Learning Compassion:
The Lead Peace Story

This is a story about a remarkable program called Lead Peace. It’s a story full of heroes who step up to become leaders and find the compassion to look beyond themselves to serve those in need. And, it’s a story of “what works” for helping young people grow and develop.

Acknowledgements: The material for this story comes from the results of a three-year evaluation of Lead Peace (2006-2009) led by Renee Sieving, PhD, RN, FSAHM, faculty in the School of Nursing’s Center for Adolescent Nursing, and Deputy Director of the Healthy Youth Development – Prevention Research Center in the Medical School’s Department of Pediatrics. Researchers surveyed and interviewed students, Lead Peace facilitators, and school principals; conducted classroom observations; and collected weekly facilitator reflection reports to determine the impact of the Lead Peace experience. It is also based on a January 2012 focus group with 8th graders who are Lead Peace Ambassadors in one of the schools.

Prologue: At its core, Lead Peace is a service learning program. Different than volunteering, service learning is a process whereby students learn and grow through meaningful service to their own or to other communities. Lead Peace takes place in the 6th, 7th, and 8th grades of three north Minneapolis public schools: Cityview, Nellie Stone Johnson, and Lucy Craft Laney. The neighborhoods in which these schools are located experience disproportionately high levels of poverty and violence. There has been greater turmoil in these schools as the Minneapolis Public School District works to meet “No Child Left Behind” requirements.

Story Heroes: Students begin Lead Peace in the 6th grade and remain involved through their 8th grade year. Students are placed into small groups and assigned an adult facilitator who stays with them all three years. In 8th grade, some students are invited to become “Ambassadors” so that each small group has an Ambassador and an adult facilitator. Ambassadors start each Lead Peace class session with a small group check-in and an ice-breaker, then help facilitate conversations throughout the session, and end the session with a closing activity.

Lead Peace is also the story of a long-standing and highly successful partnership between Minneapolis Public Schools (the School District); Hennepin County A-GRAD Initiative to increase high school graduation rates; community organizations; the Healthy Youth Development – Prevention Research Center (HYD-PRC) in the Medical School, and the Center for Adolescent Nursing in the School of Nursing (both at the University of Minnesota), whose faculty and
Dear Readers:

Printed on the back cover of every newsletter is the University of Minnesota logo with the banner beneath that reads “Driven to Discover”. As we approach the end of the second decade of the Center for Adolescent Nursing, we consider all the “discoveries” driving our passion for the work we do with young people and those who care for them. It’s always good to examine, listen, and respond to the sources of energy that power our work and guide our paths and priorities.

As you read the stories of three nurses and a psychologist who came to Minnesota to gain more skills in the care of and research focused on adolescents, you will learn how their advanced education helped them discover their professional paths and passions. A population-focused perspective cross-cuts all their careers; so too, does the drive to improve outcomes and increase quality and access to care, particularly in high-need urban or rural areas. In “One Program, Many Paths,” you will read about the ways in which their time at the University of Minnesota shaped their careers, whether in the MS, DNP, PhD, or post-doctoral programs.

At the heart of the Lead Peace story of success – from Acknowledgements to Epilogue – lies the single quote from a graduate of this service learning program for middle school students who live in some of the most economically-disadvantaged neighborhoods in the Twin Cities.

“I didn’t know I was a leader until somebody told me. Now I know, and it feels good.”

At the 2000 White House Conference on Raising Responsible and Resourceful Young People, Hillary Clinton, who chaired the all-day gathering of over 200 professionals and scientists, stated, “All young people need to have the opportunity to learn, to serve, to make a difference.” The adults mentoring the Lead Peace Ambassadors thrill at watching middle school students discover the energy and focus they feel when serving others.

The first class of Ambassadors from 2004 is now 19-20 years old. Against all odds, 10 of 14 are in college. Led by Dr. Sieving, associate professor in the Center, our faculty and students have been evaluating the impact of Lead Peace for the past several years, putting numbers to the stories of success.

Driven to Discover could be the theme of 18 years of our Center’s Summer Institutes in Adolescent Health. Co-sponsored by the Minnesota Departments of Health and Education, a statewide non-profit, and several other leadership training programs funded by the Maternal and Child Health Bureau (HRSA/DHHS), year after year participants are discovering new colleagues, new ways to address challenges faced in service settings, and new strategies for bringing evidenced-based practice into health promotion and prevention for young people. The numbers do tell the Institute’s story – 60, 25, 21, 18, 16, and 7. Read “Summer Institutes in Adolescent Health: Have You Been to One Yet?” to match numbers with the Institute’s history and reach.

Quite honestly, I was not convinced of the value of adding Driven to Discover to the University of Minnesota’s logo. Now I understand. So many discoveries. Professional paths. The worth of serving others. Best ways to move science into practice. All with the intent to improve the health and well-being of young people.

May we continue to strive to discover.

Linda H. Bearinger, PhD, MS, RN, FAAN, FSAHM
Professor and Director
As a second year DNP student in the public health nursing-adolescent health curriculum, Nasra Giama, BSN, is passionate about eliminating health disparities and increasing health care access for refugee groups nationally and internationally. Through her work and connections in Rochester, MN, Giama is now working with several investigators to promote and tailor research focusing on the needs of minority groups. She is focusing her DNP studies on reducing barriers and improving access to services that are culturally and linguistically appropriate for adolescents and their families in southeastern Minnesota.

Working as a local public health nurse has given Melissa Horning, BSN, PHN, RN, a wide array of opportunities to assist youth in accessing family planning services, providing nutrition education to families at WIC clinics, as well as connecting with at-risk youth, pregnant and/or parenting adolescent mothers, their children, and their families via home visits. Horning is passionate about public health initiatives to support healthy youth and family development. A PhD trainee supported in part by the Center for Adolescent Nursing’s MCHB grant, she is working with Jayne Fulkerson, PhD (CAN associate professor) on Fulkerson’s HOME Plus intervention research study.

Upon completion of her doctorate in September 2011, Elizabeth Lando-King, PhD, RN, began a post-doctoral fellowship appointment through the Healthy Youth Development – Prevention Research Center in the Medical School’s Department of Pediatrics. During this research fellowship, she will focus on publishing articles from her dissertation on emotional intelligence and stress management skill in girls who engage in high-risk behaviors such as sexual risk-taking and violence perpetration. This work is mentored by CAN associate professor Renee Sieving, PhD, RN, FSAHM, and utilizes data from Sieving’s intervention study called Prime Time. Lando-King’s interests include adolescent mental and emotional health, developmental trajectories, and the impact of social media in multiple areas of adolescent health.

Working as a street outreach nurse at the Bridge for Youth for nearly six years, Cherre Langmade, BSN, RN, provided services to runaway and sexually exploited adolescents. Currently at Children’s Hospital of Minnesota in the Runaway Intervention Program, Langmade has also held a leadership role in the Safe Harbor Youth Intervention Project, advising policy makers how to manage and provide services for sexually exploited youth. Langmade recently completed a qualitative research study examining outreach strategies for engaging sexually exploited homeless youth presented at the 2011 annual meeting of the Society for Adolescent Health and Medicine. She hopes her coursework in the DNP public health-adolescent health program will further her clinical work with this vulnerable adolescent population.

After finishing her nursing degree, Gretchen Libbey, BAN, RN, offered her nursing skills for 10 weeks to the town of San Lucas, Tolimán, Guatemala. In this setting, Libbey worked with local health promoters, nurses, and visiting medical groups to care for and learn about the health needs of the indigenous populations of Guatemala. After returning from Guatemala, Libbey started working as an acute care nurse for adult and geriatric populations, however upon witnessing complications of chronic diseases and mental illnesses among her patients, she wanted to take action and become the first line of defense against these diseases. Libbey is preparing for a transition away from adult and geriatric care toward working with adolescents and high-risk youth. After completing her DNP, Libbey looks forward to addressing health disparities and inequities in youth from a global perspective.

