In October 2004, the new Office of Public Health Research at the Centers for Disease Control and Prevention awarded a three-year, $2.58 million dollar adolescent health research training grant to the Center for Adolescent Nursing in the School of Nursing. This new interdisciplinary grant will support 17 pre- and post-doctoral fellowships in nursing, medicine, and nutrition for those wanting to develop skills in conducting health protection research with adolescents. This training grant is part of a new CDC health protection research initiative. As CDC Director, Dr. Julie Gerberding stated, “The CDC wants to support the development of scientists who will carry out the nation’s public health research agenda.” Two other Universities, New York University and the University of Illinois-Chicago, also received one of these new Health Protection Institutional Research Training (T01) grants. The University of Minnesota’s program is the only one focused on adolescent health and given to a

PREVENTING TEEN VIOLENCE
POST RED LAKE LESSONS

“Sixteen years of accumulated rage, suppressed by nothing more than brief glimpses of hope, which have now faded to black,” was how Red Lake High School student Jeff Weiss described life in his online biography before embarking on a school shooting spree at the Red Lake Indian Reservation that claimed ten lives on March 21, 2005.

The shooting, which devastated the quiet northern town of Red Lake, Minnesota, provides further evidence that youth violence affects communities across the U.S. Weiss’s bleak outlook on life points to the necessity for staying connected with children. It means giving children constant reassurance that adults care about them, want to talk with them, and are always there for support. Essential to healthy youth development are connections with parents, teachers, mentors, and other positive adult role models. The lack of such connections can lead to alienation, this time with tragic consequences.

In 1995, with support from the National Institute for Nursing Research, Center for Adolescent Nursing researchers were invited by the Minneapolis urban Native American community to work with a community-based youth program and six area schools to seek answers about how to go about promoting healthy development in this community. Over a three-year period 600+ American Indian youth, ages 9-16, participated in this intervention research study. The findings spoke to protection against harm and the promotion of healthy development that happens when young people feel connected to schools and families, and when they believe their parents and peers expect them to behave in pro-social ways.

In the days following the tragedy at the Red Lake High School, Dr. Linda Bearinger and her research team responded to multiple
In collaboration with the University of Minnesota’s Schools of Medicine and Public Health, we have launched the Adolescent Health Protection Research Training Program that will prepare pre- and post-doctoral scholars to conduct population-focused research that focuses on protecting the health of young people. The goal is to advance evidence-based programs, practices, and policies that reduce disparities and improve the health of all adolescents. “The ever-changing complexity of the health needs of adolescents means we must draw on the expertise of a variety of disciplines to figure out how to best respond,” said Dr. Linda Bearinger, Ph.D., RN, FAAN, grant principal investigator and director of this new program. “This grant will allow us to work together — across disciplines and schools — to find new ways to help young people get and stay healthy.”

What will the $2.58 million support?

Full federal-level stipend, tuition and travel dollars support all pre-doctoral trainees and post-doctoral fellows in nursing, medicine, and nutrition. Those in doctoral programs (nursing and nutrition) may be funded for 5 years; post-doctoral fellows receive up to 3 years of support. The program’s core curriculum includes public health research courses and seminars as well as mentored research projects for all trainees. Medical fellows will complete a full M.P.H. program during the 3 years of their post-doctoral fellowship.

It is unique to the University of Minnesota’s Academic Health Center, and, perhaps to most academic health centers in the country, that a training program housed in the School of Nursing provides stipend and tuition support for fellows in medicine and nutrition. However, the Medical School’s Department of Pediatrics and the School of Public Health have a long-history of interdisciplinary and inter-school collaboration with nursing. Along with Dr. Bearinger, Drs. Michael Resnick, Dianne Neumark-Sztainer, Renee Sieving, Nimi Singh, and Mary Story are lead University of Minnesota faculty for this research training initiative.

For questions about the pre- and post-doctoral fellowships in nursing, medicine and nutrition, contact: Dr. Linda H. Bearinger at <beari001@umn.edu>.
In May 2005, 850 professionals and young people gathered in Portugal for the International Association for Adolescent Health’s 8th World Congress entitled, “Positive Youth Development: Empowering Youth in a World in Transition.” Held every four years, this four-day Congress gathers health professionals and young people from around the world to focus on global initiatives in youth health. As President of the Scientific Committee, Center of Adolescent Nursing Director Linda Bearinger presided over planning of the scientific program, collaborating with members of the President’s Council of the International Association for Adolescent Health in organizing the Congress.

The World Congress, focusing on empowering young people worldwide toward healthy development, centered on the strategies for promoting strengths and assets, exploring common concepts, priorities, and elements for implementing effective programs at the country level. With a theme as far-reaching and cutting-edge as youth development, the Congress brought together young people, teachers, clinicians, counselors, social workers, scientists, and policy makers to exchange ideas, share enthusiasm, and make new connections. It provided an opportunity for those working with and on behalf of youth to learn how to translate the evidence on youth development into practice, programs and policies. In plenary sessions and workshops, clinicians, teachers, public health leaders and youth workers shared approaches for youth development especially suited to the unique multi-cultural needs of young people in a variety of sectors.

Renowned speakers presented in various formats, including six plenary sessions that moved from thinking about the evidence for promoting youth development to creating national policies supporting the health and well-being of young people. Plenary titles reflected the theme for the World Congress:

- Youth Development in a Time of Global Transition: Moving Toward Practice;
- Individual Influences on Healthy Development;
- Creating Connections in Families Across Cultures;
- Youth Development in a Time of Global Transition: Moving Toward Practice;
- Individual Influences on Healthy Development;
- Creating Connections in Families Across Cultures;

**CAN Faculty and Students* Present!**


**Halcon L**, Singh N, "Empowering vulnerable refugee young people: Health Realization as an approach.” (workshop)

Kahn J, **Sieving R**, Resnick M, **Clark T**, **Bearinger L**, “Youth development in practice, programmes, and policies.” (workshop)

Resnick M, **Bearinger L**, "Strategies for effective advocacy (Even when you don’t really have the time).” (symposium)

**Saewyc E**, “Stigma and resilience among gay, lesbian, and bisexual youth.” (workshop)

**Saewyc E**, “Protective factors among youth in Western Canada: Trends from the past decade.” (oral presentation)
CRISIS INTERVENTIONS WITH HMONG YOUTH
LEADERSHIP PRATICUM EXPERIENCES

During the past several years there has been a significant increase of young girls between the ages of 10 and 14 referred to Midwest Children’s Resource Center (MCRC) at Children’s Hospital and Clinic in St. Paul, Minnesota to be evaluated for sexual exploitation or sexual assault. Many of the girls being seen at MCRC have experienced extra-familial sexual exploitation and assaults through gang rape or forced prostitution, and often have a history of running away from home. Although it is well known that this phenomenon of young girls running away from home and experiencing prior or subsequent sexual exploitation crosses cultural lines, the majority of the girls seen at MCRC are Hmong. This population has unique needs because their experiences are very different from non-Hmong abuse victims. The Hmong girls referred to MCRC are often younger and significantly more likely to have experienced gang rape, multiple perpetrators and prostitution. Two-thirds of the Hmong girls evaluated had five or more perpetrators, compared to 10% in other cases, and nearly half reported that there were “too many to count.” The frightening magnitude of this issue can only be estimated, considering the current cases only represent those that have been reported.

