Leah Atkinson loved working in schools. After several years serving as the Director of the Paynesville School District Health Services Program in central Minnesota, she realized that she wanted to further expand the scope of her public health nursing practice. Aiming toward greater community engagement, Atkinson said, “I was interested in working with key stakeholders in a rural community to make a positive impact on the health of youth. I wanted to gain knowledge and skills in public health leadership, management, and policy development.”

So, in summer 2007, supported by Minnesota’s Center for Adolescent Nursing, Atkinson started in the Master of Science, Public Health Nursing/Adolescent Nursing area of study. Two years later she began her Leadership Practicum experience with a Maternal Child Health (MCH) home visiting consultant at the Minnesota Department of Health (MDH).

As part of her practicum, Atkinson interviewed public health nurses and teen parents for the MDH Stories Project, collecting 24 stories in all. These recorded stories documented substantial challenges faced by adolescent mothers and their families. Also, the public health nurses who Atkinson interviewed thought that their home visiting services were having substantial positive impacts on the health and well-being of these young families. (Note: the 2010 Health Reform legislation established a home visiting grant program as part of Title V Maternal and Child Health block grant program.) The PowerPoint presentation she created with these preliminary findings continues to be used by MCH Home Visiting Consultants and local public health (LPH) departments throughout the state.

Atkinson’s Leadership Practicum sparked an idea for her final master’s paper – a secondary analysis of the stories collected from just the teen mothers. Atkinson’s paper, titled “The resolution of problems, challenges, and needs of pregnant and parenting adolescents visited by public health nurses in the family home visiting program,” has two purposes. She wanted to bring to light the needs, problems, and challenges of pregnant and parenting adolescents, and, then, consider strategies public health nurses use to help address the issues.

Renee Sieving, PhD, MSN, RN, FSAHM, Atkinson’s advisor and faculty in the Center for Adolescent Nursing, says this is just the kind of career and academic progress she hopes to see. “Leah’s experience is an outstanding example of how important, unanswered questions about adolescent health services can be addressed through graduate coursework,” Sieving said. “The result of this experience is rewarding, high-level learning for Leah. It also resulted in a tangible
From The Director

Dear Readers:

With nursing’s eyes locked onto the recent IOM Future of Nursing report, we think about how, in the field of adolescent health, we are preparing nurses for “leading change and advancing health” at home and world-wide. Sadly, in two national surveys conducted a decade apart (most recently in the 1990s), we still see that too few nurses are ready to address even the most common health concerns of adolescents. So, in the Center for Adolescent Nursing, we are listening carefully to the IOM’s recommendations and considering where we are succeeding and where we need to further invest.

The call to action in Future of Nursing: Leading Change, Advancing Health draws our attention to eight recommendations; some speak directly to those of us specializing in the care of young people, particularly when we consider the population focus we must have as we design and test interventions that address the social morbidities common among teens. Other recommendations draw attention to the preparation of nurse educators and scientists who can, in turn, expand the numbers of baccalaureate nurses as these PhD and DNP graduates move into teaching roles.

One IOM recommendation calls for funders, health systems, nursing organizations, and nursing education programs to expand opportunities for leadership in practice and research collaborations. Public health nurses have long recognized that collaboration is the sin qua non of engaging communities and enlisting a network of resources attuned to community-level health concerns. Our cover story features Leah Atkinson, MS, RN, graduate from the Center for Adolescent Nursing, who, inspired by her master’s project interviewing public health nurses about best practices for working with young families, wrote a proposal and obtained public support for a rural Farm to School project that now brings healthy foods into the very schools where she had worked as a school nurse.

In the article, “Crossing Boundaries,” we give examples of how students have obtained skills for global nursing, all within a five-mile radius of the University of Minnesota’s Twin Cities campus. The profound shift in the racial/ethnic topography of our metropolitan area means that students, post-doctoral fellows, and faculty can work hand-in-hand in schools and communities with people from all cultures and all parts of the world. “Crossing Boundaries” also describes the discovery of common ground in Lima and in Morelos and the realization that, once again, collaborations are critical to protecting and promoting the health of young people.

From the day we launched the Center in 1993, we have invested in preparing nurses for lead roles in adolescent health – in public health and academic settings. The financial support from the Maternal and Child Health Bureau (HRSA) and the Centers for Disease Control and Prevention, both of DHHS, has enabled 100+ students to complete their graduate education at full pace. Many have been honored for their impact and outstanding work; the newsletter highlights recent awards.

In Fall 2010, Scott Harpin, MS, MPH, and PhD graduate and post-doctoral fellow in the Center for Adolescent Nursing, met with Dr. Mary Wakefield, director of HRSA, leading a group of six maternal and child health nurse faculty to discuss her administration’s priorities. Dr. Wakefield’s call for public-private collaborations and the need to engage community in all our work mirrors the call to action from the IOM Future of Nursing. The call is clear, so too, must be our response.

~Linda H. Bearinger
Professor and Director
Rising Above Risk: Promoting Resilience in Changing Times

Change – the one word that perhaps best epitomizes adolescence. Changing bodies, changing schools, changing friends. But for young people today, unstable social conditions and economic turmoil magnify the typical transitions of adolescence. And many of our young people face great risks and vulnerabilities far beyond the norm – those in child welfare and juvenile justice systems, recently immigrated and refugee youth, young people with chronic illness and disability, to name a few.

Young people referred by Hennepin County to St. Joseph’s Home for Children for residential treatment are experiencing a “poverty of developmental assets” observes Center for Adolescent Nursing post-doctoral fellow, Scott Harpin, PhD, MPH, MS, RN, CNS, who has worked at St. Joseph’s, more commonly known as St. Joe’s, for more than a dozen years. “During intake I usually see young people when they are stretched really thin.” Helping young people tap their innate resilience – the capacity to bounce back, even from substantial vulnerabilities and risk, is essential. Harpin explains that staff members support residents of St. Joe’s by “walking with them while they are in crisis. We help them figure out what they can do to make themselves feel better and build from there.”

With help from adults, young people can identify their internal strengths and external supports – the core protective factors that help young people beat the odds and rise above risk. “It’s about engaging young people and then paying attention to what’s important to them,” observes Barbara McMorris, PhD, senior research associate in the Center for Adolescent Nursing. McMorris understands this deeply both from her role as a volunteer Big Sister as well as from her role as a program evaluator for the Legal Rights Center’s Youth Restorative Services program, which provides an alternative to exclusionary school discipline processes for students in the Minneapolis Public School District. “We (adults) need to slow down, stop thinking about what needs to happen next, and focus on the young person in front of us,” says McMorris.

Promoting the resilience of young people is not just the job of direct service professionals. Kelly K. Suzan (nee Stursa), MS, a 2008 graduate of the School of Nursing Center for Adolescent Nursing, took that lesson with her to Buffalo, New York, where she serves as the Chief Operating Officer of the federally-qualified Northwest Buffalo Community Health Center (NBCHC). “It’s not just what happens in the exam room that affects the health of young people,” says Suzan. “The staff at the front desk, the community outreach workers, even the accounts payable clerk are finding ways to promote young people’s resilience.” Over the past several years, Suzan has guided the NBCHC to develop strategies that address the social determinants of health and promote resilience in all clients. Since applying these frameworks NBCHC has seen an increase in new patients as well as in staff productivity. Observes Suzan, “It’s not only good for young people’s health outcomes, it’s a good business model.”

