Group Health Foundation Report

June 2018

Room One was founded in 1998 as a catalyst for community change. Initially established to respond to high rates of teen pregnancy and domestic violence, we have evolved to become a central social services and advocacy organization serving the Methow Valley and greater Okanogan County. We employ a three-pronged approach towards our vision of a connected community in which all people have the opportunity to thrive: 1) direct individual and family services, 2) prevention education, and 3) advocacy for systems change.

All of Room One's programs are rooted in being in community with the people we serve. From hiring to program development to the daily connections we have with those who walk in our door seeking services, we believe when trying to solve a deeply rooted problem, the most viable solution is developed with or by those closest to the problem. We have many programs, but for the purposes of this report, I want to focus on our county-wide teen pregnancy prevention initiative, Okanogan Healthy Youth. The initiative aims to address our county's high rates of teen pregnancy by increasing knowledge of teen pregnancy and related health disparities amongst decision-makers, and implementing evidenced and innovative strategies for prevention, including increasing school-based sexual health education and access to the most effective forms of birth control.

In addition to those proven strategies, we also knew we needed to learn about the particular contexts within our county that led to some of the highest rates of teen pregnancy in the state. In particular, we needed to learn from youth in our county who live in poverty, are Native or Latino/a, LGBTQ, are exposed to or experience chemical dependency, domestic violence, child abuse, sexual assault, or other forms of current and historical trauma. We believe that through this learning and through building deep relationships with those most affected, we can best develop and implement strategies for lasting change.

Below are notes, highlights and lowlights of how we did (and are continuing to do) this work in deep partnership with our community.

1. How have you engaged, convened, and maintained relationships with your community/communities?

Within our teen pregnancy prevention initiative, we started out by convening folks in different ways -- cross-sector leadership groups, groups of professionals within a field, leaders or stakeholders within different communities, and groups, particularly of youth, with different purposes and structures.

We learned that different people could participate in different ways and tried to continually build our understanding of each groups purpose, and the appropriate amount of energy and time to be invested in each group. With time, we also learned that for some folks, particularly those most affected by a problem, we both wanted and needed our investment to be on an individual basis. As I'll talk about more below under questions five, decisions about this level of investment were hard and took both more flexibility and more structure.

On a practical level, we worked to get the right people to the table. For example, through relationships we'd built with youth in schools and by partnering with those who worked directly with youth, we convened a county-wide Youth Leadership Council. A few things proved successful in convening the group and ensuring the members could best speak to the issues surrounding teen pregnancy. First, internally we were clear that the group had an agenda to build a shared analysis of teen pregnancy and health disparities in Okanogan County and that it was a group where youth who were historically marginalized in our county could find safety and be heard. Many of these youth worked jobs in addition to attending school, were sometimes homeless, had parents or caregivers who were undocumented or struggling with addiction, unemployment, domestic violence or other serious challenges, and we wanted to make attending meetings a priority in their lives, and that their experience and expertise was valued. Group members were interviewed before being invited to join and we prioritized lived experience, the ability to participate in group process, representation from the varied and diverse communities in our county, and youth who were traditionally underrepresented in county initiatives. The group member received mileage reimbursement and a stipend of $50 for each two-hour meeting and we helped get youth to meetings with reminders, rides, and whatever else was needed.

We also knew that those who were most at risk for health disparities were often unable to participate in a structured group like the Youth Leadership Council or a Community Advisory Group. We believed that to best engage these folks, we needed to go to them. Within our teen pregnancy work, we prioritized zip codes and school districts with the highest rates of health disparities, and focused efforts on juvenile detention, truancy boards, and alternative schools, and tailored our approach to meeting the youth "as they were." For instance, for girls at juvenile detention, we used a weekly "girls group" approach of meeting informally with all the girls in detention on the given day and providing a space for whatever came up. Sometimes the group talked about incredible trauma or hardship, and other times the group talked about life skills, reproductive health, or building healthier relationships. Often the conversation centered on various oppressions, and the staff helped the youth reframe some of their struggles into a larger shared narrative. The youth consistently expressed that this ability to place their own experiences within a larger narrative brought a sense of connection, meaning or understanding to their lives and helped them identify which part of a problem was "theirs" to fix and what parts might be outside of their immediate control.

