Partnerships with a Purpose: Promoting Health for Young People through Community-Engaged Research

What do these Minnesota places have in common?

The Legal Rights Center of Minneapolis
Worthington Public Schools
The Minneapolis American Indian Center
El Colegio & Guadalupe Alternative Programs
Face-to-Face, The Annex, & North Point Clinics
Shakopee Women’s Prison
St. Paul Central High School
The Minneapolis Mayor’s Office
Maple River Public Schools
The Ramsey County Attorney’s Office
Lucy Craft Laney & Nellie Stone Johnson K-8 Schools in Minneapolis

Each are places in Minnesota where faculty and staff at the University of Minnesota have conducted research and partnered with community colleagues to work on behalf of young people and their health. In the past three decades, we have grown a large network of faculty – primarily from nursing, medicine, and public health, whose professional skills, service, and scholarship focus on the well-being of young people. Together we represent an interdisciplinary group of colleagues who have worked with each one of these partners – and many more. The list is long. All of us seek to learn more about what works in supporting the healthy development of young people and why.

A closer look at the first partner on the list, the Legal Rights Center, reveals the power and impact of community-engaged work. On behalf of young people who are living academically at the margins of their school, the Legal Rights Center walks the talk of restorative justice. A community-driven non-profit law firm, the Center recognizes the conundrum facing school administrators when it comes to responding to disciplinary concerns while also not wanting to suspend or expel students who are already academically at risk. Principals may know about the strong evidence supporting the notion that when young people feel connected to their school and their teachers, they get better grades. Yet, despite the evidence showing the effects of school connectedness, school policies often employ punitive measures that further isolate young people and do little to deter future incidents.

Partnering with the Minneapolis Public School District, the Legal Rights Center seeks to apply principles of “restorative justice” when students are recommended for expulsion. Students, their parents, school staff, and the Legal Rights Center’s advisors hold a family conference to work through concerns, identify needed resources, and support the student to create an “Accountability Plan.” It is a strategy grounded in the paradigm of healthy youth development.
Dear Readers,

Certainly, as we approach the 20th anniversary of the 1993 launch of the Center for Adolescent Nursing, it’s a time to reflect on where we’ve been and what we’ve accomplished. Two decades ago we set out to create what we hoped would be a hub for nurses who specialize in working with young people. The cornerstone would be a graduate program in which nurses could obtain an advanced degree in adolescent nursing grounded in the principles and practice of public health nursing. To date, well over 100 graduates of our program hold MS, DNP, and PhD degrees – all of them prepared for leadership roles in the field of adolescent health.

To mark our 20th year of graduate education in adolescent nursing, we surveyed our graduates and current students to learn “What worked?” and “What needs more work?” – two key questions to ask as we move into our Center’s 3rd decade.

First, what needs more work? Their recommendations encourage us to work harder to assure that there are no limits to the opportunities students have for engaging in research activities and being mentored and guided by leaders in primary care and public health practice – in places and positions they will work after graduation. Students will also benefit as we increase connections with other health professionals.

Second, what worked? We delight in the impact of our community-engaged work. For example, “Investing in Health: Youth Development Yields Brighter Futures,” we continue the cover story from the March 2012 Adolescent Health issue. It’s a story about Lead Peace, a school-based service-learning program launched a decade ago in two urban K-8 schools. We hear the impact of Lead Peace in the voices of three college students who are among the first group of 6th graders who started Lead Peace in 2002. Dr. Renee Sieving, Associate Professor in our Center for Adolescent Nursing, heads the university-community partnership that is using credible approaches and finding incredible results!

From The Director

Karen Johnson, p. 8
Judith Kahn, p. 6

Linda H. Bearinger, PhD, RN, FAAN
Professor and Director
Students

As a first year PhD student in the public health nursing-adolescent health curriculum, **Windy Fredkove, RN, MSN, APHN-BC**, plans to focus her work on health promotion and wellness in adolescents. Eleven years of nursing experience in a variety of settings with in-patient, outreach, education, case management, community health, and administrative work, as well as her current practice as a Sexual Assault Nurse Examiner, have inspired her to focus her graduate work on the promotion of resiliency and asset development aimed at promoting health and improving coping skills for vulnerable youth.

Graduates

Former Center pre-doctoral fellow, **Meg Bruening, PhD, MPH, RD**, successfully defended her dissertation: *The Role of Friends in Adolescent Weight Status and Eating Behaviors* in June 2012. After graduation, Dr. Bruening accepted a position at Arizona State University as an assistant professor in the School of Nutrition and Health Promotion.

Congratulations, Meg!

Recent publications by Dr. Bruening include:


Defending her dissertation: *Studying the Playbook: Mediating Variables in Relationships Between Sports Team Participation and Health-risk Behaviors Among Alternative High School Students from 2001-2010*, CAN trainee, **Karen Johnson, PhD, BS, BA, RN**, successfully completed her BSN to PhD program in the U of MN School of Nursing. Hooded by her mother (Julie Johnson, PhD, RN, University of Texas at Austin alumni) at the graduation ceremony, Dr. Johnson and family celebrated her new position as an assistant professor at the University of Texas at Austin in the School of Nursing, where her senior faculty mentor is Dr. Lynn Rew, former post-doctoral fellow at the U of MN Leadership Education in Adolescent Health Program, Department of Pediatrics, Medical School.

Congratulations, Karen!

New Student

As a first year PhD student in the public health nursing-adolescent health curriculum, **Windy Fredkove, RN, MSN, APHN-BC**, plans to focus her work on health promotion and wellness in adolescents. Eleven years of nursing experience in a variety of settings with in-patient, outreach, education, case management, community health, and administrative work, as well as her current practice as a Sexual Assault Nurse Examiner, have inspired her to focus her graduate work on the promotion of resiliency and asset development aimed at promoting health and improving coping skills for vulnerable youth.
Partnerships

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that seeks to restore assets or strengths into the lives of these youth – the same assets or protective factors that every young person needs for healthy development – connections to school, family, and other pro-social adults, and a sense of competence and confidence that engages them and gives them hope and opportunity.

School of Nursing researcher and Center for Adolescent Nursing faculty, Barb McMorris, PhD, has worked with the Legal Rights Center and their Minneapolis school partners to develop and implement an evaluation of this innovative restorative justice approach designed to, first and foremost, keep young people connected with their schools while also supporting school administrators in their daily challenges dealing with disciplinary problems. With preliminary findings McMorris and team have already noted increases in both parent and student connections to school – the most powerful predictor of school achievement and high school completion for young people around the globe! The partnership between centers – The Center for Adolescent Nursing and The Legal Rights Center – with the Minneapolis Public Schools will continue long-term, with support from the Minnesota Department of Public Safety and the Healthy Youth Development • Prevention Research Center, U of MN.

Opportunities for Students

Beyond the pursuit of answers to the ways that we can best support and promote the health and well-being of young people, particularly those most vulnerable, community-engaged research creates meaningful service, clinical, and research practica for undergraduate and graduate students and post-doctoral fellows. Every aspect of our community-partnered research is an opportunity for students to learn. They gain insights into the economic and racial/ethnic disparities that lead to health inequities; they learn about ways to honor and respect cultural and community differences; they learn supporting young people in ways common across all groups and populations. Students love this work. For them it’s a type of service learning as well. The number of Center for Adolescent Nursing students and fellows who have 1st-authored publications emanating from our community-engaged research – literally hundreds of articles focused on our research with adolescents – speaks to how this work also promotes scholarship opportunities for learners.

Better Together

Whether it be in a clinic setting providing services or health education, testing the impact of an afterschool program, or training middle school teachers about ways to reconnect with disengaged students, we believe that working side-by-side with our community partners is the only ethical and effective way to conduct this type of research. With that goal, a CDC-funded Prevention Research Center in the Department of Pediatrics (Medical School), headed by Professor Michael Resnick, PhD, FSAHM, and Center for Adolescent Nursing faculty, Renee Sieving, PhD, RN, FSAHM, has facilitated a 47-member community advisory committee that has advised us for nearly 2 decades. Meeting quarterly, the Community Advisory Network alerts us to hot community issues, vets new ideas, reviews our research methods, and helps us disseminate what’s learned – what we discover works, particularly for improving life outcomes for some of the most vulnerable young people in our state. This collegial network of community partners shares a common goal – reducing disparity and creating health equity for our children and adolescents.

Over the decade, we have seen a shift of emphasis in federal granting agencies – the National Institutes of Health, the Centers for Disease Control and Prevention, the Maternal and Child Health Bureau, to name a few. Now, visible in requests for grant proposals is an increasing priority on community-engaged research – work already exemplified by the partnerships between the Legal Rights Center and faculty in the U of MN’s Center for Adolescent Nursing.

