



# Healthy Allegheny Teen Survey

## Summary

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Adolescence involves a complex interplay of biological, intellectual and social development that influences successful transition to adulthood. A significant portion of adolescent morbidity and mortality is associated with behaviors that contribute to poor health. Addressing such behaviors, including youth violence, teen pregnancy, and obesity, and increasing healthier behaviors requires data related to youth risk and protective factors. These data are needed to identify the strengths and weaknesses of current policies and programs; to guide prioritization of public health interventions; to inform policies; and to generate innovative strategies toward a county-wide comprehensive adolescent health promotion initiative.

In Allegheny County, PA, representative and comprehensive youth behavior data have been lacking. The limited data available about youth health have been statistics on homicide, suicide, and teen birth, service use, and some data from smaller longitudinal studies conducted in Pittsburgh (such as the Pittsburgh Girls Study) that are not representative of the county's youth population. To our knowledge, county school districts do not participate in the Centers for Disease Control (CDC) Youth Risk Behavior Surveillance System (YRBSS), which is the most common source of youth health behavior data in other communities.

The Healthy Allegheny Teen Survey (HATS) is a representative county-wide random digit dial phone survey conducted in 2014 with over 1600 participants ages 14-19. The data are now publically available through the Allegheny County Health Department. Information about health and behaviors of youth in our county includes key indicators from the YRBSS system: physical activity, nutrition, injuries and violence, substance use including tobacco, and sexual health behaviors, as well as data on issues of local importance such as educational status and protective factors such as social supports and school connectedness.

### Methods

The Division of Adolescent and Young Adult Medicine at Children's Hospital of Pittsburgh of UPMC, the Institute for Evaluation Science in Community Health at the University of Pittsburgh Graduate School of Public Health (Pitt Public Health), and the Allegheny County Health Department collaborated to conduct a one time, cross sectional, anonymous survey of English-speaking youth in the county. The survey team presented the need for a countywide survey on adolescent health to local philanthropic foundations, discussing the benefits of collecting such data to guide adolescent health policy and programs in the county. The survey team had extant relationships with both local foundations and community partners that facilitated this conversation. Four local foundations came together to provide funds to conduct the surveys.

To obtain a county-wide sample of high school aged youth (ages 14-19) comparable to the YRBSS, the survey team used a random digit dial methodology similar to what is generally used for the national Centers for Disease Control and Prevention Behavior Risk Factor Surveillance Survey

(BRFSS; <http://www.cdc.gov/brfss/>). Demographics and health behavior questions were from the CDC YRBSS with additional questions about nutrition and physical activity adapted from the BRFSS. Participants were also asked about exposure to violence and neglect using previously validated items from the National Survey of Children's Exposure to Violence, as well as questions about school, social supports, and neighborhood cohesion. There were 145 items on this 30-minute survey.

The survey team recruited youth via random-digit-dialing (RDD) of landlines and cell phones. If adults answered the phone, interviewers asked if age-eligible youth lived in the home and for permission to speak with them. If a youth was reached first and was interested in participating, they were asked if they wanted the interviewer to speak to an adult caregiver about their participation prior to proceeding. Interviewers were trained to answer questions from guardians about the survey. Youth provided verbal assent (for minors) or consent (for those ages 18 or 19). The University of Pittsburgh Institutional Review Board (IRB) approved a waiver of written documentation of consent and a waiver of parental permission.

The phone interviews first involved computer-assisted telephone interviewing (CATI; WinCati version 4.2; Sawtooth Technologies) with a live interviewer then switched to an automated (no live interviewer) Interactive Voice Response (IVR) system for sensitive topics such as sexual identity, drug use, and childhood adversities (Marketing Systems Group; ARCS v.6.5 a). The live interviewers would explain the IVR system to the participant prior to switching over from CATI to IVR, which asks previously recorded questions and participants' answer using the keypad of their phones. Both CATI and IVR automatically save responses eliminating the need for data transfer. For those respondents who completed the CATI questions but not the IVR portion of the survey, a separate log was created to track and call respondents again to have them complete the survey.

Upon completion of the survey, participants were directed to a separate voice mailbox where they left contact information to mail them a \$20 gift card to thank them for their time and a list of youth relevant county resources. The contact information was never connected to survey data. The phone survey was conducted over a 10-month period from February 2014 to November 2014.

The phone survey data (except for zip code and school district which could inadvertently identify a participant), once cleaned and weighted against the Allegheny County census, were made available for public use through the Allegheny County Health Department.

### **Participation Rate**

Approximately 5% of 38,000 calls resulted in surveys being completed in the phone-based sample. Interviewers called each number at least 3 times and up to 14 times until a permanent disposition was assigned. Calls took place during daytime (Monday-Friday 1-5pm), evenings (Monday-Friday 5-9pm), and weekends (11am-6pm) to increase the likelihood of contact. Staff gave preference to listed numbers during the hours when youth were more likely to be at home (evenings and weekends) and to unlisted numbers and cell phones during weekday hours.

The phone-based sample included 1813 youth; of those 1609 (89%) completed the entire survey.

## Demographics

- Data from the phone survey are mostly reflective of the Allegheny County census (approximately 81% White, 10% Black/African American, 9% other (3% Hispanic Latino)).
- 50.4% are female; 49.6% are male. Distribution across all six age groups (14-19) is relatively even with the greatest proportion (19.8%) among age 16.