Promoting resilience in times of change is the focus of the 2011 Summer Institute in Adolescent Health. Participants will not only gain a deeper understanding of the research on resilience, site visits to quality youth agencies will provide the opportunity to learn from young people and their program leaders who are walking the talk of resilience and youth development in creative and surprising ways.

For more information on the 2011 Summer Institute in Adolescent Health, Rising Above Risk: Promoting Resilience in Changing Times, go to: www.nursing.umn.edu/CAN. Cost of participation is $250 per person. Graduate credit is available. For additional questions, please e-mail: baumo272@umn.edu
Like many others focused on the health of young people, The Center for Adolescent Nursing students, post-doctoral fellows, and faculty are recognizing that distance isn’t as important as it once was.

**Differing Homes, Common Concerns**

During her post-doctoral fellowship in the Center, Molly Secor-Turner, PhD, RN, worked in an array of refugee and immigrant communities of the Twin Cities – Latino/a, African American, Somali, Hmong, and Liberian adolescents.

Now as an assistant professor in the School of Nursing at North Dakota State University, Dr. Secor-Turner reflects, “There was a point in my post-doc work that I came to realize that health issues of refugees and immigrants from different corners of the globe could be the same or wildly different compared to the health issues of young people who grew up in the Midwest.” In other words, regardless of how they came to Minnesota – through travel, immigration, or asylum – ways of addressing their health concerns looked the same, whether they were here or back in their homeland. “Yet,” says Secor-Turner, “we had to consider how the American culture had played a role in their health and well-being. It all depends on the social context.”

As a post-doctoral fellow, Secor-Turner was one of a number of students, fellows, and professors in the Center for Adolescent Nursing taking advantage of opportunities to gain a global perspective on health – even while working in communities surrounding the University campus.

**Minnesota and Morelos: Mexican Families in Two Places**

Like Secor-Turner, Carolyn Garcia, PhD, MPH, RN, assistant professor in the Center for Adolescent Nursing, has gained global perspectives in her study of health issues of adolescent immigrants who settle in this country. She works primarily with Latina youth but has found their problems mirror those of other immigrants. “Their health needs are exacerbated by language barriers and the difficulties of negotiating two cultures,” she says. “The resulting stress can increase the likelihood for risky behaviors that could trigger physical or mental health problems such as diabetes or depression.”

Recently, Garcia has used her expertise collaborating with a colleague at the National Institute of Psychiatry in Mexico City. They are finishing work on a “photovoice” study that explores and gives expression to the attitudes, values, and challenges (including health-related issues) of migrant families on both sides of the US-Mexican border. The study involves two groups of families: Mexican immigrants and their children who are now living in the Twin Cities and Mexican families who have remained in Morelos, more specifically, Atlacholoaya, a small city about 40 miles northwest of Mexico City. Interestingly, a high proportion of Morelos citizens immigrate to Minnesota.

During the eight-week project, researchers gave families in Morelos and Minnesota digital cameras with instructions to photograph the things that are important to them and help them tell their story. Then the families – children and parents together – met weekly to select and caption photos.

“Their photos painted a picture of their life today,” says Garcia. “For immigrants in the US, it was a story of leaving behind family and trying to honor their culture. For those in Mexico, it was a story of longing and hope for those who left.”

“We were designing this purposefully to include parents and teens together – using this intervention to promote family connectedness, which is one of several key protective strategies for adolescents’ health and well-being,” says Garcia. “Though sometimes reluctant to enter counseling to address family health, they relished the chance to be together, discussing their lives. The photovoice project seemed transformative for many of the families.”

**Lima, Peru: Recognizing Community Strengths**

While Garcia sees global issues close to home, some students have found a global perspective by traveling abroad through the School of Nursing’s International Programming, which recently has sponsored faculty-led trips to Honduras and Peru. As described by Marti Kubik, PhD, RN, associate professor and director of International Programming in the School of Nursing, “Our aim is to provide opportunities for students to consider their role as health professionals and how they can contribute to supporting healthy development for persons from a variety of backgrounds, and different cultures. An international experience should compel students to pause, to think, to take a look through a different lens.”

“Developing a global perspective is important whether working in a foreign country or with diverse cultures in your own backyard,” says Kubik. “It’s important when students travel or work in new settings that there’s recognition of community strength. Despite challenges and resource needs, many communities work hard to improve their lives and the lives of their children. There is much to be learned about local
Cindy Kellett, RN, a public health nurse in rural Minnesota and current distance-learner in the University of Minnesota’s DNP program, leapt at an opportunity to travel for nine days last October to Lima, Peru for an educational experience with other nursing students. “The opportunity to go and learn as a student was very exciting,” says Kellett.

After a day in class at a university nursing program in Lima, Kellett and her fellow students visited a “health outpost” on the outskirts of Lima that provided care to people who had limited access to clean water, septic systems, and sometimes even a second change of clothes. “So hygiene is a difficult issue,” Kellett says. “Keeping healthy and well is not so easy for them. That was really striking for all of us.” The health outpost was also affiliated with a home for adolescent girls where the Minnesota students, three supported by the Center for Adolescent Nursing, provided sexual and reproductive health education sessions.

Social Context Matters Everywhere

“Whether abroad or at home, we can’t escape global health trends,” Secor-Turner says. “Even landlocked states such as Minnesota and North Dakota are seeing an influx of people from around the globe, each with their own health needs, and youth struggling to deal with problems that arise from straddling two cultures.” In other words, young people’s health needs are intertwined with the social contexts of their lives. As Secor-Turner recently wrote in a chapter for Reproduction and Adaptation: Topics in Human Reproductive Ecology (Cambridge University Press, 2011), poverty, migration, urbanization – all these social and economic issues are of paramount importance in determining the current and future health of adolescents.

Says Secor-Turner, “The book chapter is a synthesis of all the experiences that I have had, looking at an overview on risk and protection related to adolescent sexual health from a global context and really putting it within the focus of social context.”

“To be attuned to the needs of adolescents in the US, we must pay attention to global health. It has direct and indirect influences on their health and well-being,” says Secor-Turner.

Sub-Saharan African countries have some of the highest teen pregnancy and HIV infection rates in the world so it wasn’t a big surprise when Sandy Pettingell, PhD, research associate in the Center for Adolescent Nursing, received a call in August 2010. Her spouse, who works for an electronic record software company, announced the news that he was going to be attending a conference in Johannesburg, South Africa, and his company wanted to extend an invitation to Pettingell to join the delegation in the role of teen pregnancy prevention consultant.

Her current work with Renee Sieving, PhD, RN, Center for Adolescent Nursing faculty and principal investigator on an National Institute of Nursing Research (NIH) study, focused on testing a clinic-based intervention to prevent teen pregnancy and keep girls in school, provided Pettingell with data and background for delivering a presentation focused on the research project in Minnesota called Prime Time.