A number of distinct issues add to the challenge of community-engaged work, however. It takes more time than bench research. Cultivating partners and building trust between “town and gown,” particularly across racial/ethnic differences, is a slow and deliberate process – one that may not sync well with the tenure clock. And, it also can be more expensive research, not because of equipment but because of numbers of people and the nature of effective engagement.

Universities can take action to support community-engaged research. To benefit this work, they can provide: 1) leadership to connect faculty with partners and build on positive community relationships already in place; 2) infrastructure with expertise in subcontracts, protection of research participants, and the myriad of other unique elements inherent in community-engaged research; 3) additional resources for what can be, at times, unique costs for this kind of research. All of these contribute to furthering the ways universities can fulfill a commitment to public engagement and scholarship that benefits the health of populations across the life course.
Marking 20 Years: Reflections and Recommendations of Center for Adolescent Nursing Graduates and Students

Marking nearly 2 decades of support of graduate education focused on preparing nurses and other health professionals for work with young people, the Center for Adolescent Nursing (CAN) recently surveyed our graduates of the past 10 years as well as current students in the DNP, PhD, an post-doctoral programs. We wanted to evaluate how well we had achieved our goals and objectives.

Karen Johnson, PhD, BA, BS, RN, a recent CAN graduate, conducted an on-line survey (69% response rate) that tapped into professional roles and accomplishments, knowledge, relevance, and interest across 16 adolescent health-related issues. Participants were also asked, in the confidential portion of the survey, to give recommendations for future CAN programming and priorities. Responses from 17 MS and/or PhD graduates, 2 former post-doctoral fellows, and 7 current DNP and PhD students (enrolled between 2007 and 2012) are reported here.

Where Are Our Graduates Now?

In leadership roles now, our CAN graduates serve youth in a variety of practice and research settings. Our MS graduates describe working in teen clinics, schools, community health centers, and county public health agencies in which their practice population is entirely or mostly comprised of adolescents. Strikingly, seven of eight MS graduates responding to the survey reported pursuing further education since completion of the MS degree: six (75%) enrolled in a PhD program (four have graduated and two are currently enrolled) and one is currently in a family nurse practitioner program. Two students earned certification as Sexual Assault Nurse Examiners; one has become a Certified Pediatric Nurse Practitioner.

All PhD graduates (n=8) and one of two post-doctoral fellows trained in the Center hold faculty positions in university settings nationwide, including the College of St. Benedict (Minnesota), North Dakota State University, University of Colorado-Denver, University of Michigan, University of Minnesota, and University of Texas-Austin. One post-doctoral fellow is employed in a research-intensive healthcare setting.

All of the former PhD and post-doctoral fellows are engaged in research activity focused on young people from diverse racial/ethnic, socioeconomic, and geographic backgrounds. Collectively over the past 5 years, the PhD graduates surveyed have produced over 95 publications in peer-reviewed journals such as Pediatrics, American Journal of Health Behavior, Journal of Adolescent Health, Journal of School Nursing, and Nursing Research, as well as having written several book chapters.

Graduates are active in numerous organizations including the
The young people who gathered to talk about Lead Peace on a recent July afternoon – Toniyetta Davis, Ciera Jones, and Kiyoltan Suggs – were not from the current crop of Lead Peace middle school students. These young adults were, in fact, from the very first group of students to participate in Lead Peace one decade ago. They are now either in college or completing internships, but they all agree: Lead Peace was central to their completing high school and going on to college or work.

Lead Peace began in 2002 with 14 students, 6th graders at Nellie Stone Johnson, a K-8 school in the Minneapolis Public Schools. By the 2012 school year, 152 students were participating in Lead Peace across three Minneapolis public schools. The duration and expansion of this program suggests something remarkable is happening through Lead Peace. The conversation with the Lead Peace graduates provided an opportunity to reflect on the impact of Lead Peace as this first group of students enters young adulthood.

Investing in Connectedness and Contribution

Lead Peace is most succinctly described as a service learning program, but to students it means so much more. “Lead Peace is about young people coming together to create meaningful service learning projects to help our community, but it was also about helping us stay in school and us, in turn, helping younger kids succeed.” The effect these experiences have on students’ views of themselves and their roles in their school and community is profound. Ciera recalls, “In 6th grade, I had no idea I could affect someone else’s life. Others – kids and adults – started seeing us differently.” Principals at schools offering Lead Peace concur: Lead Peace gives students a sense of contribution and self-worth they often don’t experience in other aspects of their lives.

As Ciera, Toniyetta, and Kiyoltan spoke about their experiences with Lead Peace, memories flowed. Kiyoltan reflected, “I was a pretty quiet kid and I was glad I had my small group (Lead Peace), but not all the kids were so lucky.” So with help from the school principal, Kiyoltan and his friends formed Boys Who Care: welcome cards, special events and lunch buddies created a web of support for new students. Principals from Lead Peace schools note how small group service projects such as Boys Who Care improve students’ school experience, contribute to fewer behavior problems, and help improve school climate.

Investing in Relevant Projects and Authentic Relationships

One of the guiding principles of Lead Peace is that service activities and projects are generated by the students. If service is not relevant to students, they won’t stay engaged. The three Lead Peace graduates remembered how much Toniyetta’s small group tested this principle. “The girls in my group could not stand each other, we were always fighting. Our facilitator asked us what we could do to work better together. We finally decided to do a skit for younger grades about gossiping, because that was what was going on for us at the time. We worked out our problems through the skit and we became good friends.”
Principals recognize that Lead Peace is one of the few opportunities many students have to interact with adults in a small group setting while also being of service to others. The skill and authenticity of adult facilitators is key: “It’s like the speech is not forced from her, it’s real. She doesn’t have broken promises; she always keeps them.” Toniyetta’s observation is consistent with themes from interviews with Lead Peace facilitators: dependability, respect, flexibility, intentionality, and commitment are hallmarks of successful Lead Peace facilitators.

Long-Term Return on Academics

These Lead Peace graduates were genuinely amazed that not everyone understands the impact this program can have on academics. “Lead Peace made me want to come to school.” School attendance is important, but all three young adults were quick to point out that the skills they learned also carry forward to this day. Ciera talked about communication skills. “When I was younger, I either liked you or I didn’t. And if I didn’t like you, I didn’t talk to you. Well, I realized through my Lead Peace involvement that even if you don’t like somebody, you still have to work with them. When I learned to listen to others I became more involved in my classes.”

Learning the steps in the planning process, an essential skill for completing service learning projects, benefited all of them during high school. Toniyetta was clear: “I was able to get all of my work done during high school because I learned how to plan.” A third skill mentioned by these Lead Peace graduates was group problem solving. “You know how you feel when you get older and you think you have more independence?” observed Ciera. “Well, it gets more group dependent in high school, and especially in college. Lead Peace taught me to be okay with that and how to go into a situation where you have to work with other people.”

In the beginning years, Lead Peace concluded in 8th grade and the students scattered to different high schools across the city. The transition was difficult: Kiyoltan described high school as “start-over time.” Lead Peace was still fresh in their minds but high school had a very different atmosphere. So when their former Lead Peace facilitator offered to convene the group as 9th graders, everyone came. “It’s easy to lose your priorities during high school,” said Toniyetta. “I’d hear what others were doing and I’d say to myself …it’s time to get in gear; don’t let your life go waste.” During one of these gatherings a student asked the facilitator to help arrange tours of area colleges and a new door to their future opened. For two of the young adults gathered this past July, they are proudly the first in their families to attend college.

These young adults’ stories confirm that investments in Lead Peace yield bright futures.

Lead Peace Publications


Society for Adolescent Health and Medicine, American Public Health Association, and Midwest Nursing Research Society, and have delivered over 90 research and educational presentations to a variety of audiences at local, national, and international research conferences, nursing organizations, and trainings.

Preparation for Leadership Roles in Adolescent Health

To assess preparedness for leadership roles in adolescent health, respondents ranked and rated (using a scale of 0 for “not at all” to 100 for “very well”) eight curricular areas and/or content of their graduate education in regard to their adequacy in preparing them for their current professional role or anticipated professional role (for current students). Both graduates and current students thought they were “very well” prepared for addressing population-based adolescent health issues (mean score of 83.2 on a 0-100 scale), working in multidisciplinary teams (80.63), and assuming leadership positions (75.2).

Using a methodology similar to previous national studies on nurses’ self-perceived knowledge and skills working with adolescents, respondents rated 16 adolescent health content areas in terms of relevance to their current work, knowledge level, and interest in further training. In descending order, eight content areas were rated as highly relevant (scores of greater than 75 on a 100 point scale): social-emotional health, integrating ethno-cultural issues into practice, sex education and contraceptive counseling, sexually transmitted infections, family-level issues, depression, substance use, and obesity.

