

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40006, 40053
Program Characteristics: Measure 5 Education

Executive Summary

Community & Adolescent Health (CAH) programs aim to reduce the leading preventable causes of death, namely chronic disease (e.g., heart disease, stroke, diabetes) and injuries (e.g., drug overdose, traffic accidents, homicide, suicide). CAH employs place-based strategies that address the shared risk factors for chronic disease and injury and a focus on the particularly formative adolescent stage of the life course, including laying the groundwork for sexual and relationship health. CAH programs focus on the social determinants, neighborhood conditions, trauma, and toxic stress at the root of these adverse health outcomes. CAH leads with the goal of eliminating racial and ethnic health disparities by addressing systemic racism’s role in driving socioeconomic and other inequities.

Program Summary

Research shows zip code is a key determinant of health. 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). These geographic patterns also align with racial demographic distribution, highlighting the impact of system racism and de facto segregation. CAH works alongside community and school partners to prevent and improve these inequities through community-informed planning; training and technical assistance to build partner capacity; community health worker initiatives; communications; and policy, systems, and environmental improvements.

Programs include: Violence prevention – a public health approach including community-led projects to improve neighborhood livability, youth employment programs, and health education and teen dating violence prevention education in school and community settings. Sexual/relationship health - supporting schools to meet Oregon statutory requirements for comprehensive sexuality and healthy relationship education, child sexual abuse prevention programs, access to preventive reproductive health services, and technical support to culturally specific partners. Chronic diseases prevention - complementing other public health strategies by leveraging shared risk and protective factors for sexual health outcomes and violence that also increase access to healthy eating, active living, and smoke/nicotine-free environments.

CAH analyzes and maps local data on the leading causes of death, sexual health outcomes, incidents and exposure to violence, and other related indicators to identify the subpopulations and neighborhoods experiencing disparities. Analysis reveals stark racial disparities, informing CAH’s strategic prioritization of racism’s role in chronic disease, sexual health, and violence inequities. CAH centers community involvement and voice through cultivated partnerships, focus groups, needs assessments, and feedback loops to inform and guide program design.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of youth and community members engaged in health promotion and prevention activities	5,294	4,250	5,500	5,500
Outcome	# of policies, practices, health education, and technical assistance activities	211	55	85	85
Outcome	# of community and school sites involved in health promotion and prevention activities	61	50	50	55
Quality	% of trained educators who feel confident teaching evidence-based sexuality or violence prevention curriculum	90%	85%	85%	85%

Performance Measures Descriptions

Legal / Contractual Obligation

OAR Rule 581-022-1440 State of Oregon's Human Sexuality Education Administrative Rule: support school districts who are legally obligated to meet this statute. Contractual obligation(s) include those outlined by our Grantor, Federal Office of Population Affairs (OPA) for our Teen Pregnancy Prevention (TPP) funding. Since CAH works to build capacity in community settings, we also follow COVID19 precautions related to in-person gatherings, service closures/ limitations etc.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,052,374	\$479,926	\$1,487,573	\$711,127
Contractual Services	\$230,441	\$133,800	\$154,473	\$954,316
Materials & Supplies	\$73,381	\$41,319	\$3,445	\$46,815
Internal Services	\$194,001	\$86,326	\$235,605	\$138,970
Total GF/non-GF	\$1,550,197	\$741,371	\$1,881,096	\$1,851,228
Program Total:	\$2,291,568		\$3,732,324	
Program FTE	8.45	4.25	11.18	5.27

Program Revenues				
Intergovernmental	\$0	\$741,371	\$0	\$1,851,228
Total Revenue	\$0	\$741,371	\$0	\$1,851,228

Explanation of Revenues

This program generates \$94,261 in indirect revenues.

\$ 259,322 - 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

\$ 106,906 - Public Health Modernization Local (HPCDP)

\$ 30,000 - DHS My future My Choice fund

\$ 1,455,000 - Adolescents and Communities

Significant Program Changes

Last Year this program was: FY 2021: 40060 Community & Adolescent Health

Significant Changes: In FY21, CAH received a new round of Office of Population Affairs Teen Pregnancy Prevention (TPP) at \$1,455,000 per year. Funding supports 3.11 FTE and community partner contracts. In FY22, the Centers for Disease Control and Prevention Teen Dating Violence/Youth Violence Prevention grant will end. Some service level will continue through a no cost extension and CAH's ongoing County General Funds. CAH plans to apply for a new round of youth violence prevention funding in the fall of 2021.

COVID-19-Related Impacts: In FY21, CAH had to move from in person to remote services for settings such as schools, CBOs, and other areas where youth gather and are supported by mentors. This shift decreased the total number of youth the program could serve (FY21 estimate is above FY21 offer since the new TPP grant and associated youth reach was not part of the FY21 offer). FY22 measures assume remote services with some ramp up of in-person services. CAH program leadership continues to advocate for flexibility in TPP grant performance metrics while COVID-19 precautions are in place because reach numbers cannot be met without broad in-person interventions.