

# ***Promising Futures***

***A Health Scan of Adolescent Girls in Pittsburgh and Allegheny County Neighborhoods  
with Recommendations for Action***

was produced by the  
University of Pittsburgh Office of Child Development  
in collaboration with  
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The health status of young women in Allegheny County is largely undocumented. While significant public attention has been devoted to teen pregnancy, few other health concerns of this group have received similar attention. The prevalence of sexually-transmitted diseases, depression and other mental health problems, school dropout and failure, and risky behaviors such as smoking, substance abuse, and unprotected sex paint a worrisome picture of the present and future of women's health. These issues, along with others described in this report, suggest reasons to be concerned about the well-being of female adolescents in Allegheny County.

What are the pathways to reducing the risks to these young women? To help answer this question, the Heinz Endowments commissioned this report which seeks to stimulate discussion and planning by focusing attention on a group whose broad developmental needs have not been given the necessary serious attention and priority.

To assess the current status of female adolescents in Allegheny County, the following questions were asked:

1. How do adolescents fare across a number of risk factors?
2. What do they think about existing health services?
3. Are these services available in their communities?
4. What are the gaps in the services available?
5. How can we better address their needs and problems?

To answer these questions, an Advisory Committee was selected. In partnership with the University of Pittsburgh's Office of Child Development, Magee-Womens Hospital, and Children's Hospital of Pittsburgh, the project proceeded. An inventory and mapping of existing service programs was compiled. Relevant demographic information, where available, was analyzed, focus groups were convened, and this document was prepared to summarize the findings.

The Heinz Endowments and the Co-Chairs extend their gratitude and appreciation to all who participated — in particular, to the Advisory Committee members. Their ideas, enthusiasm, and commitment to the health and welfare of female adolescents in Allegheny County are critical if these concerns are to be addressed in a cohesive manner by local policymakers.

***This report is a beginning; we anticipate that it will catalyze community-wide action and public support for efforts to improve the health status of young women in our community.***

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ADOLESCENT FEMALES IN ALLEGHENY COUNTY represent a population at high risk for both behavioral and physical health problems that may jeopardize their futures. These young women are responsible for one out of every 11 births. They are much more likely than older women to smoke and use alcohol during pregnancy and to deliver low-birthweight infants. They are twice as likely as adolescent males to be diagnosed with gonorrhea. They have a better than one in ten chance of living in poverty. Despite these indicators of risk, relatively few gender- and age-specific data currently are collected to profile this vulnerable population at the county, state, or national level. Perhaps more significantly, data sources are even less available for documenting the wide variations that exist among the 88 neighborhoods and 128 boroughs and municipalities that make up the City of Pittsburgh and Allegheny County.

As a result, policymakers, program planners, and the foundations and public agencies that fund health and human services lack the information they need to target resources to the most critical problems and the communities at greatest risk. They also lack the baseline data for meaningful evaluation of existing efforts and new initiatives.

As a first step towards developing an information and action agenda for adolescent female health in Allegheny County, the University of Pittsburgh Office of Child Development, Magee-Womens Hospital, Children's Hospital of Pittsburgh, and a volunteer advisory committee, with funding from the Heinz Endowments, formed a collaborative team to produce this Female Adolescent Health Scan. Across seven health-related areas, the scan:

- Reports a summary of national and state data on behavioral, physical, and mental health, access to care, education, crime and violence, and family structure;
- Presents neighborhood-specific data on variables related to poverty, pregnancy, and delinquency for all county and city neighborhoods;
- Identifies, on the basis of the variables and six additional social and economic indicators, nine Pittsburgh and Allegheny County communities as high risk, medium risk, and low risk;
- Describes the relative availability of existing health and human services for adolescent females in selected communities;
- Presents the findings from six focus groups with Pittsburgh and Allegheny County teenage girls regarding their perceptions of problems and need for services;
- Introduces recommendations for future program development and for more comprehensive information management related to health issues of adolescent females.

**Key findings reported by the scan include:**

- County-wide measures obscure the severity of health problems within high-risk communities in both the city and the county.

- Surprising variations occur within individual neighborhoods and municipalities. Low-risk communities sometimes have extremely high scores in one or more risk areas, and high-risk communities may not score high on all risk factors.
- While a wide variety of services is available to female adolescents and the capacity seems adequate, the services are not necessarily located in the communities in which the adolescents live, and there is little correlation between the calculated level of community risk and the presence of services in that community.
- Focus groups indicated that female adolescents are often reluctant to seek health services and feel strongly that comprehensive health services should be available in the schools.
- Overall, despite the considerable problems they face, adolescent females in Allegheny County generally are no worse off and, in many cases, are better off with respect to health outcomes than their counterparts in the state and nation.

