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Breath by Breath: A Protocol for Implementing a Gamified Digital Asthma Self-Management Intervention for Rural Adolescents Using PRECEDE-PROCEED

Authors: Mousum, Sabrina; Chaney, Beth; Stellefson, Michael; Corresponding Author: Sabrina Mousum; Presenting Author: Sabrina Mousum

Introduction

Asthma affects 8.7% of U.S. adolescents, leading to over 1.7 million emergency visits annually. In Alabama's rural Black Belt, where poverty and provider shortages persist, adolescents face an asthma burden and limited access to consistent care. Many lack asthma education and follow-up, creating significant gaps in self-management. We propose Breath-by-Breath, a gamified, wearable-supported asthma self-management intervention for rural adolescents. Gamification enhances motivation and adherence through interactive, reward-based learning, while wearable technology enables real-time symptom tracking and helps users identify triggers and adjust behaviors, even offline. This study aims to evaluate the feasibility, usability, and engagement of Breath-by-Breath to empower adolescents, strengthen self-efficacy, and bridge care gaps between clinical visits in low-resource rural settings. (Status: developed in a doctoral planning course; no data collection has occurred.)

Methods

The study will recruit 20-30 adolescents (aged 12-17) with physician-diagnosed asthma and caregiver consent from public schools and community clinics across three Black Belt counties. The 12-week intervention includes gamified asthma education and symptom logging modules that reward progress through points, badges, and a peer leaderboard; and an offline wearable device that records symptom tracking with auto-syncing. The ADAMM chest-worn sensor, loaned from manufacturers, will passively record coughing, wheezing, and respiration. Primary outcomes include feasibility (≥70% retention), usability, and engagement; secondary outcomes include self-efficacy, Asthma Control Test (ACT) scores, user satisfaction, and ER visits. Guided by the PRECEDE–PROCEED model, qualitative feedback from interest holders will identify factors influencing asthma self-management, while quantitative data will undergo descriptive and repeated-measures analyses. IRB approval, caregiver consent, and adolescent assent will be obtained before enrollment.

Discussion

Breath-by-Breath is expected to improve asthma self-management among rural adolescents and, through partnerships with rural clinics, schools, and local health departments, demonstrate how theory-driven, community-guided digital innovations can advance equitable, sustainable approaches to chronic disease management in health behavior research.

Many Languages, One Health Agenda: A Community-Engaged Protocol for an Equitable Asian American Health Assessment

Authors: Chow, Cheng; Kim, Hannah; Vo, Duyen, H.; Vohra-Gupta, Shetal; Corresponding Author: Vohra-Gupta, Shetal; Presenting Author: Kim, Hyunji (Hannah)

Introduction:

Asian and Asian American populations are often homogenized by the model minority myth, masking within-group inequities. This protocol describes a community-engaged, multilingual health needs assessment that centers lived experience to inform practice and policy. Aims are to: (1) identify subgroup-specific barriers and facilitators to care; (2) quantify variation in access, utilization, and social determinants; and (3) co-develop actionable recommendations with community and policy partners.

Methods:

Conducted in a rapidly diversifying Texas metro, this convergent mixed-methods study recruit adults (≥18) who self-identify as Asian or Asian American. We integrate qualitative key-informant interviews (completed n=6) and language/ethnicity-stratified focus

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groups (completed n=30) with an ongoing multilingual cross-sectional survey (target n≈800). Instruments capture healthcare access and utilization, language and insurance barriers, health literacy, acculturation, and social needs (e.g., housing, food, employment); subgroup markers (ethnicity, nativity, immigration generation) enable disaggregation by design. Recruitment is co-led with trusted gatekeepers using subgroup-specific platforms (e.g., WeChat for Chinese; Facebook/WhatsApp for South Asian and Filipino communities) and ethnicity-specific materials to reach smaller or less visible groups (e.g., Afghan and Burmese). Language-justice procedures include co-translation and back-translation, community review of survey and consent, and delivery of all materials in preferred languages. Data are collected via secure, de-identified electronic capture with role-based access. Qualitative data undergo rapid synthesis followed by framework-based thematic analysis; quantitative data are summarized descriptively with planned subgroup contrasts and, where cell sizes permit, linear regression and multilevel models. Mixed-methods triangulation uses joint displays, and stakeholder sense-making sessions iteratively refine practice and policy recommendations.
Ethics:
This study has received university IRB approval.
Discussion:
By embedding language justice and subgroup-tailored recruitment, this protocol operationalizes disaggregation as a design principle, yielding more inclusive evidence to guide community-responsive health behavior interventions and policy.
Registration:
Not applicable (non-clinical trial).

Development of a Trauma-Informed Community-Engaged Physical Activity Intervention for Youth Experiencing Weight-Based Victimization

Authors: Pudney, Ellen, V; Thomas, Kathleen, S; Wolf, Donna, L; Schofer, Wendy, E; Sill, Julie, D; Bean, Melanie, K; Corresponding Author: Pudney, Ellen, V; Presenting Author: Pudney, Ellen, V

Introduction
As many as 73% of youth with higher body weight have experienced weight-based victimization (WBV) in physical activity (PA) settings. WBV can be a traumatic experience, leading youth to self-exclude from PA to avoid re-victimization. Using a trauma-informed and community-engaged approach, this ongoing study is collaborating with youth with higher weight to co-create an intervention aimed at promoting PA in adolescents who have experienced WBV.
Methods
This investigation includes semi-structured interviews, creation of a Teen Advisory Board (TAB), and focus groups. With IRB approval, we are currently using convenience sampling to recruit 12-15 adolescents, ages 11-17, from a local weight management clinic. Participants are sharing their opinions about PA, drivers of confidence with or avoidance of PA, and preliminary ideas on how to address this issue and increase PA engagement in adolescents with higher weight. We will use the interview findings to create discussion prompts for the TAB, which will be comprised of interview participants and non-treatment seeking youth. Using snowball sampling, we will encourage the interested interview participants to invite friends with relevant lived experiences to join the TAB to reach approximately 20 members. We will host four TAB meetings where we will engage in brainstorming activities to develop intervention ideas. Once ideas are drafted, we will conduct focus groups with parents and community partners to refine the intervention. We will host an additional two TAB meetings after completing the focus groups to share any revisions to the intervention based on focus group feedback and obtain final input. TAB members will also inform recruitment strategies and assessments regarding the design of a subsequent pilot study.
Discussion
This study demonstrates how to engage

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youth in co-creating an intervention using a trauma-informed lens to address health behavior. Results should yield an intervention relevant and acceptable to the target population.

Living in Agriculturally-Integrated Neighborhoods: Protocol for Assessing Longitudinal Changes in Health and Community Behaviors

Authors: Maddock, Jay E.; Lewis, Emma C.; Villarreal, Deyaun L.; Macmillian Uribe, Alexandra L.; Janda-Thome, Kathryn M.; Han, Gang; Hall, Charles R.; Sturdivant, R.X.,; Patterson, Meg S.; Graham, Meredith L.; Seguin-Fowler, Rebecca A.; Umstattd Meyer, M. Renee; Corresponding Author: Jay Maddock; Presenting Author: Jay Maddock

Introduction. Poor nutrition and inadequate physical activity are key contributors to rising chronic disease rates. Neighborhood built environments play an important role in shaping modifiable health behaviors. Agriculturally-integrated neighborhoods ("agrihoods") offer a promising approach to health-promoting residential design. Centered around a working farm, agrihoods are designed to connect residents with fresh foods and outdoor spaces for physical activity. However, no rigorous or longitudinal evaluations of residents have been conducted. We detail the protocol for a naturalistic study that aims to (1) assess longitudinal changes in dietary intake, physical activity, cardiometabolic health indicators, and social connectedness among agrihood and matched comparison residents; (2) document time use and preferences for agrihood design features; and (3) examine agrihood economic benefits. Methods. This mixed-methods, quasi-experimental study will last six months, including assessments at three time points. Agrihood participants are new adult residents in an agrihood residential development, while comparison participants are adults currently residing in a nearby development. Starting in May 2025, participants will complete three 30-minute online surveys. Agrihood participants will also complete two additional 30-minute in-person health assessments and three timepoints of accelerometer wear on seven consecutive days. Difference-in-Differences (DiD) generalized linear mixed-effects models will examine longitudinal change and its interaction with participant groups. An economic analysis will account for break-even time, farmer compensation, maintenance costs, and public incentive programs. Ethics. This study has received university IRB approval. Discussion. This will be the first study to examine a longitudinal cohort of new agrihood residents compared to a master-planned residential development to understand the impacts of agrihood living. Our data-driven design, which incorporates biological data collection, device-captured physical activity, and validated self-report measures, will pave the way for future research and initiatives that adapt and scale models to promote environmental and economic growth, as well as improve human health and wellbeing. Registration. This study has been registered with ClinicalTrials.gov.

Evaluating Prenatal Cannabis Measurement Validity in the HEALthy Brain and Child Development (HBCD) Study

Authors: Appleseth, Hannah, J; Leffingwell, Quinn; Doherty, Emily; Crockett-Barbera, Erica; Russell, Susette; Croff, Julie M; Corresponding Author: Hannah; Presenting Author: Hannah Appleseth

Background: Estimates of prenatal cannabis use (PCU) in the U.S. range from 3.9% to 16.0% (Hayes et al., 2023). Self-report methods underestimate PCU relative to biospecimen measures, although validity improves in non-punitive research contexts (Skelton et al., 2022). The NIH HEALthy Brain and Child Development (HBCD) Study's inaugural 2025 data release provides an opportunity to evaluate the concordance between prenatal cannabis self-report and biospecimens. Before examining how PCU relates to developmental outcomes, it is essential to establish the validity of measurement approaches, since

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misclassification can lead to misleading conclusions and hinder efforts to promote child and family health.
Methods: We used the HBCD data from the first study visit (2nd/3rd trimester). Participants reported sociodemographics and substance use (ASSIST, Timeline Follow-Back [TLFB]) and provided urine and nail samples. Cohen's Kappa, sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) were calculated to assess reliability and validity.
Results: Our sample of pregnant individuals (N=1,426, MAge=31.7) were primarily non-Hispanic (NH) White (48.8%, n=696) and NH Black (20.4%, n=291). The average visit 1 gestational age was 27 weeks (SD=6.49). Urine and self-reported past-week cannabis use (N = 1,347) demonstrated moderate agreement ($\kappa = 0.70$, $p < .001$), sensitivity = 59.4%, specificity = 99.3%, PPV = 91.4%, and NPV = 95.4%. Nails and any self-reported cannabis use during pregnancy (N = 1,029) showed moderate agreement ($\kappa = 0.62$, $p < .001$), sensitivity=72.9%, specificity=94.4%, PPV=72.1%, and NPV=94.6%.
Conclusions: Both urine and nail biospecimens showed moderate concordance with self-reported PCU. High specificity suggests few false positives, whereas lower sensitivity indicates that some true cases of cannabis use were likely missed. This is the initial step in evaluating our prenatal cannabis measures to ensure we are accurately interpreting the data and using it to inform science-based advocacy for the health and well-being of children and families.

Abstract ID: 126

Area Deprivation and Tumor Severity Mediate Racial Disparities in Mortality among Breast Cancer Patients

Authors: Luningham, Justin, M; Baker, Elizabeth, H; Saini, Geetanjali; Bhargava, Mahak; Aneja, Ritu; Corresponding Author: Justin Luningham; Presenting Author: Justin Luningham

Breast cancer mortality rates in the US are 39% higher in Black women than in White women, despite similar incidence rates. Black women are disproportionately diagnosed with more advanced tumors and more often live in economically deprived neighborhoods, two factors associated with breast cancer mortality. Previous studies demonstrate that area deprivation index (ADI) affects breast cancer mortality differently for Black and White women. This study examined if racial disparities in mortality of breast cancer patients were explained by ADI and tumor severity through survival mediation analysis.
Methods
Data for women treated between 2003 and 2022 were obtained from patient records in metropolitan Atlanta. Black and White women with non-missing data on vital status, follow-up times, and all mediators/confounders (listed below) were included (n = 11,042). Patients were mapped to ADI, a neighborhood-level ranking of economic deprivation, using the Neighborhood Atlas. Mediation analysis was conducted using the CMAVerse package in R. Cox proportional hazard models were estimated with inverse odds ratio weighting, which decomposes the total effect of race on mortality into natural direct and indirect effects. The full mediation model included ADI, tumor stage, tumor grade, and triple-negative status as mediators, controlling for age at diagnosis. The relative contribution of each mediator was assessed by removing individual mediators from the full model and quantifying changes in the proportion of the total effect that was mediated.
Results
The full mediation accounted for 68.9% of the association between race and mortality, controlling for age. The largest reductions in proportion mediated occurred when ADI (-19.7%) or tumor stage (-14.7%) were excluded from the model, suggesting that these variables are the primary mediators.
Discussion
Our findings suggest that reducing racial disparities in breast cancer mortality requires a dual focus: addressing upstream social determinants (e.g., neighborhood

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deprivation) and downstream clinical factors (e.g., late-stage presentation).

Outcomes of the Helping Everyone Achieve a LifeTime of Health–Future Addictions Scientist Training (HEALTH–FAST) Doctoral Scholars Training Program in Alcohol, Tobacco, and Other Drugs (ATOD) Use and Health Equity Science

Authors: Pallapothula, Venkata, S.; Patel, Hinal; Chen, Tzuan, A.; Obasi, Ezemenari, M.; Reitzel, Lorraine, R.; Corresponding Author: Lorraine R. Reitzel; Presenting Author: Hinal Patel

Significance: Alcohol, tobacco, and other drugs (ATOD) use is causally associated with numerous chronic diseases such as cardiovascular/respiratory conditions, diabetes, and cancer; limited access to healthcare, socioeconomic constraints, systemic racism, and targeted marketing contribute to the disproportionate incidence of ATOD-related chronic disease in disadvantaged communities. A diverse workforce with skills to conduct culturally-competent ATOD health equity research is needed to address these challenges. The Helping Everyone Achieve a LifeTime of Health–Future Addictions Scientist Training (HEALTH–FAST) Research Education Program was designed to train doctoral students in addiction science, preparing them address associated chronic disease inequities in their professional careers. Methods: HEALTH-FAST matriculated 13 Houston-area doctoral students (69.2% women, 76.9% Black/Hispanic, 15.4% disadvantaged) from 2021-2025 through 4 9- to 12-month cohorts. To enhance their ATOD knowledge, research skills, and professional self-confidence, students engaged in a mentored research experience and attended ATOD seminars by national experts, professional development programming, and responsible conduct of research (RCR) seminars. Targeted constructs were measured with face-valid scales/surveys; when applicable, Wilcoxon signed-rank tests were used to assess change over time. Results: Students' ATOD knowledge and their research knowledge, self-efficacy, and preparation each increased significantly from baseline to program completion; professional self-confidence increased over time, significantly from mid-point to program completion. ATOD, professional development, and RCR seminars were rated highly (>/=4.65 on a 5-point scale, 5=most favorable). At program completion, students reported satisfaction with HEALTH-FAST (M=57.46+/- 3.02, 60-point scale) and increased intention to pursue an ATOD health equity research career (M=57.69+/- 7.61, 70-point scale). By mid-2025, students reported 59 presentations, 21 publications, and 2 grant awards. Conclusions: The HEALTH-FAST Program successfully achieved its goals, strengthening the research capacity of diverse doctoral students in ATOD health equity science. The logic model and each programming element will be described, providing insights to inform the next generation of training/mentorship programs.

Age-related trends in physical activity and sleep across the U.S. urban-rural continuum: Evidence from the National Wellbeing Survey, 2021-2023

Authors: Pfledderer, Christopher, D.; Brown, Denver, M.Y.; Johnson, Ashleigh; Springer, Andrew, E.; Lanza, Kevin; Mullane, Emma, J.; Kapfhammer, Miranda; Hoelscher, Deanna, M.; Corresponding Author: Christopher D. Pfledderer; Presenting Author: Christopher D. Pfledderer

Background: It is well established that physical activity and sleep duration decrease as age increases, conferring several deleterious non-communicable health outcomes, including overweight/obesity and Type 2 diabetes. Despite a growing body of evidence on differences in health behaviors by urban-rural geographic residence, there is limited evidence on how the intersection of age and urban-rural status is associated with physical activity and sleep. The purpose of this study was to investigate age-related trends in physical activity and sleep among U.S. adults across the urban-rural continuum.

