Positive Youth Development: 137-142

137.

Social Media Use and Physical Activity: Searching for Opportunities to Connect Adolescents and Older Adults for Health Promotion
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Purpose: The United States remains an age-segregated society, resulting in both young and old missing out on potential health benefits of interacting with one another. Physical activity (PA) has the potential to promote intergenerational relationships and positive physical and psychological health outcomes for both generations. Yet, adolescents and older adults have low levels of PA. Social media provides unprecedented opportunities to promote PA and intergenerational interactions. Alternative high school (AHS) students have especially low levels of PA as compared to peers in traditional high schools and could benefit from feeling connected to a non-family adult, but little is known about social media use or intergenerational interactions among AHS students. The purpose of this descriptive study was to assess intergenerational interactions, social media use, and PA among AHS students and older adults (>/>=60 years).

Methods: We used data from two pilot surveys conducted in Central Texas in spring/summer of 2013. We administered one survey to students in one AHS (n=25; mean age 17.7 years; 92% youth of color; 67% low socioeconomic status) and a separate survey to older adults participating in a community program (n=35; mean age 72.97 years; 85.7% people of color; 68% with yearly income <$20,000). We used descriptive statistics to calculate proportions for a variety of questions related to intergenerational interactions, social media use, and PA.

Results: 64% of AHS students and 62% of older adults reported interacting with at least one non-family member of the opposite generation. Cell phones were the most common way for AHS students (80%) and older adults (54%) to access the internet. All AHS students and 24% of older adults reported using at least one social networking site (SNS). Over half (56%) of AHS students used SNSs to access health information; 40% and 24% used SNSs to communicate with non-parental adults and grandparents, respectively. Only 26% of AHS students reported getting >/=30 minutes of PA every day during the past week. Half (48%) of AHS students participated in weekly pick-up sports games. Fewer participated in organized sports, including community (39%) and school (26%) teams. Among older adults, 41% reported getting >/=30 minutes of moderate PA five days a week or >/=20 minutes of vigorous PA three days a week. 27% of older adults engaged in strength and flexibility activities at least once a week.

Conclusions: Social support and connectedness are well-established correlates of PA. Social media provides unprecedented opportunities for promoting interactions between groups who may not regularly cross paths. Our findings revealed low levels of PA among both generations and suggest many AHS students interact with at least one non-family older adult, but not necessarily through social media. Findings provide a baseline for moving forward with the development of an intergenerational, social
media-based PA intervention. A successful intervention should blend concepts of healthy youth development and healthy aging (e.g., skill-building, service, connectedness) into a process we call “healthy intergenerational development,” by tapping into the strengths of both generations (e.g., SNS expertise of AHS students; altruism and wisdom of older adults).

Sources of Support: n/a

138.

A Videogame Intervention for Risk Reduction and Prevention in Young Minority Teens
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Purpose: Young people, aged 13-29, account for 39% of new HIV infections in the U.S. Disparities exist among the rates of infection, with African-Americans accounting for 65% of new infections in this age group. Recognizing that early intervention to reduce risk is an effective way to prevent risk behavior patterns before they begin, that upwards of 95% of teenage boys and girls, including all racial/ethnic groups, play videogames, and that there is emerging evidence that videogames can be harnessed for health promotion and prevention, play2PREVENT® created an iPad videogame intervention, PlayForward: Elm City Stories. The primary goal of the videogame, developed as a unique vehicle for delivering an evidence-based intervention, is to teach knowledge and skills for preventing HIV infection. PlayForward was developed in an iterative process that involved formative work with focus groups and interviews with minority teens, the creation of behavioral manuals based on established theories, and extensive play-testing. A primary research question of this study is whether the game engaged the teens and impacted their knowledge and perspectives of risk, and if they were able to connect elements of the game to risk situations in their own lives.

Methods: As part of a full-scale randomized controlled trial, semi-structured interviews were conducted with participants regarding their experience of playing PlayForward: Elm City Stories following six weeks of game play. Transcripts of the interviews were professionally transcribed and coded by members of the research team.

Results: Twenty-two teens (12 boys and 10 girls) 11-15 years old (mean age, 13.4 years) were interviewed: 10 (45%) teens were Hispanic/Latino, 5 (23%) African-American, 4 (18%) multiracial, 2(9%) white, and 1 (5%) “not sure”. They played on average for 9 hours (median=9.4 hours;, range=2.3-13.8 hours). The majority of the teens appropriately described the goal of PlayForward as “to make good choices; to get a better future.” They described the game as “fun,” “interesting,” “cool,” and “inspiring”. Nineteen of the 22 teens (86%) reported that they would recommend the game to a friend, citing improving decision-making skills, future awareness, and increasing knowledge about sex, drugs, and alcohol as reasons for their recommendation. When asked what they learned from the game, teens reported learning about the consequences of their actions, the importance of using condoms during sex, the dangers of drugs and alcohol, and how peers can influence their decisions. They also reported
PlayForward as relatable and transferable to their own lives, citing specific elements of the game that referenced pregnancy, drinking, and marijuana use. In addition, teens described story lines in the game that reflected their own real-life experiences with peer pressure, drugs, and alcohol.