Laurel Edinburgh, RN, CNP, began seeing many of these young girls in the MCRC clinic for medical evaluations and interviews but was having a difficult time finding and providing access to the resources they so desperately needed. The goal was helping them cope with their experiences and to continue living as healthy and successful adolescent lives as possible. Due to a lack of accessible and comprehensive services for this population, Edinburgh was funded to pilot a case management program to work with girls in need of follow-up care and referral to appropriate community services.

Elizabeth Saewyc, Ph.D., RN, adjunct faculty, who was consulting with MCRC in setting up their case management program and collaborating on research, encouraged Windy Solsvig to become involved with this project as a practicum experience. Windy recalls, “I had little experience working with the Hmong population and, in addition, I faced the challenges that accompany any newly developed and instituted project or program.” Some of Windy’s personal goals as she engaged in this endeavor were, “to create connections with the clients, participate in collaborative efforts, learn and participate in grant writing and other documentation, to be open to every experience and to learn by observing my mentor Laurel and other practitioners.” Despite her inexperience, Windy describes, “I found a great sense of commitment and enthusiasm after my first home visit. This enthusiasm truly came from my individual interactions with each girl, celebrating even the smallest of successes with them, the continued positive support I received from Laurel and my advisor, and being able to see so much of what I learned through my graduate program actually take life through practice.”

Throughout her intervention and leadership practicum experiences Windy was able to do individual home visits and case management, as well as participate in a number of related projects, beginning with home visits. “Laurel prepared me as much as possible with a few joint home visits,” Windy recalls, “and then we each began to separately visit the girls at home, at school, at the library, or wherever we could find them.” During these visits Laurel and Windy did everything from teaching and talking about ways to reduce risk-behaviors (i.e. substance use, safety issues, prevention of STDs and unwanted pregnancy, etc.), discussing birth control options,
referring and guiding them in accessing community resources, and often working on some basic life skills such as how to take the bus or make appointments at a local clinic. In addition to home visiting, Laurel and Windy worked with school staff (nurses, social workers, principals, and counselors), probation officers, county social workers and other professionals who were involved with these girls. When necessary, they attended court hearings and provided letters to the court with suggested resources and activities for specific needs. “We also tried to meet with parents or guardians to update them and encourage their communication and participation in order to empower them to take part in their child’s wellness,” explains Windy. In some situations they have even been able to help the girls attend summer camps, reconnect with their schools, or help place them in more appropriate schools. This increases their opportunities for connecting with caring adults and promotes school connectedness. Both are important assets to youth. Many have successfully learned to take the bus, make appointments on their own, apply for jobs, independently find and use resources, and most importantly, have learned ways to make healthy decisions for themselves.

Beyond case management, many of the girls have participated in a girls’ empowerment group that takes place each week — an activity that many of them look forward as something they can count on, and which gives them a safe environment to talk about issues with their peers.

One of the first projects Windy worked on was the creation of a Youth Resource Card. She designed a card that the girls could easily carry in their wallet or purse that gave easy access to phone numbers for local teen clinics and 24-hour resource numbers (i.e. Bridge for Runaway Youth, MCRC, SOS, Youth Link, BusLine automated schedules, United Way information line, and other crisis hotlines). The girls used the Youth Resource Card frequently and often requested additional cards to give to their friends or family members who they knew had runaway or had been in difficult situations similar to their own.

Due to the increase of runaway girls seem at MCRC, Windy also helped to create an interview protocol specific to runaway youth. As the numbers increased, so too did the need for an age-specific tool to assess runaway girls for experiences of sexual exploitation or assault. “Many runaway girls who were being sexually assaulted in some way were not coming forward or telling their stories of exploitation simply because they were never asked,” explains Windy. “Our new protocol for screening for abuse in runaway girls is based on best practice research, and was created for youth ages 10 and older. In preparation for implementation of this new protocol, I felt privileged to have the opportunity to participate in educating the staff on the best practices and the supporting research on which this interview protocol was based.”

One of the most significant parts of this practicum experience for Windy was the opportunity to attend and participate in the Hmong Youth Task Force meetings. In response to issues of sexual exploitation and abuse of young Hmong girls, in January of 2004, a coalition began with representatives from core community and government organizations within Ramsey County. As a result of the community coming together through the Hmong Youth Task Force, there have been awareness articles published in local newspapers, increased communication between community organizations, and even systematic changes in policies, procedures, and training within participating organizations. “I have been so impressed by this action-oriented and very committed Task Force,” says Windy, “that I continue to attend meetings and participate in any way I can. Currently I am working on my master’s project titled, ‘The Hmong Youth Task Force: A Case Study on Coalition-building.’ I hope to describe the coalition-building process and development of the Hmong Youth Task Force, as well as document the group’s many successes and accomplishments.” Windy concludes, “The girls I work with have truly touched my life and my practice, and I probably learned more from them than I could ever have provided for them.”

...continued from page 3

- Engaging Youth in Schools;
- Opportunities for Engagement: Capturing Creativity and Energy;
- Setting the Course for National Youth Policies: How to Promote an Agenda for Healthy Youth Development.

In addition, 47 workshops, 72 short oral presentations and 167 posters covered a large array of topics pertinent to healthy development, adolescent health and health care services. Three Center for Adolescent Nursing faculty presented at this conference (sidebar page 3) and four Center students attended. Students’ commentary captures their range of experiences at this event.

Terryann Clark “The conference in Portugal was a time for me to reflect on the global nature of youth health. Healthy youth development has similar components worldwide but they are expressed differently amongst our many diverse cultures. Listening to the unique challenges of each society, community and country to promote healthy youth, was very inspiring. There was a comparative lack of youth voices at the conference, until the forum at the end where Toki (youth representative from the US) did an amazing rhyme, that made me cry - such is powerful wisdom of youth! For me, it was wonderful to network with my New Zealand colleagues, and meet with old friends and make new ones. Lisbon, Portugal was a gorgeous venue with wonderful scenery, history, dancing, and food. A great place to hold a conference!”

Elizabeth (Lisa) Carlson “The IAAH conference was a wonderful opportunity to witness activity and research on adolescent health that is being conducted throughout the world. I feel fortunate to have been able to attend this conference and was impressed with the number of countries that are recognizing the special needs of adolescents and are making changes to accommodate these needs. One session that had particular impact for me was a skills-building workshop on cross-cultural communication with immigrant adolescents. In this session, I gained greater insight on challenges faced by adolescent immigrants and how to overcome cross-cultural communication barriers. It is my hope that these new insights will allow me to be more open and effective with the diverse population I work with here in Minneapolis.”