**On the basis of these findings, the Advisory Committee has concluded that:**

- Adolescent females in Allegheny County are at significant risk for problems that can adversely affect their future productivity and satisfaction — and that the adolescents themselves are aware of many of these risks and of the barriers that prevent them from receiving adequate services.
- Access to health services for adolescents is not limited by capacity but rather by their lack of utilization and user-friendliness in terms of accessibility, confidentiality, comprehensiveness, and sensitivity.

In addition to a number of specific recommendations targeted to providers, schools, parents, public officials, the news media, and adolescents themselves, the Advisory Committee developed two overarching directions for the future:

- **ONGOING OVERSIGHT: A Leadership Council should be established to function as an overseer of a holistic approach to female adolescent health; a clearinghouse for coordination and dissemination of related information, research, and innovation; and an advocate for the implementation of the prevention and awareness agenda.**
- **FORGING A WELLNESS AGENDA: The Council's proposed agenda should embrace a proactive wellness approach that promotes healthy behaviors and protective factors among all female adolescents rather than concentrating solely on the reduction of risks. Such an agenda will necessarily involve heightened awareness and engagement on the part of adolescents and of the adults who work with them as well as refinement of data collection and analysis in a variety of related areas.**

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**IN THE CONCERN** over escalating rates of crime and delinquency among adolescent males, the unique and equally compelling needs of adolescent females have been largely overlooked by planners and researchers. While the risky behaviors of females are, on the whole, less dramatic and less violent than those of males, these young women are nevertheless engaging, to an increasing degree, in activities that pose serious threats to their own futures and those of their children. Across race and economic lines, the leading causes of death among adolescent females in Southwestern Pennsylvania are unintentional injury, homicide, and suicide. In Allegheny County, the 75,000 females between 10 and 19 years of age are responsible for one out of every 11 births. They are much more likely than older women to smoke and use alcohol during pregnancy and to deliver low-birthweight infants. They are twice as likely as adolescent males to be diagnosed with gonorrhea, and they have a better than one in ten chance of living in poverty.

Ironically, this generation of young women, whose members are growing up with more promises for career opportunities and independence than their mothers or grandmothers had, is becoming instead a generation of missed opportunities. Early childbearing and failure to earn a high school diploma are closing doors for many young women; the use of alcohol, tobacco, and other drugs, untreated depression and other mental illnesses, and increasing encounters with the criminal justice system are posing serious threats to their own and their children's futures.

Furthermore, despite the emphasis on women's needs and the sophistication of information-age technology, relatively little data exist that are both age and gender specific. Except for some problems that are by nature gender specific (pregnancy, for example), the dimensions of problems facing the nation's 18 million females between the ages of 10 and 19 are largely undocumented. Without baseline data to define the extent and location of risks and to measure the effectiveness of initiatives designed to reduce them, policymakers, researchers, human service providers, and public and private funders are also missing important opportunities to produce meaningful change in the lives of young women.

This scan represents a collaborative effort at the local level to create a useful picture of the status of adolescent females in the City of Pittsburgh and Allegheny County. The project, which was managed by the University of Pittsburgh Office of Child Development in collaboration with Magee-Womens Hospital and Children's Hospital of Pittsburgh, was guided by a volunteer advisory committee (see Appendix A for list of members) representing a wide range of health and human service providers who work with and for adolescent females. Financial support was provided by the Heinz Endowments.

By design, the scan takes a holistic view of health. It looks at all the dimensions of a young woman's life: physical and mental health, behaviors that pose social and health risks, crime, access to care, education, and family stability. And it draws on a variety of sources:

- The literature, both print and electronic, for reference data and trends for the nation and state (For a completed literature review, contact the Office of Child Development, University of Pittsburgh.)
- Statistical data at the city, county, and neighborhood levels, including detailed comparisons of five variables in nine selected high-, medium-, and low-risk neighborhoods
- Testimony from adolescent females from a variety of neighborhoods and social/economic backgrounds

who shared their concerns in focus groups

- A survey of health and human service professionals who offer health and social services to adolescents

### **The Findings**

Key findings reported by the scan include:

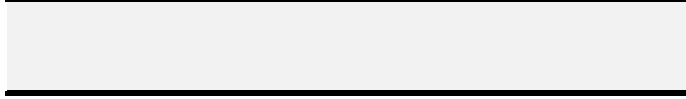
- Adolescent females in Allegheny County are generally no worse off and, in many cases, better off with respect to health outcomes than are their counterparts in the state and nation.
- County-wide indicators obscure the severity of problems within high-risk communities in both the city and the county. For example, median family income (\$35,300 county-wide) ranges from \$6,200 in Northview Heights to \$131,000 in Fox Chapel; the juvenile court disposition rate for females (6.9/1000 county-wide) is 1 to 3.4/1000 in the low-risk communities; it is 99.2/1000 in Garfield.
- Surprising variations occur within individual neighborhoods and municipalities. For example, Shadyside, which has a low-risk composite score, has a female arrest rate for index offenses (serious and violent crimes) that is three times the county rate and the second highest of the nine target communities. Northview Heights, high risk in almost all indicators including late prenatal care, has a rate of low-weight births that is lower than either the county or city rate.
- A wide variety of services is available to female adolescents and the capacity of the services seems to be adequate; however, the services are not necessarily located in the communities where at-risk adolescents live, and there is little correlation between level of community risk and the presence of services.
- Focus groups indicated that female adolescents are reluctant to seek health services, often find providers to be insensitive to their concerns and needs, experience relatively high levels of depression including suicidal thoughts, and feel strongly that comprehensive health services should be available in the schools.

### **Recommendations**

On the basis of the data and the experience of those who have learned what works and what doesn't, the Advisory Committee has developed a series of recommendations to address the unique needs of female adolescents. Central among these recommendations, which are presented in the final section of this report, is the expressed need to continue the work of the Advisory Committee in developing a shared agenda for female adolescent health that goes beyond risk reduction to promote a holistic vision of health for all young women in Allegheny County.

To the extent that this report succeeds in giving voice and substance to the essentially unspoken and undescribed problems of female adolescents, it opens the way to a closer examination of the issues and of the opportunities available to young women. We are confident that the level of public and professional concern about this critical stage in the lives of women is high. We hope that this report will fill a void for those who are committed to helping young women realize their full potential and take advantage of the

opportunities that await them.



**A PRIMARY GOAL** of the Female Adolescent Health Scan is to establish baseline data on female adolescents in Pittsburgh and Allegheny County — to assess the extent to which they are at risk for poverty, early childbearing, poor pregnancy outcomes, delinquency, drug use and alcohol abuse, and other factors that impede their ability to move into productive adult life. One intent was to determine whether adolescent females in this region are at greater risk in these matters than their counterparts in the state and nation. Another, perhaps more important, objective was to identify the neighborhoods and municipalities within Pittsburgh and Allegheny County where young women are at highest risk and to develop strategies for targeting public and private dollars toward improving their prospects.

Previous studies have shown that Allegheny County's social and economic indicators are, with a few exceptions, comparable to those of Pennsylvania and the nation as a whole. It would be easy to target a few risk factors where local indicators are high — the teen gonorrhea rate, for example, or the rate of female juvenile court dispositions — and be satisfied that the problem is being addressed. One problem with such an approach is that county-wide rates disguise the extremes, both good and bad; another is that addressing problems on a broad scale fails to target resources to those areas and people in greatest need.

To sharpen the focus of the analysis, the Advisory Committee decided to examine female adolescent risk at the neighborhood level. This report was commissioned to document key indicators for each of Pittsburgh's 88 neighborhoods and Allegheny County's 128 municipalities. From these indicators, five were selected as the basis for developing composite scores for each community and for prioritizing overall risk and need. The indicators chosen for the composite score, considered to be the best available barometers of overall well-being for females, were:

- Percent of children under 18 in poverty (1990 Census data, not disaggregated by sex);
- Female Juvenile Court dispositions per 1,000 females age 10-17 (1991-1993) (Court dispositions are arrest cases heard in Juvenile Court);
- Percent of births to mothers age 10-19 (1993-1995) as a percent of total births;
- Births to mothers 10-19 who received late or no prenatal care (1993-1995);
- Percent of low-birthweight births to mothers 10-19 years old (1993-1995).

For each indicator, the rate was converted to a standard score which allows differing values to be compared across groups. From the standard scores for each indicator, a composite score was calculated for each of the 216 communities. To avoid the distortion that results from a too-small sample, communities with a population of less than 250 10-19-year-old females were eliminated, and nine target communities were identified for closer study. Furthermore, to be selected as high risk, a community was required to have a high individual score on at least one of the five factors.

The result of this final calculation was the selection of three communities in each category (high, medium, and low risk) — one county municipality and two city neighborhoods in each. Figure I identifies the target

communities and provides data on female adolescent population, total and by race, for each. Maps 1 and 2 in Appendix B present the location of each of the nine neighborhoods (city and county).