Pettingell was first given a tour of Addington Hospital; a 120-year hospital that was the first of its kind to receive accreditation by the Council for Health Services Accreditation of South Africa. Serving the greater Durban area, Addington Hospital provides a wide range of care to patients from birth to geriatrics, along with offering services ranging from general surgery to oncology.

After touring the facility, Pettingell noted, “certain areas needed upgrading, while other areas would have rivaled the Mayo clinic.”

Soon after the tour, she delivered a presentation on Minnesota teen pregnancy, prevention, and Prime Time to a group of primary care providers, nurses, and clinical staff from the hospital. Her presentation highlighted Prime Time’s case management, peer education, and service learning components aimed at preventing teen pregnancy, increasing school completion, and lowering violence. “Discovering that teen pregnancy rates among some social groups in Minnesota were very similar to the rates in many Sub-Saharan African countries stunned the participants,” said Pettingell. She also noted that the clinicians were extremely interested in the Prime Time intervention and were eager to learn more details on how a program like Prime Time could be implemented in their communities.

Reflecting back on a life-shaping experience, Pettingell said, “I felt honored to have been invited to present information on Prime Time in Minnesota, and hope they will be able to use some of our strategies for pregnancy prevention in their communities.”
product that guides MDH’s understanding and advocacy for effective services for adolescent mothers and their families.”

Leah Atkinson, MS, RN, serves as an example of a nurse who achieves the Institute of Medicine’s (IOM) recommendations for those who want to advance in public health nursing. The IOM, together with the Robert Wood Johnson Foundation, published The Future of Nursing: Leading Change, Advancing Health, a report citing eight actionable recommendations for “overcoming barriers” and “ensuring that nurses are well-positioned to lead change and advance health.” (See sidebar.)

Shortly before she started her final master’s project, a board member at the Paynesville School District encouraged Atkinson to write a Statewide Health Improvement Program (SHIP – see www.health.state.mn.us/healthreform/ship/ for more) grant to increase access to recreational areas and nutritious foods. It wasn’t a project required for her degree, but she had recently completed a related course, N8601- Interventions for Health of Populations, where she learned how to design new public health programs. Having never applied for a grant, this was a new challenge. Sieving said, “I was delighted to hear that Leah took skills learned in the MS program – an advanced professional skill, like writing a successful grant proposal – and used it to succeed in a real-world setting.”

“Instead of relying on others to lead efforts, I felt my advanced public health nursing training gave me the confidence to lead. [So] I decided to take on the task of the writing the SHIP grant for the Paynesville Community.”

To write the proposal, she first consulted with the director of the Paynesville Community Education Department to form a plan. Then, she assembled and led a community intervention team that included the Paynesville Community Education Director, the Paynesville School District Superintendent, the City of Paynesville Administrator, the Director for the Paynesville Area Center, a representative from the Paynesville Hospital, and the treasurer for the Paynesville Community Gardens. Atkinson wrote the grant, and then arranged a meeting with Stearns County to present their proposal.

“In the summer of 2010,” Atkinson said, “we were awarded the SHIP grant for $21,230 to implement a community intervention in the Paynesville community!” The grant funded the addition of surrey bicycles available for use on public bike trails, expanded and promoted community gardens, and introduced a Farm to School program. The Farm to School program offers locally grown foods to students as well as educational opportunities (some students even learned to plant tomatoes for use in school cafeterias) while supporting regional farmers. See www.farmtoschool.org for more information.

Atkinson said she used to feel like her practice was restricted to students in the school, but that feeling of being limited within school boundaries dissolved as she gained more education and confidence through the MS program. Removing “scope of practice barriers” is one of the IOM’s eight recommendations.

Atkinson also thinks her master’s preparation has better prepared her to lead change on health improvement projects like the SHIP grant with stronger skills for collaboration – a recommendation also found in the IOM report. “It felt natural to immediately begin to apply what I had learned in my master’s program about collaborating with key community stakeholders,” Atkinson said. “And now I’m viewed as a leader who is capable of grant writing.” Since the grant was awarded, Atkinson has led all the monthly SHIP team meetings and maintained ongoing collaboration and communication with the Stearns County SHIP coordinator.

Atkinson said she feels positive that her leadership skills, experience, and education can help her continue to positively impact her entire community. She concluded, “The public health nursing and adolescent nursing programs have helped me to view my work as an ongoing process of building collaborative relationships that will promote and improve population health.”

In 2008, The Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) launched a two-year initiative to assess and transform the nursing profession by providing actionable recommendations. The recommendations are intended to enable nurses to respond effectively, overcome barriers, and ensure that nurses are positioned to lead change and advance health.

IOM Recommendations

1. Remove scope-of-practice barriers.
2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
3. Implement nurse residency programs.
4. Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.
5. Double the number of nurses with a doctorate by 2020.
6. Ensure that nurses engage in lifelong learning.
7. Prepare and enable nurses to lead change to advance health.
8. Build an infrastructure for the collection and analysis of inter-professional health care workforce data.

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2011 Graduates

CDC To1 Adolescent Health Protection Research pre-doctoral trainee, Kate Bauer, PhD, MS, (pictured at left) successfully defended her dissertation titled: “The family environment and adolescent girls’ weight and weight-related behaviors: Implications for obesity prevention programs.”

Gretchen Cutler, PhD, MS, RD, (not pictured) a CDC To1 Adolescent Health Protection Research pre-doctoral trainee, successfully defended her dissertation titled: “Major patterns of dietary intake in adolescents: Identification, stability over time, socio-demographic and socio-environmental correlates, and association with obesity.”

Former CDC To1 Adolescent Health Protection Research pre-doctoral trainee and now current post-doctoral fellow, Scott Harpin, PhD, MPH, RN, CNS, (pictured at right) successfully defended his dissertation, “Missingness in longitudinal research: Attrition analysis and imputation approaches in a school-based longitudinal study of young adolescents.” He used student data from the Lead Peace study (PI: Sieving) to complete his dissertation. Harpin is pictured here with committee members: Renee Sieving, PhD, RN, FSAHM, Debra Bernat, PhD, and Linda Bearinger, PhD, MS, FAAN, FSAHM.

2013 World Congress of the International Association for Adolescent Health

The International Association for Adolescent Health (IAAH) together with the Turkish Adolescent Health Association will be presenting the 2013 World Congress in Adolescent Health to be held May 2nd through May 5th, 2013 in Istanbul, Turkey. For more information, please go to our website at: www.iaah.org
The University of Minnesota School of Nursing is now ranked 20th in the nation by the National Institute of Health!

The Maternal and Child Health Bureau (MCHB) is commemorating the 75th Anniversary of Title V of the Social Security Act. Since 1935, under the Title V mandate, MCHB has supported continuing education, and later, graduate education programs, that develop the next generation of leaders in the maternal child health (MCH) field. Nursing training grants from the MCHB support 5 graduate nursing programs in the US, including Minnesota’s Center for Adolescent Nursing and the Center for Children with Special Health Care Needs (Director: Garwick).

