

<b>Department:</b>	Health Department	<b>Program Contact:</b>	Kim Toevs
<b>Program Offer Type:</b>	Existing Operating Program	<b>Program Offer Stage:</b>	As Adopted
<b>Related Programs:</b>	40011, 40012		
<b>Program Characteristics:</b>	Measure 5 Education		

### Executive Summary

The Adolescent Health Promotion 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 Latinos, American Indians, African Americans, and the LGBTQ community when compared to the county as a whole. Teen pregnancy is a factor contributing to low high school graduation rates. Furthermore, STD rates are among the highest among teens of any age range, and significant disparities exist within this subset as well for African Americans, Latinos, and LGBTQ youth. The Adolescent Health Promotion Program provides a core public health function by addressing serious disparities affecting the county's youth of color and LGBTQ youth through school and family education, community outreach, and collaborative partnerships.

This program works to reduce teen pregnancy, delay the onset of sexual activity, increase condom use, 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, parent engagement 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, residential treatment, and juvenile detention 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. Community capacity is also increased by training community partner organizations and working together on policy advocacy, securing funding, and increasing community awareness. Teacher training: supports school districts in providing evidence-based comprehensive sexuality education through technical assistance and capacity building effort for teachers, including training and coaching, as well as curriculum support. Efforts are focused on highest areas of need demographically/geographically based on current local epidemiology. Culturally specific approaches are implemented by and for African American and Latino communities (Latino education is bilingual).

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of participants in educational sessions/training	4722	5000	4700	1500
Outcome	Percent of participants demonstrating increased knowledge	90%	80%	88%	85%
Quality	% of participants utilizing skills to increase parent-to-youth communication	75%	80%	75%	80%

### Performance Measures Descriptions

1) Output: FY16 reduction in service to 3,600 high school students due to Federal Healthy Marriage Initiative 3-year grant ending. 2) Outcome: The percentage of program participants that demonstrate increased knowledge about youth sexual health, relationship skills, and decision making skills (of those who completed a full evaluation survey). 3) Quality: The percentage of parents that feel confident they can implement new or improved skills to communicate effectively with their youth.

## Legal / Contractual Obligation

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
<b>Program Expenses</b>	<b>2015</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>
Personnel	\$265,181	\$381,336	\$453,323	\$129,835
Contractual Services	\$0	\$0	\$1,500	\$0
Materials & Supplies	\$15,696	\$5,291	\$10,551	\$1,667
Internal Services	\$61,165	\$41,500	\$56,297	\$13,651
<b>Total GF/non-GF</b>	<b>\$342,042</b>	<b>\$428,127</b>	<b>\$521,671</b>	<b>\$145,153</b>
<b>Program Total:</b>	<b>\$770,169</b>		<b>\$666,824</b>	
<b>Program FTE</b>	2.72	3.53	4.80	1.55

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$29,161	\$0	\$8,727	\$0
Intergovernmental	\$0	\$428,126	\$0	\$145,153
<b>Total Revenue</b>	<b>\$29,161</b>	<b>\$428,126</b>	<b>\$8,727</b>	<b>\$145,153</b>

## Explanation of Revenues

Fed/State Latina Teen Pregnancy Prevention grant: \$87,206  
State My Future-My Choice teacher training curriculum grant: \$30,000  
Healthy Marriage Initiative funding: \$27,947

## Significant Program Changes

**Last Year this program was:** FY 2015: 40025 Adolescent Health Promotion

Federal Healthy Marriage Initiative 3-year grant subcontracted to this program by North West Family Srvs for healthy relationship education in high school, ends September, 2015. (\$309,000). Two health educators removed from FY16 budget.