

Program #40025 - Adolescent Health Promotion

Program Contact: Kim Toevs 4/21/2014

Department: Health Department

Program Offer Type: Existing Operating Program Program Offer Stage: As Proposed

40011, 40012 **Related Programs:**

Program Characteristics: Measure 5 Education

Executive Summary

The Adolescent Health Program implements community-and school-based parent and youth education and teacher training for more than 5,000 participants, designed to address key health disparities among adolescents, including teen pregnancy. educational attainment, sexually transmitted infections, and other health concerns.

Program Summary

The overall teen pregnancy rate in Multnomah County is higher than the state's rate. Significant disparities exist among Latinas, American Indians, and African Americans when compared to the county as a whole. A recent study of dropout rates in Oregon showed that Multnomah County high schools have the worst graduation rate in the state, with dropout rates ranging from 43% to 47%. Teen pregnancy is a factor contributing to dropout rates. Furthermore, STD rates are highest among teens of any age range, and significant disparities exist within this subset as well for African Americans, Latinos, and gay youth. The Adolescent Health Program provides a core public health function by addressing serious disparities affecting the county's young people of color.

This program works to reduce teen pregnancy, delay the onset of sexual activity, and strengthen healthy relationship and sexuality skills of adolescents. Program components are responsive to community concerns, emphasize prevention, and use culturally specific, evidence based, population focused approaches. Program components include youth education and skill building, community services, and teacher training. Youth education and skill building: Health Educators teach high school and middle school youth directly, using evidence-based culturally specific or general education approaches as appropriate. Educators also train youth in peer sexuality education. Sites include public and alternative high schools, SUN programs, public housing units, congregations, and other community sites. Community services: Based on the theoretical framework of positive youth development, best practice models provide educational sessions that increase skills and knowledge of parents, foster parents, and other supportive adults to communicate with youth about sexual health, relationship skills, and decision making. Teacher training: Due to ongoing budget deficits, Multnomah County middle schools have eliminated many health teachers and reassigned health education to other areas. The program will support school districts in providing evidence-based comprehensive sexuality education through technical assistance and capacity building effort for teachers, including co-teaching, training, and coaching, as well as curriculum support. Efforts are focused on highest areas of need demographically/geographically based on current local epidemiology.

Performance Measures									
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer				
Output	Number of participants in educational sessions/training	5,664	4,000	5,690	5,000				
Outcome	Percent of participants demonstrating increased knowledge	90%	80%	90%	80%				
Quality	% of participants utilizing skills to increase parent to youth communication	75%	80%	80%	80%				

Performance Measures Descriptions

- 2) Outcome: The percentage of program participants that demonstrate increased knowledge about youth sexual health, relationship skills, and decision making skills, of those participants who completed a full evaluation survey.
- 3) Quality: The percentage of parent program participants that feel confident they can implement new or improved skills to communicate effectively with their youth.

Legal / Contractual Obligation

NW Family Services' (NWFS) contract requires 3,600 youth served with 6-8 hours of healthy relationship curriculum each, primarily through High School settings. Latina Teen Pregnancy Prevention Grant requires 250 youth served with a 6 hours curriculum.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds	
Program Expenses	2014	2014	2015	2015	
Personnel	\$230,525	\$341,655	\$264,691	\$131,834	
Materials & Supplies	\$17,125	\$1,096	\$16,187	\$1,122	
Internal Services	\$51,107	\$53,455	\$61,165	\$14,118	
Total GF/non-GF	\$298,757	\$396,206	\$342,042	\$147,074	
Program Total:	\$694	\$694,963		\$489,116	
Program FTE	2.25	3.15	2.73	1.65	

Program Revenues								
Indirect for Dept. Admin	\$25,407	\$0	\$10,018	\$0				
Intergovernmental	\$0	\$396,206	\$0	\$147,073				
Total Revenue	\$25,407	\$396,206	\$10,018	\$147,073				

Explanation of Revenues

Healthy Relationships grant ends 9/30/2014. If federal government decides to fund a new three year grant cycle, Northwest Family Services (NWFS) will compete for it and continue our subcontract, if awarded. FTE were reduced along with the grant revenue.

Fed/State Latina Teen Pregnancy Prevention grant: \$89,126 State My Future-My Choice curriculum grant: \$30,000

Northwest Family Services grant: \$27,947

Significant Program Changes

Last Year this program was: 40025 Adolescent Health Promotion

Only partial year grant funding included in this budget. If the grant is awarded again this fall it will be added back as a budget modification.