Windy Solsvig “I found the sessions and workshops fascinating, educational, practical, and inspirational particularly those on such topics as: looking at youth development during a time of global transition, empowering vulnerable refugee youth using the Health Realization Model as an approach, how to promote and participate in effective advocacy for youth, positive youth participation as a practice project in Australia, and the principles of motivational interviewing as a way clinicians can work with youth to create their own solutions. Many of these sessions were interactive, resulted in great discussions around implementation or the current use of these methods in other settings, and provided resources for further information. During the final day of the conference the youth presented their experiences during the simultaneous youth conference they had attended. This presentation was diverse, creative, energetic, and truly showed their wisdom and commitment to being healthy adolescents themselves, and to supporting ways for other adolescents to live healthy and successful lives. It is encouraging to know there is such a strong global community of individuals and organizations that care about youth and are committed to creating ways for adolescents to be healthy so they can ultimately develop into healthy adults.”
teachers “know and care about you, and expect you to do well”. Service learning opportunities and the adult mentors who structure this learning create possibilities for keeping connections strong, especially for young people who may be struggling academically.

We also need to assure that children and youth feel safe at school. Metal detectors are not enough. School officials and teachers must talk to young people to find out if they are being bullied, if they feel safe in hallways, bathrooms, and locker rooms.

CAN STUDENT CONGRATULATIONS!

Terryann Clark M.P.H., RcPN was appointed a MacMillan Prevention Research Center Fellow this year, funding her ongoing research interest in resilience and protective factors amongst vulnerable Maori (native) youth in New Zealand. Terryann also continues to be funded by the Health Research Council of New Zealand’s Maori Ph.D. Scholarship (NZ$105,000) for training and workforce development of New Zealand Moari researchers to develop her expertise on Moari youth health.

Lisa Martin-Crawford, M.S., B.S.N., won one of four 2005 competitive pre-doctoral minority fellowship grants from Association of Schools of Public Health (ASPH) for public health research to be conducted within one of the 33 CDC-funded Prevention Research Centers (PRCs). The University of Minnesota’s Department of Pediatrics is the home of one of these centers, the Healthy Youth Development PRC. The overall intent of the ASPH is to enhance the preparation of future public health professionals from ethnic and racial minorities by providing unique training opportunities in prevention research. The two years of stipend and tuition she will receive supports her research seeking to understand the Ojibway adolescent’s experience of living with type II diabetes.

Congratulations to Carolyn Porta-Garcia, Ph.D., M.S., RN, for finishing her Ph.D. in adolescent nursing, December 2005 and for winning the 2005 Society for Adolescent Medicine (SAM) Career Development Award in Adolescent Health. Since 1999, this annual award, through the Society for Adolescent Medicine promotes professional development and research in the field of adolescent health.

The School of Nursing Fellowship Committee awarded the 2005 Dora Stohl Fellowship with a stipend of $500 to Luz Huntington-Moskos B.S.N., CPN, RN for being an outstanding nursing student, demonstrating skill and interest in nursing leadership.

A media splash followed the publication of journal article, ”Correlations between family meals and psychosocial well-being among adolescents” in the 2004 Archives of Pediatric and Adolescent Medicine [158(8),792-96] by authors Eisenberg ME, Olson RE, Nuemark-Sztainier D, Story M, Bearinger LH. The article stemmed from the master’s paper of alumnus Rachel E. Olson, M.S., and was covered by a number of media outlets including Minnesota’s Star Tribune, the Los Angeles Times, the Washington Post, London Daily Mail, Reutershealth.com, FM 107 (“Women’s Talk Radio”), Child Magazine and the CBS Evening News. The story was also picked up by a number of additional outlets including Forbes.com, Pittsburgh Tribune-Review, Chicago Tribune, Minnesota Physician MedFax, WGN-TV in Chicago and WFLD-TV in Chicago (abstract page 15).

VIOLENCE PREVENTION,
...continued from page 1

requests from the press to interpret events that led to this devastating situation and consider lessons learned from their research that could point to effective strategies for preventing teen violence. Several messages were at the forefront of these media interviews.

School and adult connections are critical

Given adequate resources, schools can nurture the essential elements critical to promoting the healthy development of young people. Schools need the capacity to respond to emotional distress quickly. This involves early detection, identifying and responding to distress signals that are appearing at earlier and earlier ages for all children. Teacher training can focus on recognizing children’s signs of distress, alienation, and disconnection from school.

We must find ways for young people to stay bonded with school. We need to assure that each young person is connected to at least one positive adult role model within their school, someone with whom a child feels they can talk and confide, even around sensitive, personal issues. Connected kids say that their teachers “know and care about you, and expect you to do well”. Service learning opportunities and the adult mentors who structure this learning create possibilities for keeping connections strong, especially for young people who may be struggling academically.

We also need to assure that children and youth feel safe at school. Metal detectors are not enough. School officials and teachers must talk to young people to find out if they are being bullied, if they feel safe in hallways, bathrooms, and locker rooms.

...continued on page 9 - Violence Prevention
Adolescent Nursing

Perspectives on International Adolescent Health
Communication about Sexuality in Japanese Families

International student Yuko Homma completed her M.S. in adolescent nursing in May, 2005. In research that focused on communication about sexuality in Japanese families, she interviewed 11 Japanese fathers from western Japan with children ages 10 to 18 years. Her study gives us a glimpse of Japanese family life and ways in which they view youth and sexuality.

Compared to the U.S., where 47%\(^1\) of 9th-12th grade students are sexually active, only about 1/2 as many adolescents, or 24%,\(^2\) in Japan are sexually experienced. Even so, trends show increases in sexual activity and risky behaviors among Japanese adolescents. Although parents play key roles in the development of their children’s attitudes around sexuality, little is known about Japanese fathers’ involvement in sexuality education. The goal of Ms. Homma’s research was to provide nurses and other health professionals with valuable information to help Japanese fathers promote their teenage children’s sexual health.

Although the views of the 11 fathers in the Homma’s study varied, two common themes emerged. Some Japanese fathers emphasized the importance of responsibility (sekinin) attached to sexual activity. For others, family sexuality education was a part of the discipline (shitsuke) required to help children become contributing members of society.

While these fathers did not intend to encourage teen sexual activity, they did not necessarily support the idea of abstinence until marriage. One father expressed his view on pre-marital relations saying, “It can never be encouraged. Even so, it can’t be prohibited, I think.”

Fathers appeared to emphasize the need for teens to be aware of responsibilities attached to engaging in sexual activity, and able to take responsibility (sekinin) for its consequences. One father of a high school-aged daughter noted that sexual socialization depends on discipline (shitsuke) given by parents until children reach adolescence. “By the time children reach this age, parents should have disciplined children so that they can learn basic rules in society, acquire basic social skills, and build their character.” Consequently, he noted that well-disciplined adolescents will make responsible decisions about their sexual behavior.

What sexuality-related topics did these Japanese fathers discuss with their adolescent children?

Six of the 11 fathers in this study reported discussing sexuality-related topics with their children. As their children got older, these discussions progressed from general physiological information to more specific behavioral aspects of sexuality. Interestingly, none of the fathers had discussed sexuality with their own fathers. This motivated them to talk to their children, particularly with respect to physical changes experienced by male children. None of the fathers reported discussing sexual health topics with their daughters during childhood. However, as their daughters moved into adolescence, fathers became worried that their daughters might be victimized and cautioned them about sexual crimes and males taking advantage of them while on dates.