With more than five years of experience as an educator at St. Cloud State University (SCSU) in the nursing department, assistant professor Leslie Morrison-Sandberg MS, CNM, RN, currently specializes in teaching family health and population-based nursing. Before starting her position at SCSU, Morrison-Sandberg, who has a passion for serving adolescents and young adults, worked in a variety of settings throughout Minnesota. She was employed as a certified nurse midwife, school nurse, public health nurse (focusing on maternal/child health and treating youth with mental health disorders), as well as a labor and delivery nurse. While her work has led her to a varied assortment of positions, it has also guided Morrison-Sandberg to her current path as a PhD student in adolescent nursing. “Throughout my PhD program, I’ve tailored my interest to focus on assessing, treating, and teaching ‘emerging adults’ about their reproductive health needs.”
At the end of a long grassy mall on the University of Minnesota (U of MN) Twin Cities campus sits the iconic Cyrus Northrop Memorial Auditorium. Built 82 years ago and named for the U of MN’s second president, Northrop is the site of concerts, lectures, and graduation ceremonies. Northrop’s words carved over the entrance captures the U of MN’s tripartite mission of research, teaching, and outreach: “... founded in the Faith that Men are Ennobled by Understanding; Dedicated to the Advancement of Learning and the Search for Truth; Devoted to the Instruction of Youth and the Welfare of the State”.

Nearly 18 years ago, and with a similar purpose in mind, the Center for Adolescent Nursing at the U of MN launched a continuing education institute designed to disseminate the latest research on adolescent health and enhance skills for effectively working with, and on behalf of, young people. What started as a one-day program quickly grew into a much anticipated, annual four-day Summer Institute in Adolescent Health (the fourth day is geared to graduate students and U of MN adolescent health fellows). The reasons behind the consistent demand for the Summer Institute in Adolescent Health can be found in 18 years of evaluations: the relevance of the topics to practitioners, administrators, and advocates alike; the diversity and innovation of the teaching strategies, and the wide range of fields represented at each gathering. A closer look at these themes illuminates the intentionality with which this training institute is designed and implemented. A closer look also sheds light on its success.

Attention to Current Issues in Adolescent Health
“... great selection of topics. ... keeps us informed of leading-edge research.”

The success of the Summer Institute in Adolescent Health begins with the composition of the planning committee. Co-led by Center for Adolescent Nursing (CAN) faculty, associate professor, Dr. Renee Sieving and professor and CAN Director, Dr. Linda Bearinger, the inter-professional planning committee includes representatives from three other MCHB-funded U of MN training programs, the head of Coordinated School Health at the Minnesota Department of Education, and Minnesota’s State Adolescent Health Coordinator in the Maternal and Child Health section of the Minnesota Department of Health. Once a topic is selected, relevant community professionals are added to the committee to bring practice expertise and community perspectives. Each year, the four-day curriculum for the institute gives emphasis to different aspects of adolescent health and development, selected in response to emerging priorities for young people, in addition to ideas and issues expressed throughout the year to members of the Institute’s planning committee. The planning committee also considers

### Institute Facts

- **60** Number of participants at each year’s Institute
- **24** Average percent of Institute participants and faculty from under-represented minorities
- **21** Different teaching strategies used over the life of the Institute
- **18** Years the Summer Institute in Adolescent Health has been offered
- **16** US states represented by participants over the life of the Institute
- **7** Co-sponsoring partners over the life of the Institute

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**Institute Facts**

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the Institute’s focus in relationship to the Healthy People goals and Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. Past topics highlight the Institute’s applicability to clinical and public health practice with young people: interviewing skills with adolescents; designing, evaluating, and supporting effective programs for youth; positive pathways for preventing youth violence; linking youth development and sexuality education; skills for effective health education; engaging young people together with parents and families; and promoting resilience in changing times.

Though the emphasis shifts each year, the Summer Institute in Adolescent Health consistently orients toward the conceptual paradigm that guides all curricula and research in the Center for Adolescent Nursing – healthy youth development and the nurturance of protective factors in the lives of young people. The goal aims toward helping learners examine research with youth populations and their health-related behaviors, add new skills in evidence-based practice, and generate new strategies for programs, policies, and practices at both individual and population levels.

Regardless of the particular focus, the first day of every Institute concentrates on two critical elements in an evidence-based foundation for working with youth: 1) understanding adolescent development in its multiple dimensions and 2) youth culture within racially/ethnically, economically, and geographically diverse communities – considered core for anyone working with young people!

Innovations in Teaching

“... I like that the learning was broken into lecture, reflection group work, and site visits. This could have been three long days, but instead the days flew by.”

The Summer Institute in Adolescent Health adheres to adult learning principles and has built a great reputation for the use of innovative teaching strategies. With an intensive three-days of programming, these interactive teaching methods involve learners, get their attention, maintain high energy among participants, and change the pace of each session – all of which keep participants engaged. The planning committee designs strategies to give learners the opportunity to practice skills and use the knowledge they are gaining before they ever head back to their jobs. Other approaches help facilitators coalesce small participant groups to maximize learning. In short, an extensive amount of skills are gained in an intensive amount of time.

“... hearing from youth offers the inspiration we need to rekindle our efforts and energy.”

A consistent teaching method at the Summer Institute in Adolescent Health is the use of table teachers, a strategy that ensures optimal teacher/learner ratios. The Institute started with Professional Adult Table Teachers or “PATTs”, drawn from local expert clinicians and youth workers, as well as faculty and fellows from the adolescent-focused program in the Schools of Nursing, Medicine, and Public Health. Upon recognizing the value of PATTs, Young Adult Table Teachers or “YATTs” were added. In addition to employing young people from the Adolescent Actors Teaching Program (a patient simulation program started in the Center for Adolescent Nursing in the 1990s), youth involved in leadership roles in their schools or communities, e.g. peer educators, are recruited from around the state. Following a full day of training, YATTs are paired with PATTs to take on a dual facilitation role at their Institute table consisting of five to six participants.

Inter-Professional Learning

“... it was amazing to have a chance to learn from so many other professionals.”

Each year, the local, state, and international participants represent an array of disciplines – health and social service providers, program leaders, health educators, teachers, psychologists, social workers, coaches, librarians, principals and school board members, as well as students/fellows from six U of MN training programs funded by the Maternal and Child Health Bureau (HRSA/DHHS). The Institute draws highly experienced professionals along with new practitioners, clinicians providing direct service care or program leaders working in advocacy and changing systems and public health practice. For students, the Institute couldn’t offer a better opportunity to make connections and explore potential jobs post graduation. Business cards and email addresses are frequently shared!

Recognizing the richness of diverse perspectives, participants are assigned to tables, each with a PATT and a YATT. Brainstorming and reflection activities happen at tables and the different experiences and

Continued on page 6 Summer Institute
2012 Summer Institute in Adolescent Health
Equal Access, Equal Say: Achieving Health Equity for All Young People

Change – the one word that best epitomizes adolescence – changing bodies, changing schools, changing friends. While change is essential for healthy transitions to adulthood, it can also increase vulnerability. For young people today, inequitable social conditions in families, schools, and communities can lead to dramatically differing pathways to adulthood, some healthier than others. Inequities in social determinants of health abound – socio-economic status, housing, physical environment, food security, neighborhood safety, social support, health care services, transportation, and working conditions, to name a few.

What helps all young people achieve their highest level of health? Assuring optimal health for all requires equalizing the conditions for health – life-skills, access to quality services, educational attainment, readiness for gainful employment, and opportunities to contribute to their communities in positive ways. This means that we must pay attention to creating services and programs that are accessible, acceptable, appropriate, and effective.