*Figure I. Target Communities*

	Location/Zip Code	Female Pop. 10-19	Female Pop. White	Female Pop. Afri-Amer.
<b>HIGH RISK</b>				
<b>Northview Heights</b>	City: 15212	317	11	<b>306</b>
<b>Garfield</b>	City: 15224, 15206	491	77	<b>408</b>
<b>McKees Rocks</b>	County: 15136	445	<b>349</b>	79
<b>MEDIUM RISK</b>				
<b>East Liberty</b>	City: 15206, 15235	373	80	<b>253</b>
<b>Hazelwood</b>	City: 15207	366	<b>215</b>	144
<b>Franklin Park</b>	County: 15237	834	<b>790</b>	11
<b>LOW RISK</b>				
<b>Shadyside</b>	City: 15232, 15206, 15213, 15260	290	<b>229</b>	35
<b>Brookline</b>	City: 15226	766	<b>734</b>	19
<b>Fox Chapel</b>	County: 15238	407	<b>383</b>	-0-
<b>TOTAL: CITY OF PITTSBURGH</b>		22,288	14,371	7,365
<b>TOTAL: ALLEGHENY COUNTY</b>		75,317	62,268	11,685

NOTE: IN THE CASE OF MULTIPLE ZIP CODES, THE PRIMARY ZIP CODE IS FIRST. RACIAL BREAKDOWN DOES NOT INCLUDE SMALL NUMBERS OF ASIAN AND OTHER RACIAL GROUPS. SOURCE: U.S. CENSUS 1990.

The Risk Table (Appendix C) provides data on the nine target communities, including household composition, income, single female-headed households in poverty, unemployment, female labor-force participation, and arrests.

This table and data for each of the 88 city neighborhoods and 128 county municipalities on the five indicators used in compiling the composite score are from a longer report, *Allegheny County Female Adolescent Health Scan: County and Community Comparative Data Analyses* by Martha Wade Steketee, M.S.W. (August 1997). Prepared with support of an Urban Community Services Program Grant from the U. S. Department of Education and the Heinz Endowments, this full report is available for review at the University of Pittsburgh Office of Child Development.

The compelling differences among the target communities are apparent in a close examination of these

data.

- The percent of youths in poverty in Franklin Park and Fox Chapel is negligible (0.7% and 0.8% respectively) whereas nearly 86% in Northview Heights are poor.
- The median family income in these communities ranges from \$6,200 in Northview Heights to more than 20 times that figure — \$131,000 — in Fox Chapel.
- The juvenile court disposition rate for females (6.9/1000 county-wide) ranges from 1 to 3.4 in the low-risk communities; it is 99.2 in Garfield.
- The female arrest rate for violent offenses (5.3/1000 county-wide) is 45.2 in Northview Heights and 35.7 in East Liberty, compared to 2.0 in Brookline and 0 in Fox Chapel.

Similar differentials exist across all the indicators for which neighborhood-specific data are available and, to a significant degree, across the various indicators within a given community. Shadyside, for example, which has a low-risk composite score, has a female arrest rate for serious "index" offenses that is three times the county rate and the second highest of the nine target communities. Northview Heights, high risk in almost all indicators including late or no prenatal care, has a rate of low-weight births that is lower than either the county or city rates.

For health and human service agencies developing programs and for funders who are asked to support them, data sets such as these describing a select few communities can provide important insights. By analyzing the data in the longer report (Steketee, August 1997), planners can identify neighborhoods and municipalities where multiple health risks for adolescent females exist. Furthermore, such data can also be used to pinpoint specific risks — for example, a high incidence of low-weight births or late prenatal care as well as social and economic indicators such as poverty levels and arrest rates. Programs to address these specific risks can then be developed for the communities where the apparent need is greatest.



**LOOKING AT ADOLESCENT HEALTH PROBLEMS** through the eyes of teenagers provides an added dimension to the data and insights into promising approaches to risk reduction. Between June 16 and August 7, 1997, the Family Health Council conducted six focus groups with a total of 43 white and African-American female teens. Participants were recruited by the University of Pittsburgh Office of Child Development through the YWCA and the Girl Scouts and included both city and county residents from various social and economic backgrounds.