None of the fathers in Homma’s study sample discussed STD prevention, homosexuality or bisexuality with their children. This could explain the results of a 2001 study by the Japanese Association for Sex Education which found that Japanese adolescents lacked awareness and concern about getting STDs. Of sexually active junior and senior high school students, 68-80% reported using contraceptives to prevent pregnancy; only 25-31% reported using protection for disease prevention.\(^3\) With regard to sexual orientation, none of the fathers considered the possibility that their children might be homosexual or bisexual. These findings suggest that traditional assumptions of...
heterosexuality may still be dominant in Japan.

**How do fathers describe transmitting their attitudes and values about sexuality to their adolescent children?**

Japanese fathers in this study valued the relational aspects of sexuality, interpreted their sons’ feelings in light of their own adolescence and generally were sensitive and watchful when it came to their children’s feelings. The majority of fathers noted that their primary focus was conveying the importance of the relationship aspect of sexuality, rather than factual information. In order to make conversations about sexuality “natural” or more comfortable, fathers used various strategies such as joking, and indirect expressions of their values and beliefs. In addition, some fathers used non-verbal strategies such as role modeling and creating an open family atmosphere to convey their sexual values.

**From the perspective of Japanese fathers, what facilitates or hinders communication about sexuality with their children?**

For fathers of girls, the lack of knowledge about women’s sexual health served as an obstacle for discussing sexuality-related topics with their daughters. Three fathers noted being uncomfortable when their daughters talked with them openly about menstruation.

Although five of the eleven fathers left their children’s sexuality education completely to schools, for the others, sexuality education programs in school triggered father-child discussions. Several fathers suggested that media portrayal of sexual information influenced their sexuality-related communication with their adolescent children and motivated them to discuss sexuality with their children, to counter inaccurate information from other media sources. Television commercials and programs prompted questions as well.

Although fathers expressed a desire to transmit their sexual values to their adolescent children, it was challenging for them to convey their values verbally. Overall, those fathers who conveyed to their children that sexuality-related discussions were not taboo reported family atmospheres in which their children felt comfortable talking about sexuality.

Homma’s study suggests that fathers in Japan play a key role in sexuality education of their sons, beginning as early as their toddler years. The Japanese fathers interviewed in this study often adopted indirect approaches to talking about sexuality while, at the same time, maintaining a “keep the door open” attitude with their sons. Constraints on father-daughter conversations limited the role of Japanese fathers in educating their daughters about sexuality. Those working with Japanese parents in schools and health settings can emphasize the valuable role of fathers in teaching their sons, and be aware that daughters may need other avenues, i.e., mothers, and other adult females, for talking about sexuality.

**References**


---

**VIOLENCE PREVENTION, continued from page 7**

**Family connections and positive expectations protect**

When parents and family members pay attention to children, talk with them about their futures and engage them during family activities like mealtimes, family bonds are strengthened. Across a host of risk outcomes, protection was reinforced by family connections. And, parents’ attitudes and expectations also played a role in healthy development. For instance, when young people thought their parents disapproved of anti-social behavior, such as being arrested, weapons, drinking or taking drugs, they were less apt to be involved in violent behavior.

**Can protection offset risk?**

Should violence prevention programs emphasize risk reduction as well as health promotion? Beyond the, at times, overwhelming toxic effect of violence victimization, Bearinger’s team found that two other factors put young people at greatest risk for perpetrating violence: a history of suicidal attempts or ideation and substance use. In fact, the likelihood of perpetrating serious violence was 2-3 times greater if there was a suicidal history or in the presence of substance use. Yet, even in the presence of both risk factors, when protective factors such as strong school connections and positive norms were present, the likelihood of involvement in violence was greatly reduced. Thus, in the publication describing their findings (citation below), Bearinger and colleagues concluded, “The dramatic reduction in the likelihood of violence involvement when risk was offset with protective factors . . . suggests the utility of a dual strategy of reducing risk while boosting protection.”

 continuo from page 11 - Violence Prevention
WELCOME NEW CAN STUDENTS AND FELLOWS

Hrisanti (Chrisa) Arcan, M.B.A., M.H.S., earned her B.S from Embry-Riddle Aeronautical University in aviation business administration and her M.B.A from University of New Hampshire. After having worked extensively in the for-profit and non-profit sectors, Chrisa decided to pursue her passion in nutrition and public health which led her to earn a Master in Health Science (M.H.S.) degree from Johns Hopkins Bloomberg School of Public Health. While at Johns Hopkins, she gained experience in community nutrition interventions through her involvement in a large food store-centered project targeting low-income minority populations in East and West Baltimore. She is currently pursuing her doctoral degree in human nutrition with a minor in epidemiology. Her area of interest and the focus of her thesis will be addressing adolescent obesity through community nutrition interventions. Chrisa was born in Istanbul, Turkey and with her Greek ethnic background, she studied and worked in both Turkey and Greece. Her career goals include using her management and technical background to design and direct nutrition intervention programs targeting children and adolescents. She is supported by the new CDC grant (see page 1).

Katherine Bauer, M.S., graduated with high honors from Oberlin College with a B.A. in psychology and received her masters of science in health and social behavior from the Harvard School of Public Health. Beginning in 2002, she entered the Public Health Service, a three-year fellowship program through the Centers for Disease Control and Prevention. After a year completing rotations through the chronic and infectious disease centers at CDC headquarters in Atlanta, she was assigned to work for the Hennepin County Human Services and Public Health Department in Minneapolis. In her two years with the county, she has worked with local schools on violence prevention, physical fitness activity and nutrition promotion. In the fall of 2005 she will begin doctoral work in the Division of Epidemiology at the School of Public Health, continuing to focus on nutrition and adolescent health promotion. She will be supported by the new CDC grant (see page 1).

Elizabeth (Lisa) Carlson, B.A.N., RN, graduated from the College of St. Catherine with a double major in nursing and studio arts. She has spent the majority of her nursing career working in women’s health, specifically in labor and delivery. She took time off from her hospital nursing career to work as a public health volunteer with the Peace Corps (Kenya ’00-’02), focusing on HIV/AIDS/STI prevention in adolescents. These past experiences have led her to pursue her graduate degree in public health nursing with a focus on adolescents. She is currently working as a nurse/ OB educator at UMPhysicians Broadway Family Medicine Clinic in North Minneapolis. Her research interests revolve around teenage pregnancy, parenting, and adoption.

Nicole Hanson, M.P.H., RD, graduated from the College of St. Catherine with a B.S. in dietetics and earned her Masters in Public Health at the University of Minnesota. She completed her practical training in dietetics at the Minneapolis Veteran’s Affairs Medical Center and more recently spent an exciting year training as a fellow in the University of Minnesota’s Leadership Education in Adolescent Health (LEAH) Program where she worked with Keri Boutelle at the University of Minnesota’s Department of Pediatrics’ STAR Adolescent Eating Disorder and Weight Management Clinic as a clinic dietitian. Currently, Nicole is working on a doctoral degree in public health nutrition as part of the new CDC-funded Adolescent Health Protection Research Training Program. Her interests in adolescent nutrition include the prevention of eating and weight disorders, factors that influence eating behaviors, and the promotion of healthy eating behaviors in the school nutrition environment. She will be supported by the new CDC grant (see page 1).