Respondents reported being the most knowledgeable about sex education and contraceptive counseling, sexually transmitted infections, adolescent pregnancy and parenting, and depression. Interest in further training was high for most topics, particularly among current students. Respondents were most interested (scores of greater than 75) in further training about integrating ethno-cultural issues into practice, social-emotional health, and more networking and interaction among CAN students and faculty particularly for new students and distance students (n=2).

The 27 respondents identified eight different CAN faculty who served as their advisors during their graduate program or post-doctoral fellowship. They overwhelmingly cited the advising, mentorship, and expertise of CAN faculty as the lead factor that helped them progress through their graduate studies (n=10). Students felt most supported when advisors were accessible, gave constructive and non-threatening feedback, expected high performance, guided students through the complexities of their course plans, role-modeled scholarly and clinical professionalism and engagement, and recognized the stresses of being adult learners with many other personal/family commitments.

What helped you most in progressing through the program?

“Finding an advisor that I worked well with and could work on her research team.”

“Having a supportive, responsive, and practical committee.”

“All the very interesting courses I could take!”

“The whole support network – advisor, committee, CAN faculty & staff, student colleagues – through the post-doctoral fellowship was key.”

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What were your advisor’s most helpful strengths?

“My advisor had high expectations for me, but never made me feel bad about myself; she was very supportive of my life as a student and as a wife and mother.”

“My advisor met with me regularly to discuss my progress with my dissertation, post-graduation employment decisions, etc.”

“My advisor has a gift for providing advice and feedback in a nonthreatening way. It was also so refreshing to have her encourage me to seek opinions and advice from others in my quest for understanding or in my decision-making processes.”

Recommendations

Respondents also described obstacles they encountered during their program and made recommendations for change. Although most students reported being satisfied with their advising experience, some expressed difficulties with initial advisor assignments (n=4). Other students described struggling to find direction during their program (n=3) and having difficulties with the U of MN on-line systems, e.g., registration, billing (n=3).

Most of the recommendations centered on creating more interdisciplinary adolescent health courses (beyond the current three) and more networking and interaction among CAN students and faculty particularly for new students and distance students (n=2). As one
wrote, “The addition of enhanced online technology to increase the social presence in the online courses would improve student connection to faculty and enhance learning. An examples would be Elluminate/Blackboard sessions.”

Respondents also suggested increasing the opportunities for students to be co-authors on papers and to get involved in faculty research projects and grant writing (n=3). As one respondent wrote, “If possible, offer CAN students, at least PhD students, more opportunities to become involved in research projects and grant-writing so they can see the inner-workings of a study.”

Other suggestions included improving coordination between public health nursing and adolescent health specialties (n=2), and providing clearer guidance regarding future opportunities for those with a DNP in public health/adolescent health (n=1). Four respondents did not offer any recommendations.

**Where to Next?**

This nearly-20-year evaluation encourages us to work harder to assure that all students have the opportunities and the guidance that will best support their graduate education. The recommendations point to the value of accessible mentors, research opportunities, and creation of a network of colleagues that supported them during their graduate studies and beyond. We learned from this evaluation that our graduates feel prepared for lead positions in clinic and community-based settings and in academic and public health sectors. And, perhaps most importantly, they recognized that staying adept in the field of adolescent health requires life-long learning.
Center Faculty and Student Updates, Honors, Awards, and Grants

Finding time to prepare healthy meals may be a challenge, but finding time for families to eat together can be an even greater challenge. Center faculty, Jayne Fulkerson, PhD, hopes to address barriers to family mealtime in her Home Plus study. Interviewed by the *Minneapolis Star Tribune* (September 15, 2012, “A great recipe for healthy families”), Fulkerson explains that Home Plus strives to promote healthy eating behaviors at mealtimes and to reduce childhood obesity. Dr. Fulkerson was also featured on the “Health Talk” website published by the U of MN’s Academic Health Center, discussing healthy eating habits at home.

At the Minnesota Department of Health’s Annual Immunization Conference, CAN faculty Carolyn Garcia, PhD, MPH, RN, and former CAN post-doctoral fellow Elizabeth Lando-King, PhD, RN, presented, “M-Health, Social Media Tools, and More: A Roundtable on Communicating with Adolescents,” that focused on effective media tools for connecting with young people.

Joining other U of MN faculty, staff, and students, Dr. Carolyn Garcia co-authored an e-book, *Cultivating Change in the Academy: 50+ Stories from the Digital Frontlines at the University of Minnesota in 2012*. With studies and stories depicting the use of advanced technology in the classroom and research, the publication addresses changes in academic technology and how these advances are shaping the undergraduate and graduate education.

Minneapolis Mayor R.T. Rybak has appointed Associate Professor, Barbara McMorris, PhD, to serve on the city’s “Youth Violence Prevention Executive Committee.” The goals of this committee are to significantly reduce youth violence in Minneapolis and to recognize and address violence as a public health problem. McMorris’ research, focusing on risk and protective factors in adolescent development and the prevention of violence, alcohol and drug use, delinquency, and teen pregnancy, affords her the opportunity to make significant contributions to this committee.

Current CAN DNP student, Nasra Giama, BSN, was inducted into the U of MN’s Zeta chapter of the Sigma Theta Tau International Honor Society of Nursing, Spring 2012. This society focuses on the promotion of excellence in practice, research, and education, leadership and scholarship, and the goal of providing optimal health for all people. Ms. Giama also was selected for a 2012-2013 fellowship in the interprofessional Leadership Education in Adolescent Health (LEAH) program in the Department of Pediatrics, Medical School, U of MN.

Associate professor Barbara McMorris, PhD, received a Faculty Interactive Research Program award from U of MN’s Center for Urban and Regional Affairs (CURA). Her project, “A School-County-University Collaboration to Evaluate High School Achievement: Longitudinal Analysis of Participants in the Lead Peace Middle School Service Learning Program” is part of a service learning and community collaboration project spearheaded by CAN faculty Renee Sieving, PhD, RN, FSAHM. McMorris will evaluate the effects of efforts to build leadership skills and increase high school graduation rates among urban middle school students through service learning.

Faculty Spotlight: Serving in a Time of Need

In the immediate aftermath of Hurricane Sandy, CAN associate professor, U of MN Medical Reserve Corps member, and Red Cross volunteer, Carolyn Garcia, PhD, MPH, RN, deployed to New York City to lend her expertise and leadership skills in coordinating disaster relief health services. With her extensive experience in disaster relief efforts (having key roles in the 35W bridge collapse, 9/11 terrorist attacks, and hurricanes in Puerto Rico), Garcia served in a supervisory role, overseeing the public health needs of displaced individuals in shelters on Staten Island, in Queens, and the Bronx. In the shelters, Garcia conducted environmental scans and needs and outbreak risk assessments. Garcia credits her public health nursing education at the U of MN for helping to prepare for these leadership roles in the Medical Reserve Corps and Red Cross.
Responsibility Education Program (PREP) in North Dakota is funded through the Personal Grant (No. 90AK0012) by Reach One Teach One: Health and Human Services (DHHS). The research award from the Department of CAN, received a three-year, $1.2 million former PhD and post-doctoral fellow in the Nursing, North Dakota State University and assistant professor in the Department of In late 2012, families, and communities.

Public health nurse and Center faculty, Linda Olson Keller, DNP, APHN-BC, FAAN, was awarded the 2012 Paul and Shelia Wellstone Lifetime Achievement Award from the Minnesota Public Health Association. This award recognizes her life-long commitment to leadership in public health and the promotion and protection of the health of individuals, families, and communities.

In late 2012, Molly Secor-Turner, PhD, RN, assistant professor in the Department of Nursing, North Dakota State University and former PhD and post-doctoral fellow in the CAN, received a three-year, $1.2 million research award from the Department of Health and Human Services (DHHS). The grant (No. 90AK0012), “Reach One Teach One: North Dakota” is funded through the Personal Responsibility Education Program (PREP) under the Affordable Care Act. Designed for at high-risk, vulnerable youth in Fargo, ND and surrounding areas, the funding will allow Secor-Turner and her co-PI Brandy Randall, PhD (NDSU), to test the impact of providing medically accurate, culturally responsive, evidence-based sexuality education and adulthood preparation instruction grounded in healthy youth development.

A Grant in Aid from the Office of the Vice President for Research (U of MN), was awarded to Renee Sieving, PhD, RN, FSAHM, for her project, “Prime Time: Long-Term Intervention Outcomes.” This grant provides resources to continue this multi-wave intervention research aimed at reducing violence and sexual risk-taking while keeping girls in school.

In fall 2012, Sarah Stoddard, PhD, MS, MPH, RN, former CAN graduate student, was given the Outstanding Nursing Alumni Award from Minnesota State University, Mankato, where she received her BS in Nursing. This award highlights achievements in the areas of advanced education, leadership in nursing, and significant contributions to practice and the discipline. The award was given in recognition of her work with vulnerable/high risk adolescent populations.