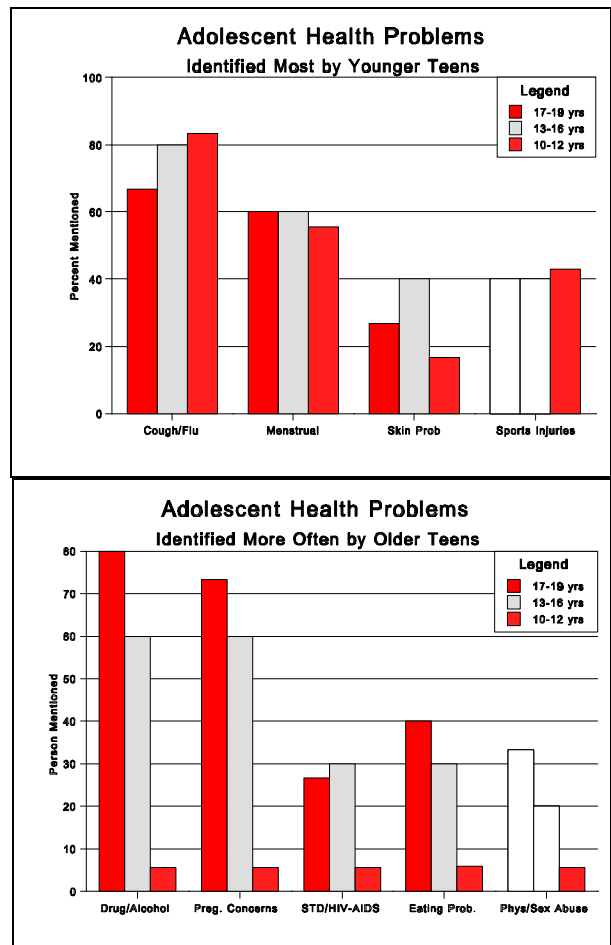
Grouped by age (10-12, 13-16, and 17-19 years), these young women shared:

- the problems that they and their friends have or are currently experiencing;
- their priority health-related concerns;
- where they would seek help for the problems they identified;
- barriers to health care perceived and/or experienced;
- the availability of sports- and academic-related activities;
- the type of health services they would like to have available.

### PROBLEMS

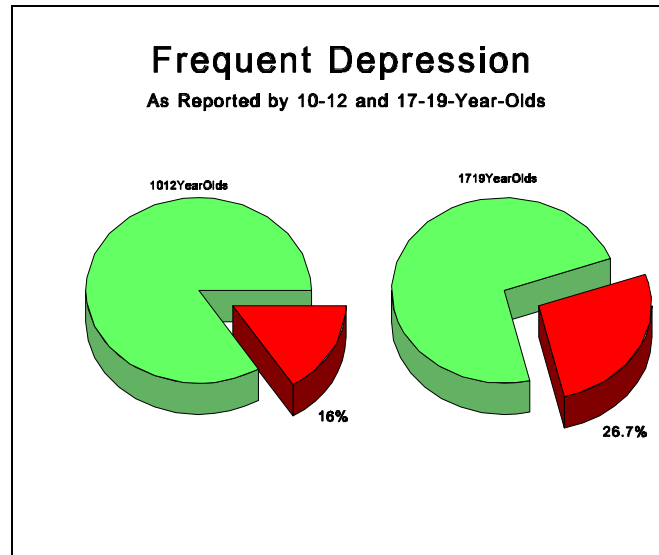
Although participants in all three age groups shared many of the same concerns and a similar vision of what adolescent health services should be, differences emerged in responses to the questionnaire they completed at the beginning of each session. The questionnaire asked respondents to indicate which of ten health problems they or their friends experienced during the last two years.

Not surprisingly, cough or flu symptoms and cramps or other menstrual problems were cited by more than half and sports-related injuries by nearly half the participants in all three age groups. Responses to questions related to drug and alcohol use, pregnancy, and STDs, however, differed sharply between the younger and older respondents. Less than 10% of the younger girls (age 10-12) reported that they or their peers experienced drug, alcohol, or pregnancy-related problems while 60% of 13-16-year-olds and 73-80% of 17-19-year-olds cited these as major concerns. Concern about STDs and HIV/AIDS, nutrition and excessive dieting, and physical or sexual abuse was similarly less frequent (under 10%) among the youngest respondents but the incidence more than tripled in the 13-16-year-old group and — except for STD and HIV/AIDS — rose even higher in the oldest group.



Depression and suicide thoughts were not uncommon among the young women in the focus groups. The incidence increased with the age of the respondents. In responding to the questionnaire, one in six 10-12-year-olds, one in five 13-16-year-olds, and more than one in four 17-19-year-olds indicated personal or peer experience in "feeling depressed most of the time or thinking about suicide."

Comments ranged widely in the focus group discussions which offered greater flexibility than the written questionnaire. The following observations are drawn from the reports of the focus group exchanges.



### CONCERNS

Participants in all six groups agreed that **pregnancy prevention, birth control, and STDs** are the most important health concerns for female teens. Older teens discussed these issues longer than any other topic presented to the group.

Other health issues mentioned by all groups included **HIV/AIDS, drugs and alcohol, and physical and sexual abuse. Peer pressure** was noted by the oldest and youngest groups, and the younger participants mentioned **weight control, physical development, and smoking** as problems.