Gina Hatanpa, B.S.N., RN, is currently pursuing her master’s degree in public health nursing with a focus on adolescents. After receiving her B.S.N. from the College of St. Catherine in 2000, she has worked primarily as a public health nurse in the area of maternal-child health with Anoka County, and also as a clinic nurse in the a reproductive healthcare setting at Planned Parenthood. Working with adolescents in the realms of maternal-child health and reproductive health has motivated her to pursue graduate studies in the area of adolescent public health nursing. She receives tuition support from the Center’s MCHB nurse training grant.

Amy M. Kelly, M.D., received her B.A. from the University of St. Thomas in 1992 with a major in biology and a minor in psychology. She went on to study medicine at the Medical College of Wisconsin, completing her
Welcome New CAN Students and Fellows

residency training in pediatrics at the Mayo Clinic in 2000. She is currently an adolescent medicine fellow at the University of Minnesota and will complete her M.P.H. this summer with a major in maternal and child health. Her current research interest is in the area of improving partner treatment for sexually transmitted infections in adolescents. She is the principal investigator for a qualitative research project investigating barriers to partner treatment for adolescent females diagnosed with pelvic inflammatory disease. She is supported by the new CDC grant (see page 1).

Pat Raph, M.S., RN, CNS received her B.A. from the College of St. Catherine and her M.S. from the University of Minnesota with a major in psychiatric nursing and a minor in adolescent nursing. Pat has worked for the past twelve years in child and adolescent mental health. She currently provides therapy and medication management services for children and adolescents at a community-based outpatient clinic, and has held a variety of positions at Fairview University Medical Center including coordinator of the adolescent outpatient mental health program, clinical nurse specialist for child and adolescent mental health and chemical dependency services, and program manager of child and adolescent inpatient and outpatient mental health services. Pat is currently working on her Ph.D. in the University of Minnesota’s School of Nursing. The focus of her dissertation will focus on teens with ADHD. She is supported by the new CDC grant (see page 1).

Molly Secor-Turner, B.S.N., M.S., RN graduated with a B.S.N. from the University of Minnesota in 1999. Her first job following graduation was in Bozeman, Montana, in a small medical-surgical unit. She then returned to Minneapolis in 2001 and began pursuing a master’s degree in public health nursing. While completing her master’s degree, she worked in labor and delivery at North Memorial Hospital and became very intrigued with the influence of culture on pregnancy and birth experiences. She is now enrolled in the nursing doctoral program and is studying the way in which socio-cultural contexts influence African-American adolescents’ perceptions of pregnancy and decision making with regard to contraceptive use. She is supported by the new CDC grant (see page 1).

Patricia van den Berg, M.A., graduated from the University of California at Berkeley with a B.A. in psychology, received her master’s in clinical psychology from the University of South Florida (USF), and will receive her Ph.D. in clinical psychology from USF this summer. Patricia’s area of research, and the focus of her dissertation, is body image and eating behaviors. She is especially interested in family, peer, and media influences on body dissatisfaction and eating disorders in adolescents and young adults. She is looking forward to conducting research on the predictors of disturbed eating in adolescents as a CDC-funded post-doctoral student at the University of Minnesota.

Violence Prevention, ...continued from page 9

Like all other children, health, social and economic factors all play a part in the health trajectories of urban American Indian youth. To seek answers as to why the tragedy on the Red Lake Indian Reservation happened, we must grasp the intensity of alienation, distress, and disadvantage felt by Jeff Weiss. The chronic pervasive poverty at Red Lake (40% unemployed) and high dropout rates, to name but two sources of community distress and disadvantage, begs the question of whether or not a young person on the Red Lake Reservation feels hopeful or hopeless about the future.

As Bearinger stated in a live television broadcast, “In those communities where there is grinding poverty, hopelessness is pervasive. For that reason, it is not wise to cut off resources aimed at promoting the well-being of our young people. Instead, we must raise economic support for school and community programs designed to keep children safe and connected. We cannot ignore the environment in which children grow and not expect to pay a price.”

The cover of a recent Minnesota newspaper pictured what was titled, “Faces of Resilience.” Shown were several Red Lake High School graduating seniors in their caps and gowns. Investing in schools and communities is essential to promoting the health and well-being of all young people and their families.

Study findings cited above published in (see abstract p. 14):
Adolescent Nursing

AWARDS AND HONORS

Scott Harpin was one of six 2005 Excellence in Nursing Education Award Nominees receiving a certificate of merit in recognition of his commitment to students and dedication to nursing education awarded by the University of Minnesota School of Nursing Alumni Society.

IN THE NEWS

Linda Bearinger was featured on the 10:00 p.m. news on Fox 29 Wednesday, March 3, 2004 in a four-minute story (very long in TV time!) on preventing STDs and pregnancy among adolescents. The story coincided with proposed legislation considered that week at the State Capitol.

Linda Bearinger was interviewed March 23, 2005 on Minnesota Public Radio’s Morning Edition and WCCO-Radio. Interviews were related to her research on Indian Youth Violence and the Red Lake shootings. An interview with Bearinger on the Red Lake shootings was also printed March 24, 2005 in the St. Cloud Times - St. Cloud, MN, USA, “School shooters don’t match single profile.”

Linda Halcon’s career and public health research was featured in a lead article in Gateway to Research and Inventions, Spring 2005, publication of the Office of the Vice Presidents for Research, University of Minnesota, A Health Revolution, At Home in the Moment: Linda Halcon empowers communities to improve their own health.

Scott Harpin was featured on the front page of the The Red Wing Republican Eagle’s Real Life section on April 2 and 3, 2005 in an article about meeting the Goodhue public health department’s needs. The story focused on U of MN’s public health nursing students’ work with the Goodhue County public health agency. Faculty members Jeanne Pfeiffer and Scott Harpin were pictured and quoted. This semester was the first time any U of M students worked with this public health agency.

PRESENTATIONS


Halcon L.L., Zeleznak K. presented the role of complementary therapies and healing practices to address emerging public health threats at the National Association of County and City Health Officials in Minneapolis, MN, July 2004.


CENTER FACULTY AND STUDENT ACTIVITIES

(* CENTER FOR ADOLESCENT NURSING STUDENTS)
Research Conference, University of Minnesota, September 2004 and at the School of Nursing Annual Research Day, University of Minnesota, April 2005.


ANNOUNCING OUR NEW DEAN, SCHOOL OF NURSING

CONNIE WHITE DELANEY, PH.D., RN, FAAN, FACMI

In May 2005 the University of Minnesota Board of Regents approved the appointment of an internationally-recognized health informatics scholar, Connie White Delaney, Ph.D., RN, FAAN, FACMI, as Dean of the School of Nursing. Delaney is currently a professor and the Director of the Institute of Nursing Knowledge at the University of Iowa, Iowa City. “Dr. Delaney will deepen the breadth of health care leadership at the School of Nursing, as well as at the university and in the State of Minnesota,” said Frank Cerra, Senior Vice President of the Academic Health Center. “Her field of study – and her passion – is health informatics, a relatively new, leading-edge science that relates information from all the health professions in order to improve health care, right up to health care at the bedside. She is a fine scholar and teacher, and will be a great addition to the university’s health sciences team.”