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Methods: We analyzed pooled, annual data from three waves of the National Wellbeing Survey (2021-2023), a population-based cross-sectional survey of U.S. adults (18-64 years). Participants reported number of days engaging in ≥30min of moderate physical activity (MPA) and vigorous physical activity (VPA), and sleep duration. Rural-Urban Continuum Codes (RUCC) classified participants into three metropolitan and six non-metropolitan categories (1-9 categorical variable). We used weighted linear regression to compute main effect and interaction models (age x RUCC) with behaviors as outcomes, adjusting for sex, race/ethnicity, and household income. Post-hoc marginal predicted probabilities and two-way contour plots were also constructed. Results: The final sample included 18,763 participants (41±14 years, 50% female). Participants engaged in MPA on 3.2±1.3 days/week, VPA on 2.6±1.3 days/week and slept 7.0±1.8 hours/day. Main effects revealed negative associations between age and MPA (coef= -0.003, 95%CI:-0.005,-0.001), VPA (coef= -0.011, 95%CI:-0.013,-0.001), and sleep (coef = - 0.025, 95%CI:-0.020,-0.012). Interactions between urban-rural status and age were found for both MPA (coef= -0.002, 95%CI:-0.002,-0.001) and VPA (coef= -0.001, 95%CI:-0.002,-0.001), wherein older adults in rural areas engaged in significantly less MPA and VPA, compared to adults in more urbanized areas. Conclusion: Older adults living in rural areas may be at greatest risk for age-related declines in physical activity underscoring the need for context-specific behavioral interventions among this population.

Board No: 101
Acknowledging Fatigue, Restoring Autonomy: Strategies for Buffering Message Fatigue in Parental HPV Vaccine Promotion

Authors: Mengfei Guan

Introduction

After years of national and state-level campaigns, HPV vaccination rates among U.S. adolescents still lag behind other routine immunizations. For many parents, the challenge is not necessarily a lack of awareness; message fatigue may be one of the reasons HPV vaccination efforts lose traction. Repeated exposure to similar appeals over time can leave audiences feeling worn out, disengaged, or even resistant. Guided by cognitive appraisal theory, this study proposes that acknowledging message fatigue (i.e., recognizing that parents may feel overexposed to vaccine messaging) can help reframe irritation as understanding. Likewise, self-determination theory and psychological reactance theory suggest that providing a sense of autonomy, by framing vaccination as a choice rather than a directive, can restore perceived control and reduce defensiveness. Together, these strategies may help sustain engagement in communication environments saturated with health messages.

Methods

An online randomized experiment will recruit N = 800 parents of adolescents (ages 9–17) from a national survey panel. Before randomization, participants will complete validated measures of HPV message fatigue and covariates such as prior exposure, child vaccination status, and trait reactance. They will then be assigned to one of four message conditions in a 2×2 factorial design: (1) acknowledgment + autonomy-supportive tone, (2) acknowledgment + controlling tone, (3) no acknowledgment + autonomy-supportive tone, or (4) no acknowledgment + controlling tone. Each message (approximately 90 words) promotes the HPV vaccine as cancer prevention. Key outcomes include reactance, message avoidance, perceived relevance, and vaccination intention. Analyses will test Fatigue × Acknowledgment × Autonomy interactions using hierarchical regressions and moderated mediation to assess whether acknowledgment and autonomy jointly buffer fatigue's adverse effects.

Ethics

Institutional Review Board approval will be obtained prior to data collection.

Discussion

By blending empathy with choice, this study

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introduces a practical, theory-driven way to keep important health messages from wearing out their welcome, which will offer fresh insight for designing persuasive health communication in an age of information overload.

Board No: 102
Using Community-Engaged Implementation to Strengthen HIV Prevention and Care: Evaluating Philadelphia's ExIS Model

Authors: Kearney, Matthew D; Nassau, Tanner; Hesterman, Allison; Brady, Kathleen; Starrett, Jada; Torres, Miguel; Solomon, Sara

Introduction: Philadelphia faces persistent disparities in HIV-related outcomes, with ongoing transmission concentrated in specific social and geographic networks. To address these challenges, the Philadelphia Department of Public Health (PDPH) established a process for identifying and responding to networks experiencing rapid transmission. The Expanded Interventional Surveillance (ExIS) project uses a structured, community-engaged process to identify and address barriers revealed through case reviews. The objective of this study is to evaluate how the ExIS model links case-level surveillance data with community-driven strategies to improve access to HIV prevention and care. Methods: A mixed-methods evaluation is being conducted using data collected through ExIS interviews and three interrelated teams: 1) Case Review Team (CRT) that analyzes ExIS data to identify barriers and facilitators; 2) Community Action Team (CAT) that reviews CRT findings and prioritizes system-level recommendations; and 3) a PrEP Workgroup, formed after the CAT identified increasing PrEP access as a key priority. Through a structured implementation mapping process, these groups co-developed multilevel strategies such as normalizing conversations around HIV prevention, standardizing HIV prevention and care linkage protocols, leveraging social networks, and outreach to community gatekeepers. Evaluation activities are guided by the RE-AIM framework to assess reach, adoption, and sustainability of implemented strategies. Ethics: This evaluation has received city and university IRB determinations that it constitutes public-health evaluation, not human-subjects research. Discussion: Philadelphia's ExIS model represents an innovative approach to translating HIV network detection into responsive, equitable prevention and care strategies by integrating epidemiologic data with community insight and lived experience. Case reviews and workgroup discussions have highlighted recurring barriers such as stigma, inconsistent provider engagement, and limited mental health support, while also identifying facilitators including strong social networks and prior PrEP awareness. Moving forward, the PrEP Workgroup has prioritized strategies such as provider training, trauma-informed care, and peer-led outreach to normalize PrEP and expand prevention access.

Board No: 103
Unmuting Mental Health: An Online Mental Health Anti-stigma and Service Engagement Intervention for Chinese American Adolescents and Parents

Authors: Lu, Wenhua; Wang, Fanxi; Zhang, Yuqing; Chen, Michelle; Wu, Elena; Shafique, Balquees; Zhang, Michelle; Munoz-Laboy, Miguel; Yanos, Philip; Yoon, Anderson, Sungmin; Lim, Sahnah; Yang, Lawrence

Introduction: Despite the pervasive "model minority" stereotype, Chinese and Chinese American (CA) youth in the United States experience elevated rates of depression and anxiety yet remain along the least likely to use mental health (MH) services. Barriers such as model minority stereotype and cultural norms around saving face and shame, and intergenerational conflict rooted in acculturation gaps contribute to stigma and limited help-seeking. Guided by Motivational Interviewing, Cognitive Behavioral Therapy, and the What Matters the Most framework, we developed a culturally responsive, family-focused online

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intervention for CA adolescents and parents. This protocol describes a randomized pilot trial evaluating the intervention's feasibility, acceptability, and preliminary efficacy. Methods: This parallel-group randomized controlled pilot trial will include 60 parent–adolescent dyads (n = 30 per arm). Eligible adolescents are 14-17 years old, self-identify as Chinese or Chinese American, screen positive for depression or anxiety, and have at least one parent being a first-generation immigrant from China. Dyads will be recruited through community outreach, respondent-driven sampling, and social media. Participants will be randomized to either the intervention or a control group receiving referrals to CA-serving MH clinics in New York City. The intervention, delivered online by trained bilingual psychotherapists, includes a pre-workshop engagement session and six weekly 45-60-minute workshops conducted separately for parents and adolescents. Workshops combine psychoeducation, guided discussions of discrimination and bias, and skill-building to enhance self-efficacy and reduce stigma, with weekly home practice to reinforce learning. Primary outcomes include MH service utilization and stigma-related outcomes; secondary outcomes include MH knowledge, self-efficacy, family communication, and clinical symptoms. Assessments occur at baseline, post-intervention, and 3- and 6-month follow-ups. Ethics: This study has received university IRB approval. Discussion: This program is the first internet-based, culturally responsive anti-stigma intervention designed for CA adolescents and their parents. Findings will inform scalable, community-implementable strategies to reduce MH stigma and promote service engagement in immigrant families.

Board No: 104

Measuring community engagement and perceived effectiveness of deflection in the BRIDGE Project: Engaging multiple stakeholders and tracking multi-level outcomes

Authors: Luningham, Justin, M; Preston, Brooke; Olabisi, Ewaoluwa; Knight, Kevin; Becan, Jenny

Deflection programs are community-based initiatives aiming to redirect individuals with substance use or behavioral health needs away from arrest and toward treatment/recovery services. Engaging communities in deflection is crucial for their sustained effectiveness. The BRIDGE (Building Resilient Initiatives for Deflection through Greater Engagement) Project will evaluate two community engagement strategies for improving implementation and public health/public safety (PH/PS) outcomes in deflection programming. The strategies depend on cross-sector partnerships between several community stakeholders and credible messengers with lived experience. Assessing strategy impact is key and requires a multi-level mixed methods measurement design. Methods

BRIDGE will engage four target populations across the socioecological context. Outcome measurement will be assessed for each target population, across 20 participating communities, and at three time periods: Pre-implementation, Implementation, and Sustainment. The measurement design organized by population is as follows.

Deflection participants (N = 600)
Outcomes: deflection perceived effectiveness, substance use treatment receipt, program completion
Collected through surveys, program data, and qualitative interviews
Workforce (N = 300): deflection staff, first responders
Outcomes: deflection perceived effectiveness, enrollments/referrals, PH/PS collaboration
Collected through surveys, program data, and focus groups
Community citizens (N = 600): adults not involved with deflection
Outcomes: perception of deflection practices and law enforcement, social cohesion/sense of community
Collected through surveys and community listening sessions

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Interagency Workgroups (N = 120): deflection program leaders, health providers, and citizens
Outcomes: deflection perceived effectiveness, community engagement
Collected through surveys, focus groups, monthly check-ins
PH/PS effectiveness outcomes
Extracted from community-level overdose and arrest records
Ethics
The project is funded through NIDA, has IRB approval, and will start data collection Summer 2026.
Discussion
This presentation offers an evaluation approach for testing a community-based intervention using outcomes across the socioecological system collected from a range of key stakeholders.

Board No: 105
Lights, Camera, Health: Protocol to Examine Impact of a University Community-Engaged Learning Project on Community Organization Capacity Building

Authors: Stasi, Selina, M; Chiang, Shawn, C
Introduction: Community-Engaged Learning (CEL), which involves students collaborating on local projects with community leaders, is a high-impact pedagogical approach that provides real-world experience for students and direct benefits for community partners. Though CEL is known to enhance student academic performance and engagement, there is a critical need for research demonstrating its direct benefits for community partner capacity building (e.g., resource development, visibility, and mission advancement). The purpose of this study is to examine the impact of a semester-long CEL project on 1) student learning and skill application and 2) the organizational capacity of community partners.
Methods: The study utilizes a CEL project, "Lights, Camera, Health," which was implemented from August to December 2025 in a large public university's undergraduate public health communication course (N=168 students). The project involved three phases: formative research, communication strategy development, and health product creation. Students were required to have four iterative feedback sessions (touch points) with four community partners (N=4). Student outcome data, assessing learning, awareness, and application of community engagement skillsets, will be collected at baseline (pre-project) and two weeks post-semester using the Describe, Examine, and Articulate Learning (DEAL) Model for Critical Reflection. Community partner outcome data, focused on the contribution of the academic partnership to their organizations' missions, will be collected one-month post-project using the Community Impact Scale for capacity building.
Ethics: This project has received university Institutional Review Board (IRB) approval, categorized as minimal risk to participants.
Discussion: The findings of this protocol study will offer valuable, evidence-based insights into the reciprocal benefits of CEL within a university setting. The results will inform best practices for designing strategic university-community partnerships to effectively improve public health outcomes and enhance the organizational capacity of community organizations.

Board No: 106
Implementing a Family-Engaged Citizen Science Program to Advance Environmental Health Literacy in South Texas Colonias

Authors: Sansom, Lindsay; Radcliff, Tiffany; Morales, Kayla; Vasquez, Briseida; Hernandez, Elena
Background:
Communities along the U.S.–Mexico border face disproportionate environmental health risks and limited access to resources that promote health-protective behaviors. Culturally grounded, family-engaged citizen science programs offer a novel strategy to bridge environmental education and health behavior promotion. This study describes the design, implementation, and early feedback from a bilingual “Community Scientist” program conducted in Hidalgo County, Texas, aimed at enhancing environmental

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health literacy, strengthening family dialogue around science and health, and fostering risk-reducing decision-making in colonia households.
Methods:
Over six interactive sessions, families participated in bilingual classroom and field-based activities focused on water quality, soil health, and environmental exposures. The program was co-developed with local partners, including ARISE Adelante and Wesley Nurses, to ensure cultural and contextual relevance. Implementation strategies emphasized parallel parent–student session design, bilingual facilitation, and hands-on, experiential learning. Process evaluation included recruitment outcomes, attendance, engagement observations, and early participant feedback collected through post-session reflections and facilitator debriefs.
Ethics: All study procedures were reviewed and approved by an Institutional Review Board prior to implementation.
Results:
Preliminary findings indicate high enthusiasm and sustained participation among families and community partners. Participants reported increased environmental awareness, meaningful parent–child interactions, and greater confidence discussing environmental health at home. Data collection is ongoing and scheduled for completion on November 1, 2025. Quantitative and qualitative analyses will assess changes in environmental knowledge, engagement, and health-related behaviors.
Implications:
The Community Scientist model demonstrates feasibility and promise for advancing environmental health literacy through culturally responsive, family-engaged citizen science. Lessons from early implementation will inform future adaptation and scaling across other underserved U.S.–Mexico border communities.
Learning Objectives:
1. Describe strategies for implementing a bilingual, family-engaged citizen science program.
2. Identify partnership and process factors supporting feasibility and engagement.
3. Discuss early lessons learned and implications for broader program dissemination.

Board No: 107
Research participation as intervention: A community-based CoDesign Commons for promoting social connectedness among older adults

Authors: Pickett, Andrew C.; Stafford, Philip B.; Schultz, Cynthia A.; McColly Hill, Julie; Hoskin, Jason; Perry, Brea L.
Introduction: Products, services, and policies ostensibly developed to support older adult health and wellbeing are often designed without direct input from the target population. Codesign methods, which involve end-users at every stage of the design process, are particularly useful in developing acceptable products and services tailored to the specific needs and preferences of potential users. Social isolation and loneliness are common among older adults and are associated with numerous adverse health outcomes (e.g., heart disease, depression, cognitive decline). However, participation in volunteering and other community-based activities can reduce isolation and loneliness, thereby increasing sense of connection and improving overall wellbeing. As such, we propose a novel living lab space, called the CoDesign Commons, for community-dwelling older adults to work with researchers, policymakers, and others to develop better, more tailored supports for aging health. This preliminary study will be to evaluate impact of participation in Commons programming on older adult social connectedness and wellbeing.
Methods: We will adopt an exploratory, concurrent mixed methods design to evaluate preliminary impact of regular participation on older adult social connectedness and wellbeing. Participants (n=15) will attend and participate in weekly sequential learning activities, including studio workshops to develop design thinking

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skills and becoming members of project-based design teams. We will measure social connection, isolation, and health quality of life via pre-post surveys across a 3-month period. Further, we will conduct semi-structured interviews with participants to identify key drivers of retention and opportunities for developing connection in the space.
Ethics: This study has received approval from the university IRB.
Discussion: Consistent with other forms of participatory research, we expect participants to derive certain benefits from engagement beyond the direct research questions (i.e., design of products/ policy). We hypothesize that consistent participation in codesign activities will have positive impacts on older adults' social connectedness and overall wellbeing.