Linda Bearinger, PhD, MS, FAAN, FSAHM and Renee Sieving, PhD, RN, FSAHM, have been awarded fellowship status in the Society for Adolescent Health and Medicine (SAHM). SAHM selects fellows for their commitment to adolescent health at the international, national, or state level through improving the health and well-being of adolescents. Bearinger and Sieving will be inducted into the society during the 2011 awards ceremony in Seattle, Washington.

Linda Bearinger was invited to lead an interdisciplinary delegation of directors of seven federally funded adolescent health pre- and post-doctoral training programs to meet with Mary Wakefield, PhD, RN, director of the US Healthy Resources Services Administration, in Washington, D.C. The group discussed national strategies to optimize adolescent health workforce preparedness.

In September 2010, Linda Bearinger was inducted into the Academic Health Center’s Academy of Excellence in the Scholarship of Teaching and Learning. This is the highest recognition of excellence in the AHC educational mission, selecting only four faculty members to honor each year. In the prior spring, Bearinger became a University of Minnesota Distinguished Teaching Professor, having received the 2009-2010 Award for Outstanding Contributions to Postbaccalaureate, Graduate, and Professional Education.

Meg Bruening, MPH, RD, current pre-doctoral trainee on the CDC T01 Adolescent Health Protection Research Training grant awarded in 2004 to the Center for Adolescent Nursing, was honored with the “Glenda Bible” Memorial Scholarship, through the Pediatric Nutrition Practice Group at the Foundation of the American Dietetic Association. Bruening also obtained a graduate scholarship through the Department of Food Science and Nutrition at the U of MN.

Terryann Clark, PhD, MPH, with her doctorate supported by the Center for Adolescent Nursing, is currently the chair of the Adolescent Health Research Group, which will be conducting the next national youth health survey in New Zealand. As the principal investigator on the national youth health survey, she also launched the violence report for the Ministry of Justice in Wellington, New Zealand.

Former CDC T01 Adolescent Health Protection Research post-doctoral trainees, Naomi Duke, MD, MPH, and Claudia Fox, MD, MPH, submitted and were selected to present their research abstracts at the 2010 Pediatric Academic Societies annual conference.

Claudia Fox, former post-doctoral fellow on the CDC T01 Adolescent Health Protection Research Training grant, won a best poster award at the 2010 School of Public Health Student Research Day. Fox, one of only two recipients, received a $500 travel award for a scientific meeting. Upon completion of her post-doctoral fellowship, Fox accepted the position of assistant professor in U of MN’s Department of Pediatrics, Medical School.

Jayne Fulkerson, PhD, associate professor in the Center for Adolescent Nursing, received a $3.2 million National Institute of Health/National Institute of Diabetes and Digestive and Kidney Disease (NIH/NIDDK) R01 grant for her project, “Healthy home offerings via the mealtime environment (HOME) Plus.” The HOME Plus grant will study the effectiveness of a family oriented, community-based program to prevent childhood obesity. CAN faculty Marti Kubik, PhD, RN, will be contributing to this study.
The 2010 Minnesota State Fair provided a perfect backdrop for Jayne Fulkerson to present “Healthy family meals made easy,” a presentation geared for families on the go. Fulkerson talked about her HOME Plus study while demonstrating ways to create quick and nutritious meals and snacks for families.

Center for Adolescent Nursing assistant professor, Carolyn Garcia, PhD, MPH, RN, was awarded the 2010 Adolescent Nursing Research Section Nurse Investigator Award from the Midwest Nursing Research Society (MNRS). At the MNRS annual meeting, Garcia presented her research findings, “Changes in stressors and coping responses in Latina adolescents: Findings from a mixed-method pilot study.”

Scott Harpin, PhD, MPH, MS, RN, CNS, a current post-doctoral fellow supported by the CDC T01 Adolescent Health Protection Research Training grant, traveled to Washington, D.C. for an invited meeting with the director of the US Health Resources and Services Administration, Mary Wakefield, PhD, RN. Also attending this meeting were the directors of the Maternal and Child Health Bureau, Peter van Dyck, MD, MPH, and Director of the MCHB Research and Training Division, Laura Kavanaugh, MPP. This meeting was used to advocate for increased number of and funding for all MCHB nursing training programs. Harpin was able to provide a unique perspective, having received funding from MCHB for his master’s degree.

Marti Kubik, PhD, RN, was selected for the 2010 Academic Health Center Seed Grant. Her project, “Developing and pilot testing of a youth-focused community assessment tool for use in rural Honduras” will allow her to work with non-profit organizations and develop youth-focused community assessment tools in rural western Honduras.

CDC T01 Adolescent Health Protection Research pre-doctoral trainee, Elizabeth Lando-King, RN, with Renee Sieving, gave a platform presentation, “Associations between social emotional intelligence and adolescent girls’ sexual risk behaviors,” at the 2010 Society for Adolescent Health and Medicine conference in Toronto, Canada.

Elizabeth Lando-King, was selected for the 2011 University of Minnesota President’s Student Leadership Service Award. This award from the Office of the President, the Office of Student Affairs, and the Office of Student Unions and Activities, are committed to recognizing student leaders here at the U of MN. Lando-King will be receiving her award from the U of MN president in May 2011.

Honored by the Minnesota March of Dimes, clinical associate professor, Linda Olson Keller, DNP, APHN-BC, FAAN, was named the Distinguished Nurse of the Year. She was honored for her leadership, compassion, and advocacy for patients and fellow public health nurses. Olson Keller was also the recipient of the 2010 Distinguished Alumni Award from St. Olaf College. She was recognized for her contributions to public health nursing in both the practice and education sectors. In addition, Olson Keller delivered two keynote addresses: at the 25th Anniversary Conference and Celebration for the Institute of Community Health Nursing in Dublin, Ireland, and at the Third National Doctors of Nursing Practice conference.

Linda Olson Keller received a grant from the School of Nursing Foundation for her project entitled, “Carrying the Black Bag: The History of Public Health Nursing in Minnesota.” This project aims to collect and digitalize historical documents related to public health nursing from state and local health departments throughout Minnesota in order to design electronic modules for each decade, which will be housed on the U of MN’s website.

Center faculty member, Renee Sieving, PhD, RN, FSAAHM, represented the School of Nursing and the Center for Adolescent Nursing at the third annual University of Minnesota Equity and Diversity Breakfast. Sieving shared research findings from her Prime Time study and illustrated her unique approach to diversity in the “Gallery of Excellence,” at the Equity and Diversity Breakfast.
**CAN Faculty, Student, and Fellow Publications**

Since the 2010 publication of Adolescent Health, our trainees, fellows, and faculty have published approximately 50 new journal articles. A limited selection of abstracts from these articles appear below; citations for abstracts not presented may be obtained by contacting baumo272@umn.edu.

Association between food opportunities during the school day and selected dietary behaviors of students attending alternative high schools, Minneapolis/St. Paul, Minnesota, 2006.