During the 2012 Summer Institute in Adolescent Health, consider the myriad of social, political, educational, environmental, and economic conditions that underlie disparities in health. Visit settings that are successfully addressing avoidable inequalities that impact adolescents. Talk with young people and their program leaders along with health providers and educators who have walked the talk of health equity in just, creative, and empowering ways. Learn strategies for assuring supportive environments, sustaining authentic relationships, and providing services that are responsive to the uniqueness of each young person. Gain new skills to effectively advocate for health equity among all young people.

To register for the 2012 Summer Institute in Adolescent Health go to: www.nursing.umn.edu/CAN and click on the continuing education link.

Story Themes:
Throughout a recent conversation with the Lead Peace Ambassadors at Lucy Craft Laney School, the students’ enthusiasm for Lead Peace was palpable. They reflected on the value of the program to themselves and others, echoing similar themes from the 2006-2009 evaluation. They spoke about “stepping up” – taking on leadership roles. Their descriptions were framed in the context of “cooperation and compassion” – core values that clearly guided their work with and on behalf of others. And they were emphatic that Lead Peace “works” – that being in Lead Peace has fundamentally changed how they see themselves and their role in the world. Significant, but not surprising, the efforts of the Lead Peace partners mirrored these three themes.

Stepping Up
“We’re learning how to ‘step up’; you know, we’re kids – but now we’re also group leaders.” Each of these students sought the opportunity for leadership when they agreed to become an Ambassador. “We run the group sessions. It’s like we’re the teacher and we’re running the class.” Ambassadors have to step out of the role of friend or peer and into the role of leader. And it’s not always so easy, as one Ambassador described, “I’ve had to learn that there’s a time to play and a time not to play.”

Lead Peace partners also saw the need to “step up.” The 2006-2009 evaluation documented that the program would not have achieved success without champions at the School District and within each school building, within Hennepin County, and within the University of Minnesota to step up and take responsibility for moving the project forward. Understanding school procedures and climate, coordinating scheduling and logistics, maintaining productive working relationships and communication among the partners are just a few of the elements that sustain this service learning program.

Cooperation and Compassion
The young people are clear that Lead Peace is about “helping the community and showing...
Compassion has been the theme of Lead Peace during the 2011-2012 school year, but it’s not just talk. Lead Peace students mobilized quickly to distribute food to North Minneapolis residents who lost electricity because of a tornado. Students packed food for families in Haiti. Beyond the satisfaction of good teamwork, students learned about the situation in Haiti. “It was sad to know that kids in other places around the world don’t have the same opportunities that we do; it makes you just sit back and think.”

Students also understand that compassion starts within their own small group: “We show compassion to each other by learning how to work respectfully with each other to complete a project.”

The partner’s support for each other and for the Lead Peace program models the same principles of democracy, mutual aid, and empowerment employed in Lead Peace programming. Partners’ willingness to contribute and share resources, to share in decision-making about the program, and to allot sufficient time to develop and maintain their relationships is essential to this successful collaboration.

It Works

Evaluation findings confirm what Lead Peace students already knew: it works. Between the 7th and 8th grade years, students reported increases in their sense of school and peer connectedness (“Teachers at my school care about me.” “Other students care about me.”), stronger social and emotional skills (“I care what happens to other people.” “I am able to respect others.”), and more cooperative behaviors (“I helped other students solve a problem.” “I helped someone stay out of a fight.”)

While Lead Peace students may not use terms like “social-emotional skills” or “connectedness”, they know that they are different because of their experience. Communication, being bold, being a role model, having and showing self-confidence, thinking outside the box, and being good with people are just a few of the leadership skills Ambassadors say they have gained over the past year. “I didn’t know I was a leader until somebody told me. Now I know, and it feels good.”

Lead Peace participants also know their view of the world has changed. “Some kids may not be thinking about others; they just think about themselves. Lead Peace can help them open their eyes to see that other people need help, too.”

Epilogue: Lead Peace encourages students’ learning and creativity. It provides opportunities to develop strong social and emotional skills and cooperative behaviors that provide an alternative to bullying and violent behaviors. And it increases students’ belief that adults and other students care about them—a strong protective factor that is linked to better school attendance and academic achievement.

Lead Peace students understand that the story doesn’t end with them. One Ambassador saw their personal experiences having a ripple effect: “…the things you learn in Lead Peace you can teach to others who are not in the program, and then they can go and tell others about it and it just keeps going on.”

Lead Peace: Evidence of Success

Lead Peace strives to improve young people’s academic success and reduce risks for violence through hands-on service learning that promotes youth leadership and healthy development. Examples illustrate success.

- Ten of the 14 Ambassadors from the first Lead Peace class who finished 8th grade in 2004—all economically-disadvantaged African-American, Hmong, and Latino students—defied the odds against them. Instead of dropping out of school, they began college in the fall of 2009.

- Lead Peace students show stronger attachment to school—a powerful predictor of academic achievement.

- During 6th and 7th grade, a time when bullying and fighting escalate, both forms of violence decreased among students in Lead Peace schools.

- Lead Peace improves interpersonal skills and increases cooperative peer behaviors—assets that reduce bullying and violence.

Lead Peace Publications


Adolescent Nursing – MS, DNP, PHD, Post-Doc:
One Program, Many Paths

Choosing a Program
When DenYelle Baete Kenyon finished her PhD in developmental psychology at the University of Arizona, she knew that before looking for a job, she needed something more. She wanted to supplement her doctoral focus on parent and child relations with research skills that would take her into the adolescent health arena, learning more about program development, implementation, and evaluation. While searching online for opportunities at her alma mater, Kenyon discovered she could find what she wanted through a post-doctoral research fellowship in the U of MN’s Center for Adolescent Nursing (CAN).

Sarah Stoddard’s work as Minnesota’s State Adolescent Health Coordinator piqued her interest in improving adolescent health and development at the national level. Having already obtained a master’s degree in adolescent nursing at the CAN she decided to return to the U of MN for a PhD to prepare for a role with a national organization like the Maternal & Child Health Bureau or the Office of Adolescent Health in Washington DC.

Recognizing the need for advanced practice public health nurses prepared to provide mental health services for adolescents in rural Minnesota, Cindy Kellett joined the first cohort of students in the BS to DNP (Doctor of Nursing Practice) program at the U of MN. With limited advanced practice nurses in her community, Kellett wanted to get the training she needed for an advanced practice role.

During her eight years as a nurse at St. Joseph’s Home for Children, Kelly (Stursa) Suzan saw that physical and sexual abuse were often linked to larger community concerns, like poverty, and that the adolescents who came to St. Joe’s tended to receive less attention than younger children. Wanting to bring awareness to social disparities that lead to poor health, and to offer more support to underserved populations, Suzan chose to pursue her MS in adolescent nursing through the CAN.

Each driven by different intentions and experiences, these four women found a pathway to their career goals with the Center for Adolescent Nursing – through a post-doctoral fellowship, a PhD, a DNP, and an MS.

What Are They Doing Now?
Once launched in their respective CAN programs, some hopes and goals shifted. Stoddard, who was originally interested in a position with a federal agency after graduation, learned how comfortable she felt working in the academic setting during her PhD studies.

“Once I started, I really became interested in research and enjoyed the process of being engaged in scientific inquiry.” After graduating with her PhD in 2009, Stoddard wanted more experience to determine whether a career in an academic, research-intensive setting was right for her, so she accepted a joint post-doctoral fellowship in the School of Nursing and CDC-funded Prevention Research Center at the University of Michigan.