The National Institute of Drug Abuse (NIH) awarded a Mentored Scientist Career Development Award (K01) to former CAN student Sarah Stoddard. Now a research assistant professor at the University of Michigan - Ann Arbor, Stoddard’s research, titled, “The Role of Place in the Co-occurrence of ATOD Use and Violence Among Youth,” will investigate the relationship between neighborhood and individual-level risk and protective factors and the co-occurrence of substance use and violent behavior. The research findings will inform the development of an intervention to promote healthy development and prevent substance use and violent behavior.

U of MN Outstanding Post-Doctoral Scholar Award

Former CAN pre-doctoral fellow and current research associate in the School of Public Health, Chrisa Arcan, PhD, RD, received the University of Minnesota’s 2012 Outstanding Post-Doctoral Scholar Award. This award distinguishes individuals who have made outstanding contributions, nationally or internationally, to research, scholarship, and creative activities. It also recognizes post-doctoral fellows who have made significant strides in enhancing their intellectual and professional development.

Linda Olson Keller, DNP, APHN-BC, FAAN, CAN faculty, was recently promoted from clinical associate professor to clinical professor. Dr. Olson Keller has been instrumental in the development and execution of the current DNP-public health curriculum at the School of Nursing and serves as a mentor for several DNP public health nursing students. In addition to this promotion, Dr. Olson Keller was also appointed to the Chair of the Enumeration and Characterization of the Public Health Nursing Workforce, through the Robert Wood Johnson Foundation’s “Future of Public Health Nursing Initiative.”

In 2012, former CAN post-doctoral fellow, Naomi Duke, PhD(c), MD, MPH, FAAP, joined the U of MN faculty as an assistant professor in the Division of General Pediatrics and Adolescent health, in the Department of Pediatrics, Medical School. Nearing completion of her PhD (sociology), Duke was selected for a two-year, $50,000 Clinical and Translational Science Institute Pre-K Pilot Grant. The grant is designed to support new assistant professors in their research activities with an expectation that pilot findings will be used to build capacity for future federal research grants. Dr. Duke’s pilot study is titled: “Identifying Mechanisms for Health Disparities: Exploring the Impact of Youth Survival Expectations on Future Health.”

PROMOTIONS & APPOINTMENTS

CAN faculty members, Carolyn Garcia, PhD, MPH, RN, was recently promoted from assistant professor to associate professor with tenure. In this role, Dr. Garcia continues to conduct her research on mental health, health economics, and the health of Latino/a adolescents.

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CAN faculty, students, and fellows appear in bold.

American Indian parents’ assessment of and concern about their kindergarten child’s weight status, South Dakota, 2005–2006.
Chrisa Arcan, Peter Hannan, John Himes, Jayne Fulkerson, Bonnie Holy Rock, Mary Smyth, Mary Story

INTRODUCTION: Obesity is highly prevalent among American Indians, and effective prevention efforts require caregiver involvement. We examined American Indian (AI) parents’ assessment of and level of concern about their kindergarten child’s weight status. METHODS: We collected baseline data (fall of 2005 and fall of 2006) on children and their parents or caregivers for a school-based obesity prevention trial (Bright Start) on an AI reservation in South Dakota. The current study uses 413 parent-child pairs. Age- and sex-adjusted body mass index percentiles were categorized as very underweight (<5th percentile), slightly underweight (5th to <15th percentile), normal weight (15th to <85th percentile), overweight (85th to <95th percentile), and obese (greater than or equal to 95th percentile). Parents or caregivers reported their assessment of and concerns about their child’s weight status as well as sociodemographic characteristics. We used mixed-model multivariable analysis to examine associations between sociodemographic characteristics and the probability of parents underclassifying or overclassifying their child’s weight status; analyses were adjusted for school as a random effect. RESULTS: Children were evenly divided by sex and had a mean age of 5.8 years. Twenty-nine percent of children and 86% of parents were overweight or obese. Approximately 33% (n = 138) of parents underclassified and 7% (n = 29) of parents overclassified their child’s weight status. Higher parental weight status and higher concern about their child’s weight status increased the probability of underclassification (P for trend = .02 for both). CONCLUSIONS: In this sample of at-risk children, one-third of parents underclassified their child’s weight status. Childhood obesity prevention programs need to increase awareness and recognition of parents overclassified their child’s weight status. Childhood obesity prevention programs need to increase awareness and recognition of parents underclassified their child’s weight status. Childhood obesity prevention programs need to increase awareness and recognition of parents overclassified their child’s weight status.

Preventing Chronic Disease, (2012), Feb 9, E56.

Family meals: Associations with weight and eating behaviors among mothers and fathers.
Jerica Berge, Richard MacLehose, Katie Loth, Marla Eisenberg, Jayne Fulkerson, Dianne Neumark-Sztainer

Few studies have looked at the relationship between family meals and adult weight and health behaviors. The current study investigates the association between frequency of family meals and mothers’ and fathers’ body mass index (BMI), dietary intake, dieting behaviors and binge eating. Data from Project F-EAT (Families and Eating Activity in Teens) were used for the current analysis. Socio-economically and racially/ethnically diverse mothers and fathers (n=3488) of adolescents participating in a multi-level population-based study (EAT 2010) completed surveys mailed to their homes. Predicted means or probabilities were calculated for each outcome variable at each level of family meal frequency. Interactions between race/ethnicity and marital status with family meals were evaluated in all models. Overall, results indicated that having more frequent family meals was associated with increased consumption of fruits and vegetables for mothers and fathers, after adjusting for age, educational attainment, marital status and race/ethnicity. Other findings including less fast food intake for fathers and fewer dieting and binge eating behaviors for mothers were significantly associated with family meal frequency, but not consistently across all family meal categories or with BMI. Interactions by race/ethnicity and marital status were non-significant, indicating that family meals may be important for more healthful dietary intake across race and marital status. Future research should confirm findings in longitudinal analyses to identify temporality and strength of associations.


Risk and direct protective factors for youth violence: Results from the national longitudinal study of adolescent health.
Debra Bernat, Michael Oakes, Sandra Pettingell, Michael Resnick

BACKGROUND: The majority of studies on youth violence have focused on factors that increase the risk for youth violence. PURPOSE: To assess whether determinants of violence operate as risk factors, direct protective factors, or both during adolescence and young adulthood. METHODS: Data from participants in the National Longitudinal Study of Adolescent Health, aged 13 years at Wave 1, were analyzed. Individual, family, school, peer, and community factors during adolescence (Wave 1 [1995]; age 13 years) were examined as predictors of violence involvement during adolescence (Wave 2 [1996]; age 14 years) and in young adulthood (Wave 3 [2001-2002]; ages 18–20 years). RESULTS: Twelve percent of participants aged 14 years and 8% of participants aged 18–20 years reported serious violence involvement during the past 12 months. Bivariate analyses revealed risk and direct protective factors for violence at both time points. Risk for violence at age 14 years was increased by earlier attention-deficit hyperactivity disorder (ADHD) symptoms, low school connectedness, low grade-point average, and high peer delinquency. Direct protective factors for youth violence at age 14 years included low ADHD symptoms, low emotional distress, high educational aspirations, and high grade-point averages. Bivariate analyses showed a lower risk of violence among youth aged 18–20 years who reported low peer delinquency at age 13 years. Multiple logistic regression analyses predicting violence involvement showed direct protective effects for low ADHD symptoms and low emotional distress at age 14 years, and a direct protective effect for low peer delinquency at ages 18–20 years, after controlling for demographic characteristics. CONCLUSION: Findings suggest that violence involvement remains difficult to predict but indicate the importance of assessing both risk and direct protective factors for understanding violent behavior.

American Journal of Preventative Medicine, (2012), 43(2 suppl 1), 557-566.

Naomi Duke, Iris Borowsky, Sandra Pettingell

Context is important for understanding and making change to improve health outcomes. The purpose of this study was to examine the relationship between parent perceptions of neighborhood and youth aerobic physical activity and weight. This study is a secondary data analysis of 64,076 parents and guardians of children and adolescents (6-17 years) participating in the 2007 National Survey of Children’s Health. Logistic regression models were used to evaluate the relationship between neighborhood characteristics, including constructs for social capital, physical condition, resource availability, and safety, and youth likelihood of meeting healthy standards for physical activity and weight. Neighborhood characteristics, including social capital, resource availability, and safety were significantly associated with increased likelihood of youth achieving healthy physical activity and normal weight parameters even with adjustment for individual and family-level demographic and behavioral characteristics. Findings support neighborhood assessment during behavioral counseling and continued exploration of neighborhood context as a means to positively impact youth physical activity and weight outcomes.