Board No: 108
Mapping Organizations' Needs and Capacities to Host Public Health Students for Practicum-based Capstone Courses in Virginia

Authors: Dutta, Tapati, PhD; Kekeh, Michele, PhD

Introduction
Practicum or internship is integrated into public health education, as it provides students the opportunity to apply classroom-based learning to community-centric, high-impact, experiential, and interdisciplinary learning. Developmental organizations play a vital role by hosting students and providing them with these real-world opportunities. However, there is limited understanding of organizational capacities to effectively serve as experiential learning sites, and the barriers that influence their ability to do the same. This study plans to assess and map community-based nonprofit organizations' capacities, challenges, and resources to effectively host public health student internships and practicum-based placements.
Methods
Organizational emails will be collected using publicly available directories in Virginia, such as GuideStar, Virginia Navigator, United Way, and Virginia Health Care Foundation. Survey questions will delve into the organization's core interventions, communities of interest, experiential learning formats, supervisory capacities, any prerequisite requirements from interns or practicum students, and recommended academia-organizational partnership strategies to address organizational barriers in hosting students. First, email invites will be sent to heads of the local organizations or their designees, followed by two reminder emails, each after a week, nudging them to complete the survey. The survey link will be included in the invitation letter, and readers will be instructed that by completing the survey, they agree to participate in this study. Survey data analysis will primarily consist of descriptive statistics.
Ethics
The study has received IRB approval from Old Dominion University's Ethics Committee.
Discussion
Study findings will identify resources and improvement areas among host organizations. It will also propose academia-organizational partnerships to invigorate practicum-based pedagogic methods - a step that will likely reinforce public health students' competencies and their preparedness for their professional debut.

Board No: 110
Enhancing an implementation strategy to improve elementary school teachers' usage of outdoor learning and children's physical activity: Protocol for a Hybrid Type 2 pilot study

Authors: Pfledderer, Christopher, D; Walker, Timothy, J; Craig, Derek, W; Chen, Baojiang; Lanza, Kevin; Mullane, Emma, J.; Kapfhammer, Miranda; Golman, Mandi; Garland, Colleen; Hoelscher, Deanna, M

Introduction: While schools are a primary setting for physical activity promotion among children, implementation remains an issue. The aim of this study is to generate preliminary evidence on the implementation and effectiveness of outdoor learning as a novel school-based physical activity promotion strategy.

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Methods: We will recruit two elementary schools (n=70 teachers/staff, n=200 1st-5th grade students) in a large metropolitan city in the Southwest United States to participate in a 6-month, single-arm, repeated measures Hybrid Type 2 pilot study. In Phase 1, we will utilize Implementation Mapping to enhance a previously developed multifaceted implementation strategy for classroom-based physical activity (teacher/leadership training, newsletters) by adding support for outdoor learning. In Phase 2, we will pilot the enhanced implementation strategies and assess their preliminary effect on implementation outcomes (teachers' acceptability and fidelity) and health outcomes (students' accelerometer-derived light, moderate, and vigorous physical activity). Analyses will include linear mixed-effects models with time (baseline, 3 months, 6 months) as a categorical predictor and teacher/classroom as the unit of clustering. Models will provide estimates of change over time for implementation outcomes and students' physical activity. Qualitative interviews will be conducted with a subset of teachers/staff (N=20) to explore barriers and facilitators contributing to implementation. Mixed-methods analyses, including the construction of side-by-side joint displays, will be used to further understand barriers and facilitators.
Ethics: University and school IRB approval will be received before the study begins.
Discussion: This pilot study has the potential to provide foundational evidence for scalable, health-promoting teaching practices that can be embedded within the existing structure of the school day. Our study's focus on implementation science moves beyond efficacy and toward understanding how interventions work in routine settings.
Registration: This study will be registered as a clinical trial upon receiving grant funding.

Board No: 111
Introducing a distribution and evaluation protocol for Project LatinXcellence: A podcast initiative to promote free resources and community resolve to the greater Latinx community in the Midwest.

Authors: Valdez, Danny; Cuatecontzi, Felipe; Gutierrez, Jessica; Kloski, Cristin; Martinez, Robert; Mirabal, Laura; O'Neill, Estefania; Svaldi Otero, Diana; Bustamante Thomas, Celina; Valente, Elizabeth

Introduction: The Latino/a/x/Hispanic (hereafter Latinx) community is notoriously difficult to engage in community driven research and services. The current political climate may exacerbate engagement challenges, with organizations catering to these community reporting declines in Latinx participation within the last year. Strategies to engage this population are well established, and include cultural adaptation, dual-language designs, and critically, narrative storytelling. Yet, disseminating this information via easily accessible and equitable channels remains a compounding challenge.
Purpose: To introduce a new, narrative driven protocol to promote services and Latinx community resolve via bilingual (English/Spanish) podcasts in partnership with a state non-profit.
Methods: We will develop N=6 English and N=6 Spanish podcast episodes featuring Latinx community partners across sectors, including education, healthcare, finance, and legal aid. The objective of this initiative is to (1) highlight the impact of the current political climate on the Latinx community, and (2) to promote freely accessible services available in a Midwest state. Each podcast will be taped in a professional studio, air on local AM/FM radio stations, and housed on Spotify for broad access. We will measure podcast effectiveness in three stages:
1. Metadata Engagement. We will track listens over a six-month period, and record percentage changes in listens at 1-, 3-, and 6-month baselines.
2. Stakeholder Feedback. We will follow up with interviewees at 1-, 3-, and 6- month baselines regarding perceived changes in service access within their organization.
3. Service Utilization. We will track attendance at partner-led community programs and events before and after

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podcast dissemination.
Discussion: Podcasts are an accessible way to distribute information to populations with low access and high mistrust. With heightened political tension, this underexplored medium may serve as a key resource to distribute information to disaffected communities safely and equitably.
Ethics: This study is considered non-human subjects by a Midwest IRB.

Board No: 112
Examining Adults At-Risk or Currently Living with Diabetes' Nutrition Literacy and Eating Behaviors

Authors: McFadden, Ny'Nika, T.; Espinoza, Lourdes, M.; Lazenby, Braidyn; Rodriguez-Gamez, Jimena; Howell, Kristen; Washington, Taylor, N.; Akwuruoha, Monalisa, N.; Chalak, Aishwarya, R.
Introduction: 1) To assess nutrition literacy and eating behaviors among adults at-risk of diabetes or currently living with diabetes and 2) To compare adults living with Prediabetes, Type 1 Diabetes, Type 2 Diabetes, and Gestational Diabetes' nutrition literacy and eating behaviors.
Methods: This cross-sectional study will include distributing an online survey containing items inquiring about demographic (i.e., age, gender) and sociodemographic data (i.e., access to healthy food, self-efficacy cooking nutritious meals). Additional survey items will include the Eating and Food Literacy Behaviors Questionnaire for Diabetics (EFLBQ-D). Inclusion criteria include individuals at least 18 years of age or older living in the United States who are at risk of developing Type 2 Diabetes (i.e., Prediabetes) or currently living with diabetes (i.e., Type 1 Diabetes, Type 2 Diabetes, and Gestational Diabetes). The research team aims to recruit at least 400 participants (i.e., 100 living with Prediabetes, Type 1 Diabetes, Type 2 Diabetes, and Gestational Diabetes, respectively) to complete the survey. Data will be collected using QualtricsTM and properly managed using Dropbox. Data analysis will consist of SPSS for closed-ended responses and NVivo for open-ended responses.
Ethics: The research team is currently seeking IRB approval at the primary author's designated university. The study will begin when IRB approval is obtained.

Discussion: To the authors' knowledge, this study will be the first to use the EFLBQ-D measurement scale with adults living with Prediabetes, Type 1 Diabetes, and Gestational Diabetes. Findings from this study will help to inform researchers and practitioners about adults at-risk or currently living with diabetes' nutrition literacy and eating behaviors to better understand where nutritional support is needed, which can decrease the incidence of Type 2 Diabetes among individuals with Prediabetes and increase diabetes management among those living with Type 1 Diabetes, Type 2 Diabetes, and Gestational Diabetes.

Board No: 113
The Faith Net Expansion: Protocol for Integrating Tele-Psychiatric Care in Rural Southern Indiana

Authors: Agley, Jon; Barnes, Priscilla; Todd, Amy; Tidd, David; Routson, Jodi; Terwiske, Heather
Introduction: The Faith Net Expansion project seeks to leverage tele-psychiatric care to address acute provider shortages in rural southern Indiana (RSI). The six counties to be served by Faith Net have mental health professional shortage area (HPSA) designations reflecting a deficit of local psychiatric care providers. These counties also have high percentages of adults reporting poor mental health for at least half of the month (16% to 18% by county).
Methods: We will utilize a two-step referral and triage process. Primary care providers in active counties will refer adult patients to triage (30-minute video call with a mental health provider) predicated on a PHQ-9 score indicating > mild depression, suicide risk, or clinical judgment about other mental health risks. Our goal is for triage to occur immediately (during the office visit) or within one business day, when possible. Triage will

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assess willingness to receive services and the level of service needed (psychiatric advanced nurse practitioner for medication management, licensed social worker for therapy, or patient coordinator to assist with social determinants of health). All services will be offered using Epic's secure telehealth technology. Planned evaluation data collection outcomes include new psychiatric diagnoses, prevalence of diagnoses, counterfactual reductions in travel time and costs, and 30-day readmission to the emergency department for mental health.
Ethics: This project has been reviewed by the first author's IRB for initial startup, with subsequent research IRB application pending.
Discussion: The extent of HPSAs for mental health in RSI means that there may not be enough trained mental health professionals to meet counties' needs using in-person modalities. Coordinated integration of telehealth into primary care enables us to use a comparatively small clinical team to serve a multi-county region. This expanded care may also identify and mitigate previously undiagnosed mental health concerns in adults living in RSI.
End Matter (NOT INCLUDED IN WORD COUNT):
Competing Interests Statement: Jodi Routson and Heather Terwiske are employed by the healthcare organization providing direct services as described in this protocol.
Disclosure Statement: This protocol, including some verbatim text, is derived from a grant proposal submitted the Health Resources and Services Administration (HRSA) in 2024. The proposed work described in this abstract is funded by an award from HRSA to Jon Agley and Priscilla Barnes (UL8TH53326). This content is solely the responsibility of the authors and does not necessarily represent the official views of the HRSA.

Board No: 114
Localized Network for Lung Health: A Protocol to Reduce Cancer Mortality through Lung Cancer Screening and Tobacco Cessation Care in Northeast Texas

Authors: Britton, Maggie; Reitzel, Lorraine R.; Lowenstein, Lisa M.; Volk, Robert J.; Fox, James G.; Cinciripini, Paul M.; Chen, Tzuan A.; Minnix, Jennifer A.
Introduction: Lung cancer, primarily caused by cigarette smoking, is the second most common cancer and the leading cause of cancer deaths in the U.S. Lung cancer screening (LCS) with low-dose CT reduces lung cancer mortality by 20%, yet only 10.6% of eligible Texans undergo LCS. With smoking rates nearly twice the state average, Northeast Texas bears a disproportionate lung cancer burden, making it a critical region for addressing lung health. The Localized Network for Lung Health (i.e., LUNG LINK) program will leverage a centralized navigation model in Northeast Texas to increase uptake of LCS and tobacco cessation care.
Methods: LUNG LINK is a collaboration between a comprehensive cancer center and academic institution in Houston, TX, and an academic medical center and Federally Qualified Health Center (FQHC) in Tyler, TX. Medical center and FQHC providers across 13 departments will be trained on tobacco use screening/brief intervention, LCS eligibility, and shared decision-making. Providers' orders will be triaged by medical center staff who will navigate patients through LCS completion, along with diagnostic testing and treatment for any abnormal findings or cancers; patients seeking tobacco cessation will be connected to the cancer center Quitline (LCS-eligible) or the state Quitline (LCS-ineligible) for counseling and medication. Implementation strategies to support practice adoption will include educational meetings/outreach, audit and feedback, and adaptive approaches to improve program fit and sustainability. Outcomes assessed will include provider training participation, service delivery, and tobacco abstinence outcomes. Dissemination, guided by the utilization-focused surveillance framework, will blend active and passive strategies with an implementation guide and technical

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assistance to support program replication.

Ethics: Institutional Quality Improvement Assessment Board approval was received 1/28/2025.
Discussion: By leveraging a centralized navigation model, this protocol addresses systemic barriers to LCS and tobacco cessation care to enhance cancer prevention and improve lung health in Northeast Texas.

Board No: 115
Protocol for the Houston Hospital-based violence intervention program

Authors: Testa, Alexander; Bluth, Eresha; Monroe, Latanya; Harris, Karlton; McKay, Sandra
Introduction
Firearm violence remains a leading cause of injury and death in the United States, with gunshot wounds resulting in severe physical, psychological, and social consequences. Hospital-based violence intervention programs (HVIPs) are a promising public health strategy that engage patients at the "teachable moment" of hospitalization and provide long-term support to reduce the risk of recurrent violence. The Houston Hospital-Based Violence Intervention Program (Houston-HVIP) aims to evaluate the effectiveness of a comprehensive HVIP through a randomized controlled trial (RCT) at a large Level 1 trauma center in Houston, Texas. The study seeks to determine the impact of intensive case management on firearm violence recurrence, violent reinjury, psychosocial outcomes, and health.
Methods
This study will enroll 274 patients aged 16–35 who present with a gunshot wound at the trauma center. Eligibility requires English or Spanish proficiency and residence in Harris County, Texas. Exclusion criteria include self-inflicted or unintentional gunshot injuries and inability to consent. After informed consent, participants are randomized 1:1 to either (1) the treatment arm, receiving six months of intensive case management with personalized social service referrals, or (2) an enhanced usual care arm, receiving resource lists and limited follow-up. Outcomes include a primary composite measure of firearm violence exposure (self-report, hospital records, and mortality records), with secondary measures including violent reinjury, attitudes toward violence, post-traumatic stress symptoms, aggression, and self-rated health. Data are collected at baseline and 3-, 6-, 9-, and 12-months post-enrollment using harmonized survey instruments, with additional qualitative interviews to capture participant experience. Analyses will employ Weibull regression and longitudinal mixed models.
Ethics
This study has received IRB approval and is registered on ClinicalTrials.gov.
Discussion
By addressing both social determinants of health and individual risk, this study is among the first adequately powered RCTs to evaluate an HVIP in a major urban trauma center. Findings will provide critical evidence to inform the scalability and effectiveness of HVIPs nationwide.

Board No: 116
Validating the Spanish Family Nutrition and Physical Activity (FNPA) Survey to Advance Equitable Pediatric Obesity Prevention in a US Context

Authors: Yudkin Joshua; Shane, Steven; Jungbauer, Rebecca
Background: The Family Nutrition and Physical Activity (FNPA) survey is a validated instrument that identifies family behaviors and environments influencing childhood obesity risk. Initially developed in 2009 in both English and Spanish, the FNPA was updated in 2017, yet only the English version underwent revision. This gap has limited the availability of validated, culturally relevant assessment tools for Spanish-speaking families, contributing to inequities in pediatric obesity prevention and care.
Methods: The FNPA has been widely implemented as a (1) clinical job aid during well-child visits, (2) self-assessment tool for parents, and (3) validated evaluation measure embedded in Epic and other electronic health records. To address the lack of a validated Spanish version, this

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study examined the content, face, and predictive validity of the Spanish FNPA among Spanish-speaking parents in Reno, Nevada. Content and face validity were established through expert review and cognitive interviews with parents to ensure linguistic accuracy and conceptual equivalence. Predictive validity was assessed using regression analyses examining associations between FNPA scores, child BMI percentiles, and family health behaviors.
Results: Findings supported strong content and face validity, indicating that survey items were comprehensible, culturally relevant, and aligned with constructs measured in the English version. FNPA scores demonstrated significant predictive validity with child BMI percentiles and related behavioral outcomes.
Conclusions: The validated Spanish FNPA provides a culturally and linguistically appropriate tool for assessing family environments that contribute to childhood obesity. Its implementation can enhance equitable care delivery, improve parent engagement in clinical and community settings, and strengthen data-driven pediatric obesity prevention strategies nationwide.