Stoddard’s research focuses on youth violence and substance abuse prevention, primarily in Flint, Michigan. “I enjoy engaging youth and learning to use research to better inform what we do for adolescents and how we help them continue to grow into successful and healthy adults.” After a two-year fellowship, Stoddard accepted a position as a research assistant professor in the Department of Health Behavior and Health Education in Michigan’s School of Public Health.

When Kenyon’s post-doctoral adolescent health fellowship with CAN was completed, she accepted a research position and put the knowledge gained in her fellowship to work in her new role – associate scientist in the
Health Outcomes and Prevention Research Center for Sanford Research in Sioux Fall, South Dakota. Kenyon said, “Working with Dr. Sieving [associate professor in the Center for Adolescent Nursing] on Prime Time,” (an intervention that works to reduce pregnancy risk behaviors among high-risk adolescent girls) “was a great experience. The knowledge gained from working with that population has a big influence on how I conduct certain aspects of my job now.” Kenyon currently collaborates with Sieving on a project involving teen pregnancy prevention among urban and reservation-based Northern Plains American Indian teens.

Although Kellett has about two more years in the public health nursing DNP (she has since added a second specialty, psych/mental health nurse practitioner), she can already see how her experience with CAN is influencing her career path working with young people.

“What I really appreciate about the U of MN experiences I’ve had is that I’ve been able to see a broad, systems perspective on health issues,” she said. “The instructors I’ve had are leaders in international public health, especially focused on adolescents. It’s allowed me to think about public health on a global scale.” Kellett plans to apply her education to the young people in her hometown of Esko, 16 miles from Duluth, MN. “It’s exciting. It makes me more passionate about the potential impact I can have in any job setting I choose.”

Moving from Minneapolis to Buffalo, NY, shortly after graduating with her MS in nursing in 2007 Suzan was shocked at the small presence of public health in Buffalo compared to Minneapolis. In networking she found that the notion of community-based work confused people. “I was talking with a housing agency and they were like, ‘Why would we partner with a nurse?’” Suzan said. “There was a clear lack of understanding about social determinants of health.”

Suzan connected with Buffalo’s Neighborhood Health Center, a clinic offering primary care on a sliding scale and is one of the few places that she found with a public health orientation. Initially hired as a nursing supervisor and clinical coordinator, Suzan was promoted to director of operations a year and a half later.

With colleagues, Suzan started a new clinic site and created an outreach team to identify needs and connect people with necessary resources. Thanks to Suzan’s efforts, Buffalo’s Neighborhood Health Center now has an on-site food pantry and clothing closet. Suzan also spearheaded a Photovoice project, a data-gathering approach she learned in a CAN graduate research class, and organized a fundraising event that brought in $40,000.

“I explain [to new colleagues] what a social determinate is, and that clinical services are only 10% of what impacts the health of a community.” Now, she says, they collectively work across service sectors to support families in Buffalo.

One Center, Many Pathways

“It’s difficult,” Suzan said, “to know ahead of time where your education will take you.” She didn’t predict that she’d work in a primary care setting, but feels like she has the skill sets to do the job. Likewise, Stoddard chose a different path than she initially planned, however, hasn’t ruled out a federal health agency job in the future. Kellett and Kenyon both cite receiving specific skills that they acquired through mentoring, coursework, and practica during their time with CAN.

For nearly 20 years, CAN has supported over 100 graduate learners and post-doctoral research trainees. CAN’s mission remains the same: to improve the lives of adolescents by building the clinical, research, and leadership capacity of nurses and other health professionals.
Center Faculty and Student Awards, Honors, and Updates

CAN graduate, Leah Atkinson, MS, received the nationally competed 2011 National Health Service Corp (NHSC) scholarship award from the Department of Health and Human Services (DHHS). Recipients receive tuition and stipend support while enrolled in a nurse practitioner training program. After graduation, recipients provide two to four years of service at a community-based site deemed to be of high-need by NHSC.

Kate Bauer, PhD, MS, former Tot Adolescent Health Protection Research Training pre-doctoral trainee, accepted a faculty position in the Center for Obesity Research and Education, housed in the Department of Public Health at Temple University. Bauer’s research focuses on behavioral, social, and environmental determinants of children’s and adolescents’ weight status with emphasis on the role of family environment on behavior.

In 2011, Linda Bearinger, PhD, RN, FAAN, FSAHM, received an invitation to serve, for a second time, on an Institute of Medicine (IOM) committee of the National Research Council (NRC)/National Academies of Science. The aim of this committee, supported by a grant from the MCHB, is to disseminate recommendations developed in 2009 by the IOM committee on Weight Gain During Pregnancy. From 2006-2009 Bearinger participated on the Committee for Adolescent Health Care, Treatment, Prevention, and Health Promotion, producing a report titled: “Adolescent Health Services: Missing Opportunities.”

Linda Bearinger was elected to chair the University of Minnesota’s Faculty Senate Research Committee for the 2011-2013 academic years. Bearinger and the Senate Research Committee are responsible for representing the interests and viewpoints of faculty, academic professionals, civil service staff, and students regarding research and its support. To achieve this goal, the committee consults with and advises the University President, Vice President for Research, and senior academic officers on the stimulation, support, and implementation of research at the University.

In May 2011, after six years of serving as the Associate Administrator for the Center for Adolescent Nursing, Mike Edie took at new position within the School of Nursing. Edie moved down just one floor and joined the School’s business office as a Post Awards Grants Manager. We miss him, but wish him all the best in his new position!

Center for Adolescent Nursing assistant professor, Carolyn Garcia, PhD, MPH, RN, received funding from Sigma Theta Tau International for a pilot study, “Engaging Latino adolescent boys and their parents in a Photovoice project.” This project will build on a prior photovoice intervention involving Latina adolescent females. Also, she received a 2011 Midwest Nursing Research Society Seed grant for her project titled, “How R U? Momentary sampling via texts with Latina teens.” Her project will explore text messaging as a new way of gathering data in nursing research.

Former CAN master’s student and current University of Alabama-Birmingham PhD student, Luz Huntington-Moskos, MS, RN, CPN, received the 2011 AACN Minority Nurse Faculty Scholarship award. The award provides financial support to underrepresented PhD/DNP nursing students who agree to teach full-time after graduation.

Huntington-Moskos first developed her interest in working with adolescents as a high school science teacher in the Peace Corps (Malawi 94-96). Of Latino decent, she has provided nursing care to members of the Navajo Nation and maintains a strong commitment to minority health issues. Her dissertation focuses on understanding tobacco exposures and cardiovascular risk among rural adolescents.

Associate professor in the Center for Adolescent Nursing, Barbara McMorris, PhD, was featured in several local, national, and international newspapers, online news sites, and a variety of radio talk shows for her research featured in the May edition of Journal of Studies on Alcohol and Drugs. McMorris’ research examined the effects of adult-supervised drinking in young teens and the consequences associated with this practice. The study conducted with youth in Seattle, Washington and Victoria, Australia, determined that allowing adolescents to drink alcohol with adult supervision does not enhance responsible drinking as they get older. Rather, their findings showed that the “harm-minimization” approach led to more drinking and alcohol-related incidents.

In addition, Barbara McMorris presented, “The good, the bad, and the ugly of multiple data sources: Examples from administrative claims, health procedure checklists, official records and self-reported surveys” as part of the
activities

2011 Mary McEvoy Award Recipient

Former doctoral student and current post-doctoral fellow in the Center for Adolescent Nursing, Elizabeth Lando-King PhD, RN, received the 2011 University of Minnesota President’s Student Leadership and Service Award. Given to less than 1% of the Twin Cities’ student body, Lando-King was selected because of her outstanding dedication to student leadership and service. Her student leadership roles included co-chairing the Organization of PhD Students in Nursing and serving as the Nursing Representative to the Council of Graduate Students.