Associations between hurtful weight-related comments by family and significant other and the development of disordered eating behaviors in young adults.

Marla Eisenberg, Jerrica Berge, Jayne Fulkerson, Dianne Neumark-Sztainer

Research has found that weight-teasing is associated with disordered eating in adolescents. This study expands on the existing research by examining associations between hurtful weight comments by family and a significant other and disordered eating in young adults. Data come from 1,902 young adults (mean age 25) who completed surveys in 1998, 2003, and 2009. Correlations were examined between receiving hurtful comments from family and significant others, and four disordered eating behaviors in young adulthood, adjusting for prior disordered eating and prior teasing. Disordered eating behaviors were common in young adulthood, and were associated with hearing hurtful weight-related comments from family members and a significant other, for both females and males. Disordered eating prevention activities, which include messages about the potential harm associated with hurtful weight-related comments, should be expanded to address young adults, and programs may want to target relationship partners.

Journal of Behavioral Medicine, (2012); 35, 500-508.

Through the eyes of the student: What college students look for, find, and think about sexual health resource on campus.

Marla Eisenberg, Carolyn Garcia, Ellen Frerich, Kate Lechner, Katherine Lust

Most college students are sexually active, and high-risk sexual behaviors are common in this population. College health services typically offer sexual health resources, but the extent varies widely and these services may be under-utilized by students. Understanding how a diverse sample of students views college health resources is a critical step towards more effectively addressing students’ sexual health needs. Seventy-eight students (mean age = 20.5) from five Minnesota colleges participated in “go-along” interviews in 2010. Colleges included both two- and four-year institutions in metropolitan and non-metro locations, and the student sample was diverse. Participants led researchers around their campus physically and virtually to explore sexual health resources in that setting. Transcribed recordings were coded and organized into descriptive categories. Top resources identified by students included condom distribution programs (88.5 %), on-campus health clinics (80.8 %), off-campus clinics (75.6 %), and sexual health information (71.8 %). Important differences were noted between students at two- and four-year colleges. Students offered many reflections on positive and negative aspects of each resource and suggestions for making resources accessible, comfortable, and useful. Increased communication about available resources was a priority for students. College health service staff and administrators should consider the types of sexual health resources students are interested in, the qualities they value in these resources, and ways to make them available to students. Specific implications for expanding resources may differ in two- vs. four-year colleges.

Sexuality Research and Social Policy, (2012); 9(4), 306-316.

Characterizing sexual health resources on college campuses.

Marla Eisenberg, Kate Lechner, Ellen Frerich, Katherine Lust, Carolyn Garcia

This observational study describes the development of the college resources and sexual health inventory, the profile of sexual health
Survey of Minnesota parents attitudes regarding school-based depression and suicide screening and education.
Claudia Fox, Maria Eisenberg, Barbara McMorris, Sandra Pettingell, Iris Borowsky

School-based depression screening and education programs are recommended for addressing the high rates of children’s mental illness. The objectives of this study were to (1) identify Minnesota parent attitudes regarding the provision of school-based depression and suicide screening and education and (2) identify predictors of parent support for these school-based programs. A random sample of 1,300 Minnesota households with children ages 5-18 years was surveyed by mail. Chi-square tests and regression analyses were used to detect differences in parent support for depression and suicide screening and education across demographic categories, and parent beliefs and knowledge about depression and suicide. The response rate of eligible households was 43 % (N = 571). Overall, 84.89% of parents supported school-based depression and suicide screening and education. After adjusting for all variables, parent support for depression screening was associated with greater knowledge [OR 8.48, CI(1.30-55.21)] and fewer stigmatizing beliefs [OR 0.03, CI(0.01-0.12)]. Support for suicide screening was associated with fewer stigmatizing beliefs [OR 0.03, CI(0.01-0.10)]. Support for depression education was associated with fewer stigmatizing beliefs [OR 0.32, CI(0.10-1.00)] and lower educational attainment [OR 0.59, CI(0.40-0.89)]. Support for suicide education was associated with greater knowledge [OR 7.99, CI(1.02-62.68)], fewer stigmatizing beliefs [OR 0.26, CI(0.07-0.92)], and lower educational attainment [OR 0.60, CI(0.38-0.94)]. Parent support for school-based depression and suicide screening and education was high. Parent education to decrease stigmatizing beliefs and increase knowledge about depression and suicide may increase support among the minority of parents who do not endorse such programs.


Health care reform and young adults’ access to sexual health care: An exploration of potential confidentiality implications of the Affordable Care Act.
Ellen Frerich, Carolyn Garcia, Sharon Long, Kate Lechner, Katherine Lust, Maria Eisenberg

One provision of the 2010 Affordable Care Act is extension of dependent coverage for young adults aged up to 26 years on their parent’s private insurance plan. This change, meant to increase insurance coverage for young adults, might yield unintended consequences. Confidentiality concerns may be triggered by coverage through parental insurance, particularly regarding sexual health. The existing literature and our original research suggest that actual or perceived limits to confidentiality could influence the decisions of young adults about whether, and where, to seek care for sexual health issues. Further research is needed on the scope and outcomes of these concerns. Possible remedial actions include enhanced policies to protect confidentiality in billing and mechanisms to communicate confidentiality protections to young adults.


Development and validation of a screening instrument to assess the types and quality of foods served at home meals.
Jayne Fulkerson, Leslie Lytle, Mary Story, Stacey Moe, Ann Samuelson, Audrey Weymiller

BACKGROUND: Although there is growing interest in assessing the home food environment, no easy-to-use, low cost tools exist to assess the foods served at home meals, making it difficult to assess the meal component of the food environment. The aim of this study was to develop and validate a user-friendly screener to assess the types of foods served at home meals. METHODS: Primary food preparing adults...
(n = 51) participated in a validation study in their own homes. Staff and participants independently completed a screener as participants cooked dinner. The screener assessed the types of foods offered, method(s) of preparation, and use of added fats. Two scale scores were created: 1) to assess offerings of foods in five food groups (meat and other protein, milk, vegetables, fruit, grains), 2) to assess the relative healthfulness of foods based on types offered, preparation method, and added fats. Criterion validity was assessed comparing staff and participant reports of individual foods (kappa (κ)) and scale scores (Spearman correlations). RESULTS: Criterion validity was high between participants’ and staffs’ record of whether major food categories (meat and other protein, bread and cereal, salad, vegetables, fruits, dessert) were served (κ = 0.79-1.0), moderate for reports of other starches (e.g., rice) being served (κ = 0.52), and high for the Five Food Group and Healthfulness scale scores (r = 0.75-0.85, p < .001). CONCLUSION: This new meal screening tool has high validity and can be used to assess the types of foods served at home meals allowing a more comprehensive assessment of the home food environment. *International Journal of Behavioral Nutrition and Physical Activity*, (2012); 9, 10.

**Conducting go-along interviews to understand context and promote health.**

**Garcia Carolyn, Marla Eisenberg, Ellen Frerich, Kate Letner, Katherine Lust**

Go-along interviewing is an innovative approach to obtaining contextualized perspectives by conducting mobile interviews in which the participant acts as a navigational guide of the real or virtual space within which he or she lives. In this study, we used go-along interviews to obtain college students’ contextualized perceptions of sexual health resources. Seventy-eight undergraduate students showed and described the resources on and near five campuses in a Midwestern state. In this article, we focus on the methodology of go-along interviews. The go-along, a relatively new methodology in health research, is a format in which participants take an active role in shaping the interview, and it facilitates identification of resources that might be overlooked using traditional interview formats. The go-along methodology is promising for researchers wanting to ground health-promotion efforts in the context of environmental or community-based strengths and needs. *Qualitative Health Research*, (2012); 22(10), 1395-1403.

**Development of Project Wings Home Visits: A mental health intervention for Latino families using community-based participatory research.**

**Carolyn Garcia, Denise Hermann, Anna Bartels, Pablo Matamoros, Linda Dick-Olson, Janeth Guerra de Patino**

As the Latino population in the United States experiences rapid growth, the well-being of Latino adolescents is a growing concern because of their high rates of mental health problems. Latino adolescents have higher rates of mental health problems than their peers, including depressive symptoms, suicide attempts, and violence. Sophisticated, realistic health promotion efforts are needed to reduce these risk behaviors and enhance protective factors. Parents and schools can be key protective factors, or assets, in adolescents’ lives. This article details the steps undertaken to develop Project Wings Home Visits, a collaborative school-based, community-linked mental health promotion intervention for Latino adolescents and their families. Core to the intervention is the use of a community health worker model to provide home-based outreach and education to parents of Latino adolescents. The intervention was developed using a community-based participatory research approach that involved the cooperation of a community health care system, a public high school, and a university. Our process demonstrates the benefits, strengths, and challenges of using community-based participatory research in creating and implementing health promotion interventions. *Health Promotion Practice*, (2012); 13(6), 755-762.