Board No: 117
Spatial Patterns of Cannabis Retailers: Community Socioeconomic Status and Health Behaviors in Oklahoma

Authors: Leffingwell, Quinn; Appleseth, Hannah; Doherty, Emily, A; Crockett-Barbera, Erica, K; Croff, Julie, M
Background: Retail outlets cluster where demand, zoning, and foot traffic promote viability. Public health and regulatory bodies have inquired whether cannabis retail outlets mirror patterns seen for alcohol and tobacco—concentrating in places with fewer economic resources and higher rates of other substance use. Oklahoma offers a unique context for this analysis, with the most cannabis dispensaries per capita in the U.S. and high rates of chronic pain, uninsured individuals, and poverty. We examined whether dispensary density clusters in areas facing greater disadvantage at the census-tract level.
Methods: We linked 1,842 dispensaries to Oklahoma census tracts, CDC PLACES crude prevalences for adult health risk behaviors, and sociodemographic data from the U.S. Census Bureau. In negative binomial models, we estimated dispensary counts with a population offset. Median income was pre-specified as the SES covariate (with rurality, race and ethnicity, and population density as controls); poverty and education SES index were examined in sensitivity analyses, along with a proxy measure for retail density.
Results: Higher median income was associated with fewer dispensaries (IRR 0.63 per SD; 95% CI 0.57–0.70). Binge drinking was a modest, independent correlate (IRR 1.10 per SD; 95% CI 1.02–1.18) with each 1 percentage point increase in binge drinking prevalence corresponding to 4.2% more expected cannabis dispensaries. Findings were robust to alternative SES specifications.
Conclusions: Consistent with socioecological and commercial determinant perspectives on co-occurring risk environments, dispensaries are less prevalent in higher-income tract areas and more prevalent where binge drinking rates are higher. Findings support further research into neighborhood level factors and regulations that consider place-based health inequities.

Board No: 118
US concertgoers' perceptions of, preventive action against, and bystander response to sexual misconduct at live music events

Authors: Price, Anna, E; Driscoll, Ashley
Background: Sexual misconduct (SM), including sexual harassment and assault, is a significant public health concern and is endemic to live music events (LMEs).
Methods & Purpose: We conducted a cross-sectional online survey of U.S. adults who attended at least one LME in the past year to assess: (1) perceptions of SM at LMEs, (2) preventive actions taken to reduce SM, (3) the proportion who have witnessed SM, and (4) bystander responses among those who

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had witnessed SM. Respondents (n=1,091) were recruited through GrooveSafe and Relix Media's digital channels. Results: Just over half of respondents were women (51%), most were aged 30–49 years (66.3%), and a majority attended LMEs often or very often (67.4%). Most participants agreed that SM is a problem at LMEs (83.4%), that SM can be prevented (86.9%), and that they want to learn more about preventing SM (88.7%). Regarding preventive actions, women were significantly more likely than men to report they would talk with friends about consent (p<.001), substance use (p<.001), and plans for responding to potential SM before attending LMEs (p<.001). Women were also more likely to say they would use a buddy system to monitor friends (p<.001) and check in with intoxicated friends during events (p<.001). Over half of respondents (55.4%) had witnessed SM at an LME, with women (62.1%) reporting this more often than men (48.0%; p<.001). The most common bystander responses included directly intervening to stop the behavior (25.4%), speaking with the victim during or after the show (22.3%), and asking venue staff for help (11.1%). Fifteen percent of witnesses reported taking no action. Men (7.0%) were more likely than women (3.2%) to say they did nothing because they were afraid to intervene (p=.033). Conclusion: Findings underscore both widespread concern about SM at LMEs and strong interest in learning more about prevention. Bystander intervention programs tailored to concertgoers may enhance SM response and foster safer, more respectful live music environments.

Board No: 119

Prenatal Vitamin Use and Depressive Symptoms in the Healthy Brain Child Development Cohort

Authors: Doherty, Emily, A; Russell, Susette, A; Crockett-Barbera, Erica, K; Appleseth, Hannah; Leffingwell, Quinn; Croff, Julie, M

Background: Perinatal depression is one of the most common complications of pregnancy. An association between nutrient levels and depressive symptomatology has been found in the general population. While prenatal vitamins (PNVs) are recommended to pregnant women for their documented protective effects on offspring, they may also have beneficial effects on maternal mental health.

Objective: Investigate the association of PNV use with prenatal depressive symptoms, adjusting for other maternal factors. Methods: We utilized data from the Healthy Brain Child Development (HBCD) Cohort study (Release 1.0), a national study of prenatal exposures and early child development. A total of 1,426 women completed the initial prenatal visit (average gestational age 26.98 weeks, SD=6.48) at the time of data release. In the prenatal visit, participants reported use of a PNV or folic acid containing supplement and completed the PROMIS short form measure of depressive symptoms. A linear regression model was conducted to examine the association between PNV use and prenatal depressive symptoms, adjusting for study site, maternal sociodemographic variables, economic stress, pre-pregnancy BMI, and chronic health conditions in pregnancy. Results: Approximately one-third of participants reported PNV use (31.8%) and 19.8% of participants had mild to severe symptoms of depression. PNV use was associated with 2.19 point lower depressive symptom score (SE=0.55, p<.0001). Following adjustment for maternal factors, a marginally significant negative association remained (Coefficient=-1.15, SE=0.55, p-value=0.051).

Discussion: These findings suggest use of a PNV is modestly associated with lower levels of depressive symptoms in pregnancy, even after accounting for a wide range of maternal factors. Further research investigating the role of PNVs in perinatal depression is needed, given the potential for targeted nutritional interventions supporting maternal mental health.

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Board No: 120
The Association Between Maternal Discrimination and Prenatal Sleep Disturbance in the Healthy Brain Child Development Cohort

Authors: Doherty, Emily, A; Russell, Susette, A; Crockett-Barbera, Erica, K; Appleseth, Hannah; Leffingwell, Quinn; Croff, Julie, M

Background: Stark disparities in maternal and infant outcomes are observed. Sleep is critical for overall health and wellbeing, particularly in pregnancy where poor sleep quality and duration is associated with adverse maternal, birth and child outcomes. Discrimination is one factor shown to contribute to sleep disturbance in the general population; however, few studies have examined this relationship during this salient period.
Objective: We sought to examine the association between maternal perceived interpersonal discrimination and sleep disturbance in pregnancy.
Methods: We utilized data from the Healthy Brain Child Development (HBCD) Cohort (Release 1.0), a national longitudinal study of pregnancy exposures and early child development. 1,426 women completed the initial prenatal visit (average gestational age 26.98 weeks, SD=6.48) at the time of data release. Interpersonal discrimination and prenatal sleep disturbance were assessed using the short Major Experiences of Discrimination Scale (MEDS) and Everyday Discrimination Scale (EDS) and PROMIS sleep disturbance measure, respectively. We conducted linear regression models, adjusting for maternal sociodemographics, study site, gestational age, depression symptoms, economic stress and pre-pregnancy BMI.
Results: On average, participants reported EDS sum score of 3.47 (SD=4.14, range 0-25) and MEDS sum score of 0.68 (SD=1.11, range 0-6), with the lowest mean scores reported among Asian participants and highest among Black participants. The most common attributions for experiences of discrimination were gender (28.8%), race (16.5%) and age (15.7%). Following adjustment, MEDS sum was positively associated with sleep disturbance (Coefficient=0.88, SE=0.34, $p < 0.05$). When stratified by race/ethnicity, MEDS sum was only a significant predictor of sleep disturbance among the White race/ethnicity group (Coefficient=1.33, SE=0.51, $p<0.01$).
Discussion: Findings suggest major experiences of discrimination are associated with poorer prenatal sleep quality cross sectionally. Future studies are needed to clarify the association, given the potential role of sleep disturbance in perinatal health disparities.

Board No: 121
From Trauma to Action: Leveraging ACE Insights to Strengthen Mental Health and Alcohol Prevention in College Communities

Authors: Hemisha Desai; Dr. Benjamin N. Montemayor; Arham Hassan

Background: Adverse Childhood Experiences (ACEs) have long-term effects on mental health and substance use across the lifespan. However, less is known about how specific ACE domains–abuse, neglect, and household dysfunction–shape alcohol use risk during young adulthood. College students, navigating academic and social transitions, represent a key population where early adversity can manifest as poor mental health and risky alcohol use. This study examines how total ACEs as well as specific domains relate to alcohol consumption and depression, emphasizing community-informed implications for trauma-responsive campus health initiatives.
Methods: Data were drawn from a national cross-sectional survey of 2,155 full-time college students aged 18–24 who reported past-year alcohol use in. ACEs were assessed using the 2021 Behavioral Risk Factor Surveillance System ACEs module. Alcohol consumption was measured with the Alcohol Use Disorders Identification Test (AUDIT), and depression with the Patient Health Questionnaire-9 (PHQ-9). Multivariable regression models examined

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associations between total and domain-specific ACEs (abuse, neglect, and household dysfunction) and alcohol use, and explored moderation by depressive symptoms.
Results: Most participants (87%) reported at least one ACE (M=4; SD=3.1). Total ACE scores were significantly associated with higher AUDIT scores ($p < .001$), explaining nearly 20% of the variance. Depression moderated the association between household dysfunction and alcohol use ($p < .05$), indicating compounded vulnerability among students with co-occurring trauma and depressive symptoms. Among domains, neglect ($p < .001$) had the strongest relationship with alcohol misuse, followed by abuse ($p < .01$).
Conclusion: Findings highlight the need for trauma-informed intervention strategies that engage both campus and community health systems. By centering the lived experiences of students affected by ACEs, colleges can develop integrated, community-driven approaches that address alcohol use and mental health collectively, fostering supportive environments that mitigate the long-term effects of childhood trauma, promote healthier outcomes, and strengthen community resilience.

Board No: 122
Co-creating implementation strategies to enhance delivery of chronic disease self-management education programs in Utah

Authors: Lee, Shinduk; Shepard, Nichole; Estabrooks, Paul

Introduction. Chronic disease self-management education (CDSME) programs support individuals in managing chronic disease symptoms. Despite their benefits, there is a recurring demand for improving information and guidance on CDSME delivery. This study aimed to explore the reach of chronic disease self-management education (CDSME) programs, identify key barriers to their implementation, and co-create strategies—together with community members—to enhance the CDSME delivery in rural Hispanic/Latinx communities.
Methods. We analyzed Utah's statewide CDSME delivery data (2013–2022) and 2022 BRFSS data to describe participant sociodemographic characteristics and compare them to adults with chronic conditions in Utah using Chi-square tests. Using a community-engaged approach, we partnered with a Community Advisory Board (CAB) of CDSME providers to conduct facilitated discussions and a CAB-informed CDSME partner survey (n = 49, 2025 Jan-Feb). Insights from these activities were mapped onto the Implementation Research Logic Model (IRLM) to co-develop targeted implementation strategies.
Results. CDSME participants were more likely to be older, female, non-Hispanic, and from higher education backgrounds ($p<.001$) compared to adults with chronic diseases. On average, survey respondents had six years of CDSME delivery experience, covering 25 of Utah's 29 counties—excluding four rural/frontier areas. Respondents rated CDSME as acceptable (mean = 4.1/5) and appropriate (4.0/5), but were less confident in its feasibility (3.4/5). Key barriers included limited community buy-in, recruitment challenges, lack of Spanish-speaking leaders, budget constraints, and inflexible program design. In response, three implementation strategy prototypes were proposed: community-level marketing, a leader mentorship program, and partnerships with local organizations.
Discussion. This study highlights the need to improve the reach of CDSME programs and informs efforts to scale up delivery in underserved communities. Based on identified barriers and community input, three implementation strategy prototypes were developed. The next step is to pilot test these strategies to assess feasibility and impact.

Board No: 123
Storytelling beyond the therapeutic setting: "By telling your story you're going to help others, but you're also going to help yourself"

Authors: Robillard, Alyssa G.; Portle, Sarah; Kim, Sunny; Lindsey-Ali, Angelica

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Background: Research supports the use of narratives in helping to shift attitudes/beliefs and promote health behavior. Narrative health promotion uses stories geared toward defined audiences. In contrast, expressive writing and group therapy modalities highlight beneficial effects of emotional expression for the storyteller, often in therapeutic settings and especially for people experiencing stigmatized conditions. However, there is a notable lack of research investigating storytelling experiences beyond therapeutic environments for people with HIV (PWH). This qualitative study explored personal HIV-related storytelling in public settings by PWH and was informed by the Disclosure Processes Model (DPM) and Digital Storytelling Effect on Socioemotional Well-being (DSESW) frameworks. Methods: Individual, private, and confidential semi-structured interviews about public HIV-related storytelling were conducted in person, by phone, or using Zoom (N=16). Participants were 18 years or older, living in Arizona, diagnosed with HIV, and recruited through local HIV service organizations and snowball sampling. Screening and interviews were conducted in English, then audio-recorded and transcribed. Narrative thematic analysis was guided by concepts from DPM and DSESW. The study received IRB approval.
Results: The sample was predominately male (58.3%) and White (68.8%). Half reported Latino/a/x ethnicity. Age categories varied but were primarily over 45 years. Participants fell along a continuum from those who are more comfortable sharing in public, to those who express discomfort but are intrigued by the potential advantages, to those who remain hesitant, fearing stigma and judgment from strangers. All participants noted the emotional benefits related to sharing.
Conclusion: For PWH, interpersonal disclosure is linked to better health, however little is known about this process for public storytelling. This study offers insight into the conditions, motivations, and experiences of public HIV-related storytelling. Storytelling interventions for PWH should be responsive to varying levels of comfort and provide structured guidance in storytelling, coupled with stigma prevention and HIV care.

Board No: 124
Flavored cartridge e-cigarette ban and its impact on cannabis vaping in U.S. young adults

Authors: Choe, Siyoung; Seo, Dong-Chul
PURPOSE: In 2020, the U.S. Food and Drug Administration (FDA) banned the sale of flavored cartridge e-cigarettes except for tobacco and menthol flavors. While previous studies have examined the policy's impact on overall tobacco use, cessation attempts, and flavor preference, no studies to date have explored potential cross-over effects. This study examined whether the FDA's policy inadvertently influenced cannabis vaping among U.S. young adults who previously used flavored cartridge e-cigarettes, using nationally representative longitudinal data. METHODS: We conducted a secondary analysis of the Population Assessment of Tobacco and Health (PATH) data, waves 4-7 (years 2016-2023). Young adults aged 18-24 who provided information on past-month e-cigarette use at baseline and past-month cannabis vaping at follow-up were included (N = 4,766). Difference-in-differences (DID) models with individual- and time-fixed effects compared changes in cannabis vaping between the treatment group (individuals who predominantly used flavored cartridge e-cigarettes before the policy) and the control group (individuals who did not) before and after 2020. RESULTS: Overall, no significant change in cannabis vaping was observed between treatment and control groups (DID estimator = 0.01, $p = 0.17$). Adjusting for sex, race/ethnicity, educational level, recreational cannabis legalization, and social media use did not significantly change results (all ps > 0.05). Subgroup analyses showed that baseline cannabis use was positively associated (DID estimator = 0.04, $p < 0.05$), while baseline use of other tobacco products was negatively associated (DID estimator = -0.02, $p < 0.05$) with the likelihood of switching to cannabis vaping. CONCLUSIONS: The FDA's

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flavored cartridge e-cigarette ban may have influenced cannabis vaping among certain subgroups of young adults, though no overall effect was detected. These findings highlight the potential for unintended consequences of flavor restrictions and underscore the need for further research to assess whether policy benefits outweigh such risks.

Board No: 125
Use of Retrieval-Augmented Large Language Model Agent for Long-Form COVID-19 Fact-Checking

Authors: Huang, Jingyi; Yang, Yuyi; Ji, Mengmeng; Alba, Charles; Zhang, Sheng; An, Ruopeng

Background: The COVID-19 infodemic threatened community health by promoting risky behaviors through widespread misinformation and disinformation, underscoring the need for scalable fact-checking solutions that accurately and reliably address long-form misinformation. Objective: This study presents SAFE (System for Accurate Fact Extraction and Evaluation). This agent system combines large language models with retrieval-augmented generation (RAG) to improve automated fact-checking of long-form COVID-19 misinformation. Methods: SAFE includes two agents—one for claim extraction and another for claim verification using LOTR-RAG, which leverages a 130,000-document COVID-19 research corpus. An enhanced variant, SAFE (LOTR-RAG + SRAG), incorporates Self-RAG to refine retrieval via query rewriting. We evaluated both systems on 50 fake news articles (2–17 pages per article) containing 246 annotated claims (M = 4.922, SD = 3.186), labeled as true (14.1%), partly true (14.4%), false (27.0%), partly false (2.2%), and misleading (21.0%) by public health professionals. Results: SAFE systems significantly outperformed baseline LLMs in all metrics ($p < 0.001$). For consistency (0–1 scale), SAFE (LOTR-RAG) scored 0.629, exceeding both SAFE (+SRAG) (0.577) and the baseline (0.279). In subjective evaluations (0–4 Likert scale), SAFE (LOTR-RAG) also achieved the highest average ratings in usefulness (3.640), clearness (3.800), and authenticity (3.526). Adding SRAG slightly reduced overall performance, except for a minor gain in clearness. Conclusions: SAFE demonstrates robust improvements in long-form COVID-19 fact-checking by addressing LLM limitations in consistency and explainability. The core LOTR-RAG design proved more effective than its SRAG-augmented variant, offering a strong foundation for scalable misinformation mitigation.

