

**Department:** Health Department      **Program Contact:** Tameka Brazile  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40006, 40060, 40037  
**Program Characteristics:** Measure 5 Education

**Executive Summary**

Community & Adolescent Health (CAH) programs prevent chronic disease and injuries and improve sexual and relationship health. Strategies tie to Board of Health priorities and Public Health Modernization requirements. They focus on the leading preventable causes of early death and disability; create a culture that affirms and advocates for individual and relationship health and justice of youth; and address the root causes of health inequities, including racism. CAH works in neighborhoods with the highest rates of disease and other key health indicators, crime/youth violence, and socioeconomic disparities. Activities include community-informed planning and decision-making; training and technical assistance to build school and community partner capacity; communications; and initiatives that improve policies, systems, and environments.

**Program Summary**

Research shows an individual’s zip code is a main determinant of health and wellbeing. Neighborhoods with socioeconomic disparities (higher poverty, lower educational attainment, disinvestment/gentrification) also have significant health disparities (chronic disease, exposure to violence and trauma, sexual/reproductive health). Community & Adolescent Health (CAH) works alongside community and school partners to prevent and improve these inequities by nurturing neighborhoods to support healthy and safe gathering spaces, worksites, schools, health care, and physical environments. Programs include:

Striving to Reduce Youth Violence Everywhere (STRYVE), which employs a public health approach to violence prevention grounded in equity, healing, and resilience. STRYVE prevents youth violence through community health workers who work in partnership with youth and adults to address community trauma; increase youth empowerment and leadership; and build system capacity. Activities include improving neighborhood livability through community-led projects; providing summer youth employment programs; and maintaining relationships with national experts to inform local practices.

Adolescent Sexual Health Equity Program (ASHEP), which partners with youth, educators, caregivers, and service providers in school and community settings to implement health education and teen dating violence prevention activities. ASHEP supports schools to meet Oregon law requirements for comprehensive sexuality and healthy relationship skill education; child sexual abuse prevention programs; and access to preventive reproductive health services. ASHEP also provides technical support to culturally specific partners for programming, policy advocacy, and community mobilization.

Chronic diseases prevention (CDP), which compliments and augments other public health strategies by filling critical gaps in prevention efforts left by other funding sources. Activities are focused on increasing access to healthy eating, active living, and smoke/nicotine-free environments by advancing community/neighborhood policy and systems changes; reaching youth/adolescents in a variety of school and recreation settings; and addressing factors that create socioeconomic disparities, particularly poverty and educational attainment.

**Performance Measures**

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of youth and community members engaged in health promotion and prevention activities	10,363	3,500	10,900	4,250
Outcome	# of policies, practices, health education, and technical assistance activities	80	20	40	55
Outcome	# of community and school sites involved in health promotion and prevention activities	26	35	35	50
Quality	% of trained educators who feel confident teaching evidence-based sexuality or violence prevention	91%	85%	90%	85%

**Performance Measures Descriptions**

1) FY20 Program Offer 40025 ASHEP #'s were included in FY19 Actual, FY20 Estimate and FY21 Offer. ASHEP budgeted 7,500 in FY20 Program Offer 40025. 2 and 3) ASHEP #'s only included in FY21 Offer. 4) This measure was budgeted in the FY20 Program Offer 40025 ASHEP. Measures 1, 2, and 3 include communications, PSE improvement, and health education/technical assistance activities that address violence, chronic disease, sexual/reproductive health, and social determinants of health.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$982,272	\$732,222	\$1,052,374	\$479,926
Contractual Services	\$90,856	\$711,883	\$230,441	\$133,800
Materials & Supplies	\$61,579	\$52,271	\$73,381	\$41,319
Internal Services	\$178,501	\$165,910	\$194,001	\$86,326
<b>Total GF/non-GF</b>	<b>\$1,313,208</b>	<b>\$1,662,286</b>	<b>\$1,550,197</b>	<b>\$741,371</b>
<b>Program Total:</b>	<b>\$2,975,494</b>		<b>\$2,291,568</b>	
<b>Program FTE</b>	8.35	6.25	8.45	4.25

Program Revenues				
Intergovernmental	\$0	\$1,662,286	\$0	\$741,371
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,662,286</b>	<b>\$0</b>	<b>\$741,371</b>

Explanation of Revenues

This program generates \$56,151 in indirect revenues.

\$ 412,287 - federal funding from the Centers for Disease Control and Prevention (CDC) Preventing Teen Dating Violence and Youth Violence by Addressing Shared Risk and Protective Factors

\$ 329,084 - Public Health Modernization Local (HPCDP)

Significant Program Changes

**Last Year this program was:** FY 2020: 40060-20 Chronic Disease and Violence Prevention

In FY 2021, FY20 Program Offer 40025 ASHEP is being consolidated into FY20 Program Offer 40060 Chronic Disease and Violence Prevention. Also, in FY21, Program Offer 40060 has been renamed to Community & Adolescent Health. These offers were consolidated and renamed as part of divisional and program offer reorganizations that merge together adolescent health, prevention, and health promotion activities. ASHEP's Federal ACT Teen Pregnancy Prevention (\$1,249,999 annually) ended, resulting in reduced programmatic FTE and contracts. In FY 2021, State Public Health Modernization funding (\$329,084) will mitigate a portion of the gap left by the Federal grant ending to provide capacity for a reduced scope of work.