**Perceptions of suicide risk and coping in Latino and white adolescents and young adults: A pilot study informing suicide prevention efforts.**

**Carolyn Garcia, David Klingbeil, Kristina Reigstad, Alaa Houri, Chih-Yuan Lee, Yoonhee Sung, Emma Hamilton, Bonnie Klimes-Dougan**

In the United States (U.S.), Latino adolescents and young adults are among the ethnic groups with the highest depression and suicide attempts. It is important to understand the perceptions of mental illness among Latino youth in the U.S. to appropriately intervene. The purpose of this pilot study (N = 84) was to explore perceptions between two ethnically diverse groups. Latino participants and a matched group of White respondents completed a suicide awareness questionnaire assessing perceptions of suicide risk as well as item relevant to coping - including help-seeking, maladaptive coping and suicide normalization. The group reported generally congruent perceptions of suicide risk and coping. There were a few intriguing differences between Latinos and Whites. Latinos were less likely to seek out advice from a friend for another suicidal friend and to characterize those who die by suicide as mentally ill. These data provide potentially important insights into perceptions of suicide among members of the Latino community and point to the need for further research on additional issues of relevance (e.g., including religious affiliation and immigrant status) to address the pressing need for culturally tailored suicide prevention approaches. *Suicidology Online*, (2012); 3, 124-130.

**Where would you rather live if you were insured? Assessing community uninsurance spillover effects on the insured.**

**Rachel Hardeman, Carolyn Garcia, Jose Pagan**

This study sought to understand the cost, quality of, and access to health care for the insured population in the context of spillover effects resulting from community-level uninsurance. We examined the health care access, quality, and cost experienced by insured Latina mothers in two communities, Minneapolis, Minnesota and McAllen, Texas. These communities differ substantially by the size of the local population.
without health insurance coverage. Four focus groups were conducted with insured Latina mothers who were caring for at least one child in their household. Eleven and thirteen mothers participated in each community, respectively. The experiences of the insured population in McAllen were substantially different from the experiences of the insured population in Minneapolis. The perceptions of health care quality and access by insured Latina mothers were substantially lower in McAllen while out-of-pocket costs were perceived to be higher in Minneapolis. Our study provides key insights about the US health care system and the role that the relative size of the local uninsured population may have in impacting the health care experiences of the insured. Health insurance coverage rates are expected to increase substantially across US communities within the next few years but local health care system challenges related to cost, quality, and access will remain for both the insured and the uninsured. *Journal of Immigrant & Minority Health*, (2012); 14(4), 706-714.

**Comparison of health-risk behaviors among students attending alternative and traditional high schools in Minnesota.**
Karen Johnson, Barbara McMorris, Martha Kubik

Previous research, over a decade old, suggests students attending alternative high schools (AHS) engage in high levels of health-risk behaviors. Data from the 2007 Minnesota Student Survey for students attending AHS (n = 2,847) and traditional high schools (THS; n = 87,468) were used for this cross-sectional analysis to compare prevalence estimates, adjusted for age, race/ethnicity, and free and reduced lunch, for 28 health-risk behaviors. Students attending AHS were significantly more likely than students attending THS to report engaging in all behaviors related to unintentional injury and violence, tobacco use, alcohol and other drug use, and sexual activity, and were significantly less likely to report participating in physical activity, including sports teams. Students attending AHS continue to engage in high levels of health-risk behaviors as compared to their peers in THS. Updated national prevalence data were needed, as well as studies examining the role of protective factors in the lives of students attending AHS. *The Journal of School Nursing*. (2013, epub).

**Alternative high school students’ physical activity: Role of self-efficacy.**
DenYelle Kenyon, Martha Kubik, Cythnia Davey, John Sirard, Jayne Fulkerson

OBJECTIVE: To examine physical activity self-efficacy as a mediator of the association between perceived barriers to PA and moderate-to-vigorous physical activity (MVPA) among alternative high school (AHS) students. METHODS: Students (N=145) from 6 AHS completed self-report questionnaires. RESULTS: Mediation analyses revealed partial mediation of PA self-efficacy on relationships between general barriers to PA and MVPA (b = -.39 reduced b = -.33) among females (47.6% of sample). CONCLUSIONS: Interventions with female AHS students should include a component on building PA self-efficacy. However, results suggest the broader environment may have greater impact on MVPA than individual-level psycho-social factors. *American Journal of Health Behavior*, (2012); 36(3), 300-310.

**Shared meals among young adults are associated with better diet quality and predicted by family meal patterns during adolescence.**
Nicole Larson, Jayne Fulkerson, Mary Story, Dianne Neumark-Sztainer

BACKGROUND: Cross-sectional research in adolescents has found that eating family meals is associated with better nutritional intake. OBJECTIVE: To describe meal patterns of young adults and determine if family meal frequency during adolescence is associated with diet quality, meal frequency, social eating, and meal structure during young adulthood. DESIGN: Population-based, 5-year longitudinal study in Minnesota. SUBJECT/SETTING: Surveys and food frequency questionnaires were completed by 946 female students and 764 male students in high school classrooms at Time 1 (1998-1999; mean age 15.9 years) and by mail at Time 2 (2003-2004; mean age 20.4 years).

STATISTICAL ANALYSES: Performed multiple linear regression models were used to predict mean levels of young adult outcomes from adolescent family meal frequency. Probability testing of trends in each outcome across ordered categories of family meal frequency used linear contrasts. RESULTS: Family meal frequency during adolescence predicted higher intakes of fruit (P<0.05), vegetables (P<0.01), dark-green and orange vegetables (P<0.001), and key nutrients and lower intakes of soft drinks (P<0.05) during young adulthood. Frequency of family meals also predicted more breakfast meals (P<0.01) in females and for both sexes predicted more frequent dinner meals (P<0.05), higher priority for meal structure (P<0.001), and higher priority for social eating (P<0.001). Associations between Time 1 family meals and Time 2 dietary outcomes were attenuated with adjustment for Time 1 outcomes but several associations were still statistically significant. CONCLUSIONS: Family meals during adolescence may have a lasting positive influence on dietary quality and meal patterns in young adulthood. *Public Health Nutrition*, (2012); 3, 1-11.

**Eat this, not that! Demographic correlates of food-related parenting practices.**
Katie Loth, Richard MacLehose, Jayne Fulkerson, Scott Crow, Dianne Neumark-Sztainer

To understand how parents of adolescents attempt to regulate their children’s eating behaviors, the prevalence of specific food-related parenting practices (restriction, pressure-to-eat) by sociodemographic characteristics (parent gender, race/ethnicity, education level, employment status, and household income) were examined within a population-based sample of parents (n = 3709) of adolescents. Linear regression models were fit to estimate the association between parent sociodemographic characteristics and parental report of food restriction and pressure-to-eat. Overall, findings suggest that use of controlling food-related parenting practices, such as pressuring children to eat and restricting children’s intake, is common among parents of adolescents, particularly among parents in racial/ethnic minority
subgroups, parents with less than a high school education, and parents with a low household income. Results indicate that social or cultural traditions, as well as parental access to economic resources, may contribute to a parent’s decision to utilize specific food-related parenting practices. Given that previous research has found that restriction and pressure-to-eat food-related parenting practices can negatively impact children’s current and future dietary intake, differences in use of these practices by sociodemographic characteristics may contribute, in part, to the disparities that exist in the prevalence of overweight and obesity among adolescents by their race/ethnicity and socioeconomic status. Appetite, (2012); 60, 140-147.

Give and take: Integrating the skills of critique into doctoral nursing curricula. (No abstract)
Carol Loveland-Cherry, Linda Bearinger, Lindsay Taliaferro
Research in Nursing Health, (2012); 35(1), 1-3.

Changes in the frequency of family meals from 1999-2010 in the homes of adolescents: Trends by sociodemographic characteristics.
Dianne Neumark-Sztainer, Melanie Wall, Jayne Fulkerson, Nicole Larson
OBJECTIVE: To examine secular trends from 1999 to 2010 in family meal frequency in a population-based sample of adolescents across sociodemographic characteristics. METHODS: A repeated cross-sectional design was used. Participants were from middle schools and high schools in the Minneapolis/St. Paul area and included 3,072 adolescents (mean age = 14.6 ± 1.8 years) in 1999 and 2,793 adolescents (mean age = 14.4 ± 2.0 years) in 2010 from diverse ethnic/racial and socioeconomic backgrounds. Trends in family meal frequency were examined using inverse probability weighting to control for changes in sociodemographic characteristics over time. RESULTS: Family meal frequency remained fairly constant from 1999 to 2010 in the overall sample, but decreases were found in population subgroups including girls, middle school students (grade: 6–8), Asians, and youth from low socioeconomic backgrounds. Among youth from the lowest socioeconomic backgrounds, the mean number of family meals in the past week decreased from 4.0 in 1999 to 3.6 in 2010 (p = .003). Furthermore, the percentage of youth from low socioeconomic backgrounds eating five or more meals in the past week decreased from 46.9% in 1999 to 38.8% in 2010 (p < .001). In contrast, family meal frequency tended to increase over time among youth from higher socioeconomic backgrounds. CONCLUSIONS: The widening gap in family meal frequency between youth from low and high socioeconomic backgrounds is concerning, particularly given the greater risk for poor health outcomes among low-income youth. Given findings from other studies suggesting multiple benefits of family meals, interventions to increase family meal frequency are needed that target adolescents and their families from the most vulnerable segments of the population. Journal of Adolescent Health, (2013); 52, 201-206.