As a President’s Student Leadership Service Award recipient, Lando-King was invited to apply for the prestigious Mary McEvoy Award for Public Engagement and Leadership. Established in honor of a university faculty who embodied the criteria for this award, the McEvoy Award is given annually to two U of MN students who demonstrate excellence in scholarship, research, and community concerns.

After completing a written application and in-person interviews with members of the awards committee, Lando-King was selected as the 2011 Mary McEvoy Award recipient. At the Presidential Award Ceremony on May 2011, Lando-King was presented with the Mary McEvoy Award for Public Engagement and Leadership.

Nursing Research Seminar Series in the School of Nursing. McMorris discussed effective ways to manage data from a broad spectrum of sources.

Adolescent Health Protection Research Training pre-doctoral fellow in the Center for Adolescent Nursing, Meg Bruening, PhD(c), RD, was appointed as the Public Policy Coordinator for the Minnesota Dietetic Association. Bruening’s responsibilities include facilitating and promoting state level advocacy on federal nutrition related legislation.

CAN faculty member and clinical professor, Linda Olson Keller, DNP, APHN-BC, FAAN, received the 2010 Distinguished Alumni Award from St. Olaf College in Northfield, Minnesota. Olson Keller was recognized for her dedication to public health nursing and her focus on redefining population-based public health practices. Her life-long goal is to improve public health nursing locally and globally, often traveling to Southeast Asia and African nations to promote public health nursing education.

Gretchen Cutler, PhD, RD, former Adolescent Health Protection Research Training trainee in the Center for Adolescent Nursing, graduated in May with her PhD. Her dissertation, titled, “Major patterns of dietary intake in adolescents: Identification, stability over time, correlates, and associations with obesity” has led to several publications for Cutler and her co-authors. Cutler is currently working as a senior epidemiologist in the Environmental Impacts Analysis Unit at the Minnesota Department of Health.

Former Adolescent Health Protection Research Training post-doctoral fellow in CAN, Scott Harpin, PhD, MPH, APRN-BC, was selected to present findings from his dissertation titled, “Missingness in longitudinal research: Attrition analysis and imputation approaches in a school-based longitudinal study of young adolescents” at the Society for Adolescent Health and Medicine (March 2011), the Midwest Nursing Research Society (April 2011), and at the Society for Prevention Research (June 2011). Harpin was also invited to be a guest speaker at the Southern Nursing Research Society where he spoke about his experience and opportunities as a post-doctoral fellow in adolescent nursing. He was also selected to participate in the Making Lifelong Connections meeting (January 2012), where he represented all MCHB programs that contributed to his graduate training at the U of MN – Center for Adolescent Nursing (School of Nursing), Leadership in Education and Health (Medical School, Pediatrics), and Maternal and Child Health Program (School of Public Health). In June of 2011, Harpin began an assistant professor faculty position at the University of Colorado-Denver, College of Nursing, Anschutz Medical Campus.

2011-2012 Graduates

Upon completion of her PhD in May of 2011, Lisa Martin, PhD, MS, RN, accepted a position at the U of MN’s School of Nursing as a clinical assistant professor. Martin’s dissertation was titled, “The lived experience of type 2 diabetes in urban-based American Indian adolescents.” Her research focuses on diabetes prevention in American Indian adolescents, American Indian health care and research, nursing workforce diversity, and community-based participatory research.

In 2011, CAN student Rose Raleigh, MS, RN, successfully defending her master’s research paper titled, “HIV/STI prevention interventions for incarcerated youth.” Raleigh, is currently a faculty member in the nursing program at Century College in White Bear Lake, Minnesota.
introduction: American Indian children have high rates of overweight and obesity, which may be partially attributable to screen-time behavior. Young children's screen-time behavior is strongly influenced by their environment and their parents' behavior. We explored whether parental television watching time, parental perceptions of children's screen time, and media-related resources in the home are related to screen time (i.e., television, DVD/video, video game, and computer use) among Oglala Lakota youth residing on or near the Pine Ridge Reservation in South Dakota. METHODS: We collected baseline data from 431 child and parent/caregiver pairs who participated in Bright Start, a group-randomized, controlled, school-based obesity prevention trial to reduce excess weight gain. Controlling for demographic characteristics, we used linear regression analysis to assess associations between children's screen time and parental television watching time, parental perceptions of children's screen time, and availability of media-related household resources. RESULTS: The most parsimonious model for explaining child screen time included the children's sex, parental body mass index, parental television watching time, how often the child watched television after school or in the evening, parental perception that the child spent too much time playing video games, how often the parent limited the child's television time, and the presence of a VCR/DVD player or video game player in the home ($F_{7,367} = 14.67; P < .001; adjusted R^2 = .37$). The presence of a television in the bedroom did not contribute significantly to the model. CONCLUSION: Changes in parental television watching time, parental influence over children's screen-time behavior, and availability of media-related resources in the home could decrease screen time and may be used as a strategy for reducing overweight and obesity in American Indian children. Preventing Chronic Disease, (2011); 8(5), A105.

Longitudinal and secular trends in parental encouragement for healthy eating, physical activity, and dieting throughout the adolescent years.

Katherine Bauer, Melissa Laska, Jayne Fulkerson, Dianne Neumark-Sztainer

PURPOSE: Parental encouragement for healthy eating and physical activity has been found to be associated with the long-term healthy habits of adolescents, whereas parental encouragement to diet has been associated with disordered eating behaviors among adolescents. However, little is known about how parental encouragement changes as adolescents grow older (longitudinal trends), or how parental encouragement has changed over time (secular trends). This study examined five-year longitudinal and secular trends in adolescents’ report of their parents’ encouragement to eat healthily, be physically active, and diet. METHODS: Project Eating Among Teens surveyed a cohort of Minnesota adolescents ($n = 2,516$) in the years 1999 and 2004. Mixed-model regressions were used to assess changes in adolescents’ reports of parental encouragement from early to middle adolescence (middle school to high school) and from middle to late adolescence (high school to post-high school), and secular changes in parental encouragement among middle adolescents between the years 1999 and 2004. RESULTS: Longitudinally, there were significant decreases in parental encouragement to eat healthy food, be active, and diet between early and middle adolescence. Between middle and late adolescence, among males parental encouragement for all behaviors decreased, whereas among females parental encouragement to diet increased. Few secular changes in parental encouragement were observed between 1999 and 2004. CONCLUSION: Given the importance of parental support for healthy eating and physical activity, efforts should be made to help parents maintain a high level of encouragement for their children’s healthy behavior throughout adolescence. Parents of late adolescent females should aim to decrease the pressure on their daughters to diet during these critical developmental years. Journal of Adolescent Health, (2011); 49(3), 306-311.

Familial correlates of adolescent girls’ physical activity, television use, dietary intake, weight, and body composition.

Katherine Bauer, Dianne Neumark-Sztainer, Jayne Fulkerson, Peter Hannan, Mary Story

BACKGROUND: The family environment offers several opportunities through which to improve adolescents’ weight and weight-related behaviors. This study aims to examine the cross-sectional relationships between multiple factors in the family environment and physical activity (PA), television use (TV), soft drink intake, fruit and vegetable (FV) intake, body mass index (BMI), and body composition among a sample of sociodemographically diverse adolescent girls. METHODS: Subjects included girls (mean age = 15.7), 71% of whom identified as a racial/ethnic minority, and one of their parents (dyad $n = 253$). Parents completed surveys assessing factors in the family environment including familial support for adolescents’ PA, healthful dietary intake, and limiting TV use; parental modeling of behavior; and resources in the home such as availability of healthful food. Girls’ PA and TV use were measured by 3-Day Physical Activity Recall (3DPAR) and dietary intake by survey measures. BMI was measured by study staff, and body fat by dual-energy X-ray absorptiometry (DXA). Hierarchical linear regression models tested individual and mutually-adjusted relationships between family environment factors and girls’ outcomes. RESULTS: In the individual models, positive associations were observed between family support for PA and girls’ total PA ($p < .01$) and moderate-to-vigorous PA ($p = .016$), home food availability and girls’ soft drink ($p < .001$) and FV ($p < .001$) intake, and family meal frequency and
Relationships between the family environment and school-based obesity prevention efforts: Can school programs help adolescents who are most in need?