Board No: 126
A Scalable Multi-Agent Large Language Model Workflow for Grounded Theory Coding

Authors: Yuyi Yang; Jingyi Huang; Ruopeng An

Background: Scaling grounded theory (GT) with long transcripts is labor-intensive, and community-engaged teams need transparent, auditable workflows for iterative coding and shared sense-making. Objective: Design the GT Agent, a multi-agent large language model (LLM) workflow that accelerates open–axial–selective coding while keeping human/community analysts in the loop. Methods: The GT Agent ingests heterogeneous transcripts (TXT/PDF/DOCX), segments via vector indexing, and coordinates coder-specific open coding, axial clustering with retrieval-linked quotations, and selective-coding synthesis through specialized prompts. Configurable analysis modes (classic, interpretive, constructionist, condition–action–consequence) and auto-summaries guide each stage. We evaluated the GT Agent using six peer-reviewed publications (as the ground truth) and their corresponding raw transcripts (as the GT Agent's input data). Two raters completed a 9-item Likert (1-5) instrument; the quote-presence ratio was computed programmatically via fuzzy matching to transcripts (RapidFuzz, threshold = 0.86). Results: Inter-rater reliability was high (ICC = 0.81). Grand means indicated a strong

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research question match (4.5) in open codes and core-category utilization (4.8) in the core story; category-level quality/coherence (4.3) was high, with moderate source grounding (3.4) and lower category alignment (3.1) to article taxonomies. The quote-presence ratio was 97.6% supporting auditability and shared review with community partners. Conclusions: GT Agent demonstrates that prompt-specialized, auditable LLM pipelines can accelerate core GT stages without replacing human judgment, thereby enabling community-centered collaborative coding and evidence tracing. Future work will expand participatory review, human-in-the-loop edits, and validation of equity, accuracy, and trustworthiness.

Board No: 129
Determinants of Severity of Physical Violence: Findings from a Cross-sectional Study

Authors: Myint, Wah Wah; Fan, Qiping; Aggad, Roaa; Clark, Heather, R; Zaman, Aniyah; Yeboah, Stephen; Smith, Matthew, L

Background: While intimate partner violence (IPV) against women continues to be a public health problem, less is known about the factors influencing the severity of physical IPV. This study evaluates risk and protective factors associated with physical IPV severity against Cambodian women. Methods: We analyzed Cambodia's 2021-2022 Demographic and Health Survey data (n=6,182). The outcome variable was physical IPV severity (i.e., no IPV, less severe IPV, severe IPV). Covariates included sociodemographic characteristics (e.g., age, education, wealth), having living children, using internet, perpetrating physical violence against their partner, and witnessing their fathers' physical abuse. A multinomial logistic regression identified factors associated with IPV severity, and subgroup analyses were performed among women who reported either less severe or severe IPV. Results. About 9.37% (n=580) reported experiencing physical IPV. Of them, 68.80% reported less severe IPV and 31.20% reported severe IPV. Relative to women who did not experience IPV, women with living children (Risk Ratio [RR]=2.60) and those who witnessed their fathers' physical abuse (RR=2.09) were more likely to report less severe IPV. The women ages 45-49 years had a higher risk of reporting severe IPV compared to those who were aged 15-19 years (RR=10.85). Contrarily, compared to women with no formal education, those with primary education (RR=0.04) and those from richest wealth quintile (RR=0.09) had lower risk of experiencing severe IPV. Our subgroup analysis identified that women ages 45-49 years (aOR=16.86), who used the internet (aOR=1.76), and who perpetrated physical violence against their partner (aOR=2.17) had higher odds of severe IPV. Being from the richest wealth quintile group had lower odds of severe IPV (aOR=0.18) compared to those from poorest group. All Ps<0.05. Conclusions: Findings reinforce the role of socioeconomic and abusive paternal behaviors in physical IPV victimization among Cambodian women. Efforts are needed to reassess current strategies to diminish all forms of IPV, regardless of severity.

Board No: 130
Assessing Social and Macro-Environmental Features to Playgrounds Surfaces in Low- and High-Income neighborhoods in Central Texas

Authors: Le, Sara, A; Garza, Case; Morrison, Bethany; Beaty, Caitlin; Estrada, Marcus; Pellerin, Brianna; Schweninger, Arden; Tran, Jolaine; Jowers, Esbelle; Salvo, Deborah

Purpose: Playgrounds are key settings for active play, a health-enhancing behavior for children. It has been suggested that playground surfaces play a role in enhancing active play. Pour-in-place rubber (PIP) and artificial grass (AG) surfaces appear to be more supportive of playground playability than loose-fill surfaces. However, whether access to these types of surfaces is equitable in cities remains unknown. This study assessed the association of playground surfaces with neighborhood characteristics in Central Texas.

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Methods: Public playgrounds identified using OpenStreetMaps and Google Maps were categorized into being in low- versus high-income neighborhoods, operationalized by the lowest and highest 40th percentiles. Surfaces were categorized in 5 groups: engineered wood fiber (EWF), poured-in-place rubber (PIP), artificial grass (AG), multi-surface (MS), and other (surfaces not mentioned). A cross-sectional GIS analysis was conducted using a 500m Euclidean buffer (5-minute walking distance) from each playground to spatially join median household income, population density, walkability scores, and road-network connectivity. Linear regression models were used to examine associations between playground surfacing and social and macro-environmental features of the neighborhoods they serve.
Findings: Of 421 total playgrounds analyzed, 35.4% were in low-income neighborhoods vs. 64.6% in high-income neighborhoods. In terms of surfacing, 86.0% were EWF, 5.7% were MS, 4.28% were PIP, 1.67% were turf, and 2.38% were of other. MS (-30,979.08±14,098.73, $p<0.05$) and PIP (-42,944.47±14,773.69, $p<0.01$) surfaces were inversely associated with median neighborhood household income. Meanwhile, PIP surfacing was associated with higher neighborhood walkability scores (3.38±1.32, $p<0.05$).
Conclusion: Most playgrounds in Central Texas use loose-fill surfaces. Urban core residents have a disproportionate higher access to PIP playground surfaces than suburban residents, and low-income residents have lower access to PIP and MS playgrounds, despite their higher appeal and potential playability. Other types of potentially playability enhancing surfaces, like artificial grass, are seldom used in playgrounds in the area.

Board No: 131
Compounding burden of social determinants of health, intimate partner violence, and postpartum depression for childbearing women: Findings from Phase 8 PRAMS

Authors: Myint, Wah Wah; Williams, Elizabeth, J; Ma, Ping

Background: Postpartum depression (PPD) remains a persistent public health issue, yet prior research has disproportionately focused on biological risk factors. Although studies indicate the significance of intimate partner violence (IPV) as a risk factor for postpartum mental health, there have been few studies exploring structural social determinants of health (SDoH), such as housing instability. This study examines the cumulative impact of SDoH and intimate partner violence (IPV) on PPD among US postpartum women.
Methods: Data of women (N=11,784) who completed PPD responses were drawn from Phase 8 of the 2022 Pregnancy Risk Assessment Monitoring System. The PPD was measured by postpartum depression, sadness, and little or no interest in things the women normally enjoyed. The SDoH was measured by economic instability (e.g., unable to pay rent/mortgage/bills), housing instability (e.g., no or worried about a steady living place), negative social experience, and IPV before or during pregnancy. Weighted descriptive and multivariable logistic regression analyses were employed, controlling for socio-demographic characteristics (e.g., age, race, marital status, education, residence) and other important covariates.
Results: Twelve percent of postpartum women experienced PPD, and 3% experienced IPV before or during pregnancy. The multivariate model indicates that women with economic instability (aOR=1.98), housing instability (aOR=1.49), and those with negative social experience (aOR=2.09) have higher rates of experiencing PPD than their counterparts. Women with IPV were more likely to experience PPD (aOR=1.74) than those without. All p-values <0.05.
Conclusion: Findings indicate the compounded effects of SDoH, particularly economic instability and housing insecurity, and IPV, highlighting the need for integrated interventions beyond clinical approaches. Healthcare providers should incorporate SDoH and IPV screening and support

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services throughout perinatal visits to effectively reduce PPD risk.

Board No: 132
Rural parent perspectives on HPV vaccine informational videos

Authors: Manganello, Jennifer; Scribani, Melissa; Massey, Philip, M; Brunner, Wendy; Pullyblank, Kristin; Strogatz, David

Introduction: The purpose of this study was to assess rural parent HPV vaccine attitudes, information sources, and responses to locally developed, short videos related to HPV vaccination.
Methods: An online survey was administered to a convenience sample of parents of children age 9-14 living in rural central New York State recruited through community organizations. Questions included vaccine information sources, opinions about the HPV vaccine, trust in organizations providing HPV vaccine information and intent to vaccinate their child. A set of HPV knowledge questions were asked before/after viewing six brief videos on HPV vaccination.
Results: Mean age of the 150 respondents was 38; 59.7% were female and 84.7% were white. Among the 86.0% of parents whose child had not started the HPV vaccine series, 58.9% were willing to vaccinate, 22.0% were not willing to vaccinate and 15.5% were unsure. Parents who planned to vaccinate gave reasons including protects against cancer (50.0%), vaccine is safe (50.0%) and recommended by doctor (40.8%). For parents who indicated they definitely/likely will not vaccinate, most common reasons were: vaccine is not safe (42.4%) and vaccine does not protect against a common STD (27.3%). Seventy percent reported that the source of child vaccine information they had most recently used was the doctor's office. The most helpful information sources about child vaccines included doctor's office (58.0%), personal stories (42.0%) and scientific evidence (40.0%). Around 90% of surveyed parents reported the videos were easy to understand and useful. Nearly 19% answered all pre-video questions correctly, while 40.8% answered all post-video questions correctly.
Conclusion: Knowledge related to HPV among rural parents doubled following exposure to locally developed videos about the HPV vaccine, however absolute levels of knowledge remained relatively low. Use of videos in pediatric practices could supplement doctor recommendations by filling in knowledge gaps for HPV vaccine information.

Board No: 133
Baseline Cognitive Function Predicts Physical Activity Change in a Behavioral Weight Loss Clinical Trial with Rural Adults

Authors: Hawkins, Misty AW; Gonzalez Casanova, Inez; Pangelinan, Melissa; Hill, Jordan R; Ramly, Edmond; Pickett, Andrew C

Purpose: Higher physical activity is consistently linked to better cognitive performance. However, it is unclear whether cognitive functioning predicts physical activity. This study examined whether baseline cognitive function predicts changes in physical activity following a behavioral weight loss intervention among rural adults without cognitive impairment. We hypothesized lower baseline cognitive function would predict smaller increases in physical activity following six-month treatment.
Method: Rural adults (N=107) in the Cognitive and Self-regulatory Mechanisms of Obesity Study (COSMOS; NCT02786238) were randomized to standard behavioral treatment (SBT) or acceptance-based treatment (ABT). Baseline cognition was assessed using NIH's seven Toolbox Cognition Battery domains. Baseline and six-months post-treatment physical activity was measured using the International Physical Activity Questionnaire (IPAQ) scales for walking, moderate, and vigorous activity (MET-min/week). Paired samples and regression analyses with age, sex, and race as covariates were conducted.
Results: Participants increased vigorous activity from 931.25 to 1612.63 ($t(63)=-1.98$, $p=.052$, $d=.25$), with greater gains with SBT

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(+839.57) than ABT (+455.48). Moderate activity remained stable from 868.13 to 847.38 (p =.932) as did walking from 1334.44 to 1071.00 (p=.314). Lower baseline cognition scores predicted smaller increases in activity , particularly in executive function domains: inhibitory control (β=.280–.333, p=.009-.033; walking and moderate activity), cognitive flexibility (β=.355, p=.005; walking), and working memory (β=.325; p=.008; vigorous activity). These effects were significant in the SBT arm only. Conclusions. Lower baseline cognition—especially executive function—predicted smaller increases in physical activity following SBT but not ABT in rural adults. These findings could inform treatment selection and tailoring to better support and optimize person-centered behavior change for weight loss. Future studies should investigate causal relationships between pre-treatment cognitive abilities and post-treatment objectively-measured physical activity outcomes, the mechanisms by which treatment type mediates the cognitive function-physical activity relationship, and interactions between cognitive function domains and physical activity types.

Board No: 134
Nominal Group Technique (NGT) to Inform, Design and Implement AI-driven Health Information in Colorado

Authors: Dutta, Tapati; Williams, Jaddah; Max, Tarenina; Berridge, Jennifer; Knight-Maloney, Melissa ; Martinez, Mario

Purpose

Colorado Health and Education for American Indian and Latino Communities (HEAL) is a collaborative initiative of Fort Lewis College (FLC), Colorado Department of Public Health and Environment and Clinic Chat to address health disparities among American Indian and Latino communities using artificial intelligence (AI). This abstract reports Nominal Group Technique (NGT) meetings with priority communities to immersively analyze community insights on AI chatbot messages with the final goal that AI messages are informed, revised and presented in a culturally responsive way.

Methods

Three virtual NGT meetings were organized and facilitated by FLC's research team during July and September 2025. NGT participants were recruited using indigenous snowballing (distributing flyers in Chapter Houses, and word-of-mouth during ceremonies). Thirteen American Indian or Latino adults or residents of rural La Plata/Montezuma counties participated in the meetings (FGD1=4, FGD2=5, FGD3=4). Participants were English/Spanish speakers, and text message users. NGT pre-meetings were held and ten randomly selected questions from the AI chatbot message bank (set of 200+ questions focusing on varied health and wellbeing themes) were shared with participants a day prior to the meeting for review.

NGT participants either used their own or FLC's computer spaces. Meetings lasted for an hour and were in English (FGD1&2) or mixed with some Spanish (FGD3). Meeting recordings were transcribed, translated and then member-checking meetings undertaken before data analysis.

Results

While most NGT participants liked the theme-based sequencing of the AI-based messages, they were averse of the advisory tone used. Clinically inclined interpretation of health, balanced diet, weight loss, and substance use were critiqued. Instead, diverse and indigenous interpretations of health and well-being, pictographic representation of indigenous palate, and mention of sacred use of tobacco was recommended.

Conclusion

NGTs can enrich AI-based health promotion initiatives only when backed with intentional investments to promote authentic community engagement among communities, academics, and private sectors.

Board No: 135
Resident-Informed Recommendations for Strengthening Smoke-Free Housing Implementation in Public Housing Communities: A Mixed Methods Study

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Authors: England, Kelli J.; Moore, Kristen E.; Jones, Katie M.; Jones, Otelia A.; Carabello Velez, Carolyn; Gehlert, Sarah; Rees, Vaughan W.; Grucza, Richard A.; Barker, Heather M.; ONeal, Miasha T.; Meadows, Jessica J.; Plunk, Andrew D.; Housing Collaborative Community Advisory Board; Sheehan, Brynn E.