2. How have you co-designed or co-created solutions with your community/communities?

On the most basic level, our most effective strategy for building viable solutions was in being in authentic, long-term relationship with the folks who were most affected and their allies, learning their stories, building a shared analyses and understanding, helping those most affected to co-

identify solutions, centering their voices when developing solutions, and balancing maintaining momentum with thoughtful, inclusive process.

One example of how we did that was in the youth storytelling project. In our work with the Youth Leadership Council, juvenile detention and schools, we had built relationships with a number of youth who were both deeply affected by issues related to teen pregnancy and were bold, articulate advocates for change. Often, our staff were acting as informal mentors for these youth -- meeting with them individually, connecting them to resources, talking through and addressing barriers they were facing, helping them to build a bigger analysis of their lived experiences, etc. These youth were radical activist but often (though not always) lacked the structure for their activism. At the same time we were coming up against a common narrative around teen pregnancy that the problem was around teens making poor choices (as in, if youth just made better decisions the problem would be solved). Staff and many of these youth they worked with, saw that their own stories highlighted how the problem of teen pregnancy was tied to other critical problems in our community. With the help of the Youth Leadership Council, our staff started a storytelling project with six of the students. The project aimed to tell the "real" story of the root causes of teen pregnancy and through doing so, build better solutions to the problem. The storytellers came together for long group sessions after school at a staff members house because it was closer to where the youth lived (though I'll note our insurers strongly cautioned against it). Staff also met individually with youth to build and refine the stories, and eventually film them. The project was a product of what the youth wanted and had to give and hopes to elevate their voices as the most important voices on the issue, and co-investigators of the problem and co-designers of the solution. (Stay tuned, the project is wrapping up now with a community premier in July).

3. How have you addressed systematic inequities that affect health (such as power differentials or racism) as part of your community engagement work?

In order to address systematic inequities that affect health, we've had to work to ensure that *our processes* themselves were reflective of both the problem and the solution. As talked about above, we were careful to continually try to center the voices of those most affected by the problem, and as with most health inequities, those voices were often the most marginalized in our community.

One way we did this in our teen pregnancy prevention initiative was by continually asking ourselves what our role was at any given moment or place. Sometimes the most important thing we could give was our time to research or convene folks, other times it was facilitating in a style that directly addressed or called out existing inequities in the room, and still other times it was to share our learnings or expertise from our direct work with youth or organizational history. We also understood that given our organization's physical and social location, we were better resourced than most in our county, and sometimes that meant our role was simply to share or redistribute resources.

A lesson we learned fairly early on was to convene the right people rather than all the people. That meant we had to work with our most trusted partners to identify who the right people were and then work to get them to the table, metaphorically or literally. As an example, as part of the

teen pregnancy prevention initiative, we came to understand that a primary barrier to prevention was a lack of safe and stable housing for our county's most vulnerable youth. In response, we convened a group to address youth homelessness and housing instability. We knew from experience and existing research that homeless youth in our county were more likely to be Native and/or identify as LGBTQ. Yet when we first started to convene meetings to talk about the problem, many were reluctant to discuss race or identity or center solutions on these populations. After a few meetings, a few of the folks closest to the problem (primarily those who were, were once, or worked with Native and LGBTQ youth) stopped coming. We met with them independently and learned they weren't willing to come to yet another conversation that denied their experiences of oppression. We learned that the "right" people to come to the table on this issue were those who were willing to "name and frame" race and identity.

4. What about your organization's way of working has made you successful? How has your organizational culture or structure changed to allow for authentic community relationships? Include examples of how your staff and your board (if relevant) contributed to the culture and values that enabled your success.

In our experience, non-profits are an important though flawed structure for addressing inequity. Due to the need to continually fundraise, to gain and maintain credibility amongst the donor class, and to function as a business, it can often be difficult to change our practice in ways we identify as being to most helpful to building a more equitable community. That said, we are constantly trying to reflect on those challenges as well as the opportunities, in order to find the "sweet spot" between maintaining an effective non-profit business and being bold advocates for change.

One way we do this is by fundraising roughly half of our operating budget through individual contributions from our community. Though this may require more fundraising work and expenditure, it allows us to be more flexible while also making us accountable to the community we serve rather than an outside entity.