Delaney joins the university in August as professor and dean with dual appointments in the School of Nursing and in the Medical School. The country’s only dean of nursing to be a fellow in the American College of Medical Informatics, Delaney believes nursing is a critical influence in the world of informatics. “Much of informatics is high-tech,” she says. “It integrates information from many different disciplines and from all over the world. But because nursing is so close to patients and families, it brings a distinct humanity to the science. The marriage of informatics and nursing helps ensure that health services will be appropriate and safe, ethical and caring.”

Delaney currently holds joint appointments in the College of Nursing and the School of Library and Information Science at the University of Iowa, teaching nursing informatics and interdisciplinary informatics to master’s and doctoral students. She has held offices in national and international organizations including the American Nurses Association and the International Medical Informatics Association. Delaney earned her B.S.N. with majors in nursing and mathematics from Viterbo College, LaCrosse, Wis., M.A. in nursing from the University of Iowa, and Ph.D. in educational administration and computer applications from the University of Iowa. In 1988, she completed postdoctoral study in nursing informatics at the University of Utah. She has been named a fellow in the American Academy of Nursing and the American College of Medical Informatics. She follows Sandra Edwardson, Ph.D., RN, FAAN, who stepped down last June after 14 years as dean to focus on her research interests.
Violence perpetration among urban American Indian youth: Can protection offset risk?

Linda H. Bearinger, Sandra Pettingell, Michael D. Resnick, Carol L. Skay, Sandra J. Potthoff and John Eichhorn

OBJECTIVE: To predict the likelihood of violence perpetration given various combinations of the most statistically salient risk and protective factors related to violence perpetration. DESIGN: Urban Indian Youth Health Survey, conducted from October 9, 1995 to March 30, 1998, consisting of 200 forced-choice items exploring values, cultural identity, relationships, decision-making skills, and health and well-being. SETTING: Urban schools and an after-school youth development program at an urban American Indian Center. PARTICIPANTS: Five hundred sixty-nine urban American Indian youth enrolled in grades 3 through 12. MAIN OUTCOME MEASURES: Violence perpetration dichotomized in 2 ways: (1) level of violence perpetration (ie, hitting someone 1-2 times in the past year vs picking fights, hitting repeatedly, participating in group fights, or shooting or stabbing someone in the past year) and (2) having shot and/or stabbed someone during the past year. RESULTS: In the final multivariate models with age as a covariate, most protective against violence perpetration were connections to school (odds ratio [OR], 0.17), positive affect (OR, 0.29), and peer prosocial behavior norms against violence (OR, 0.35). School connectedness (OR, 0.01) and positive affect (OR, 0.46) were also protective against shooting and/or stabbing someone, as was parental prosocial behavior norms against violence (OR, 0.23). The strongest risk factors for violence perpetration were substance use (OR, 2.60) and suicidal thoughts/behaviors (OR, 2.71); for shooting and/or stabbing, as was substance use (OR, 5.26). The likelihood of violence perpetration increased markedly (from 10% to 85%) as the exposure to risk factors increased and protective factors decreased. For shooting or stabbing someone, the probabilities ranged from 3% (0 risks and 3 protective factors) to 64% (1 risk and 0 protective factors). CONCLUSION: The dramatic reduction in the likelihood of violence involvement when risk was offset with protective factors in the probability profiles suggests the utility of a dual strategy of reducing risk while boosting protection.


Parental notification laws for minors’ access to contraception: What do parents say?

Marla E. Eisenberg, Carolyne Swain, Linda H. Bearinger, Renee E. Sieving and Michael D. Resnick

BACKGROUND: Recent years have seen new challenges to laws protecting minors’ confidential access to reproductive health services. Little research has explored parental views on the issue. OBJECTIVE: To examine parents’ views about laws requiring parental notification (PNLs) when minor children seek to obtain prescription contraceptives, the exceptions parents would endorse, and the consequences they would expect. DESIGN: Fifteen-minute telephone surveys conducted in 2002. SETTING: Minnesota and Wisconsin. PARTICIPANTS: Population-based sample of 1,069 parents of adolescents aged 13 to 17 years with a working telephone number. An additional 1,095 eligible parents declined and 360 were not available to participate. MAIN OUTCOME MEASURES: Views about PNLs (“Do you think a law requiring notification of parents when a teen requests birth control from a clinic is a good idea, a bad idea, or neither a good nor a bad idea?”). RESULTS: Of the eligible parents, 42.4% completed the survey. More than half (55.1%) of participants thought PNLs were a good idea. However, 96.1% of parents expected at least 1 negative consequence and 47.6% expected 5 or more negative consequences to result with the enactment of PNLs. For exceptions to PNLs, 85.5% of parents endorsed at least 1, and 29.7% endorsed 5 to 6. Each additional anticipated positive consequence of enacting PNLs was significantly associated with more than twice the odds of favoring PNLs (odds ratio [OR], 2.28), and each additional negative consequence was associated with lower odds of supporting PNLs (OR, 0.87). Likewise, each additional exception endorsed was associated with lower odds of supporting PNLs (OR, 0.71). CONCLUSIONS: Many parents hold complex views on the need for confidentiality and the appropriate involvement of parents in adolescent health care services. Educating parents about the potential negative consequences of parental notification could change their support of PNLs.

Parents’ beliefs about condoms and oral contraceptives: Are they medically accurate?

Marla E. Eisenberg, Carolyne Swain, Linda H. Bearinger, Renee E. Sieving and Michael D. Resnick.

CONTEXT: Parents are encouraged to be the primary sex educators for their children; however, little is known about the accuracy of parents’ views about condoms and oral contraceptives. METHODS: Telephone surveys using validated measures provided data on beliefs about the effectiveness, safety and usability of condoms and the pill among 1,069 parents of 13–17-year-olds in Minnesota and Wisconsin in 2002. Pearson chi-square tests and multivariate logistic regression models were used to compare beliefs according to sex, age, race, religion, education, income and political orientation. RESULTS: Substantial proportions of parents underestimated the effectiveness of condoms for preventing pregnancy and sexually transmitted diseases (STDs). Only 47% believed that condoms are very effective for STD prevention, and 40% for pregnancy prevention. Fifty-two percent thought that pill use prevents pregnancy almost all the time; 39% thought that the pill is very safe. Approximately one-quarter of parents thought that most teenagers are capable of using condoms correctly; almost four in 10 thought that most teenagers can use the pill correctly. Fathers tended to have more accurate views about condoms than mothers did; mothers’ views of the pill were generally more accurate than fathers’. Whites were more likely than nonwhites to hold accurate beliefs about the pill’s safety and effectiveness; conservatives were less likely than liberals to hold accurate views about the effectiveness of condoms. CONCLUSION: Campaigns encouraging parents to talk with their teenagers about sexuality should provide parents with medically accurate information on the effectiveness, safety and usability of condoms and the pill.