Purpose: In response to concerns about secondhand smoke exposure, the U.S. Department of Housing and Urban Development (HUD) instituted a smoke-free housing (SFH) policy in 2018 with the goal of improving indoor air quality in public housing (PH) communities. This study contributes recommendations based on an in-depth mixed methods examination of post-pandemic data, experiences, and perceptions of the SFH policy implementation across 47 PH properties in southeastern Virginia. Methods: From 2022 to 2024, daily indoor air quality was assessed through PM2.5 and air quality index (AQI) measurements collected using 117 Purple Air Monitors across 12 PH properties. Additionally, the team conducted and analyzed 33 focus groups with 271 PH residents, 30 interviews with PH staff, and 1265 resident surveys. Each data source was analyzed separately and then triangulated to achieve a holistic perspective and identify recommendations to improve implementation. A PH community advisory board guided the team throughout. Results: PM2.5 (M=25.61) and AQI (M=69.77) levels suggest that residents are consistently exposed to elevated airborne pollutants, posing serious health risks. Barriers to successful implementation include residents' concerns about policy transparency and consistency, safety concerns, and perceived unfairness of regulations. Core recommendations based on this assessment include providing safe, accessible smoking areas, clear bidirectional communication for residents and staff, consistent enforcement across PH, education and outreach about second-hand smoke, free cessation support, training/retraining of housing staff, improving building environments, jointly addressing cannabis and tobacco in the policy, accommodating diverse needs of residents, and integrating resident feedback to maintain a sense of fairness. Conclusions: Despite the SFH policy, southeastern Virginia PH residents are not protected from airborne pollutants such as secondhand smoke. To achieve its intended health benefits, SFH implementation strategies must be tailored to the lived experiences of residents, balancing public health priorities with community realities through consistent, transparent, and equitable approaches.

Board No: 136

Resident Falls across Rural and Non-Rural Assisted Living Communities: Implications for Equitable Prevention and Health Promotion

Authors: Nakarmi, Chandani; Raeisian Parvari, Pezhman; Parks, Reid; Hill, Jordan, R; Khan, Aisha; Lassell, Rebecca, K F; Holden, Richard J; Pangelinan, Melissa; Smith, Mathew, Lee; Pickett, Andrew, C; Hawkins, Misty, A W; Nordman-Oliveira, Susan; Ramly, Edmond

Purpose: To determine the association between rurality and rates of falls and falls with injury in residential assisted living communities.

Methods: We analyzed data from 466 assisted living communities (ALCs) in the Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL) in the first quarter (Q1) of 2025. Outcome measures were falls and falls with injury reported by ALCs. The primary explanatory variable was the rurality of each ALC's location, classifying Rural-Urban Commuting Areas (RUCA) codes as non-rural (i.e., codes 1-3) and rural (i.e., codes 4-10). We modeled rates of falls and falls with injury using generalized linear models with log links and an offset for log resident days. We performed multivariable negative binomial regression to calculate adjusted incidence rate ratios (IRRs) with 95% confidence intervals (CI), after covariate adjustment for care type and affiliation as independent or with a large organization. Results: In Q1 2025, 193 rural and 273 non-rural ALCs reported falls and falls with injury.

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On average, per 10,000 resident-days, rural vs. non-rural ALCs reported 56.23 vs. 55.57 falls and 5.50 vs. 5.40 falls with injury, respectively. Negative binomial regression showed no association of ALC rurality and falls rate (IRR = 1.10, 95% CI: 0.82-1.20) after adjusting for care type and ALC affiliation. Compared to Adult Family Homes, higher falls rates were reported by Community Based Residential Facilities (IRR = 2.38, 95% CI: 1.72-3.29) and Residential Care Apartment Complexes (IRR = 1.55, 95% CI: 1.09-2.19). ALC rurality was not associated with falls with injury rates (IRR = 0.92, 95% CI: 0.72-1.19) adjusted for care type and organizational affiliation.
Conclusions: Similar fall rates between rural and non-rural ALCs, but differences by ALC type, suggest the need for adapting interventions across settings. Future studies should investigate longitudinal effects and interactions between ALC characteristics and resident characteristics associated with rurality.

Board No: 137
Evaluating the Psychometric Properties of the CES-D-10 in Adolescents: A Cross-Cultural Analysis between the U.S. and Nicaragua

Authors: Lu, Yu; Song, Hairong; Brennan, Keelyn; Temple, Jeff, R.; Nie, Shanbairong; Pettigrew, Jonathan

Purpose: The Center for Epidemiological Studies Depression (CES-D) Scale, developed over 45 years ago, is one of the most widely used instruments for assessing depressive symptoms. While the CES-D has shown to be generally reliable in adult and senior populations, its psychometric properties in adolescents remain insufficiently examined. To address this gap in literature, we evaluate the psychometric properties of the CES-D-10, a shortened 10-item version of the original CES-D, in adolescent populations, and compare the scale functioning in two nations: the U.S. and Nicaragua.
Methods: Data were collected from 2,703 middle school students in the U.S. (Mage=12.67, SD=0.63, range: 12 –15) and 4,384 middle/high school students in Nicaragua (Mage=12.90, SD=1.17, range: 10-17). The samples represent a wide range of socioeconomic backgrounds and educational contexts. We applied Exploratory Factor Analysis and Confirmatory Factor Analysis (CFA) to assess the underlying factor structure of the CES-D-10 in each country. In addition, we employed multiple-group CFA and the alignment method to test measurement invariance and determine whether the scale functioned equivalently across both countries.
Results: Results revealed a moderate internal reliability of the CES-D-10 in both countries (Cronbach's alpha = .72). A two-factor structure emerged in both countries, where one factor presented the eight negatively worded items and the second factor representing the two positively worded items. Additionally, several items exhibited measurement non-equivalence, particularly in the factor loadings across countries, suggesting that these items may be interpreted or endorsed differently by U.S. and Nicaraguan adolescents. Such differences could reflect cultural variations in the expression of depressive symptoms or differences in the way respondents perceive or respond to scale items.
Conclusions: Overall, this research provides valuable insights into the functioning of the CES-D-10 in adolescents across cultures. Caution should be applied when utilizing CES-D-10 in global health research, especially when it involve cross-cultural comparisons.

Board No: 138
Community Sociopsychology After Firearm-related Homicides and Suicides

Authors: DeMello, Annalyn, S.; Syndergaard, Tess; Poudel, Sandhya; Robertson, David; Goodman, Michael, L.

Purpose
Psychological states -loneliness, impulsivity, suicidal ideation, fear of negative evaluation, affective reactivity, and low social cohesion-

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are risk factors for suicide and homicide. Given that whole communities face higher risks of violence than others, we hypothesized that individual, violence-related psychological states reflect broader social psychology. We examined the relationship between psychological states among community members in areas with high versus low rates of firearm-related homicides and suicides.
Methods
We compiled homicide/suicide data from coroner's reports and hospital data recorded in January 2019 through April 2024. We identified geographic census/zip clusters with the highest and lowest rates of homicides and suicides. We created three geographic groups: 1)high homicide (HH), 2)high suicide (HS), and 3)low homicide and suicide (LHS). We emailed 2000 surveys to households in each of the three groups to obtain demographic and psychological data. We used the 3-level geographic group as the independent variable and psychological states as the dependent variables. Stepwise regression identified demographic covariates, which we controlled for in separate linear regressions. Significance was set at $p<.05$.
Results
N=66 adult respondents. The majority were ages 35-64 years (56%), White, (72%), female (70%), and employed (61%). Using LHS as the referent group, we did not find significant relationships between geography type (HH, HS) and psychological states, adjusting for gender and marital status. However, living in HH geographies increased the likelihood of reporting higher states of all negative psychological effects (beta coefficient range 0.18-2.94). The results for living in HS geographies varied.
Conclusions
A low sample size may have contributed to lack of statistical significance. The spread of negative psychology within communities after homicides is more evident than after suicides.
Significance
These methods offer a novel approach to analyzing sociopsychology and the spread of violence. Future research will examine population density and proximity of relationships to the decedents.

Board No: 139
Identifying Modifiable Risk Factors of Thirdhand Smoke Exposure among Clinically Ill Children

Authors: Merianos, Ashley, L.; Smith, Matthew L.; Matt, Georg, E.; Jia, Wei; Jandarov, Roman, A.; Lopez-Galvez, Nicolas; Quintana, Penelope, J. E.; Hoh, Eunha; Dodder, Nathan, G.; Stone, Lara; Mahabee-Gittens, E., M.
Purpose: Recent evidence revealed that thirdhand smoke (THS) exposure is pervasive among children living with non-smokers. However, limited knowledge is available regarding associated modifiable risk factors. This study examined the association between biochemically-verified THS exposure and clinical diagnoses in children of non-smokers.
Methods: Children aged 0-11 years (N=214) who presented to the pediatric emergency department or urgent care were categorized into two groups based on their THS exposure using hand nicotine and salivary cotinine levels: non-exposed group (NEG) and THS-exposed group (TEG). Survey assessments and electronic medical records were reviewed to collect information on sociodemographics, hygiene practices, and discharge diagnoses. Three directed acyclic graphs and structural equation modeling (SEM) were used to investigate the association between TEG and NEG (reference group) and four diagnosis groups of viral/other infectious illnesses, bacterial illnesses, pulmonary illnesses, and other diagnoses (reference group).
Results: Thirty-five percent of children were in the TEG and 65% were in the NEG. SEM demonstrated moderate fits for all three DAGs. In the viral/other infectious illness model, non-White children were less likely to have home smoking bans compared to White children ($\beta=-1.10$, $p=0.049$). TEG children were more likely to wash their hands >30 minutes than those in the NEG ($\beta=0.37$, $p=0.019$). Similarly, in the bacterial ($\beta=0.41$,

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p=0.038) and pulmonary illness (β=0.47, p=0.017) models, TEG children were more likely to wash their hands >30 minutes than those in the NEG. Conclusions: Time lapsed in washing hands was a key risk factor for TEG versus NEG children. Additionally, this study identified disparities in the implementation of home smoking bans based on race and/or ethnicity. These findings highlight key modifiable risk factors related to hygiene practices and voluntary home smoking bans that can be targeted in future interventions to reduce the widespread effects of THS on children.

Board No: 140
Centering Community Voices in Understanding Perinatal Nutrition Among Recently Pregnant Women Experiencing Homelessness

Authors: Galvin, Annalynn M.; Unegbu, Crystal C.; Encarnacion, Vhenyse N.; Joy, Joyce; Luna, Brianna; Thomas, Shinita; Eloi, Hildreth; Eapen, Doncy; Hernandez, Daphne C.; Santa Maria, Diane M.

Purpose: Women experiencing homelessness are at increased risk for unintended pregnancy, reduced perinatal (preconception, prenatal, postpartum) care, and challenges accessing food. As such, these factors may compound risk for inadequate nutritional intake and adverse birth outcomes. This study aims to explore the barriers and facilitators to adequate perinatal nutrition intake among individuals experiencing homelessness. Methods: Women aged 18-45, pregnant in the last two years, and unstably housed (sheltered, unsheltered, hotel/motel, couch-surfing) in the Greater Houston area were interviewed in 2024-2025. Using phenomenological semi-structured interviews, participants described barriers and facilitators related to perinatal nutrition recommendations, focusing on housing-related experiences. Transcripts were coded and thematically analyzed, guided by the Information-Motivation-Behavioral Skills model. Results: Participants (n=12; mean age=27 years, SD 6.5) were mostly Black (67%) and had more than one child (83%). Only 50% received first-trimester prenatal care. Most women were aware of foods to avoid during pregnancy from healthcare providers (e.g., OBGYNs), service programs (e.g., Women, Infants, and Children), family, friends, and websites. Participants were less familiar with recommended vitamins (e.g., folic acid) and eating frequency. Motivation to eat well perinatally was affected by pregnancy symptoms (e.g., nausea), postpartum mental health (e.g., depression, stress), and pressures from their partners and housing cohabitants. Other barriers included limiting cooking capacity due to restricted access to food storage and kitchen appliances at supportive housing facilities and shelters, inflexible food options that did not meet dietary needs or preferences, and a lack of transportation to distant grocery stores and food pantries. Conclusions: Findings identified factors to address nutrition-specific behaviors while accounting for the unique shelter-based and trauma-informed influences on behavior that women experiencing homelessness encounter in the perinatal period. Certain structural factors related to shelter and clinic restrictions are less amenable to individual-level supportive nutrition behavioral change and may require broader healthcare and social policy reform.

Board No: 141
“The system is not set up for success:” Older adults’ challenges and strategies for reintegration after incarceration

Authors: Nguyen, Annie L; Dotson, Natasha; Tucker, Jay; Jussila, Nathan; Johnson, Clarence; Seal, David

Background: Older adults are the fastest growing segment among incarcerated populations. All who leave prison face formidable challenges, but little is known about the reintegration experiences of older adults. The aim of this study was to elicit narratives about the health, social, and community factors that impede or facilitate reentry among older adults with health limitations.

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Methods: Participants were recruited from a community-based, reentry program in Milwaukee, WI and were eligible if they were ages 50+, recently incarcerated (within the past 3 months), and screened positively for having heath limitations. One-on-one, semi-structured, qualitative interviews were conducted lasting approximately 30 minutes. Interviews were audiorecorded, transcribed verbatim, and analyzed using narrative analysis to identify cross-cutting patterns across participants' reentry experiences. Results: Participants (N=20) had a mean age of 57.1 years; most identified as Black/African American (75%) and men (95%), and 20% were veterans. On average, they spent 17 years incarcerated across 9 separate instances. 70% self-rated their health as fair/poor, 50% reported memory decline in the past year, 20% required assistance with an Activity of Daily Living, 50% reported 3+ chronic conditions, and 50% took 5+ medications. Qualitative findings highlighted the reentry period as difficult, with barriers including stigma and marginalization, difficulty securing housing and employment, lack of transportation, challenges adjusting to modern technology, family losses after long incarceration, and health challenges. Support from peers, parole officers, and community advocates were critical, while family support was inconsistent. While many expressed gratitude for a fresh start and commitment to self-improvement, they emphasized the need for greater access to jobs, transportation, and supportive systems to foster independence and stability. Conclusion: Multiple chronic health concerns, memory problems, and functional limitations compound the challenges of community reentry. Interventions that combine healthcare, emotional support, and assistance with social integration are critical for supporting healthy aging after incarceration.

Board No: 142
Factors influencing mental health stigma and help-seeking among adolescents from rural, low-income communities in Alabama

Authors: Pangelinan, Melissa, M; Recker, Robyn, S; Holden, Richard, J; Ramly, Edmond; Hill, Jordan, R

Purpose: Mental health problems in adolescents are increasingly prevalent. However, many adolescents face mental health stigma, especially among rural, Black or Hispanic, and low-income communities, which may limit help-seeking intentions and behaviors. This study examined the influence of demographic factors (sex, age, and race) and mental health symptoms (anxiety, depression, and elevated stress) on mental health stigma and help-seeking intentions and behaviors among adolescents from rural, low-income communities in Alabama.
Methods: 221 adolescents (124 females, 97 males) ages 15-18 years from Title 1 high schools in Alabama completed: a demographic questionnaire; Peer Mental Health Stigmatization Scale; a help-seeking intentions and help-seeking behaviors questionnaire; and PROMIS measures of Anxiety, Depressive Symptoms, and Psychological Stress Experiences. Regressions examined the influence of demographics and mental health symptoms on personal stigma and perceived stigma. Stepwise logistic regressions examined the influence of personal stigma, perceived stigma, demographics, and mental health symptoms on help-seeking intentions. Results: Personal stigma was higher in males (M=15.92, SD=7.47) than females (M=12.12, SD=7.70) and higher in 16- to 18-year-olds (M=15.41, SD=8.01) than 15-years-olds (M=12.84, SD=7.63). Other demographic factors did not influence perceived stigma or help-seeking intentions. Mental health symptoms did not influence personal or perceived stigma, or help-seeking intentions. Personal or perceived stigma did not influence help-seeking intentions. Adolescents reported feeling comfortable seeking help from friends (56%), mental health professionals (47%), or family members (45%), but less so from counselors (40%) and teachers (23%).

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Conclusions: These findings do not support previous literature suggesting group differences in mental health stigma or likelihood to seek help for mental health problems. However, males and older adolescents may be at risk for limited help-seeking due to personal stigma regarding mental health. Future stigma reduction and mental health interventions for adolescents should include significant adults (e.g., parents, counselors, and teachers) to increase opportunities for help-seeking.