There was general agreement in all groups that some (but not all) girls are concerned about their appearance and will diet too much, smoke, drink, or eat the wrong foods. They agreed that girls who do these things are motivated by the desire to impress people, fit in with the crowd, and look grown-up. Some participants believed that excessive dieting and eating disorders were a problem for white girls but not for African-American girls.

### SOURCES OF HELP

Younger teens, more often than middle or older ones, said that they would go to their mothers or other female family members for help with health problems. Older teens are most likely to seek medical attention or to handle problems on their own.

Menstrual cramps and eating disorders were not seen as significant health problems in any of the groups, and there was overall agreement that these should be taken care of at home unless they become serious enough to warrant seeing a doctor. Teens in the middle and older groups also believed that sports injuries can be handled at home and don't require medical attention.

Most groups expressed some reluctance to seek help, either from family members or medical providers, for STDs and HIV/AIDS, and many were sure that their friends would not seek treatment. In one of the older groups, there was unanimous agreement that teens should tell no one — "not even your best friend" — if they have HIV or AIDS.

Among sources of medical help mentioned by the participants were hospitals, clinics, Family Health Council, and Healthy Start; for drug and alcohol problems, Sojourner House, Whale's Tale, and Alcoholics Anonymous. Hotlines were mentioned frequently as a source of information. A number of participants said they would talk with the police in cases of sexual abuse.

### **BARRIERS TO CARE**

The primary reasons for not seeking professional help for health concerns were fear, embarrassment, and possible unwanted parental involvement, particularly in cases of STDs.

In all groups, transportation and hours of service were not perceived as barriers to obtaining help. Many believe that there is a lack of information on community-based health services available to teens. They saw as a major deterrent, however, the insensitive treatment of teens by health care personnel.

### **ACTIVITIES**

All groups said that teens participate in sports, scholastic, and social activities because they are fun and a good way to meet people. Deterrents to participation include lack of skill, "looking silly" to friends, and being forced to participate.

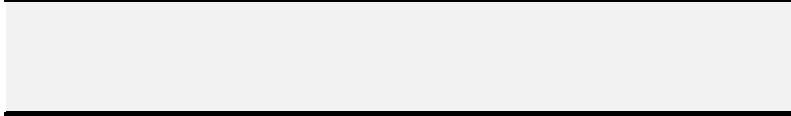
The 13-16-year-olds cited a number of organized activities: sports, school-sponsored clubs, academic enrichment, arts programs, and volunteer opportunities. The older group mentioned primarily independent activities (going to movies, jogging, walking, and socializing) as well as sports teams.

### **DESIRABLE SERVICES AND PROVIDER QUALITIES**

Participants stressed that health care providers should be young, well-trained women who can talk easily with teens and treat them respectfully. They should also be empathetic, compassionate, and able to respect and maintain patient confidentiality.

Their suggestions included the following services:

- School-based health services, which were mentioned by all groups but stressed by the oldest group, whose members urged that the services focus on the value of waiting to have children as well as providing education and contraception;
- "One-stop" clinics with a variety of services (e.g., pregnancy services, drug and alcohol counseling/treatment, primary care, sports medicine);
- Residential facilities for girls to stay if they are "kicked out of their homes" and where pregnant girls could get their GED and keep their babies;
- A "clinic for girls to teach them about their health;"
- Hotlines for information and referral, particularly for those who are contemplating suicide;
- More services for runaway children;
- Family and relationship counseling.



**IN AN EFFORT TO DETERMINE ANY CORRELATION** between the availability of services in a community and the community's level of risk, potential providers of services to adolescents in the nine target neighborhoods were identified for a survey. Sources used to identify agencies were the Female Adolescent Health Scan Advisory Committee, the United Way *HelpLine* database, representatives from the target communities, and referrals from the agencies contacted.

In all, 89 agencies were contacted and 44 responded in writing to the survey (see Appendix D for a list of Surveyed Service Providers). Most agencies were not able to provide numerical data on the female adolescents served or to identify their home communities. Typically, they provided a description of the services they offer and their geographic service area. Given issues of confidentiality and time constraints, tracking clients by age, sex, and community was impossible for this project. The survey does, however, provide a preliminary overview of available services, offer insights into the characteristics that promote utilization, and identify several issues with implications for future program development.

None of the surveyed agencies or organizations reported a high utilization of their health services by female adolescents. Most reported a low to moderate level of participation. All indicated that they had the capacity to serve more adolescent females, and several identified the need for more intensive outreach. Some low utilization was attributed to patients' preferences for services outside the community because of the perceived lack of privacy in seeking services too close to home. Some cited larger system issues such as limited provider choice in many health plans.