Chrisa Arcan, Martha Kubik, Jayne Fulkerson, Cynthia Davey, Mary Story

INTRODUCTION: Availability of competitive foods in schools has been linked to unhealthful dietary behaviors of students. Little is known about the food environment of alternative high schools, schools that enroll students at risk of academic failure. We examined correlations between food opportunities during the school day and selected dietary behaviors of students attending alternative high schools. METHODS: Baseline data were collected in fall 2006 as part of the Team COOL (Controlling Overweight and Obesity for Life) pilot study, a group randomized obesity prevention trial. Students (n = 145) attending 6 alternative high schools in Minneapolis/Saint Paul, Minnesota, completed a survey on food opportunities during the school day and selected dietary behaviors. We used mixed-model multivariate cross-sectional analysis and adjusted for demographic characteristics to examine associations of interest. RESULTS: Food opportunities during the school day were positively associated with overall consumption of sugar-sweetened beverages, high-fat foods, and fast-food restaurant use. CONCLUSION: Having many food opportunities during the school day at alternative high schools was linked to the consumption of foods and beverages high in sugar and fat and low in nutrients. School-based interventions should focus on changing the food environment in alternative high schools to decrease less healthful eating opportunities and to increase the availability of healthful foods and beverages. Preventing Chronic Disease, (2011); 8(1), A08.

Parental report versus child perception of familial support: Which is more associated with child physical activity and television use?

Daheia Barr-Anderson, Ramona Robinson-O’Brien, Jess Haines, Peter Hannan, Dianne Neumark-Sztainer

BACKGROUND: Parent-report and child perception of familial support for weight-related behaviors may not be congruent. This research explores whether parent-report or child perception is more strongly associated with child physical activity (beta = .17, P = .02). Neither parent-report nor child perception for support for limitations on TV use was associated with child TV use. DISCUSSION: Although parent-report and child perception of familial support for physical activity and to limit TV use were similar, child perception was more strongly associated with child physical activity behavior. More research, probably qualitative, is needed to examine how parents and children define and perceive parental support. Journal of Physical Activity and Health, (2010); 7(3), 364-368.

Reducing weapon-carrying among urban American Indian young people.

Linda H. Bearinger, Sandra Pettingell, Michael Resnick, Sandra Potthoff

PURPOSE: To examine the likelihood of weapon-carrying among urban American Indian young people, given the presence of salient risk and protective factors. METHODS: The study used data from a confidential, self-reported Urban Indian Youth Health Survey with 200 forced-choice items examining risk and protective factors and social, contextual, and demographic information. Between 1995 and 1998, 569 American Indian youths, aged 9-15 years, completed surveys administered in public schools and an after-school program. Using logistic regression, probability profiles compared the likelihood of weapon-carrying, given the combinations of salient risk and protective factors. RESULTS: In the final models, weapon-carrying was associated significantly with one risk factor (substance use) and two protective factors (school connectedness, perceiving peers as having prosocial behavior attitudes/norms). With one risk factor and two protective factors, in various combinations in the models, the likelihood of weapon-carrying ranged from 4% (with two protective factors and no risk factor in the model) to 80% of youth (with the risk factor and no protective factors in the model). Even in the presence of the risk factor, the two protective factors decrease the likelihood of weapon-carrying to 25%. CONCLUSION: This analysis highlights the importance of protective factors in comprehensive assessments and interventions for vulnerable youth. In that the risk factor and two protective factors significantly related to weapon-carrying are amenable to intervention at both individual and population-focused levels, study findings offer a guide for prioritizing strategies for decreasing weapon-carrying among urban American Indian young people. Journal of Adolescent Health, (2010); 47(1), 43-50.

Parenting characteristics in the home environment and adolescent overweight: A latent class analysis.

Jerica Berge, Melanie Wall, Katherine Bauer, Dianne Neumark-Sztainer

Parenting style and parental support and modeling of physical activity and healthy dietary intake have been linked to youth weight status, although findings have been inconsistent across studies. Furthermore, little is known about how these factors co-occur, and the influence of the coexistence of these factors on adolescents' weight. This article examines the relationship between the co-occurrence of various parenting characteristics and adolescents' weight status. Data are from Project EAT (eating among teens), a population-based study of 4,746 diverse adolescents. Theoretical and latent class groupings of parenting styles are used to identify parenting characteristics associated with overweight, considering the potential for a latent class analysis.
styles and parenting practices were created. Regression analyses examined the relationship between the created variables and adolescents’ BMI. Having an authoritarian mother was associated with higher BMI in sons. The co-occurrence of an authoritarian mother and neglectful father was associated with higher BMI for sons. Daughters’ whose fathers did not model or encourage healthy behaviors reported higher BMIs. The co-occurrence of neither parent modeling healthy behaviors was associated with higher BMIs for sons, and incongruent parental modeling and encouraging of healthy behaviors was associated with higher BMIs in daughters. Although, further research into the complex dynamics of the home environment is needed, findings indicate that authoritarian parenting style is associated with higher adolescent weight status and incongruent parenting styles and practices between mothers and fathers are associated with higher adolescent weight status. 

Obesity, (2010); 18(4), 818-825.

Obesity as a prospective predictor of depression in adolescent females. Keri Boutelle, Peter Hannan, Jayne Fulkerson, Scott Crow, Eric Stice

OBJECTIVE: Both obesity and depression are prominent during adolescence, and it is possible that obesity is a trigger for adolescent depression. The purpose of this paper is to evaluate whether overweight or obese status contributes to the development of depression in adolescent girls. DESIGN: Participants were 496 adolescent girls who completed interview based measures of depression and had their height and weight measured at four yearly assessments. Repeated measures logistic regressions with generalized estimating equations were used to evaluate whether overweight or obese status was associated with major depression or an increase in depressive symptoms the following year. MEASURES: Major depression and depressive symptoms were evaluating using a modified version of the K-SADS interview. Overweight and obese status was determined by using standardized protocols to measure height and weight. RESULTS: Results showed that obese status, not overweight status, was associated with future depressive symptoms, but not major depression. This study demonstrated that obesity is a risk factor for depressive symptoms, but not for clinical depression. CONCLUSIONS: As depressive symptoms are considered along the spectrum of depression with clinical depression at the high end, these results suggest that weight status could be considered a factor along the pathway of development of depression in some adolescent females. 

Health Psychology, (2010); 29(3), 293-298.