Board No: 143
Effects of Music Listening on the College Students Study Behavior with Attention Deficit/Hyperactivity Disorder (ADHD)

Authors: Khan, Raihan; Nofplot, Madalynn; Zaman, Sojib; Alam, Md Towfiqul; Zeman, Catherine

Introduction/Purpose: Attention Deficit/Hyperactivity Disorder (ADHD) presents a unique academic challenge for college students who can struggle with inattention, impulsivity, and task-related anxiety. While music therapy has shown promise in helping with ADHD symptoms in children, limited research exists on its effectiveness among university-aged students. This study aimed to investigate the relationship between music listening and perceived academic performance among college students with attention deficit hyperactivity disorder (ADHD).
Methods: A cross-sectional survey was distributed to students at James Madison University (N = 469 completed responses). Data were analyzed using SPSS Version 29, and a logistic regression was performed to assess the significant relationships between music genres, study habits, and students' belief in their ability to study better while listening to music.
Results: Results showed that while 56.5% of participants believed music improved their studying, those who listened to classical, rap, or R&B music while studying had no better odds of studying with music. There was no significant relationship found between ADHD status and the perceived benefit of studying better with music. Students who didn'tlisten to music while studying were 24.3% more likely tobelieve they didn't study well when listening to music. Students who reported listening to classical music while studying had 5.48% higher odds of not studying better with music. Students who reported listening to rap music while studying had 15.73% higher odds of not studying better with music. Students who reported listening to R&B music while studying had 7.01% higher odds of not studying better with music.
Discussion/Conclusion: These findings suggest that while music is a commonly used study aid, its effectiveness may vary by genre and is not necessarily more beneficial for students with ADHD. Further research studies on this area are highly recommended.

Board No: 144
Voices from Both Sides: Youth and Provider Perspectives on Telehealth HIV Education in the Context of Housing Instability

Authors: Galvin, Annalynn M.; Barr, Emily A.; Unegbu, Crystal C.; Joy, Joyce; Encarnacion, Vhenyse N.; Garg, Ashvita; Luna, Brianna; Santa Maria, Diane M.

Purpose: Youth unstably housed are at higher risk for HIV, facing more barriers to accessing healthcare than older or housed counterparts. Recent capacity building for telehealth during the COVID-19 pandemic may improve accessibility to HIV prevention services for youth unstably housed who are vulnerable to HIV. The purpose of this study was to center telehealth experiences and preferences of both unhoused youth vulnerable to HIV and their healthcare and social service providers delivering telehealth care.
Methods: Semi-structured interviews (n=13) were conducted in 2023 in Houston, TX, with unhoused youth (aged 18-25; n=6) eligible for Pre-Exposure Prophylaxis, and providers in healthcare and social services who serve them (n=7). Qualitative phenomenological interviews about youth and providers' experiences with telehealth-delivered HIV prevention services were audio-recorded,

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transcribed, iteratively coded, and thematically analyzed.
Results: Youth (mean age 23.3 years [SD 2.3]; 67% Non-Hispanic Black) reported limited experience with HIV-related telehealth. Unhoused youth identified accessibility concerns: not having the right technology; having unstable internet service; not knowing who provides telehealth services, and whether they are eligible. Providers reported external distractions among youth during telehealth appointments (e.g., multitasking), necessitating more rapport-building and engagement than in-person care. Youth reported some discomfort with disclosing HIV information through telehealth, given the fewer private areas in shelters and other locations. Still, YEH were open to telehealth services versus taking time to go to a clinic. Providers preferred telehealth services over not seeing the youth at all.
Conclusions: These findings from youth and providers identify key telehealth intervention considerations uniquely experienced by YEH vulnerable to HIV. Clinicians, social service providers, and researchers seeking to implement telehealth strategies for HIV-related education can build from these perspectives of both the intervention deliverer and the intervention recipient. Reducing HIV transmission in communities like YEH with fewer resources and capacity may potentially reduce HIV disparities.

Board No: 145
COVID-related life impacts for parenting and non-parenting people living with HIV: A multi-site International Nursing Network for HIV Research study

Authors: Galvin, Annalynn M.; Santa Maria, Diane M.; Dawson-Rose, Carol; Cuca, Yvette; The International Nursing Network for HIV Research

Purpose: The COVID-19 pandemic reduced access to HIV care, sexual activity, and quality of life for people living with HIV. Social support was critical for all parents tasked with COVID-19 childcare and schooling, but the extent to which COVID-19 has impacted parents with HIV is unknown. This study examined the associations between having children, social support, and COVID-19 impacts on sexual activity, HIV management, and life in general for people living with HIV.
Methods: In this International Nursing Network for HIV Research study (n=1,601), people living with HIV surveyed from 08/2021 to 06/2023 reported how many children under 18 lived with them, social support (4 items), quality of life (6 items), sexual activity (7 items), and HIV management (4 items). Scale means were based on item responses from 1=decreased/worsened to 5=increased/improved (α=0.78-0.90). Linear regressions for each scale controlled for other covariates (e.g., demographics, HIV diagnosis year). Interactions between social support and the number of children were examined.
Results: Of the 1,471 participants reporting household composition, 37.6% lived with any child under 18. Compared to participants without children, participants with children were significantly ($p<0.05$) younger, more likely to be Black/African American (58.6% versus 33.4%), and more female (59.1% versus 28.1%). Compared to people with no children, social support was significantly associated with better COVID impacts for all outcomes and more strongly associated with protective HIV-related COVID impacts, especially for people with four or more children (β=0.17, SE=0.07, p=.02), even when controlling for covariates (β=0.22, SE=0.09, p=.02).
Conclusions: Prioritizing social support services for people living with HIV with larger families may support HIV management and quality of life. Public health researchers and clinicians should continue to monitor social support and COVID-19 impacts on parents living with HIV long-term, and how to best mitigate negative impacts from future pandemics and social distancing.

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Board No: 146
The Role of a Case Manager to Meet the Shared Goals of Participants in a Smart Phone Based Intervention to Improve Care Coordination for People Experiencing Homelessness (PEH)

Authors: Hutson, Tara; Wynn, Daileigh; Damaraju, Aishini; Hilbelink, Mark; Moczygemba, Leticia

Purpose: Characterize case manager (CM) communication with health and social services professionals and clients for coordination of health and social services.
Methods: A 6-month longitudinal, randomized controlled trial (RCT) in PEH where the intervention group received a smartphone pre-loaded with resources, received text messages regarding medication adherence and general health, and had access to a CM via text messaging was conducted. Using a client-centered approach, a CM created shared goals with the participant during an intake assessment and connected the individual with resources based on the identified goals. After the intake, the CM documented additional communication with the client and homeless services providers (HSPs) in REDCap. A qualitative content analysis of the CM notes was conducted.
Results: Sixty PEH who had ≥2 hospital/ED visits in the previous 6 months were enrolled in the intervention arm of the study from community-based sites in Central Texas. The mean age was 50.1 (10.2) years. Most (70%) were male; 56.7% were White and 31.7% were Black. Of these, 54/60 (90%) had additional CM communication documented; the mean number of notes was 5.2 (range 1–19). CM notes were organized by the CM's communication with 1) other HSPs and 2) the client. Coordinating care with other HSPs was most often related to health needs and concerns which included mental health, and social needs which included housing/shelter and benefits enrollment assistance. Communication directly with the client was most often related to scheduling and reminders about appointments, health needs and concerns which included mental health, housing/shelter, employment support, and transportation.
Conclusions: The Smartphone served as a tool for PEH to communicate with the CM about health and social needs throughout the study. The CM helped clients navigate services and coordinated care with other HSPs to meet the shared goals established with the participant.

Board No: 148
Shifting Attitudes and Building Confidence: Understanding Mental Health Stigma and Help-Seeking Among Asian American Youth

Authors: Lu, Wenhua; Kwon, Michelle; Chan, Emily; Shafique, Balquees; Yifan, Liu; Zhang, Yuqing; Wu, William; Akkok, Asli; Zhang, Michelle; Abreu, Leslie; Yang, Lawrence

Purpose: This study examined factors influencing mental health (MH) stigma and help-seeking intentions among Asian American and Pacific Islander (AAPI) high school students. Baseline findings from the Bring Change to Mind–AAPI (BC2M-AAPI) program, the first school-based intervention designed to reduce MH stigma and strengthen help-seeking in AAPI adolescents, are presented.
Methods: Seventy-two students from two public high schools in New York City participated in the BC2M-AAPI program consisting of nine 40-minute club sessions and one campus-wide event. Baseline data were collected between January and February 2025. Students completed surveys assessing MH knowledge, attitudes, parent communication, stigma toward MH, and help-seeking intention. Linear regression analyses identified predictors of stigma-related and help-seeking outcomes.
Results: Participants had a mean age of 16.5 years and were predominantly Asian (80.6%), female (81%), and second-generation immigrants (56%). Lower MH stigma was predicted by more positive MH

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attitudes (β = 1.12, p < .001) and higher racial socialization (β = 0.40, p = .014). Stronger help-seeking intention was associated with MH attitude (β = 0.61, p < .001), stigma (β = 0.32, p = .007), MH self-efficacy (β = 0.27, p = .023), stress management (β = −0.25, p < .05), racial socialization (β = 0.28, p = .017), and perceptions of community MH environment (β = 0.30, p = .012). MH self-efficacy was predicted by MH attitude (β = 0.28, p < .05), stress management (β = 0.23, p < .05), perceptions of community MH environment (β = 0.35, p < .05), and racial socialization (β = 0.29, p = .022). Conclusion: Findings highlight the need for culturally responsive, school-based MH interventions for AAPI adolescents. Enhancing MH attitudes, racial socialization, and coping skills while reducing stigma may strengthen students' self-efficacy and willingness to seek MH support. Programs like BC2M-AAPI show promise in empowering youth to engage in positive mental health dialogue and care.

Board No: 149
Understanding Reproductive Decision-Making in the Context of Intimate Partner Violence: A Qualitative Interpretive Meta-Synthesis

Authors: Grace, Jessica C.; Elias-Lambert, Nada

Background: Women experiencing intimate partner violence (IPV) face elevated risks of unintended pregnancy, miscarriage, sexually transmitted infections, and gynecological disorders. Despite the public health significance, survivor perspectives remain underrepresented in research and practice. Centering women's lived experiences is critical to designing community-engaged, trauma-informed sexual and reproductive health (SRH) interventions. This study synthesized qualitative evidence to understand how women experiencing IPV make reproductive health decisions. Methods: Using the Qualitative Interpretive Meta-Synthesis (QIMS) framework, a systematic literature search was conducted across five EBSCO databases. Inclusion criteria were studies with female IPV survivors that explored reproductive decision-making, used qualitative methods, and included participant quotations. Studies not in English or published before 2002 were excluded. Extracted data were coded and analyzed for shared meaning across studies. A secondary reviewer independently assessed coding, and discrepancies were resolved through discussion. Results:
The search identified 789 studies; 8 met the inclusion criteria. Five studies were from the United States and three from international contexts. Most (n=6) were published after 2019, with publication dates ranging from 2008–2022. Across 254 participants aged 15–49, studies represented racially and ethnically diverse women recruited from domestic violence shelters, family planning clinics, community organizations, and abortion clinics. Four major themes emerged: (1) interconnectedness of IPV and reproductive coercion, (2) covert strategies to assert reproductive control, (3) influence of cultural and family beliefs, and (4) need for trauma-informed, community-responsive health care. Conclusion: The findings illustrate survivors' resilience and agency within constrained environments. Centering IPV survivors lived experiences in SRH research and practice can inform and guide trauma-informed, community-based interventions that strengthen individual reproductive autonomy and promote health equity for women impacted by IPV.

Board No: 150
Reducing Stigma and Strengthening Help-Seeking: Initial Evaluation of the 2025 Bring Change to Mind–AAPI School-Based Mental Health Program

Authors: Lu, Wenhua; Chan, Emily; Kwon, Michelle; Shafique, Balquees; Zhang, Yuqing; Liu, Yifan; Akkok, Asli; Zhang, Michelle; Abreu, Leslie; Yang, Lawrence

Purpose: This study provides initial evaluation on the effectiveness of the Bring Change to Mind-Asian American and Pacific Islander (BC2M-AAPI) program, a culturally responsive, school-based mental health

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(MH) anti-stigma intervention targeting AAPI high school students. Methods: From January to May 2025, 72 students (including 58 AAPI students) from two New York City public high schools participated in the program, consisting of nine 40-minute club sessions and one campus-wide event. Pre–post data were collected from 59 students (retention rate 82%). Students completed validated scales assessing MH knowledge, stigma, self-efficacy, stress management, self-compassion, parent communication, and perceptions of community mental health environment. Paired t-tests examined pre–post differences, and descriptive statistics were used to evaluate social validity and program experiences. Results: Significant pre–post improvements were observed in MH knowledge (e.g., identifying depression symptoms, $p > .005$; understanding cognitive aspects of MH, $p < .001$), MH attitudes (e.g., comfort meeting a person with mental illness, $p < .01$), and reduced stigma (e.g., having someone with a mental illness in class, $p < .01$; willingness to sit with a peer with mental illness, $p < .05$). Students also showed greater MH self-efficacy (e.g., helping myself get help, $p < .001$; helping a friend seek help, $p < .05$), stronger stress management skills ($p < 0.01$), higher self-compassion ($p < .05$), and improved parent communication ($p < 0.05$). Perceptions of community MH environment also improved significantly across all items ($p \leq .005$). Program satisfaction was high, with 96–100% of participants agreeing that the BC2M-AAPI program was culturally relevant, useful, and engaging. Conclusion: Findings indicate that the BC2M-AAPI program effectively enhances MH literacy, self-efficacy, coping, and family communication and reduced stigma among AAPI adolescents. High program satisfaction and retention underscore its cultural resonance and feasibility as a school-based strategy to reduce stigma and foster help-seeking behaviors in AAPI youth.

Board No: 151
Novel oral nicotine product use among adolescents

Authors: Barnett, Tracey, E; Jones, Sara; Newton, M; Thompson, EL; Mitchell, C

Purpose. There has been an increase in novel tobacco and nicotine products over the past decade, including e-cigarettes, and now oral products such as nicotine pouches. As the prevalence of cigarette use among adolescents has declined over the past 20 years, these new products are appealing to adolescents and circumvent social norms and policies, including use in schools, for example, due to the ability to be discreet. The purpose of this study was to assess the prevalence and sociodemographics of nicotine pouch use among Florida adolescents.
Methods. We analyzed the 2024 Florida Youth Tobacco Survey (FYTS), weighted to represent the population of public middle and high school students in Florida. There were 50,296 students who participated: 25,003 at the high school level and 25,293 at the middle school level. We used survey-weighted frequencies to assess nicotine pouch use prevalence among high school students, including associations by demographics.
Results. Among high school students, 4.0% (95% CI: 3.7,4.4) reported ever use; while 1.7% (95% CI: 1.5,1.9) reported current use. Males (5.5%; 95% CI: 5.0,6.0) reported higher ever use than females (2.5%; 95% CI: 2.1,2.9). White students reported higher ever use (6.5%; 95% CI: 5.8,7.1) than black (1.5%; 95% CI: 1.1, 1.9), Hispanic (3.1%; 95% CI: 2.6,3.6), or other race students (3.7%; 95% CI: 2.7,4.7). Older students (12th grade) reported higher use (5.7%; 95% CI: 4.8,6.7) than 9th (2.3%; 95% CI: 1.9,2.8) or 10th (3.5%; 95% CI: 3.0, 4.1) grade students. Current use followed similar patterns. Conclusions. Novel oral nicotine products are on the rise among adolescents. This trend mirrors similar trends noted in recent pouch sales. Sociodemographic differences align with most adolescent substance use,

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with the highest prevalence among older, non-Hispanic white males. For past novel products, including hookah and electronic cigarettes, females closed the gap over time with respect to use.