Correlations between family meals and psychosocial well-being among adolescents

Marla E. Eisenberg, Rachel E. Olson,* Dianne Neumark-Sztainer, Mary Story and Linda H. Bearinger

OBJECTIVE: To determine the association between frequency of family meals and multiple indicators of adolescent health and well-being (tobacco, alcohol, and marijuana use; academic performance; self-esteem; depressive symptoms; and suicide involvement) after controlling for family connectedness. METHODS: Data come from a 1998-1999 school-based survey of 4,746 adolescents from ethnically and socioeconomically diverse communities in the Minneapolis/ St Paul, MN, metropolitan area. Logistic regression, controlling for family connectedness and sociodemographic variables, was used to identify relationships between family meals and adolescent health behaviors. RESULTS: Approximately one quarter (26.8%) of respondents ate 7 or more family meals in the past week, and approximately one quarter (23.1%) ate family meals 2 times or less. Frequency of family meals was inversely associated with tobacco, alcohol, and marijuana use; low grade point average; depressive symptoms; and suicide involvement after controlling for family connectedness (odds ratios, 0.76-0.93). CONCLUSIONS: Findings suggest that eating family meals may enhance the health and well-being of adolescents. Public education on the benefits of family mealtime is recommended.


Risk and protective factors for sexual risk taking among adolescents involved in Prime Time

Ann Garwick, Peggy Nerdahl,* Rahel Banken, Lynn Muenzenberger-Bretl and Renee Sieving

This article describes a preliminary qualitative evaluation of risk and protective factors associated with consistent contraceptive use and healthy sexual decision-making among ten of the first participants in the Prime Time intervention study. Prime Time is an 18-month intervention including one-on-one case management and peer educator training targeting sexually active 13-17-year-old girls who are recruited from health care clinics. Using an approach grounded in findings from previous research, social cognitive theory, and the social development model, Prime Time aims to improve participants’ contraceptive use consistency, reduce number of sexual partners, and reduce unwanted sexual activity. Findings from this preliminary evaluation alert health care providers to the complex and dynamic nature of adolescent girls’ sexual behaviors and to a broad range of risk and protective factors within individuals and their environments that may influence adolescent girls’ sexual behaviors and contraceptive use. Findings suggest that an ongoing, supportive relationship with a case manager who is able to pace and tailor an intervention to the individual young person can have positive effects on adolescent girls’ sexual behaviors and contraceptive use.

Trauma and coping in Somali and Oromo refugee youth
Linda L. Halcon, Cheryl L. Robertson, Kay Savik, David R. Johnson, Marline A. Spring, James N. Butcher, Joseph J. Westermeyer and James M. Jaranson

PURPOSE: To describe war-related trauma history, immigration factors, problems, and coping of Somali and Oromo refugee youth. METHODS: Analysis of a subset of participants (N = 338) aged 18–25 years from a population-based survey of Somali and Oromo refugees conducted in 2000–2002. Data included trauma history, life situation, and scales for physical (Cronbach’s .69), psychological (.56), and social problems (.69). Data were analyzed using Chi-square and Mann-Whitney U tests. RESULTS: Average emigration age was 14.8 years, with 4.2 years in transit and 2.0 years in the United States; 60% reported plans to return home to live. Two-thirds (66%) had less than a high school education, 49% had English language problems, 49% were employed (38% female vs. 57% male); 70% were single, with Somali females more likely than Oromo to be partnered and mothers (39% vs. 19%). There were significant ethnicity/gender differences for all problem scales. More females reported feeling alone (24% vs. 61%, p < .001). Youth with symptoms of posttraumatic stress syndrome reported more traumatic events (mean number of events: 28 vs. 16). Trauma history was strongly associated with physical, psychological, and social problems. Most frequent strategies to combat sadness were praying (55.3%), sleeping (39.9%), reading (32.3%), and talking to friends (27.8%). Conclusions: Many young Somali and Oromo immigrants to the United States experience life problems associated with war trauma and torture, but many others are coping well. The findings suggest a need to develop age-appropriate strategies to promote the health of refugee youth to facilitate their successful adaptation to adult life in the United States.


Physical activity, dietary practices, and other health behaviors of at-risk youth attending alternative high schools
Martha Y. Kubik, Leslie Lytle and Jayne A. Fulkerson

This study assessed the interest of alternative high school staff in intervention research on students’ eating and physical activity habit and the feasibility of conducting such research in alternative school settings. A two-phase descriptive design incorporated both quantitative and qualitative methods. In fall/winter 2001-2002, alternative high school administrators in Minnesota were surveyed (response rate=83%; n=130/157). During summer 2002, one-on-one, semi-structured interviews were conducted with key personnel (n=15) from urban and suburban schools. Findings indicated few schools had been invited to participate in research on nutrition (11%) and physical activity (7%). However, more than 80% of administrators reported interest in their students participating in such research. Most schools offered health and PE classes and had access to indoor gym facilities and outdoor play areas. While most schools offered a school lunch program, participation was low, cold lunches were common, and food often was unappealing. Beverage and snack vending machines were common. Overall, the physical environment of most alternative schools did not support physical activity and healthy eating as normative behavior. Interest in interventions on physical inactivity, unhealthy dietary practices, and other priority health-risk behavior common in students attending alternative schools was high among teachers and administrators. Results suggest research in alternative high schools is feasible and successful implementation and evaluation of programs possible.


Fruits, vegetables, and football: Findings from focus groups with alternative high school students regarding eating and physical activity
Martha Y. Kubik, Leslie Lytle and Jayne A. Fulkerson

PURPOSE: To increase our understanding of factors that may influence the dietary and physical activity practices of adolescents attending an alternative high school (AHS). METHODS: Seventy students (36 girls, 34 boys) from urban and suburban AHSs in the Minneapolis-St. Paul metropolitan area participated in 7 focus groups to discuss their perceptions and opinions about factors that influence their eating and physical activity behaviors and to offer suggestions regarding school-based strategies to support and to promote healthy physical activity and eating practices among students. Mixed-
gender groups were facilitated by a trained moderator by using a set of standardized questions to guide the 45- to 60-minute discussions. Focus groups were audiotaped, transcribed, and analyzed using a 3-step process for qualitative analysis. RESULTS: Time, cost, availability, and convenience were identified as key factors that influenced students’ food choices and the choice to be active physically. Access to healthy foods and physical activity was problematic, especially at school. Students also reported that social support from their friends, family, and teachers, and role-modeling behaviors of adults enhanced their likelihood of eating healthy foods and being active. CONCLUSIONS: Study findings suggest that programs that target social-environmental factors that include norms, role models, social support, and opportunities to practice a health behavior have the potential to affect positively the dietary and physical activity practices of teenagers attending an AHS. Interventions that aim to increase opportunities at school to practice healthy eating and physical activity may be effective, especially in promoting and supporting healthy behavior change among students.

**Journal of Adolescent Health. 2005; 36(6), 494-500.**

**Soft drinks, candy and fast food: What parents and teachers think about the middle school food environment**

Martha Y. Kubik, Leslie A. Lytle and Mary Story

Health professionals and public health advocates have expressed concern about the nutrition integrity of the present-day school food environment. However, little is known about how parents and teachers feel about the nutrition environment of schools and the role schools should play in fostering healthy eating among children. This study assessed the opinions and beliefs of parents and teachers of middle school students regarding the school food environment. A convenience sample of parents (n=350; response rate: 350/526=66%) and teachers (n =490; response rate: 490/701=70%) of middle school students from 16 schools in the St. Paul-Minneapolis metropolitan area who participated in the Teens Eating for Energy and Nutrition at School study were mailed surveys that included questions about adolescents’ eating practices, food choice at school and school-related food policies and practices. Most parents and teachers agreed that the nutritional health of students should be a school priority. However, only 18% of parents and 31% of teachers believed schools give adequate attention to student nutrition. Among both parents and teachers, 90% agreed that more healthy snacks and beverages should be available in school vending machines and on school a la carte lines. Findings suggest that parents and teachers are concerned about the nutritional health of students and the ‘state of health’ of the school food environment. Health professionals who work in school settings should actively engage parents and teachers in the process of affecting and monitoring policies and practices that foster a healthy school food environment.