Katherine Bauer, Dianne Neumark-Sztainer, Peter Hannan, Jayne Fulkerson, Mary Story

Identifying factors that contribute to students’ behavior and weight improvements during school-based obesity prevention interventions is critical for the development of effective programs. The current study aims to determine whether the support and resources that adolescent girls received from their families were associated with improvements in physical activity (PA), television use, dietary intake, body mass index (BMI) and body composition during participation in New Moves, a school-based intervention to prevent obesity and other weight-related problems. Adolescent girls in the intervention condition of New Moves (n=135), and one parent of each girl, were included in the current analysis. At baseline, parents completed surveys assessing the family environment. At baseline and follow-up, 9-12 months later, girls’ behaviors were self-reported, height and weight were measured by study staff and body fat was assessed using dual-energy X-ray absorptiometry. Results showed few associations between family environment factors and girls’ likelihood of improving behavior, BMI or body composition. These findings suggest that in general, school-based interventions offer similar opportunities for adolescent girls to improve their PA, dietary intake, and weight, regardless of family support.

Health Education Research, (2011); 26(4), 675-688.

Adolescent condom use consistency over time: Global versus partner-specific measures.

Linda H. Bearinger, Renee Sieving, Naomi Duke, Barbara McMorris, Sarah Stoddard, Sandra Pettingell

BACKGROUND: The conundrum of measuring condom use consistency, particularly with adolescents, has left researchers with a cacophony of strategies, thereby limiting comparability and interpretation. OBJECTIVE: The aim of this analysis was to compare and contrast two measures of condom use consistency, global versus partner specific, and their relationships with key covariates, using trajectory groups differentiated by stability of condom use consistency over three time points. METHOD: Using self-report data from sexually active girls (aged 13-17 years) in a clinic-based intervention study aimed at lowering risk for early pregnancy, this analysis compared two measures of self-reported condom use consistency: (a) a global measure: overall condom use consistency in the past 6 months and (b) a partner-specific measure: condom use consistency with the most recent sex partner in the last 6 months. Using a subjective rule-based approach, the adolescent girls in the study (n=151) were classified into trajectory groups representing their condom use consistency at three time points (baseline and 6 and 12 months). Then, using bivariate methods, trajectory groups were compared on four baseline covariates (age, treatment condition, hormonal use in the last 6 months, and number of sex partners in the last 6 months) and three time-varying covariates measured at baseline and at 6 and 12 months (hormonal use stability, stability of primary sex partner, and stability of number of sex partners). RESULTS: For the trajectory groups formed using the global measure of condom use consistency, stability of the primary sex partner differed significantly between trajectory groups. For the partner-specific trajectory groups, two baseline and one time-varying covariate relationships were significant: hormonal use in the 6 months prior to baseline, number of sex partners in the past 6 months (baseline), and stability of the primary sex partner (time varying), with hormonal use stability (time varying) trending toward significance. DISCUSSION: The larger number of significant covariate relationships with the partner-specific trajectory groups suggests greater utility in assessing partner-linked behavior rather than a global measure. Despite limitations of the analytic strategy, this study sheds light on a measurement conundrum that has been an obstacle to comparing and contrasting indicators of condom use consistency during adolescence.

Nursing Research, (2011); 60(3), 568-578.

Multiple socio-demographic and socio-environmental 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. MAIN OUTCOME MEASURES/STATISTICAL ANALYSIS PERFORMED: 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 socioenvironmental characteristics (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 Dietetic Association*, (2011); 111(2), 230-240.

**Examining youth hopelessness as an independent risk correlate for adolescent delinquency and violence.**

**Naomi Duke, Iris Borowsky, Sandra Pettingell, Barbara McMorris**

Prior research has identified a relationship between youth hopelessness and violence perpetration within specific groups of young people. The purpose of this study was to evaluate the relationship between youth hopelessness and violence perpetration in a population-based sample of adolescents. This study is a cross-sectional analysis of data from 136,549 students in the 6th, 9th, and 12th grades responding to the 2007 Minnesota Student Survey. Logistic regression models were used to evaluate the relationship between hopelessness and youth violence perpetration, including comparison analyses for gender and race/ethnic subgroups as well as adjustment for a measure of poor-low affect. One in four youth (25.1%) reported levels of hopelessness at least enough to bother them in the previous month. Moderate-high levels of hopelessness exhibited a statistically significant independent relationship with a range of violence-related outcomes for youth subgroups: delinquent behavior, weapon carrying on school property, and all forms of self-directed violence. Relationships between hopelessness and interpersonal and intimate partner violence suggest a greater contribution by poor affective functioning for some groups. Interventions designed to reduce youth violence perpetration may benefit from increased strategies to address youth hopelessness as well as youth mental health in general. *Maternal and Child Health Journal*, (2011); 15(1), 87-97.

**Adolescent early death perception: Links to behavioral and life outcomes in young adulthood.**

**Naomi Duke, Iris Borowsky, Sandra Pettingell, Carol Skay, Barbara McMorris**

INTRODUCTION: The purpose of this study was to examine the relationship between changes in adolescent perception of risk for early death over time and behavioral and life outcomes in young adulthood. METHODS: This is a secondary data analysis of 7202 respondents participating in waves 1 (1995), 2 (1996), and 3 (2001-2002) of the in-home interviews from the National Longitudinal Study of Adolescent Health. Linear and logistic regression models were used to determine the predictive ability of adolescent early death perception at waves 1 and 2 on young adult outcomes of health risk, human capital, and prosocial development, and fitness at wave 3. RESULTS: Nearly one in four youth (23%) expressed perceived risk of premature death at some point in time; 6% of youth persisted in this outlook. Perceived risk of premature death during adolescence was linked to poor health and productivity on multiple levels in young adulthood. DISCUSSIONS: Adolescent perceived risk for premature death portends poor outcomes in young adulthood. Findings support incorporating screening questions on adolescents' mortality beliefs into psychosocial assessments and interviews. *Journal of Pediatric Health Care*, (2011); 25(4), 224-234.

**Weight comments by family and significant others in young adulthood.**

**Marla Eisenberg, Jerica Berge, Jayne Fulkerson, Dianne Neumark-Sztainer**

Weight teasing is common among adolescents, but less is known about the continuation of this experience during young adulthood. The present study uses survey data from a diverse sample of 2287 young adults, who participated in a 10-year longitudinal study of weight-related issues to examine hurtful weight comments by family members or a significant other. Among young adults, 35.9% of females and 22.8% of males reported receiving hurtful weight-related comments by family members, and 21.2% of females and 23.8% of males with a significant other had received hurtful weight-related comments from this source. Hispanic and Asian young adults and overweight/obese young adults were more likely to report receiving comments than those in other groups. Weight teasing during adolescence predicted hurtful weight-related comments in young adulthood, with some differences by gender. Findings suggest that hurtful weight talk continues into young adulthood and is predicted by earlier weight teasing experiences. *Body Image*, (2011); 8(1), 12-19.