Perceived barriers mediate the association between self-efficacy and fruit and vegetable consumption among students attending alternative high schools. Meg Bruening, Martha Kubik, Cynthia Davey, DenYelle Baete Kenyon, Mary Story

Compared to students attending regular high schools, alternative high school students are more likely to be racial/ethnic minorities, have higher levels of poverty, and higher rates of risky and poor health behaviors, including weight-related behaviors like limited fruit and vegetable intake. However, little is known about fruit/vegetable intake among alternative high school students. This study examined whether perceived barriers to healthy eating mediated the association between self-efficacy to eat healthy foods and fruit/vegetable consumption among alternative high school students. The cross-sectional study population consisted of students (N=145) attending six alternative high schools in the St Paul-Minneapolis, MN, area who were participants in an obesity prevention pilot study and completed a baseline survey during fall 2006. Mixed model linear regression, adjusting for sociodemographic characteristics, was used to test a series of regression models performed according to mediation analysis procedures. Students’ mean age was 17.3 years; 52% were male, 63% were low-income, and 61% were from racial/ethnic minorities. Students reported a mean fruit/vegetable intake of 3.6 servings per day, mean self-efficacy to eat healthy score of 22.2 (range 3 to 35), and mean barriers to eating healthy score of 6.9 (range 3 to 13). Perceived barriers to healthy eating fully mediated the relationship between self-efficacy and fruit/vegetable consumption (Sobel test statistic 2.7, P=0.007). Interventions targeting the dietary practices of alternative high school students should include components to decrease perceived barriers as a way to increase self-efficacy and ultimately fruit/vegetable intake. 

Journal of the American Dietetic Association, (2010); 110(10), 1542-1546.

Multiple sociodemographic and socioenvironmental characteristics are correlated with major patterns of dietary intake in adolescents. Gretchen Cutler, Andrew Flood, Peter Hannan, Dianne Neumark-Sztainer

BACKGROUND: Few studies have used dietary pattern analysis, a useful method to summarize dietary intake, in adolescents. OBJECTIVE: Examine sociodemographic and socioenvironmental correlates of habitual dietary patterns. DESIGN: Data for this cross-sectional/prospective analysis were drawn from Project EAT (Eating Among Teens), a population-based study. SUBJECTS/SETTING: Project EAT-I (Time 1), collected data on 4,746 adolescents in 1998-1999. Project EAT-II (Time 2) resurveyed 53% (n=2,516) of the original cohort 5 years later in 2003-2004. Dietary intake was assessed using the Youth/Adolescent Food Frequency Questionnaire. MEASURES: Factor analysis identified four dietary patterns at Time 1 (vegetable, fruit, starchy food, and snack food) and Time 2 (vegetable and fruit, fast food, starchy food, and snack food). Linear regression was used to examine the relationship of Time 1 socioeconomic status and race (mutually adjusted) on factor scores for each dietary pattern, and then of Time 1 socioeconomic status and race (adjusted for socioeconomic status and race) on these factor scores. RESULTS: In prospective analyses, socioeconomic status, family meal frequency, and home availability of healthy food were positively associated with the vegetable and fruit and starchy food patterns and inversely associated with the fast food pattern. Home availability of unhealthy food was inversely associated with the vegetable and fruit and starchy food patterns and positively associated with the fast food and snack food patterns. Maternal, paternal, and peer support for healthy eating were positively associated with the vegetable and fruit pattern and inversely associated with the fast food pattern. Similar associations were seen in cross-sectional analyses. CONCLUSIONS: Multiple correlates of dietary
patterns were identified. Health professionals should target these factors to improve the dietary quality of habitual eating practices in adolescents by encouraging parents to decrease home availability of unhealthy food while increasing availability of healthy food, family meal frequency, and parental support for healthy eating. Journal of the American Dietetics Association, (2011); 111(2), 230-240.

Adolescent violence perpetration: Associations with multiple types of adverse childhood experiences.
Naomi Duke, Sandra Pettingell, Barbara McMorris, Iris Borowsky

OBJECTIVE: Adverse childhood experiences are associated with significant functional impairment and life lost in adolescence and adulthood. This study identified relationships between multiple types of adverse events and distinct categories of adolescent violence perpetration. METHODS: Data are from 136,549 students in the 6th, 9th, and 12th grades who responded to the 2007 Minnesota Student Survey, an anonymous, self-report survey examining youth health behaviors and perceptions, characteristics of primary socializing domains, and youth engagement. Linear and logistic regression models were used to determine if 6 types of adverse experiences including physical abuse, sexual abuse by family and/or other persons, witnessing abuse, and household dysfunction caused by family alcohol and/or drug use were significantly associated with risk of adolescent violence perpetration after adjustment for demographic covariates. An adverse-events score was entered into regression models to test for a dose-response relationship between the event score and violence outcomes. All analyses were stratified according to gender. RESULTS: More than 1 in 4 youth (28.9%) reported at least 1 adverse childhood experience. The most commonly reported adverse experience was alcohol abuse by a household family member that caused problems. Each type of adverse childhood experience was significantly associated with adolescent interpersonal violence perpetration (delinquency, bullying, physical fighting, dating violence, weapon-carrying on school property) and self-directed violence (self-mutilatory behavior, suicidal ideation, and suicide attempt). For each additional type of adverse event reported by youth, the risk of violence perpetration increased 35% to 144%.

CONCLUSIONS: Multiple types of adverse childhood experiences should be considered as risk factors for a spectrum of violence-related outcomes during adolescence. Providers and advocates should be aware of the interrelatedness and cumulative impact of adverse-event types. Type studies findings support broadening the current discourse on types of adverse events when considering pathways from child maltreatment to adolescent perpetration of delinquent and violent outcomes. Pediatrics, (2010); 125(4), e778-e786.

Early death perception in adolescence: Identify factors associated with change from pessimism to optimism about life expectancy.
Naomi Duke, Sandra Pettingell, Carol Skay, Iris Borowsky

US teens overestimate risk for early death. The purpose of this study was to identify factors associated with an adolescent’s change from early death perception to a belief in living into adulthood. Data are from 9140 adolescents participating in waves 1 (1995) and 2 (1996) of the National Longitudinal Study of Adolescent Health. Logistic regression models were used to determine contexts of healthy and unhealthy change associated with the likelihood of early death perception change. Youth report of increased caring and connection to other adults and increased self-esteem were associated with greater likelihood of moving from pessimism to optimism about life expectancy (P = .003 and P = .038, respectively). Reductions in self-esteem and poorer perception of health were associated with decreased odds of death perception change (P = .017 and P = .011, respectively). Nurturing positive connections with adults and strategies that improve a youth’s self-esteem offer 2 opportunities to facilitate adolescent early death perception change. Clinical Pediatrics, (2011); 50(1), 21-28.