**Conclusions:** The videogame PlayForward: Elm City Stories is a novel, engaging, and feasible intervention that teens reported obtaining knowledge from and viewed as relatable to real life with the goal of the promotion of positive health behaviors in a population of at-risk young teens.

**Sources of Support:** National Institute of Child Health and Human Development

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**Finding Hope in Hopeless Environments**

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**Purpose:** Hope, reflected in one’s beliefs about the future, motivates goal-directed behavior and facilitates positive youth development. Adolescents’ future expectations of life expectancy and educational attainment predict risk-taking behaviors, educational achievements, and health outcomes. Previous studies have used these proxy measurements of hope to characterize high-risk youth and their hopeless environments. Most have focused on poverty, or the lack of financial capital, as the major determinant of health. The objective of this study was to use a human capital investment framework to investigate the individual and contextual assets of hopeful adolescents.

**Methods:** The public-use data (n=6,504) from Wave I of the National Longitudinal Study of Adolescent Health was used for this analysis. Adolescents who were “almost certain” of living to age 35 and attending college were considered to have high hope. Univariate analyses identified demographic characteristics of the study sample and quantified the numbers of youth in each variable category. The sample was divided into four categories based on their Hope Score (<7, 8, 9, or 10). A bivariate analysis evaluated associations and trends between the Hope Scores and covariates. Multivariable logistic regression compared adolescents with a score of 10 on the Hope Scale to those with lower Hope Scores and identified the human capital assets associated with high hope. The odds ratio of each covariate was adjusted for the contributions of the other variables in the model.

**Results:** Statistically significant relationships were found between the highest sense of hope and social capital (family, neighborhood, school, and general connectedness), financial capital (household income and neighborhood poverty concentration), educational capital (parent education), and environmental capital (breastfeeding and gender). Hope had stronger associations with social and educational capital measurements than with financial capital measurements. Race and family structure failed to remain significant when controlling for the other variables.
Conclusions: Hope, as a form of personal capital serves as a priceless asset in the face of adversity. Identifying the human capital assets that serve as major determinants of health is crucial in order to guide the design of policy and social interventions to optimize child health and well-being.

Sources of Support: This research uses data from Add Health, a program project directed by Kathleen Mullan Harris and designed by J. Richard Udry, Peter S. Bearman, and Kathleen Mullan Harris at the University of North Carolina at Chapel Hill, and funded by grant P01-HD31921.

A Program for Improving Health and Stress Management for Adolescents from Low-income Families: Integrating Behavioral Coping Skills, Nutrition Education and Yoga
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Purpose: Youth with low-income family status often face high levels of stress on a daily basis and frequently have trauma in their histories. They are at higher risk for child abuse, depression, family conflict and divorce, substance abuse and trauma, and are consequently at higher risk for poor health and well-being outcomes including poor performance in school, mental health problems, risky sexual behaviors, and alcohol and drug use. Adolescents at risk for higher stress due to economic factors are vulnerable to difficulties in learning to effectively regulate their thoughts and emotions are also those least equipped to deal with the stress. The purpose of this pilot study was to design and deliver an integrated health and wellness program to teach evidence-based behavioral coping strategies, nutrition education and yoga to at-risk middle and high school students, and determine whether overall health, well-being and ability to more effectively handle life stressors can be positively impacted. Pre and post physical measurements, mood assessments and general nutrition education were obtained.

Methods: Adolescent Medicaid beneficiaries in Ypsilanti, Michigan voluntarily participated in the 8-week, 16 session after-school program at their respective high (n=6, 100% female) and middle (n=9, 100% female)schools. Pre and post measurements of height, weight, blood pressure and physical flexibility were documented and pre and post general nutrition knowledge and assessments of depression (Reynolds Adolescent Depression Scale-2) and anxiety (Multidimensional Anxiety Scale for Children) were obtained. We compared pre and post measurements. The very small sample size does not lend itself to detailed statistical analysis.

Results: In the first year of the program 100% of high and middle school subjects improved in physical flexibility measurements. Some overweight subjects lost weight (as much as 9 lbs.) and had improved blood pressure measurements. General nutrition knowledge improved slightly among high and middle school subjects. In both groups some subjects demonstrated decreased depression and anxiety symptoms as measured by RADS-2 and MASC instruments. In the upcoming school year, analysis of whether the program provides greater benefit to low-income high or middle school students will be studied.
Conclusions: Participation in this integrated health program resulted in some improvement in both physical fitness and mental health function in both groups of students. The program taught skills and strategies that can be used independently at home after the program ended. Additional study and trials appear warranted.

Sources of Support: Michigan Department of Community Health, ORSP#12-07118

141.