Secular trends in weight status and weight-related attitudes and behaviors in adolescents from 1999 to 2010.
Dianne Neumark-Sztainer, Melanie Wall, Nicole Larson, Mary Story, Jayne Fulkerson, Marla Eisenberg, Peter Hannan
OBJECTIVE: To examine secular trends from 1999 to 2010 in weight status and weight-related attitudes and behaviors among adolescents. METHODS: A repeated cross-sectional design was used. Participants were from Minneapolis/St. Paul middle schools and high schools and included 3,072 adolescents in 1999 (mean age = 14.6 ± 1.8) and 2,793 adolescents in 2010 (mean age = 14.4 ± 2.0). Trends in weight-related variables were examined using inverse probability weighting to control for changes in socio-demographics over time. RESULTS: The prevalence of obesity among boys increased by 7.8% from 1999 to 2010, with large ethnic/racial disparities. In black boys the prevalence of obesity increased from 14.4% to 21.5% and among Hispanic boys, obesity prevalence increased from 19.7% to 33.6%. Trends were more positive among girls: weight status did not significantly increase, perceptions of overweight status were more accurate, the use of healthy weight control behaviors remained high, dieting decreased by 6.7%, unhealthy weight control behaviors decreased by 8.2% and extreme weight control behaviors decreased by 4.5%. CONCLUSIONS: Trends indicate a need to intensify efforts to prevent obesity and other weight-related problems, particularly for boys from ethnic/racial minorities. The decreases in unhealthy weight control behaviors among girls are encouraging. Preventive Medicine, (2012); 54(1), 77-81.

Adolescence: A foundation for future health.
Susan Sawyer, Rima Afifi, Linda Bearinger, Sarah-Jayne Blakemore, Bruce Dick, Alex Ezeh, George Patton
Adolescence is a life phase in which the opportunities for health are great and future patterns of adult health are established. Health in adolescence is the result of interactions between prenatal and early childhood development and the specific biological and social-role changes that accompany puberty, shaped by social determinants and risk and protective factors that affect the uptake of health-related behaviours. The shape of adolescence is rapidly changing - the age of onset of puberty is decreasing and the age at which mature social roles are achieved is rising. New understandings of the diverse and dynamic effects on adolescent health include insights into the effects of puberty and brain development, together with social media. A focus on adolescence is central to the success of many public health agendas, including the Millennium Development Goals aiming to reduce child and maternal mortality and HIV/AIDS, and the more recent emphases on mental health, injuries, and non-communicable diseases. Greater attention to adolescence is needed within each of these public health domains if global health targets are to be met. Strategies that place the adolescent years centre stage - rather than focusing only on specific health agendas - provide important opportunities to improve health, both in adolescence and later in life. The Lancet, (2012); 379(9826), 1630-1640.
Complementary and alternative medicine use among youth with juvenile arthritis: Are youth using CAM, but not talking about it?
Elisabeth Seburg, Keith Hovath, Ann Garwick, Barbara McMorris, Richard Vehe, Peter Scal

PURPOSE: To examine self-reported use and correlates of complementary and alternative medicine (CAM) in adolescents with juvenile arthritis (JA). METHODS: One hundred thirty-four adolescents with JA completed an online survey of their use of, interest in, and discussions about CAM. The PedsQL 4.0 SF15 assessed quality of life. RESULTS: The majority (72%) of youth reported using greater than or equal to CAM modality. Use did not differ by sex, age, race, or geographic location. The most commonly used CAM modalities were yoga (45%) and meditation, relaxation, or guided imagery (40%). Low psychosocial quality of life was associated with massage and meditation, relaxation, or guided imagery use (p < .05). Only 46% of youth reported discussing CAM with a health care provider. Nonusers were most interested in learning more about massage (79%) and yoga (57%). CONCLUSIONS: Youth with JA reported high use of CAM, but few discussed CAM with health care providers. Findings suggest practitioners should engage adolescents in discussions about CAM.


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

Multifaceted, sustained efforts are needed to reduce early pregnancy and sexually transmitted diseases among high-risk adolescents. An important area for research is testing youth development interventions offered through clinic settings, where access to high-risk adolescents is plentiful and few efforts have rigorously evaluated a dual approach of building protective factors while addressing risk. This article presents findings from a pilot study of Prime Time, a clinic-based youth development intervention to reduce sexual risk behaviors among girls at risk for early pregnancy. Girls aged 13 to 17 years meeting specific risk criteria were assigned to Prime Time treatment groups. The Prime Time intervention included a combination of case management services and peer leadership groups. Participants completed self-report surveys at baseline, 12 and 18 months following enrollment. At 12 months, the intervention group reported significantly fewer sexual partners than the control group. At 18 months, the intervention group reported significantly more consistent condom use with trends toward more consistent hormonal and dual method use. Dose-response analyses suggested that relatively high levels of exposure to a youth development intervention were needed to change contraceptive use behaviors among adolescents at risk for early pregnancy. Given promising findings, further testing of the Prime Time intervention is warranted.

Health Promotion Practice, (2012); 13(4), 462-471.

Prime Time: Sexual health outcomes at 24 months for a clinic-linked intervention to prevent pregnancy risk behaviors.
Renee Sieving, Annie-Laurie McRee, Barbara McMorris, Kara Beckman, Sandra Pettingell, Linda Bearinger, Ann Garwick, Jenny Oliphant, Shari Plowman, Michael Resnick, Molly Secor-Turner

IMPORTANCE: Preventing early pregnancy among vulnerable adolescents requires innovative and sustained approaches. Prime Time, a youth development intervention, aims to reduce pregnancy risk among adolescent girls seeking clinic services who are at high risk for pregnancy. OBJECTIVE: To evaluate sexual risk behaviors and related outcomes with a 24-month post-baseline survey, 6 months after the conclusion of the Prime Time intervention. DESIGN: Randomized controlled trial. SETTING: Community and school-based primary care clinics. PARTICIPANTS: Of 253 sexually active 13- to 17-year-old girls meeting specific risk criteria, 236 (93.3%) completed the 24-month follow-up survey. INTERVENTION: Offered during an 18-month period, Prime Time includes case management and youth leadership programs. MAIN OUTCOME MEASURES: Self-reported consistency of condom, hormonal, and dual-method contraceptive use with most recent male sex partner and number of male sex partners in the past 6 months. RESULTS: At 24-month follow-up, the intervention group reported significantly more consistent use of condoms, hormonal contraception, and dual-method contraception than the control group. Intervention participants also reported improvements in family connectedness and self-efficacy to refuse unwanted sex, and reductions in the perceived importance of having sex. No between-group differences were found in the number of recent male sex partners. CONCLUSIONS & RELEVANCE: This study contributes to what has been a dearth of evidence regarding youth development interventions offered through clinic settings, where access to high-risk adolescents is plentiful but few efforts have emphasized a dual approach of strengthening sexual and nonsexual protective factors while addressing risk. Findings suggest that health services grounded in a youth development framework can lead to long-term reductions in sexual risk among vulnerable youth.


Factors distinguishing youth who report self-injurious behavior: A population-based sample.
Lindsay Talliaferro, Jennifer Muehlenkamp, Iris Borowsky, Barbara McMorris, Kari Kugler

OBJECTIVE: To identify factors distinguishing adolescents across 3 groups: no self-harm, nonsuicidal self-injury (NSSI) only, and NSSI and suicide attempt (NSSI + SA). METHODS: Data were from the 2007 Minnesota Student Survey. The sample included 61,330 students in grades 9 and 12. Logistic regression analysis determined factors that best distinguished adolescents who reported NSSI from those who reported no self-harm, and adolescents who reported NSSI + SA. Final models were developed over 3 stages of analysis that tested the importance of variables within risk factor, protective factor, and
co-occurring health-risk behavior domains. RESULTS: For male and female subjects, factors that consistently distinguished youth who reported NSSI from those who reported no self-harm included depressive symptoms, hopelessness, physical abuse, less parent connectedness, running away from home, and maladaptive dieting behavior. Factors that distinguished the NSSI + SA group from the NSSI only group for both sexes were a mental health problem, depressive symptoms, hopelessness, physical abuse, and running away from home. Other factors, such as sexual abuse, were significant in models for males or females only. Hopelessness constituted the leading factor to increase the likelihood that youth who self-injured also attempted suicide. CONCLUSIONS: Youth engaging in NSSI experience diverse psychosocial stressors and significant distress. Clinicians and school personnel are well-positioned to offer support to these youth. Furthermore, they can help address NSSI among youth by identifying those who self-injure early, assessing for hopelessness and suicidality, facilitating connections to prosocial adults, addressing maladaptive dieting behavior, and supporting runaway youth. 