Where perception meets reality: Self-perception of weight in overweight adolescents.
Nicholas Edwards, Sandra Pettingell, Iris Borowsky

OBJECTIVE: The goal of this study was to examine weight misperception among overweight adolescents in recent years and compare the demographic characteristics and weight-related behaviors of overweight adolescents who accurately and inaccurately perceive their weight status. METHODS: We used data from the nationally representative Youth Risk Behavior Surveillance System, collected every 2 years from 1999 through 2007. On the basis of self-reported height and weight, BMI percentile for age and sex was calculated. Overweight and obese respondents (BMI 85th percentile) were classified into 2 groups: (1) misperceivers (weight perception “about right” or “underweight”) or (2) accurate perceivers (weight perception “overweight”). We examined the proportion of misperceivers at each time point. Using the 2007 data, we compared demographic characteristics and weight-related behaviors of accurate perceivers and misperceivers with bivariate and multivariate analyses. RESULTS: Among overweight adolescents, the overall proportion of misperceivers ranged between 29% and 33% from 1999 through 2007. In 2007, 23% of overweight girls and 40% of overweight boys were misperceivers (P < .001). Both male and female accurate perceivers were significantly more likely than misperceivers to report trying to maintain or lose weight, exercising for weight control, and eating less for weight control. Adjusting for age, race/ethnicity, and BMI percentile, no significant differences in unhealthy weight-related behaviors were found between accurate perceivers and misperceivers in boys or girls. Male accurate perceivers were significantly less likely to report achieving recommended levels of fruit and vegetable intake and physical activity. CONCLUSIONS: Nearly 3 in 10 overweight adolescents do not consider themselves overweight. Those with an accurate weight perception reported some healthy weight-related behaviors but not higher levels of unhealthy weight-related behaviors. With the substantial prevalence of weight misperception, clinicians should consider their patients’ perceived weight status when pursuing

**Healthy home offerings via the mealtime environment (HOME): Feasibility, acceptability, and outcomes of a pilot study.**

Jayne Fulkerson, Sarah Rydell, Martha Kubik, Leslie Lytle, Kerri Boutelle, Mary Story, et al.

The primary objective was to develop and test the feasibility and acceptability of the Healthy Home Offerings via the Mealtime Environment (HOME) program, a pilot childhood obesity prevention intervention aimed at increasing the quality of foods in the home and at family meals. Forty-four child/parent dyads participated in a randomized controlled trial (n = 22 in intervention and n = 22 in control conditions). The intervention program, held at neighborhood facilities, included five, 90-min sessions consisting of interactive nutrition education, taste testing, cooking skill building, parent discussion groups, and hands-on meal preparation. Children (8–10-year olds) and parents (89% mothers) completed assessments at their home at baseline, postintervention, and 6-month follow-up, including psychosocial surveys, anthropometry, 24-h dietary recalls, and home food availability and meal offering inventories. Feasibility/acceptability was assessed with participant surveys and process data. All families completed all three home-based assessments. Most intervention families (86%) attended at least four of five sessions. Nearly all parents (95%) and 71% of children rated all sessions very positively. General linear models indicated that at postintervention, compared to control children, intervention children were significantly more likely to report greater food preparation skill development (P < 0.001). There were trends suggesting that intervention children had higher consumption of fruits and vegetables (P < 0.08), and higher intakes of key nutrients (all P values <0.05) than control children. Obesity changes did not differ by condition. Not all findings were sustained at 6-month follow-up. Obesity prevention programming with families in community settings is feasible and well accepted. Results demonstrate the potential of the HOME program.

*Obesity, (2010);* 18(1 Supplement), S69-S74.

**Feasibility and acceptability of a school-based coping intervention for Latina adolescents.**

Carolyn Garcia, Jessie Kemmick Pintor, Sandi Lingren

Latino girls (Latinas) experience disproportionate rates of emotional distress, including suicidal ideation, which may be indicative of inadequate coping abilities. Prevention of mental health problems, a U.S. public health priority, is particularly critical for Latina adolescents due to lack of access to mental health treatments. The purpose of this study was to examine the feasibility of Project Wings, a 14-session stress management/coping intervention. Latinas in school (ages 15ff21) met weekly for 2-hr with two bilingual experienced facilitators to participate in sharing circles, relaxation exercise, and skill building. Intervention participation and post-intervention focus group data were analyzed. Fall semester intervention (n = 10) occurred during school (72% attendance rate); spring semester intervention (n = 11) was after school (84% attendance rate). Focus group data confirmed acceptability. Latina adolescents will participate in a school-based, group-based stress management/coping intervention. The findings offer insights about intervention recruitment and retention that are specifically relevant to school nurses. Future research includes intervention testing using a randomized study design.


**Context matters: Where would you be the least worse off in the US if you were uninsured?**

Carolyn Garcia, Jose Pagan, Rachel Hardeman

OBJECTIVES: We examined the health care access, quality, and cost experienced by uninsured Latino mothers in two communities in Minnesota and Texas. These communities differ substantially by the size of the local population without health insurance coverage.

METHODS: Four focus groups were conducted with uninsured Latino mothers who were caring for at least one child in their household. Seventeen mothers participated in each community. All focus groups were conducted by the same trained staff from a non-profit, community-based research organization.

RESULTS: Uninsured Latino mothers in Minnesota rated the quality of health care services in their community to be much higher than their Texas counterparts, but were more likely to emphasize the high costs of care and health insurance coverage. Participants in Texas also described having to go to Mexico to obtain health care services.

CONCLUSIONS: Policies making provision for health care services to the uninsured are likely to be more effective when they take into account the context or composition of each specific local health care system as well as the financial and non-financial spillovers that these uninsurance-related contexts generate.

*Health Policy, (2010);* 94(1), 76-83.

**Individual, interpersonal, and relationship factors predicting hormonal and condom use consistency among adolescent girls.**

DenYelle Baete Kenyon, Renee Sieving, Sarah Jestad, Sandra Pettingell, Carol Skay

INTRODUCTION: Few existing studies have considered influences of adolescents' sexual partners on contraceptive consistency. This study examines the influence of personal characteristics, partner characteristics, and relationship factors on consistency of contraceptive use among an ethnically diverse sample of adolescent girls at high risk for pregnancy and sexually transmitted diseases.

METHODS: Data are from 110 sexually active 13- to 17-year-old girls participating in a clinic-based intervention study aimed at reducing sexual risk behaviors. Personal characteristics were assessed at baseline (T1), and partner and relationship characteristics were assessed at 12 months (T2). RESULTS: Multivariate analyses revealed that T2 hormonal contraceptive consistency was predicted by T1 hormonal consistency, girls’ desire to use birth control, having the same sexual partner at T1 and T2, perceived partner support for birth control, and communication with
partner about sexual risk. T2 condom use consistency was negatively predicted by emergency contraceptive use history and perceived partner support for birth control. DISCUSSION: Findings underscore the importance of nurses addressing both personal and relationship factors in their efforts to promote consistent contraceptive use among sexually active adolescent girls. *Journal of Pediatric Health Care*, (2010); 24(4), 241-249.

**Food use in middle and high school fundraising: Does policy support healthful practice? Results from a survey of Minnesota school principals.**

Martha Kubik, Leslie Lytle, Kian Farbakhsh, Stacey Moe, Anne Samuelson

This descriptive, cross-sectional study aimed to examine classroom, school-wide, and club/sports teams fundraising policies and practices of middle and high schools; concordance between policy and practice; and associations between healthful policy/practice scores and selected school characteristics. In 2006, principals/designees of middle (n=45) and high (n=71) schools in the St Paul/Minneapolis, MN, metropolitan area completed a self-administered mailed survey. Schools were attended by a convenience sample of students (n=349) participating in a longitudinal measurement study of children and their environments to assess obesity-related factors. Descriptive statistics, 2 tests, and multivariate linear regression were used to examine variables and associations of interest. Across schools, 50% had policies addressing the nutrient quality of food and drink items used in fundraising or disallowed food use for fundraising. About one third used chocolate, candy, and high-fat baked goods for classroom and school-wide fundraising. 60% sold these items for club/sports teams fundraising. More middle than high schools reported healthful fundraising policies or practices, as well as greater concordance between policies and practices. For all fundraising activities, high schools had significantly lower healthful policy/practice scores than middle schools (P<0.01). For school-wide fundraising, scores were significantly lower for public than private schools (P=0.02). Policies to regulate food used for fundraising were common and most supported healthful practice, particularly in middle schools. However, use of foods high in fat and added sugars remains a prevalent fundraising practice, especially in high schools and for club/sports teams, and requires additional attention. *Journal of the American Dietetic Association*, (2009); 109(7), 1215-1219.