We also think a lot about who we bring on our team and spend a lot of upfront time on hiring. We hire staff who are interested in being in community with the communities we work with. Sometimes this desire comes from a social or political analysis, other times it comes from lived experience. We understand professional work experience and education is inequitably distributed, and try to balance that kind of background with other factors, such as being from the communities we serve, other kinds of work experience and lived history, and hiring for difference within our organization. Sometimes finding that balance is straightforward and other times it is particularly challenging given the expectations and necessities of running a non-profit. As supervisors, we then try to ensure all staff are given what they need to succeed through trust, responsiveness, and structure. Examples of that include practices like allowing staff to learn through trial and error, close supportive supervision, group processing and reflection, and ongoing, intensive staff development.

One of the challenges to any non-profit, ours included, is in building a board that is reflective of the community we serve. The established role of a board, particularly of a small non-profit, is often centered around networking and fundraising, and the accepted culture of boards is often

centered on white, middle class, formally educated expectations of professionalism (ie being able to run meetings, speak in meetings, deal with conflict, write, etc., in a certain way). Because boards are made up of volunteers and only have a small amount of time to dedicate to their collective work, it is harder than it might be on a staff level to change the culture and adapt to difference. To address those challenges to a board that is representative of the community we serve, as a board and organization we're centering learning about the problem and identifying and slowly "trying on" solutions. We do this through monthly shared learning about anti-racist practices, formal training for the staff and board with experts in field, and, within the staff leadership, ensuring we are continuing to learn and practice anti-oppression principles in our daily work.

5. What have been your most significant challenges, obstacles, and missteps? We know that we can learn as much from setbacks as we can from successes, so please don't hold back! (If you are concerned about sharing challenges publicly, just let us know and we will omit your response to this question from the version we share publicly.)

In retrospect it's so easy to build a narrative about your work based solely on the parts that stuck (or, in other words, were the most successful in one way or another). Yet so much of our work is based on trial and error paired with honest, relentless reflection and revision.

At the beginning of our work building the teen pregnancy prevention initiative, we started with a common practice of convening a Community Advisory Group of stakeholders from across the county. The group was comprised of folks who held positional leadership roles in their organization – CEOs of health clinics, superintendents, directors of county agencies or non-profits, elected officials, etc. While we still see engaging those kinds of leaders as a tactic, we eventually realized that in large part, pouring a lot of energy into supporting these individuals to change their organizational practices led to a lot of conversation and very little action. In the end, we learned that the most effective thing we could do with this group was to ensure they were constantly hearing from those who were most affected by the problem (in this case, the youth we worked with in our Youth Leadership Council and at juvenile detention), and then, to ask them to "open doors" when needed.

Staff also met with youth from both the Youth Leadership Council and juvenile detention outside of groups, to offer mentorship, support, and advocacy. Some of the youth were experiencing incredible challenges in their personal lives, and staff provided a stable, positive force, access to resources, and support for addressing personal barriers. Often, youth identified our staff as the only trustworthy adults in their lives. One of the primary challenges we had was determining at what level we could provide this sort of one-on-one support to any given youth. Our county has no youth services organization or other referral for these youths' broad and intersecting needs. As such, as a team, we had to decide how much we could give of our limited staff time and energy to just being available to the youth we were working with. This was probably the most frequent, complex and challenging aspect of the teen pregnancy prevention initiative. Our staff on the ground needed close and consistent support and supervision for negotiating their involvement with an individual youth in relation to their other work requirements, their personal lives, and managing vicarious trauma and burn-out. Sometimes, even with this support, staff felt deeply conflicted or reflected that they felt they'd made the wrong choice on a particular

occasion. After some time, staff really felt that they couldn't continue to do this work if they weren't able to be part of a bigger solution. At that time, through multiple pivots, we started to focus roughly half our teen pregnancy prevention work on building tangible services for the most marginalized youth in our county. That work is still in its infancy, but is some of the most exciting and engaging work we're doing.

6. What changes have you seen that give you hope about a future that is more equitable?

In the last three years of this work we've often been stunned by who shows up and what they bring to the struggle. In particular, we've worked with youth who have an incredible understanding of the problems were up against, who can articulate bold, innovative solutions, and who are fearless in their advocacy for their peers and communities. Oftentimes, just thinking of these youth holds us accountable to the vision of a better future for all.

Below are a few pictures of these bold, fearless advocates! I hope they give you hope too.