**Focus groups with working parents of school-age children: What’s needed to improve family meals?**

**Jayne Fulkerson, Martha Kubik, Sarah Rydell, Kerri Boutelle, Ann Garwick, Mary Story, Dianne Neumark-Sztainer, Bonnie Dudovitz**

OBJECTIVE: To conduct focus groups to identify parents’ perceptions of barriers to family meals and elucidate ideas to guide the development of interventions to overcome barriers. METHODS: Focus groups were conducted with a convenience sample of 27 working parents in urban community settings. RESULTS: Parents reported enjoying the sharing/bonding at meals, but they reported limited time for meal preparation and frequent multi-tasking at mealtime. They wanted their children’s help with meal preparation, but they were concerned about the time and “mess” involved. They were frustrated with the limited range of food items their children would eat. Preferred program ideas included feeding tips/recipes, meal planning/preparation, and changing food offerings.
CONCLUSIONS AND IMPLICATIONS: Findings indicate a need for creative programs and professional nutrition guidance to facilitate family engagement in planning and cooking quick, healthful meals; development of skill building; and increasing healthful food consumption. *Journal of Nutrition Education and Behavior*, (2011); 43(3), 189-193.

**Urban and rural immigrant Latino youths’ and adults’ knowledge and beliefs about mental health resources.**

Carmen Garcia, Lauren Gilchrist, Gabriela Vazquez, Amy Leite, Nancy Raymond

Immigrant Latino youth experience mental health problems in the US. Cultural beliefs and knowledge may influence help-seeking behaviors. Two hundred thirty-four immigrant Latino respondents between 12 and 44 years of age completed a questionnaire assessing knowledge of and cultural beliefs regarding mental health resources for adolescents, symptoms, and help-seeking. Multivariate analyses showed that rural respondents were significantly less likely to know of mental health resources than urban-based immigrant Latinos. Knowledge and belief outcomes were also affected by age, gender, and length of time living in the community. Immigrant Latinos appear willing to seek professional help for mental health problems but may not know how to access this type of care, or may lack available services. Future research to inform interventions that increase awareness of accessible mental health services is suggested. Findings support systems-level changes including increased availability of culturally-specific mental health services, especially in rural areas. *Journal of Immigrant and Minority Health*, (2011); 13(3), 500-509.

**Prevalence and social-environmental correlates of sports team participation among alternative high school students.**

Karen Johnson, Martha Kubik, Barbara McMorris

BACKGROUND: Alternative high school (AHS) students have low levels of physical activity (PA) and high rates of overweight/obesity. Sports team participation, a specific form of PA, is associated with increased PA and decreased overweight/obesity in general adolescent populations. However, little is known about the prevalence and correlates of sports team participation among AHS students.

METHODS: In 2006, students (n = 145; mean age = 17 years; 52% male; 61% minorities; 64% low-income) attending 6 AHS in Minneapolis/St. Paul completed self-administered surveys. Mixed model logistic regression was used to examine cross-sectional associations between sports team participation and school staff support for PA, friend support for PA, and perceived barriers to PA. RESULTS: Among students, 40% participated in a sports team. Odds of participating in a sports team were positively associated with support for PA from school staff (OR = 1.12, P = .014) and friends (OR = 1.15, P = .005), but inversely associated with perceived barriers to PA (OR = 0.95, P = .014). CONCLUSION: Results suggest that efforts to increase sports team participation among AHS students should target social-environmental factors. Further study is warranted. *Journal of Physical Activity and Health*, (2011); 8(5), 606-612. Reprinted with permission. © Human Kinetics, Inc. http://journals.humankinetics.com/jpah

**Parental perspectives on sources of sex information for young people.**

Kathryn Lagus, Debra Bernat, Linda H. Bearinger, Michael Resnick, Marla Eisenberg

PURPOSE: To examine parental perspectives toward sources of sex information. METHODS: Interviews were conducted with 1605 parents. RESULTS: Most parents indicated that youth should receive information from their parents; however, in reality, believe they obtain most of their information from friends and the media. CONCLUSION: Nearly all parents want young people to receive information about sex from their parents. *Journal of Adolescent Health*, (2011); 49(1), 87-89.

**Influence of family factors and supervised alcohol use on adolescent alcohol use and harms: Similarities between youth in different alcohol policy contexts.**

Barbara McMorris, Richard Catalano, Min-Jung Kim, John Toumbourou, Sheryl Hemphill

OBJECTIVE: Harm-minimization policies suggest that alcohol use is a part of normal adolescent development and that parents should supervise their children’s use to encourage responsible drinking. Zero-tolerance policies suggest that all underage alcohol use should be discouraged. This article compared hypotheses derived from harm-minimization and zero-tolerance policies regarding the influence of family context and supervised drinking on adolescent alcohol use and related harms among adolescents in Washington State, USA, and Victoria, Australia, two states that have respectively adopted zero-tolerance and harm-minimization policies. METHOD: Representative samples of seventh-grade students (N = 1,945; 989 females) were recruited from schools in each state. Students completed comprehensive questionnaires on alcohol use, related problem behaviors, and risk and protective factors annually from 2002 to 2004 when they were in ninth grade. RESULTS: Relationships between family context and alcohol use and harmful use were very similar in both states. Adult-supervised settings for alcohol use were associated with higher levels of harmful alcohol consequences. Adult-supervised alcohol use mediated the links between favorable parental attitudes to alcohol use and ninth-grade alcohol use for students in both states. CONCLUSIONS: Despite policy differences in the two states, relationships between family context variables and alcohol use and harmful use are remarkably similar. Adult-supervised settings for alcohol use resulted in higher levels of harmful alcohol consequences, contrary to predictions derived from harm-minimization policy. Findings challenge the harm-minimization position that supervised alcohol use or early-age alcohol use will reduce the development of adolescent alcohol problems. *Journal of Studies on Alcohol and Drugs*, (2011); 72(3), 418-428.
Obesity prevention practices of elementary school nurses in Minnesota: Findings from interviews with licensed school nurses.
Leslie Morrison-Sandberg, Martha Kubik, Karen Johnson

Elementary schools are an optimal setting to provide obesity prevention interventions, yet little is known about the obesity prevention practices of elementary school nurses. The purpose of this study was to gain insight into current obesity-related school nursing practice in elementary schools in Minnesota, opinions regarding school nurse-led obesity prevention programs, and school nurses’ interest in implementing obesity prevention programs. Semistructured interviews were conducted with 21 Minnesota school districts (urban = 7; suburban = 8; and rural = 6), who were licensed school nurses (LSNs). Findings indicated that LSNs provided some primary and secondary obesity prevention services. Key informants felt school nurses, administrators, and parents would be supportive of school-based, LSN-led obesity prevention efforts. Interest in increasing efforts was limited by time constraints, staffing, and resources. School nurses are well positioned to provide prevention services that will contribute to reducing childhood obesity. Journal of School Nursing, (2011); 27(1), 13-21. http://jsn.sagepub.com/content/27/1/13.short

Social messages, social context, and teen sexual health: Voices of urban African American youth.
Molly Secor -Turner, Renee Sieving, Ann Garwick

OBJECTIVE: To describe aspects of the social context that low-income, urban African American young women articulate as having influenced social messages they received during adolescence about pregnancy timing and childbearing. METHODS: Individual interviews were conducted with 20 African American young women ages 18-22. RESULTS: Findings clustered into 5 themes: first sex; getting ready and getting it over with; the path for African American girls; gender expectations: insecurity and independence; living into a future; and living in a context of instability and uncertainty. CONCLUSIONS: Findings portray a complex relationship between social context, social messages, and decisions about pregnancy timing and childbearing. American Journal of Health Behavior, (2011); 35(2), 162-174.