*The following are some examples of findings from this survey. Where comparable data are available, we have included percentages from the National Youth Risk Behavior Surveillance System. All results are rounded to the nearest whole number.*

## Education

- 17% respondents currently in school have been suspended.
- 86% (both males and females) report that they feel a part of their school. 95% of respondents report that they feel safe in their school.
- 3% did not go to school because of safety concerns.

## Health Status

- 96% report having health insurance, and 92% report seeing a health professional in the last year.
- 6% report that their overall health status is fair or poor. 12% have foregone care in the past 12 months (knew they needed to see a health professional, but did not go).
- 9% report being limited in any way in any activities due to physical, mental or emotional problems.
- 22% report having asthma [21% nationally].
- 51% report not getting 8 or more hours of sleep on most school nights [68% nationally].

## **Diet and Nutrition**

- 47% report eating fruit, and 47% report eating vegetables at least once in the past 7 days (i.e., approximately once a day).
- 7% report not eating any vegetables in the last 7 days [7% nationally].
- 13% report drinking a can, bottle, or glass of soda or pop daily [27% nationally].
- 7% report having no breakfast in the past 7 days [14% nationally].
- 5% reported that there was a time they worried about not having enough food in the last 30 days.
- 12% report having a BMI >95%, or being obese [17% statewide, for grades 7-12 in 2011-12, 14% nationally].

## **Physical Activity**

- 20% report no vigorous activity for at least 10 minutes at a time [while not directly comparable, in the national YRBS 15% report not participating in at least 60 minutes of physical activity on at least 1 day in the past 7 days].
- 47% report moderate or vigorous activity an hour a day over the past 7 days.
- 25% report watching TV for 3 hours or more on an average day [33% nationally].
- 44% report using a computer for something that is not related to work or school, or playing video or computer games for 3 or more hours per day [41% nationally].

## **Substance Use – Tobacco, Alcohol, Other Drugs**

- 10% report ever using a prescription drug such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax, without a doctor's prescription [18% nationally].
- 50% reported having ever had a drink of alcohol (other than a few sips) [66% nationally].
- 32% report using marijuana at least once in their life [41% nationally].
- 16% report using marijuana one or more times in the last 30 days [23% nationally].
- 2% report ever using cocaine [6% nationally].
- 3% report ever using Hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms [7% nationally].
- 2% report ever using ecstasy [7% nationally].
- 1% used Heroin [2% nationally].
- 23% report ever smoking a cigarette or using other tobacco products [41% nationally].
- 20% report ever using electronic or vapor cigarettes.

## **Sexual and Reproductive Health**

- 35% report that they have had sexual intercourse [47% nationally].
- 60% report using a condom the last time they had sexual intercourse [59% nationally].
- 20% report drinking alcohol or using drugs before last sexual intercourse [22% nationally].
- 16% of females, who have had sexual intercourse, report having been pregnant in the last 5 years.

## Violence and Injury

- 18% report being in at least one physical fight in the past year [25% nationally].
- 11% report carrying a weapon, such as a gun, knife, or club one or more days in the past 30 days [18% nationally].
- 9% reported being electronically bullied in the last 12 months [16% nationally]
- 6% report being threatened or injured by someone with a gun, knife, or club one or more times in the past year.
- 38% report texting or emailing while driving a car or other vehicle in the past 30 days [41% nationally].
- 11% report being physically hurt on purpose by someone they were dating or going out with, within the past year, among those who have ever dated [10% nationally].
- 7% report being forced by someone they were dating to do sexual things they did not want to do among those who have ever dated [10% nationally]
- 18% report riding in a car or other vehicle driven by someone who had been drinking alcohol in the past 30 days [22% nationally].
- 14% report driving a car or other vehicle when they had been drinking alcohol in the past 30 days [10% nationally].

## Childhood Adversities

- 21% report having felt scared or really bad because grown-ups in their life called them names, said mean things to them, or said they didn't want them.
- 11% report having seen a parent get pushed, slapped, hit, punched or beat up by another parent.
- 13% report knowing someone close to them being murdered, such as a friend, neighbor, or family member.

## **Social Supports and Neighborhood Cohesion**

- 62% agree or strongly agree that ‘People around here are willing to help their neighbors.’
- 12% report that they have someone they really count on to be dependable when they need help “none,” “a little,” or “some of the time.”
- When asked a series of questions about feeling connected to school, 26% reported “low school connectedness” (scoring in the bottom third of the scale).
- In terms of having someone to count on for support, 27% reported having “low social supports” (scoring in the bottom third of the scale for having people to depend on for support).
- When asked a series of questions about feeling social cohesion in the neighborhood, 25% reported “low neighborhood social cohesion” (scoring in the bottom fourth of the scale).

## **Depression and Suicide**

- During the last 12 months, 19% felt sad or hopeless almost every day for two weeks in a row so they stopped doing their regular activities. [30% nationally].
- 10% report that they seriously considered attempting suicide in the past 12 months [17% nationally]. Of those 10%, 42% report that they attempted suicide one or more times in the past 12 months.
- 1% report that an attempt within the past 12 months resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse [3% nationally].
- 35% report that they have hurt themselves on purpose in the past 12 months.



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