**Workplace productivity, employment issues, and resource utilization in patients with bipolar I disorder.**

Barbara McMorris, Kristen Downs, Jessica Panish, Riad Dirani

OBJECTIVE: To collect workplace productivity and healthcare utilization data from subjects with bipolar I disorder and compare the results with those from normative subjects. METHODS: A cross sectional survey was administered to patients and recruiting physicians. Data collected included employment status, Endicott Workplace Productivity Scale (EWPS) results, healthcare resource utilization, and quality-of-life. RESULTS: In comparison with normative subjects, bipolar I subjects reported lower levels of work productivity (measured by the EWPS). Bipolar I subjects also reported more frequent outpatient visits and more prescribed pharmaceuticals. Bipolar I subjects were more likely to miss work, have worked reduced hours due to medical or mental health issues, receive disability payments, been involved in a crime, be uninsured or covered by Medicare, or have been fired or laid off. The study groups were age- and gender-matched to reduce the impact of selection bias associated with a non-randomized study design. Other potential limitations affecting the results of the study include recall bias and possibly an impact of different data collection methods (e.g. Internet versus telephone). CONCLUSIONS: Bipolar I disorder is associated with a negative effect on work productivity and resource utilization and is an appropriate disease management target for employers and healthcare decision makers. *Journal of Medical Economics*, (2010); 13(1), 23-32.

**Comparing maternal and child health problems and outcomes across public health nursing agencies.**

Karen Monsen, Jayne Fulkerson, Amy Lytton, Lila Taft, Linda Schwichtenberg, Karen Martin

To use aggregated data from health informatics systems to identify needs of maternal and child health (MCH) clients served by county public health agencies and to demonstrate outcomes of services provided. Participating agencies developed and implemented a formal standardized classification data comparison process using structured Omaha System data. An exploratory descriptive analysis of the data was performed. Summary reports of aggregated and analyzed data from records of clients served and discharged in 2005 were compared. Client problems and outcomes were found to be similar across agencies, with behavioral, psychosocial, environmental and physiological problems identified and addressed. Differential improvement was noted by problem, outcome measure, and agency; and areas for enhancing intervention strategies were prioritized. Problems with greatest improvement across agencies were Antepartum/postpartum and Family planning, and least improvement across agencies were Neglect and Substance use. Findings demonstrated that public health nurses address many serious health-related problems with low-income high-risk MCH clients. MCH client needs were found to be similar across agencies. Public health nurse home visiting services addressed important health issues with MCH clients, and statistically significant improvement in client health problems occurred consistently across agencies. The data comparison processes developed in this project were useful for MCH programs, and may be applicable to other program areas using structured client data for evaluation purposes. Using informatics tools and data facilitated needs assessment, program evaluation, and outcomes management processes for the agencies, and will continue to play an integral role in directing practice and improving client outcomes. *Maternal and Child Health Journal*, (2009); 14(3), 412-421.
A global perspective of adolescent sexual and reproductive health: Context matters.
Molly Secor-Turner, Kari Kugler, Linda H. Bearinger, Renee Sieving

With over 1.5 billion young people in the world who are between the ages of 10 and 25, ensuring the sexual and reproductive health of adolescents is essential for global health. Over half of the world’s adolescents live in poverty; 70% live in developing countries. As developing and developed countries become increasingly integrated, the sexual and reproductive health of adolescents has the potential for broad impact well beyond the geographical boundaries of individual nations.


Culturally sensitive community engaged research with African American young women: Lessons learned.

The use of culturally sensitive research approaches is of paramount importance in conducting community-engaged research with African American communities. The purpose of this article is to describe the development and use of culturally and community sensitive research methods in a study to understand social messages about pregnancy and childbearing among low-income urban African American adolescent girls. Key elements of this community accepted focused ethnography study are described, including study design, recruitment, data collection, and analysis techniques. Active parent consent for healthy surveys with urban middle school students: Processes and outcomes.


A clinic-based youth development approach to teen pregnancy prevention.
Renee Sieving, Michael Resnick, Ann Garwick, Linda H. Bearinger, Kara Beckman, Jenny Oliphant, Shari Plowman, Kayci Rush

OBJECTIVE: To provide a description of Prime Time, an intervention to reduce pregnancy risk behaviors among high-risk adolescent girls.

METHODS: Prime Time, a clinic-based, multicomponent youth development intervention aims to reduce sexual risk behaviors, violence involvement, and school disconnection. RESULTS: We highlight key considerations in conceptualization, design, and methods for a Prime Time randomized trial. CONCLUSIONS: Prime Time comes at a time of great interest in restructuring adolescent health services. This study represents an important effort to expand preventive and youth development services among young people most vulnerable to early pregnancy, for whom services must go beyond traditional problem-oriented approaches.


The link between body dissatisfaction and self-esteem in adolescents: Similarities across gender, age, weight status, race, and socioeconomic status.
Patricia van den Berg, Jonathan Mond, Marla Eisenberg, Diann Ackard, Dianne Neumark-Sztainer

PURPOSE: The present study examined whether the cross-sectional association between body dissatisfaction and low self-esteem varies across gender, age, body weight status, race/ethnicity, and socioeconomic status (SES). We also examined the association longitudinally.

METHODS: A school-based survey of eating, weight, and related attitudes was conducted with a diverse sample of adolescents aged 11-18 years (N = 4,746). Height and weight were measured in the schools at Time 1. Participants were resurveyed through mails 5 years later (Time, 2; N = 2,516).

RESULTS: The relationship between body dissatisfaction and self-esteem was strong and significant in both boys and girls (all p values < .0001), and did not differ significantly between genders (p = .16), or between the middle school and high school cohorts in either boys (p = .79) or girls (p = .80). Among girls, the relationship between body dissatisfaction and self-esteem was strong, but did vary across weight status, race/ethnicity, and SES (all p values = .0001-.03). The relationship was nonsignificant in underweight girls (p = .36), and weaker but still significant among black, Asian, and low SES group girls (all p values < .0001) in comparison to white and high SES group girls. Among boys, the association did not differ significantly across demographic groups (all p values = .18-.79). In longitudinal analyses, the strength of the association did not change significantly as adolescents grew older.

CONCLUSIONS: Findings indicate that body dissatisfaction and self-esteem are strongly related among nearly all groups of adolescents. This suggests the importance of addressing body image concerns with adolescents of all backgrounds and ages.

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