of the innovations. I didn't get a chance to look at them as much as I would have liked, and I need a little time to process what I just learned before jumping into something new. Also would have a minimum of an hour for lunch if it's not provided. You already know this, but the room was loud during breakouts especially. So more space if possible.
It was very difficult to hear during the small group exercises so I greatly suggest utilizing more than 1 room if possible

4 –Were there any topics or skills we did not cover but should in follow-up opportunities? If so, please list the topics.

Do you have any additional comments/questions?
It would've been great for the participants who are able to apply for future funding to have time with smaller Innovators to make connections related to being a funded partner.
There were so many interesting breakout sessions that I wish I had opportunity to attend.
Not that i can think of at the moment! Thanks for a great couple days, and it was absolutely wonderful to learn about the amazing work being accomplished around the country, and meet those who are in the thick of it.
Maybe take a look at the skills building breakout session topics, my first one was not very helpful but the second one I went to on feedback with Lizzy was really good! Maybe select topics that are actual skills like that Troika feedback workshop vs. more theoretical conversations.
Because we are tier one we did not have the opportunity to talk with mathematica formally. I would have welcomed an opportunity to discuss rigorous evaluation of innovations with an evaluation expert.

5- Comments

Do you have any additional comments/questions?
I really enjoyed this and left feeling inspired and encouraged about the work we have done.
Although I was pretty tired by the end, I wish there was more time to make more connections. We are following up with other Innovators and hope to hear back from them.
Having tea or coffee available during the session would have been wonderful. Thank you for the impromptu snacks and cookies/brownies!
It was a lovely idea, and I had a very nice time! I would like to attend again just with some things smoothed out now that you have one under your belt! And for what it's worth I thought it ran well for a first-time conference!
It was a great event, and we really appreciated the opportunity to participate!