Where are the Boys... Using Peer Leadership to Address Barriers to Male Adolescent Utilization of an Urban School-Based Health Center

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Purpose: Adolescent men have higher mortality and morbidity than their female peers resulting from many preventative conditions, including substance abuse, accidental injuries, and violence. However, use of primary care decreases as adolescent men age (opposite to the trend among females) and this gender disparity persists through adulthood. School-based health centers (SBHC) were established to target unmet adolescent health needs with accessible, low cost, comprehensive care. In theory, they address many barriers identified by adolescent males, but low utilization persists. Using the principles of community-based participatory research and peer leadership, a forum was established at a selected urban high school aiming to empowering male student leaders in identifying and addressing relevant health issues and barriers preventing their demographic from accessing primary care, especially their SBHC.

Methods: The setting is a technology-focus pilot high school (within the public school system) with a state department of public health sponsored SBHC. Each year, seven to ten male students (sophomores or juniors) are selected by guidance counselors based on perceived leadership potential and academic eligibility. Participants meet weekly with a SBHC clinician, research volunteer, and occasionally community leaders for 60 minute sessions to discuss health issues and barriers to SBHC use as identified by an annual school-wide survey. Participants are then encourage to collaborate in order to address these issues with the support and guidance of SBHC staff. The research volunteer moderates conversation, takes notes, and identifies common themes.

Results: Average weekly attendance was >85%. In 2008, participants focused on barriers to adolescent male use of primary care, especially how perceptions of masculinity, such as “toughness,” discourages prevention while promoting violent/aggressive stereotypes. They advocated for a peer leadership program where male students learned leadership skills through open and respectful discussions of health issues with community leaders. This provides a foundation for peer interactions around healthy behaviors and decision-making. Piloted in 2011, the program has been refined through participant input. Topical discussions addressed the top issues identified by the annual survey (stress, sleep, violence,
neighborhood safety, sports injuries, substance use and mental health). Participants also explored survey data demonstrating a preference for emergency room care over their SBHC, and top barriers to SBHC use (fear of parents finding out and peer judgment). Participants have addressed these issues by tabling to advertise SBHC services, classroom presentations, and advocating on behalf of SBHCs at the State Capitol.

**Conclusions:** Adolescents exert a powerful influence on the attitudes and behaviors of one another. A selected group of urban high school adolescent males designed a peer leadership program aimed at building leadership skills and health literacy. The program has demonstrated its ability to fostering agency and initiative among participants in advocating for and reducing stigma associated with seeking preventative healthcare. Future research will assess the project’s effectiveness in impacting school-wide attitudes and behaviors.

**Sources of Support:** Codman Square Health Center (Dorchester, MA), MA Department of Public Health (Boston, MA)

142.

**The Effects of Child Welfare Cases on Child Well-being**
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**Purpose:** Adolescent health care providers encounter various types of children including those from the child welfare system. However, caseload size within the child welfare system influences both service provision quality and its outcomes for children and their families. Specific child welfare case types and their particular demands may have varying effects on case outcomes, and those referred to adolescent health care specialists may not receive the services needed. To address this issue, we examined the association between case managers’ case types and the overall child well-being status at the time of case closure. The objective was to better understand what types of cases affect various case outcomes and the provision of services to children and their families, which can help determine how adolescent health care providers can improve service effectiveness.

**Methods:** Child welfare case workers from a Midwestern state were invited to participate in a survey to examine their case content and service provision to children and families. Measures covered each case type held, information about the most recently opened and closed cases (e.g., demographics, safety, permanency, and child well-being ratings) and the perceived needs, availability, utilization, and effectiveness of various services. The outcome variable was the overall child well-being status of the most recently closed case. The predictor variables were the type of cases currently held by case workers (e.g., assessments, informal adjustment, child in need of services (CHINS), CHINS, and collaborative care, and exclusively collaborative care). Ordinal regression was used in all models (SPSS 21.0; p<.05).
Results: Of the 889 case worker survey respondents, 83% were females and 16% were males and had a mean age of 34.9 years (SD=10). Additional descriptive indicators included the number of years worked in social services (M=7.8, SD=7.2) and years worked as a case worker (M=4.4, SD=4.7). Respondents indicated that there are five types of cases that could possibly be included in their caseload: assessment (M=7.3, SD=10.8), informal adjustment (M=1.3, SD=2.1), child in need of services (CHINS) (M=10.1, SD=9.6), CHINS/collaborative care (M=0.6, SD=3.3), and exclusively collaborative care (M=0.1, SD=0.9). Case workers who had relatively more CHINS cases on their caseloads reported higher overall child well-being at case closure (OR = 1.02). Conversely, those who had relatively more collaborative care cases reported significantly lower overall child well-being at case closure (OR = 0.85).

Conclusions: The majority of case types held by case workers were assessments and CHINS. Collaborative care cases made up the smallest proportion of cases held by case workers. Yet, CHINS and collaborative care cases were found to play a significant role in child well-being at the time of case closure, in comparison to other case types. These findings underscore the influence of particular cases on child well-being, and provide opportunities for adolescent health care providers to increase the emphasis on effective services to promote child well-being.

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