## **SERVICES AVAILABLE TO ADOLESCENTS**

### **Behavioral Risks**

Smoking cessation, exercise, nutrition and body image, and substance-abuse prevention are addressed by most agencies through information and education. Drug and alcohol treatment are offered by some hospitals and public health agencies.

### **Crime**

The medical needs of adolescent victims are met by most hospital systems, and supportive services are provided throughout the region by such agencies as the Center for Victims of Violent Crimes, Family Resources, Women's Center and Shelter of Greater Pittsburgh, and Pittsburgh Action Against Rape.

Few health services are specifically targeted to adolescent female offenders, although organizations such as the Female Outreach Collaborative Effort (FORCE) play a significant role in helping both at-risk females and members of female gangs receive appropriate health services.

## **Mental Health**

Mental health services for adolescent females are provided throughout the county by Allegheny County Mental Health/Mental Retardation/Drug & Alcohol/Homeless & Hunger (MH/MR/D&A/H&H) catchment area sites and agencies such as Whale's Tale and the Pittsburgh Pastoral Institute. Project STAR at Western Psychiatric Institute and Clinic was identified by many agencies as a referral site for adolescents who threaten suicide. Few health organizations contacted identified developmental disabilities and retardation as an issue they address.

## **Access and Utilization**

For purposes of this scan, only public and private nonprofit providers serving the nine targeted communities were surveyed; obviously, for-profit practitioners provide much of the primary care to adolescents throughout the county. Other resources are hospital systems, community health centers such as Primary Care Health Services and Focus on Renewal, and emerging hospital satellite centers. Adolescent-specific primary care, family planning, consultative and mental health services, and community education are provided at the Children's Hospital Adolescent Clinic. Some of the target communities, however, are without local primary care services. Outreach specific to adolescents is lacking, and the utilization of services is strongly influenced by the adolescents' perception of the health care provider's staff as respectful and supportive.

Family planning services for adolescents are more available on a community basis. In addition to hospitals, community sites of Family Health Council and the Allegheny County Health Department provide ready access to female adolescents. Insurance coverage is not a barrier to receiving family planning services; in Pennsylvania, every adolescent under age 18 is eligible for free, confidential services. For other health care services, however, lack of insurance coverage and the restrictions imposed by many managed care plans, as well as confusion about service system entry points and coverage, pose serious barriers for many adolescents who seek care.

## **Education**

Most of the agencies surveyed in the nine communities do not provide direct educational services; however, other agencies do offer GED preparation, tutoring, academic enrichment, and vocational training. Although most of these organizations are not located in the target communities, many organizations, including the Pittsburgh Public Schools, regularly refer out-of-school female adolescents, including teen mothers, to the programs.

## **Family Structure**

The organizations surveyed address the issues of poverty and single-parent households in a variety of ways. Some provide tangible aid (food and furniture); others refer clients to the Allegheny County Assistance Office, local food banks, the WIC program, and other resources.

Support groups and parenting instruction are offered through Family Resources, Whale's Tale, and Family Support Centers. Runaway and homeless adolescents are served through the federally-funded shelters of Whale's Tale and Three Rivers Youth, special initiatives of the Allegheny County Health Department, and the Health Care for the Homeless Program.

**IMPLICATIONS FOR FUTURE PROGRAM DEVELOPMENT**

The survey revealed that, while a wide variety of services is available to female adolescents, the services are not necessarily located in the communities, and there is little correlation between level of community risk and the presence of services, as Figure II illustrates. In one sense, the lack of services within the home communities may limit access, but adolescents' stated concerns about confidentiality and a preference for receiving services outside their home communities suggest that improving access may depend more on enhancing provider sensitivity and assuring confidentiality than on the physical location of the services.

*Figure II. Services Available to Adolescents Residing in the Target Communities*

Community Number of Services	Services In & Outside Community			Service in Community		
	Low (<10)	Moderate (10-14)	High (15+)	Low (<3)	Moderate (3-5)	High (6+)
<b>HIGH RISK</b>						
Northview Heights		♦			♦	
Garfield	♦			♦		
McKees Rocks		♦				♦
<b>MEDIUM RISK</b>						
East Liberty			♦			♦
Hazelwood	♦				♦	
Franklin Park		♦		♦		
<b>LOW RISK</b>						
Shadyside		♦				♦
Brookline	♦			♦		
Fox Chapel			♦		♦	

*Most of the organizations and agencies do not provide a comprehensive range of services, and this makes it necessary for the adolescent to navigate a variety of health systems and agencies to receive services.* The majority of services offered to young women are information, education, and referral rather than direct health care. When agencies identify the need for referral, they turn to colleagues in other agencies, HelpLine, and the blue pages of the telephone directory. Staff members expressed concern that the adolescent often does not follow through on referrals.