**School-based approaches to affect adolescents’ diets: Results from the TEENS study**

Leslie A. Lytle, David M. Murray, Cheryl L. Perry, Mary Story, Amanda S. Birnbaum, Martha Y. Kubik and Sherri Varnell.

This article reports on the outcomes of the Teens Eating for Energy and Nutrition at School (TEENS) study, a 2-year intervention study conducted in 16 middle schools with a goal of increasing students’ intakes of fruits, vegetables, and lower fat foods. Despite positive interim results for students randomized to intervention schools, the positive effects of the intervention were not seen for the primary outcomes at the end of the 2nd year. Positive effects were seen only for a food choice score (suggesting that the students usually choose lower versus higher fat foods) and not for measures of food intake. Future studies may need to take a step back toward more controlled efficacy studies in working with this age-group. In addition, future work may consider the use of peer leaders, more intensive teacher training, ongoing formative assessment, and the testing of more powerful environmental change intervention strategies.

**Health Education and Behavior. 2004; 31(2), 270-287.**
Naturally occurring changes in physical activity are inversely related to depressive symptoms during early adolescence

Robert W. Motl, Amanda S. Birnbaum, Martha Y. Kubik, and Rod K. Dishman

OBJECTIVE: We examined the relationship between naturally occurring changes in physical activity and depressive symptoms across a 2-year period among adolescent boys and girls. METHODS: Participants (n = 4,594) reported their frequency of physical activity outside of school and completed the Center for Epidemiological Studies Depression scale in the Fall of 1998 (beginning of 7th grade; baseline data), Spring of 1999 (end of 7th grade; interim data), and Spring of 2000 (end of 8th grade; follow-up data). RESULTS: Latent growth modeling indicated that a 1 SD unit change in the frequency of leisure-time physical activity was inversely related to a .25 SD unit change in depressive symptoms. This relationship attenuated but remained statistically significant when simultaneously controlling for the confounding variables of sex, socioeconomic status, smoking, alcohol consumption, and the value participants placed on their health, appearance, and achievement. CONCLUSIONS: Naturally occurring changes in physical activity were negatively related with changes in depressive symptoms. The results encourage randomized controlled trials to experimentally determine whether an increase in physical activity reduces depression risk among adolescent boys and girls.


Sexual abuse history, risk behavior, and sexually transmitted diseases: The impact of age at abuse

Sally-Ann Ohene, Linda Halcon, Marjorie Ireland, Peter Carr and Clea McNeely

OBJECTIVE: The objective of this study was to examine the relationship between age at onset of sexual abuse, risk behaviors, and a diagnosis of sexually transmitted disease (STD) in a clinic-attending adolescent population. METHODS: Bivariate analyses were used to test association among age at onset of sexual abuse, risk behaviors, and STD diagnosis (n = 2,175). Relationship between sexual abuse and STD acquisition was assessed by regression analysis. Results: More females than males reported sexual abuse, 26.75% and 5.4%, respectively. Abuse at or before 10 years of age was associated with more lifetime and recent partners. History of abuse was associated with higher rates of STD tests. In regression analysis, for males and females, the odds of having an STD were 2.5 times greater if abuse occurred at 10 years or younger. CONCLUSION: Sexual abuse at a younger age is associated with more sexual risk behaviors and is a risk factor for STDs.

Sexually Transmitted Diseases. 2005 32(6), 358-363.

Measuring sexual orientation in adolescent health surveys: Evaluation of eight school-based surveys

Elizabeth M. Saewyc, Greta R. Bauer, Carol L. Skay, Linda H. Bearinger, Michael D. Resnick, Elizabeth Reis and Aileen Murphy

PURPOSE: To examine the performance of various items measuring sexual orientation within 8 school-based adolescent health surveys in the United States and Canada from 1986 through 1999. METHODS: Analyses examined nonresponse and unsure responses to sexual orientation items compared with other survey items, demographic differences in responses, tests for response set bias, and congruence of responses to multiple orientation items; analytical methods included frequencies, contingency tables with Chi-square, and ANOVA with least significant differences (LSD) post hoc tests; all analyses were conducted separately by gender. Results: In all surveys, nonresponse rates for orientation questions were similar to other sexual questions, but not higher; younger students, immigrants, and students with learning disabilities were more likely to skip items or select “unsure.” Sexual behavior items had the lowest nonresponse, but fewer than half of all students reported sexual behavior, limiting its usefulness for indicating orientation. Item placement in the survey, wording, and response set bias all appeared to influence nonresponse and unsure rates. CONCLUSIONS: Specific recommendations include standardizing wording across future surveys, and pilot testing items with diverse ages and ethnic groups of teens before use. All three dimensions of orientation should be assessed where possible; when limited to single items, sexual attraction may be the best choice. Specific wording suggestions are offered for future surveys.

Teenage pregnancy and associated risk behaviors among sexually abused adolescents
Elizabeth Saewyc, Laura L. Magee,* and Sandra Pettingell

CONTEXT: Previous research suggests a link between adolescent pregnancy and sexual abuse history, but most studies have used clinical samples of females only and single measures of abuse. METHODS: Associations between pregnancy involvement, risk behaviors and sexual abuse were examined in sexually experienced teenagers from the Minnesota Student Surveys of 1992 (N=29,187) and 1998 (N=25,002). Chi-square tests assessed differences in pregnancy involvement and related risk behaviors among four groups of adolescents, categorized by type of abuse experienced: none, incest only, nonfamilial only or both. Odds ratios for pregnancy involvement and risk behaviors, adjusted for grade level and race, were calculated for each gender by using logistic regression analysis. RESULTS: Sexual abuse was reported by 6% of males and 27% of females in 1992, and by 9% and 22% in 1998. Reports of pregnancy involvement were significantly more common among abused adolescents (13–26% of females and 22–61% of males, depending on type of abuse) than among nonabused adolescents (8–10%). Abused adolescents were more likely than others to report risk behaviors, and teenagers reporting both abuse types had the highest odds of pregnancy involvement and risk behaviors. The differential in the odds of pregnancy involvement and most behaviors was larger between nonabused and abused males than between nonabused and abused females. CONCLUSIONS: Teenage pregnancy risk is strongly linked to sexual abuse, especially for males and those who have experienced both incest and nonfamilial abuse. To further reduce the U.S. teenage pregnancy rate, the pregnancy prevention needs of these groups must be adequately addressed.

DON'T MISS THE 2005 ADOLESCENT HEALTH SUMMER INSTITUTE!

Skills for Effective Health Education: Teaching About Sexuality and HIV

August 1-3 (& 4 for Grad Students only) 2005
Minneapolis/St. Paul, Minnesota

Interact with experts and colleagues about what works in engaging and educating youth.