Prime Time: 12-month sexual health outcomes of a clinic-based intervention to prevent pregnancy risk behaviors.
Renee Sieving, Barbara McMorris, Kara Beckman, Sandra Pettingell, Molly-Secor Turner, Kari Kugler, Ann Garwick, Michael Resnick, Linda H. Bearinger

PURPOSE: Prime Time, a youth development intervention, aims to reduce pregnancy risk among adolescent girls seeking clinic service who are at high risk for pregnancy. This article examines sexual risk behaviors and hypothesized psychosocial mediators after 12 months of the Prime Time intervention. METHODS: This study was a randomized controlled trial with 253 girls aged 13–17 years meeting specified risk criteria. Intervention participants were involved in Prime Time programming plus usual clinic services for 18 months, control participants received usual clinic services. The intervention used a combination of case management and peer leadership programs. Participants in this interim outcomes study completed self-report surveys at baseline and 12 months after enrollment. Surveys assessed sexual risk behaviors and psychosocial factors targeted for change by Prime Time. RESULTS: At the 12-month interim, the intervention group reported more consistent use of condoms, hormonal contraception, and dual contraceptive methods with their most recent partner as compared with the control group. The intervention group also reported greater stress management skills with trends toward higher levels of prosocial connectedness at school and with family. No between-group differences were noted in psychosocial measures specific to sex and contraceptive use. CONCLUSION: Preventing early pregnancy among high-risk adolescents requires multifaceted, sustained approaches. An important research focus involves testing youth development interventions offered through clinic settings, where access to high-risk adolescents is plentiful and few efforts have emphasized a dual approach of building protective factors while addressing risk. Findings suggest that youth development interventions through clinic settings hold promise in reducing pregnancy risk among high-risk youth. Journal of Adolescent Health, (2011); 49(2), 172-179.

A clinic-based youth development program to reduce sexual risk behaviors among adolescent girls: The Prime Time pilot study.
Renee Sieving, Debra Bernat, Michael Resnick, Jenny Oliphant, Sandra Pettingell, Shari Plowman, Carol Skay

Social connections, trajectories of hopelessness, and serious violence in impoverished urban youth.
Sarah Stoddard, Sue Henly, Renee Sieving, John Bolland

Youth living in impoverished urban neighborhoods are at risk for becoming hopeless about their future and engaging in violent behaviors. The current study seeks to examine the longitudinal relationship between social connections, hopelessness trajectories, and subsequent violent behavior across adolescence. Our sample included 723 (49% female) African American youth living in impoverished urban neighborhoods who participated in the Mobile Youth Survey from 1998 through 2006. Using general growth mixture modeling, we found two hopelessness trajectory classes for both boys and girls during middle adolescence: a consistently low hopelessness class and an increasingly hopeless class with quadratic change. In all classes, youth who reported stronger early adolescent connections to their mothers were less hopeless at age 13. The probability of later adolescent violence with a weapon was higher for boys and was associated with the increasingly hopeless class for both boys and girls. Implications for new avenues of research and design of hope-based prevention interventions will be discussed. Journal of Youth and Adolescence, (2011); 40(3), 278-295.
Do social connections and hope matter in predicting early adolescent violence?
Sarah Stoddard, Barbara McMorris, Renee Sieving

We tested relationships between social connections, hope, and violence among young adolescents from socially distressed urban neighborhoods, and examined whether relationships between adolescents’ family and school connectedness and violence involvement were mediated by hopefulness. Data were from middle school students involved in the Lead Peace demonstration study. The sample (N = 164) was 51.8% female; 42% African American, 28% Asian, 13% Hispanic, and 17% mixed race or other race; average age was 12.1 years; 46% reported physical fighting in the past year. In multivariate models, parent-family connectedness was protective against violence; school connectedness was marginally protective. Hopefulness was related to lower levels of violence. The relationship between school connectedness and violence was mediated by hopefulness; some evidence for mediation also existed in the family-parent connectedness and violence relationship. Findings warrant continued exploration of hopefulness as an important protective factor against violence involvement, and as a mediator in relationships between social connections and violence involvement. *American Journal of Community Psychology*, (2011); 48(3-4), 247-256.

Other articles by CAN Faculty, Students, and Fellows

Substance use and dietary practices among students attending alternative high schools: Results from a pilot study.
Chrisa Arcan, Martha Kubik, Jayne Fulkerson, Peter Hannan, Mary Story

Adolescent girls’ weight-related family environments, Minnesota.
Katherine Bauer, Dianne Neumark-Sztainer, Jayne Fulkerson, Mary Story
*Preventing Chronic Disease*, (2011), 8(3), A68

Risk and protective factors for suicide attempt among indigenous Māori youth in New Zealand: The role of family connection as a moderating variable.
Terryann Clark, Elizabeth Robinson, Sue Crengle, Theresa Fleming, Shanthi Ameratunga, Simon Denny, Linda H. Bearinger, Renee Sieving, Elizabeth Saewyc

Associations between major patterns of dietary intake and weight status in adolescents.
Gretchen Cutler, Andrew Flood, Peter Hannan, Dianne Neumark-Sztainer

Adult perceptions of neighborhood: Links to youth engagement.
Naomi Duke, Iris Borowsky, Sandra Pettingell
*Youth & Society*, (2011)
doi: 10.1177/0044118X11402852 (ONLINE FIRST)

Health behavior and mental health of students attending alternative high schools: A review of the research literature.
Karen Johnson, Lindsay Taliaferro
*Journal for Specialists in Pediatric Nursing*, (2011)

Relationships between physical activity and depressive symptoms among middle and older adolescents: A review of the research literature.
Karen Johnson, Lindsay Taliaferro

Cornerstones of public health nursing.
Linda Olson-Keller, Susan Strohschein, Marjorie Schaffer

Engaging vulnerable adolescents in a pregnancy prevention program: Perspectives of Prime Time staff.
Amanda Tanner, Molly Secor-Turner, Ann Garwick, Renee Sieving, Kayci Rush
*Journal of Pediatric Health Care* (2011)
doi:10.1016/j.pedhc.2010.10.003 (ONLINE FIRST)
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New Center Faculty

No stranger to the hallways of the Center for Adolescent Nursing, Barbara J. McMorris, PhD, has been guiding graduate students and post-doctoral fellows since 2008. In her role as senior research associate, McMorris has consulted on a range of research skills and needs — developing protocol, conducting sophisticated analyses, preparing scientific presentations, and writing proposals and manuscripts.

But, there’s news! McMorris has just joined the tenured/tenure track faculty in the School of Nursing as an associate professor. In her new role, McMorris will continue to provide methodological expertise and analytic guidance for a variety of federally-funded projects in CAN and the Healthy Youth Development – Prevention Research Center in the Department of Pediatrics, Medical School. However, McMorris does not confine her work to Minnesota. She collaborates with colleagues at the University of Washington and in Victoria, Australia on longitudinal projects comparing youth in Washington State and Victoria. With her strong methodological expertise, global perspectives on public health, sociological background, and dedication to nurse scholars and researchers, she is a sought-after colleague.

Intrigued with the development, structure, and functioning of youth and their environments, McMorris obtained an MA and PhD in sociology from the University of Nebraska-Lincoln, concentrating her research efforts on survey research and youth antisocial behavior. Further postdoctoral NRSA training focused on changing social contexts of development and early life course trajectories in youth. After her post-doc, McMorris took a position as a Research Scientist at Iowa State University, who work in public health with young people. This work with restorative justice programs exemplifies the real power of community-engaged research to inform best practices for healthy youth development. All of the partners, whether from the school district, the nonprofit law firm, or the university, share the common goal of preventing school dropout and keeping students engaged and progressing toward educational or vocational goals.” McMorris recently presented preliminary findings from the evaluation at the annual American Society for Criminology meetings in Washington, DC.

Linda Bearinger, CAN Director, said, “We are thrilled to have Dr. McMorris joining our Center in this new role. She brings a wealth of expertise and enthusiasm for teaching and mentoring professionals who work in public health with young people.”
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