**FROM ITS EXAMINATION OF NATIONAL AND LOCAL INDICATORS** related to female adolescent health and well-being and discussions with adolescents themselves and those who work with them, the Female Adolescent Health Scan Advisory Committee has concluded that:

- Adolescent females in Allegheny County are at significant risk for problems that can adversely affect their future productivity and satisfaction — and that the adolescents themselves are aware of many of these risks and of the barriers that prevent them from receiving adequate services.
- Access to health services for adolescents is limited not so much by lack of capacity as by the services' lack of utilization and user-friendliness in terms of accessibility, confidentiality, comprehensiveness, and sensitivity.

In light of these conclusions, the Advisory Committee developed the following specific recommendations targeted to providers, schools, parents, public officials, the news media, and adolescents themselves:

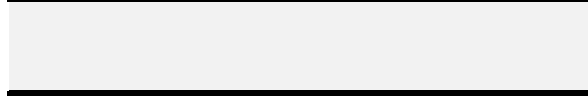
1. Improve the openness and responsiveness of the **health and human service delivery system** to teens' health needs and concerns.
  - Enhance outreach to adolescents through collaboration with schools and community-based organizations.
  - Ensure that staff are trained and culturally competent in the needs of adolescents.
  - Provide easy access and flexible hours of service.
  - Assure confidentiality.
2. Enhance the role of the **schools** in promoting adolescent health.
  - Expand the availability of on-site comprehensive health services.
  - Increase instruction about nutrition, sexual behavior, and STDs.
  - Ensure that counselors, nurses, and teachers are trained and sensitive to female adolescent health issues.
  - Provide opportunities and encouragement for girls to participate in sports, extra-curricular activities, and community services that enhance self-esteem and empowerment.
3. Engage **female adolescents** in the development and implementation of peer-group interventions and the dissemination of information about risky behaviors and their consequences.
  - Encourage the development of effective programs for smoking cessation and other behavioral issues.
  - Provide training in refusal skills related to all forms of risk-taking behavior.
  - Make information on health resources readily available to adolescents.
4. Include **parents/caregivers** in all interventions with adolescent females.
  - Provide comprehensive information and education about available health and social services.
  - Provide training in parent/teenager communication skills.

5. Encourage **fundors** to collaborate in forging a prevention/wellness agenda for female adolescents.
  - Support innovative, holistic programs.
  - Incorporate rigorous evaluation in all funded programs to identify effective programs.
  - Disseminate models that have proven effective.
6. Secure support from **public officials and policymakers** for the prevention/wellness agenda.
  - Applicants for Medicaid managed care contracts should be required to address issues of access and high-risk behaviors in their proposals to the Department of Public Welfare.
  - Encourage co-location of adolescent health services of all types with other agencies and services for adolescents.
7. Enhance public awareness of the problems of adolescent females through the **news media and public forums**.
  - Conduct an annual summit on the state of female adolescents in Allegheny County.
  - Secure news-media support for public service dissemination of information related to female adolescent health issues.
8. Establish a **collaborative county-wide data system** for accurate and gender-specific reporting of health, education, and risk indicators for adolescents, including consistent dropout and achievement measures across all school districts.
9. Work with **schools of social work, education, public health, medicine, and nursing** to enhance training of professionals who will be providing services to female adolescents, with particular attention to increasing the sensitivity of providers to the needs of adolescents.

In addition to the specific recommendations, the Advisory Committee urged the adoption of two general directions for the future:

➡ **ONGOING OVERSIGHT: A Leadership Council should be established to function as an overseer of a holistic approach to female adolescent health; a clearinghouse for coordination and dissemination of related information, research, and innovation; and an advocate for the implementation of the prevention and awareness agenda.**

➡ **FORGING A WELLNESS AGENDA: The Council's proposed agenda should embrace a proactive wellness approach that promotes healthy behaviors and protective factors among all female adolescents rather than concentrating solely on the reduction of risks. Such an agenda will necessarily involve heightened awareness and engagement on the part of adolescents and of the adults who work with them as well as refinement of data collection and analysis in a variety of related areas.**



**A. Female Adolescent Health Scan Advisory Committee**

**B. Maps**

1. Composite Risk Scores: Pittsburgh
2. Composite Risk Scores: Allegheny County

**C. Risk Table. Additional Data for Selected High-, Medium-, and Low-Risk Areas**

**D. List of Surveyed Service Providers**