In Press

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Marla Eisenberg, Nikki Madsen, Jenny Oliphant, Renee Sieving

Perspectives and observations of graduate nursing students related to family meals.
Sharon Fruh, Madhuri Mulekar, Heather Hall, Jayne Fulkerson

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Jayne Fulkerson, Peter Hannan, Bonnie Holy Rock, Mary Smyth, John Himes, Mary Story
Ethnicity & Disease. (in press).

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Carolyn Garcia, Rosa Maria Aguilera-Guzman, Sandi Lindgren, Rodolfo Gutierrez, Blanca Raniolo, Therese Genis, Gabriela Vazquez-Benitez, Lisa Clausen
Health Promotion Practice. (Epub)p

Project Wings, a coping intervention for Latina adolescents: A pilot study.
Carolyn Garcia, Jessie Pintor-Kemmick, Gabriela Vazquez, Estefania Alvarez-Zumarraga
Western Journal of Nursing Research. (Epub).

Correlates of emotional distress in out-of-home youth.
Scott Harpin, DenYelle Kenyon, Susan Kools, Linda Bearinger, Marjorie Ireland

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Katie Loth, Richard MacLehose, Jayne Fulkerson, Scott Crow, Dianne Neumark-Sztainer
Pediatrics. (in press).

Are young adolescents emotional and social skills protective against involvement in violence and bullying behaviors?
Julie Polan, Renee Sieving, Barbara McMorris
Health Promotion Practice. (in press).

Life experiences of instability and sexual risk behaviors among high risk adolescent girls.
Molly Secor-Turner, Barbara McMorris, Renee Sieving, Linda Bearinger
Perspectives on Sexual & Reproductive Health. (in press).

Other CAN Publications

Associations between home food availability, dietary intake, screen time, and physical activity with body mass index in young American Indian children?
Chrisa Arcan, Peter Hannan, Jayne Fulkerson, John Himes, Bonnie Holy Rock, Mary Smyth, Mary Story

Benefits of family meals with adolescents: Nurse practitioners’ perspective.
Sharon Fruh, Madhuri Mulekar, Heather Hall, Jayne Fulkerson, Anita King, Kenda Jezek, Linda Roussell
The Journal of Nurse Practitioners, (2012); 8, 280-287.
Other CAN Publications Cont.

Preventing sexual violence instead of just responding to it: Students’ perceptions of sexual violence resources on campus.
Carolyn Garcia, Kate Lechner, Ellen Frerich, Katherine Lust, Marla Eisenberg

Adolescent health literacy: The importance of credible sources for online health information.
Suad Ghaddar, Melissa Valerio, Carolyn Garcia, Lucy Hansen

Validation of a home food inventory among low-income Spanish and Somali speaking families.
Mary Hearst, Jayne Fulkerson, Michelle Parke, Lauren Martin

Stressed out and overcommitted! The relationship between time demands and family rules and parents’ and their child’s weight status.
Mary Hearst, Sarah Sevcik, Jayne Fulkerson, Keryn Pasch, Lisa Karnack, Leslie Lytle
Health Education and Behavior, (2012); 39(4), 446-454.

Pathways from school suspension to adolescent antisocial behavior in Australia and the United States.
Sheryl Hemphill, Todd Herrenkol, Stephanie Plenty, John Toubourou, Richard Catalan, Barbara McMorris

Health behaviors of students attending alternative high schools:
A review the research literature.
Karen Johnson, Lindsay Taliaferro

A healthy trend: Less food used in fundraising and as rewards and incentives in Minnesota middle and high schools.
Martha Kubik, Kian Farbakhsh, Leslie Lytle

What’s for dinner? Types of food served at family dinner differ across parent and family characteristics.
Dianne Neumark-Sztainer, Katie Loth, Jayne Fulkerson, R Maclehose, Marla Eisenberg, Jerrica Berge

Bright Start: Description and main outcomes from a group-randomized obesity prevention trial in American Indian children.
Mary Story, Peter Hannan, Jayne Fulkerson, Bonnie Holy Rock, Mary Smyth, Chrisa Arcan, John Himes
Obesity, (2012); 20(11), 2241-2249. © Wiley Publishing.

We have the evidence to enhance adolescent sexual and reproductive health - Do we have the will?
Lindsay Taliaferro, Renee Sieving, Sonya Brady, Linda Bearinger

Lancet Feature:
Bearinger: Creating Healthy Pathways for Adolescents

The Lancet, a global leader among medical and health care journals, profiled Linda Bearinger, PHD, RN, FAAN, FSAHM, in the Perspectives section of a special adolescent health series (volume 379, issue 9826, page 1581). The one-page profile on Bearinger, a public health/adolescent health nurse researcher and educator, was recognized for her more than 40 years of service to young people. Bearinger’s career path is followed in The Lancet article, highlighting her passion for teaching, reflecting on the uniqueness of her interdisciplinary appointments and leadership roles within the Institute of Medicine, the Society for Adolescent Health and Medicine, NIH, MCHB/HRSA/DHHS, and her current position as President of International Association for Adolescent Health.

The full Lancet Profile can be found at:
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2960664-3/fulltext
During the 2013 Summer Institute in Adolescent Health,
consider trends and influences on sexual behaviors among emerging adults. Visit settings that are successfully addressing sexual health among young adults. Talk with young adults, program leaders, health providers and educators who are committed to improving sexual health services. Learn strategies for assuring supportive environments, sustaining authentic relationships, and providing services that are responsive to the uniqueness of this life stage. Gain new skills to effectively advocate for the sexual health of emerging adults.

For more information please see our website at www.nursing.umn.edu/can or contact baumo272@umn.edu.

Summer Institute Visiting Faculty Sarah Brown

Sarah Brown, MPH, is the CEO of The National Campaign to Prevent Teen and Unplanned Pregnancy, a private and independent non-profit organization working to promote values, behavior, and policies that reduce both teen pregnancy and unplanned pregnancy among single young adults.
Benefits of I•A•A•H Membership

• Engage with others in the development, welfare, and comprehensive care of young people, aged 10 to 24 years
• Create new partnerships among organisations, professionals, and young people dedicated to youth health
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• Uphold standards of care for young people while advancing research and education on their behalf
• Advocate for young people with other I•A•A•H members at community, country, regional, and global levels
• Learn about innovative, accessible, and evidence-based adolescent health training opportunities
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I•A•A•H Mission

• Foster deeper understanding of the importance of youth health across sectors and within every region of the world
• Encourage cooperation and collaboration between youth and adults and between professionals and organisations focused on youth health issues
• Promote and support the development of national associations dedicated to youth health
• Advocate for improved youth health services, training, research, and policy development worldwide and within communities, countries, and regions

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Driven to Discover through Learning, Teaching, and Research

Current Center Doctor of Nursing Practice (DNP) student Cheree O’Shields, who has worked with homeless youth on the streets for more than 7 years, was highlighted in the Fall 2012 issue of Legacy. Published by the University of Minnesota Foundation, Legacy is a magazine featuring scholars with a passionate drive to discover through learning, teaching, and research. O’Shields plans on using the skills and knowledge learned during DNP coursework to build collaborative relationships with other adolescent health care providers. The goal of the partnerships is to ensure that homeless youth in the Twin Cities are receiving health services and education. Currently, O’Shields’ practicum work aims to increase physical activity among young people in Cedar-Riverside, an urban neighborhood of Minneapolis.

“Homeless youth put up a tough exterior because it keeps them safe. If you show your vulnerability on the street, it’s very dangerous. So what you see at first glance is not who that young person is. When I was on the streets, no one thought I would ever graduate from high school, let alone college. But I got back into school and I did well, and I thought ‘Wow, I’m not incapable. I’m not hopeless. I can do this.’ Education changed my life. Instead of being a burden to the system and having children who are a burden to the system, I feel like I’m an asset to society. Because of all the people who planted seeds along the way, I’m alive and educated and helping thousands of youth.”

-Quotation re-printed with permission from Legacy Magazine, Fall 2012.
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