Board No: 152
How low can you go? Recommendations for latent class analysis with small samples in health behavior research

Authors: Luningham, Justin M
Latent class analysis (LCA) is a popular, effective tool for identifying subgroups with similar patterns of responses across different variable types. In health behavior research, outcomes such as vaccination uptake, cancer risk behaviors, or obesity risk behaviors are paired with demographics, revealing new sub-populations warranting future study for tailored interventions. However, LCA is an exploratory approach that depends on accurately recovering the underlying latent classes, and there is uncertainty about best practices for LCA with small samples. We use simulation studies based on applied health behavior LCAs to provide recommendations for LCA with small samples.
Methods
Simulated data included five categorical dependent variables and three true, well-separated classes with equal representation in the population. The pilot simulation included three-category items. Total sample size varied across conditions, generating samples of 150, 250, 375, 500, 750, and 1250. Class enumeration was evaluated across several classic and modern fit criteria: Bayesian Information Criterion (BIC), sample-size adjusted BIC (saBIC), the Lo-Mendell-Rubin likelihood ratio test (LMR-LRT), the Vuong-adjusted LMR-LRT, and bootstrapped LRT with 300 bootstrapped samples. The pilot simulation included 150 repetitions per condition.
Results
Traditional BIC did not recover the classes well, as it exclusively selected fewer than the true 3 classes in all conditions. The saBIC did not perform much better, with recovery rates ranging from 13%-23% across sample sizes. The LMR-LRT had the best performance overall, accurately recovering classes about 60% of the time in samples larger than 250. Though bootstrapped-LRT is generally recommended for small samples, it was uniformly less accurate that LMR-LRT or VLMR.
Discussion
Researchers should carefully choose model comparison methods for LCA with modest samples, generally preferring the LMR or VLMR LRTs. At time of presentation, the current simulation will consider more sample sizes, more repetitions, and different item characteristics, such as binary and 5-category Likert-type items.

Board No: 155
Change in Parental Perceptions of Active Living for Elementary School Students: Safe Travel Environment Evaluation in Texas Schools (STREETS)

Authors: Zhang, Yuzi; Swinney, Kaitlyn; Ganzar, Leigh Ann; Garza, Case; Salvo, Deborah; Hoelscher, Deanna M.
Background: Active living, such as leisure-time physical activity and active commuting to school (ACS), is crucial for children's development and improved health outcomes. Parental attitudes and support are associated with children's physical activity. This study aimed to examine the change in parental perceptions of active living of elementary school students.
Methods: This longitudinal study utilized data from the Safe Travel Environment Evaluation in Texas Schools (STREETS) from 31 elementary schools (21 infrastructure and 10 comparison schools) in Central Texas. At baseline (3rd grade) and follow-up (5th grade), parents completed self-reported items on parental physical activity modeling (range: 1-5), self-efficacy of child physical activity habits (range: 1-4), self-efficacy for child ACS (range:1-4), ACS independent mobility (range: 1-10), and ACS support (range: 1-5). Mixed-effect models were used to examine changes in parental perceptions between baseline and follow-up, adjusted for school Safe Routes to School status

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(infrastructure and comparison), child sex, parent race/ethnicity, and parent education. An interaction term between time and school status was further adjusted to examine whether the change in parental perception differed by school status. Results: A total of 167 parents of 3rd-grade students (female students: 57%) were included. Most parents were white (51%) and had a college education (71%). Overall, parents' self-efficacy of child physical activity habits (baseline mean score: 3.1, post mean score: 2.9, $p<0.05$) and ACS independent mobility (baseline mean score: 4.6, post mean score: 4.4, $p<0.05$) significantly decreased from 3rd to 5th grade. There were no significant differences between the change in parental perceptions from 3rd to 5th grade between infrastructure and comparison schools. Conclusion: Parental confidence in impacting children to engage in physical activity and independent mobility declined from 3rd to 5th grade, highlighting the need for strategies to maintain parental engagement in promoting active lifestyles.

Board No: 156

"It is really getting exhausting to just try to know things": Drivers and Implications of Online Health Information Seeking Among Women with Long COVID

Authors: Laestadius, Linnea; Wahl, Megan; Guidry, Jeanine; Campos-Castillo, Celeste; Heley, Kathryn

Purpose: While millions of U.S. adults have Long COVID, access to providers familiar with emerging treatments remains limited. Women are at higher risk of Long COVID, compounding gendered barriers to symptom validation. We sought to understand drivers of online information seeking among women with Long COVID and how this process impacts their wellbeing. We also sought to understand impacts of provider responses to sharing of such information. Methods: We performed semi-structured interviews with 30 adult U.S. women who self-reported Long COVID symptoms. We asked participants about their satisfaction with medical providers, whether they conduct their own research on Long COVID, whether they share self-sourced information with their providers, and how providers respond when this information is shared. Results: Because they felt providers failed to seek information on their behalf, participants felt obligated to do so themselves, with several recalling instances where limited provider knowledge put them at risk of adverse events. While support from peers online was valued, online information seeking was viewed as a significant cognitive, temporal, and emotional burden. Several participants reported anxiety and hopelessness from extensive reading about their condition. Participants often sought information in advance of appointments in hopes of getting what they saw as needed care. Some engaged in impression management to share without challenging the authority of providers. Provider responses impacted participant wellbeing, with receptivity yielding relief and dismissal resulting in anger and a loss of trust in providers more broadly. Conclusions: Women with Long COVID seek information online to fill perceived gaps in the knowledge of providers. Information seeking offers a sense of agency but is also viewed as a significant burden. While participants would benefit from improved provider education about Long COVID, providers also can offer support by engaging with materials and information shared by patients.

Board No: 157

Communication within the Community: Sources of Health Communication within Under-resourced Black American Communities in Washington, DC.

Authors: Bishop, Raegan, A; Judy, Kristen, E; Zuniga, Sophia; Cordova, Isabel; Koehly, Laura, M

It is well established that the prevalence rates of common complex conditions, such as heart disease and type 2 diabetes, are much higher in Black American communities compared to non-Hispanic Whites. Knowledge about the importance of healthy lifestyle behaviors can help prevent the onset

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and mitigate the complications of common complex diseases. However, there is limited understanding of how this knowledge is distributed within under-resourced Black American populations in urban settings. Further, there is evidence that community can impact individual and familial health knowledge and subsequent behavior. The current study explores what community sources Black individuals residing in a low-income, urban area utilize to acquire health information. Semi-structured interview transcripts (n = 27) derived from a community education program about Family Health History and disease risk were used for qualitative analysis. Using conventional content analysis, two study team members independently analyzed participant responses to a question that inquired about sources of health information and advice within the community. The team members then performed code reconciliation, which resulted in eight sources of health information and advice: health care services (n=18), media (n=10), community organizations (n=9), community engagement (n=6), national organizations (n=1), workplace (n=1), commercial pharmacies (n=1), and no sources (n=2). Results revealed that Black individuals acquire health information from an array of sources, with the majority rooted in health care, media, and community-based organizations. These findings give insight into what types of organizations and platforms are reaching the most people, which can better inform community leaders, policy makers, and healthcare professionals on where to target community outreach efforts.

Board No: 158
Co-Designing PREP-Mom: A Multilingual mHealth Platform to Advance Maternal Health Literacy and Healthcare Utilization in Phoenix, Arizona

Authors: Ehiremen A. Azugbene, PhD; Maissa Khatib, PhD; Matthew P. Buman, PhD

Background: Persistent gaps in maternal health literacy (MHL), navigation, and healthcare utilization drive disparities in perinatal outcomes across Phoenix. For linguistically diverse women, especially those from resettled and underserved communities, barriers in communication, system complexity, and digital accessibility exacerbate inequities. PREP-Mom (Perinatal Readiness and Engagement Platform—Mom) is a multilingual, health literacy, culturally sensitive mHealth solution co-developed through ASU's Design Studios for Health (DSH) framework that employs a community-based participatory, human-centered design. This approach engages end users directly in developing behavior change technologies to improve maternal preparedness, navigation, and care utilization.

Methods: Using the DSH framework—integrating community, clinical, and academic stakeholders—we conducted four iterative co-design studios (n=50 women) to inform PREP-Mom's prototype. Sessions were structured around ideation ("Movements") that explored usability, inclusivity, and trust. Key features prioritized included multilingual content, text-to-speech capability, customizable birth-plan and reminder tools, culturally resonant mental-health resources, and privacy controls. Findings guided interface redesigns emphasizing visual learning, adaptive navigation, and peer/family integration. Qualitative feedback was thematically analyzed to identify barriers to adoption and design enablers aligned with MHL best practices.

Results: Participants emphasized that usability, cultural sensitivity, and emotional support are foundational to digital engagement. Themes of trust, personalization, and holistic support recurred across sessions. The iterative process yielded a prototype optimized for accessibility, inclusivity, and user autonomy—bridging maternal health literacy and navigation gaps.

Next Steps: Future phases will test the feasibility, usability (System Usability Scale ≥80), and acceptability (Theoretical Framework of Acceptability) of PREP-Mom,

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using mixed methods to refine interface design and evaluate early signals of MHL improvement. Findings will inform a scalable, community-anchored digital intervention model to advance equitable maternal care in Phoenix and beyond.

Board No: 159
Risky Tobacco and Cannabis Use Involvement Among College Students who Use Tobacco and Cannabis: Does Primary Substance of Use Matter?

Authors: Wura Jacobs; Salinda Miller; Sooyeon Oh; Alynna Summit; Ellen Vaughan; Natasha Chaku; Alyssa Lederer; Kit K. Elam; Patrick D. Quinn

Background: Tobacco and cannabis (T&C) co-use risk may be influenced by both environmental stressors and individual vulnerabilities. However, little is known about whether the primary substance of use—that is, whether a person who more frequently uses tobacco, cannabis, or both equally—differentiates risk for problematic T&C use/involvement. Understanding this distinction is useful for targeted intervention. Methods. Cross sectional data were from the Fall 2019-Spring 2024 National College Health Assessment. The analytic sample included 87,598 students 18-29 years who reported lifetime use of T&C. Risky T&C involvement was assessed by summing scores on the Alcohol, Smoking and Substance Involvement Screening Test for T&C to create a binary outcome variable: low vs. moderate/high risk. Multivariable regression models examined associations between primary substance use category (tobacco, cannabis, or equal use) and risky T&C use involvement, adjusting for demographic, psychological, social, and structural factors. Results. Participants were on average 21 years old; 63.4% female. Compared with students reporting equal use of T&C, those who primarily used tobacco (aOR = 6.93, 95% CI: 6.58–7.31) or cannabis (aOR = 3.99, 95% CI: 3.80–4.20) had higher odds of moderate/high T&C risk involvement. In stratified analyses, discrimination was linked to higher odds of moderate/high risk T&C involvement among primary cannabis users (aOR = 1.09, 95% CI: 1.01–1.17). Sense of belonging was associated with lower odds of moderate/high risk T&C involvement among all except equal users. Although many predictors showed similar directional patterns, effect sizes varied depending on the primary substance of use. Discussion. Results indicate primary users of either substance show greater susceptibility to problematic involvement. Findings underscore the importance of assessing primary substance preference when characterizing co-use risk profiles. Prevention and treatment programs should consider tailoring screening and support that considers primary substance of use for college students engaged in T&C co-use.

Board No: 160
Predictors of Successful Home Stool Collection in Early Childhood and Associations of Strain-Level Temporal Dynamics with Behavior

Authors: Ma, Tengfei; Ling, Jiying; Knickmeyer Rebecca

Purpose: Early childhood is pivotal for gut microbiome maturation and socioemotional development. However, the feasibility of at home stool collection for families experiencing stress is unclear. Also, few studies have examined how longitudinal change in microbiome composition relates to development. This study examined predictors of home stool collection and associations between strain persistence and changes in socioemotional functioning in preschoolers.
Methods: We provided at home stool collection kits to parents of preschoolers enrolled in a cluster RCT of mindfulness-based practice. Samples were shipped overnight to a laboratory, frozen, and processed for shotgun metagenomic sequencing. Taxonomic and strain-level profiles were generated using MetaPhlAn4 and StrainPhlAn. Parents completed an online survey of preschoolers' socioemotional functioning before and after the RCT. Linear regression models examined whether persistence of bacterial

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species predicted changes in socioemotional function, adjusting for child age and parental education.
Results: Samples were received from 20 out of 42 participants at baseline and 12 at post. Greater child internalizing problems (p=.033) and higher parental stress (p=.031), anxiety (p=.036), and depression (p=.023) at baseline predicted home-sample noncompletion. 520 species were detected in at least one sample. Persistence of Bacteroides uniformis (6 of 9 baseline carriers retaining the same strain at post) was associated with greater social skill increases (β=2.4, 95%CI [0.9, 3.7]). Persistence of Lactococcus lactis (7 of 10 children) was associated with more internalizing problem decreases (β=–1.2, 95%CI [–1.8, –0.5]). In contrast, persistence of Hungatella hathewayi (7 of 10 children) was linked to lower social skill increases (β=–0.7, 95%CI [–1.2, –0.18]). No significant associations were observed for externalizing problems or emotional well-being changes.
Conclusions: Findings suggest persistence of certain beneficial taxa, such as Bacteroides uniformis and Lactococcus lactis, may support favorable socio-behavioral outcomes, whereas persistence of a pro-inflammatory species (Hungatella hathewayi) may contribute to poorer social functioning.

Board No: 161
DIFFERENCES IN USE PREVALENCE OF SYMPTOM MANAGEMENT MEDICATIONS USE BETWEEN CANCER PATIENTS WITH AND WITHOUT CANNABIS USE, 2021-2023

Authors: Lee, Shieun; Seo, Dong-Chul; Brasky, Theodore M; Krok-Schoen, Jessica L; Elam, Kit K

Background: Pain and sleep disturbance are often persistent challenges for adults with cancer. Though opioids are commonly used to relieve pain, interest is growing in cannabis use as an alternative pain management approach and an aide to treat sleep disturbance. However, little is known in the association between cannabis use and symptom management medications use in recent nationally representative samples of adult cancer patients.
Methods: We analyzed the latest three waves (2021-2023) of the National Survey on Drug Use and Health (NSDUH) data. Adults aged 18 years or older (N=140,421) were extracted to examine substance use between individuals with and without cancer. We further extracted those who had cancer in the past year (n=1,180). For stable parameter estimates, cancer types were collapsed into five groups. Statistical significance of comparisons was determined by the Rao & Scott adjusted chi-square with Bonferroni adjustment.
Results: Cancer patients were >2 times more likely to use ‘oxy’ (oxycontin, oxycodone, oxymorphone) and ‘hydro’ (hydrocodone, zohydro, hydromorphone) opioids than their non-cancer counterparts (19.2% vs. 7.9% and 28.7% vs. 14.1%, respectively). In cancer patients (n=1,180), 17.3% reported past-year cannabis use. More cannabis use (22.6%) was reported in melanoma skin cancer than other cancers (p=0.007). Cannabis-using cancer patients showed a higher proportion of past-month serious psychological distress (K6 score >= 13) than nonusers (13.3% vs. 3.1%, p=0.006). Cancer patients who used benzodiazepines (primarily used for anxiety and insomnia) but did not use pain relievers showed the highest proportion of cannabis use (42.5%), followed by pain reliever use but no benzodiazepines (23.7%) and use of both pain relievers and benzodiazepines (12.9%)(p<0.001).
Conclusion: Sleep disturbance and psychological distress appear to be the main driver of cannabis use in cancer patients followed by pain management. Substantial variations in cannabis use are observed by cancer type and type of opioids they commonly use.

Board No: 162
The influence of social media and online gaming on loneliness: Can digital platforms promote social connection?

Authors: Smith, Matthew, Lee; Prochnow, Tyler

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Purpose. This study aimed to identify the influence of digital platform use on loneliness and examine perceptions of digital social connection opportunities.
Methods. Data were analyzed from 1,667 adults (mean age 39.1±12.2) years in the United States using an internet-delivered survey. Participants reported loneliness using the 3-item UCLA scale. The Retrospective Assessment of Connection Impact (RACI) was used to identify ways in (and degrees to) which the participants felt social media platforms and online gaming provided opportunities for social connection. Ordinary least square (OLS) regression was used to identify factors associated with loneliness. OLS models were also used to identify factors associated with participants feeling social media and online gaming gave opportunities for social connection. All models adjusted for age, sex, race/ethnicity, education, income, rurality, daily hours spent on social media, and daily hours spent online gaming.
Results. Fifty-five and thirty-one percent of participants used social media and played online games for 1+ hours daily, respectively. Each additional hour of daily social media use (B=0.08,P=.003) and online gaming (B=0.06,P=.04) was associated with higher loneliness. The most frequently reported social connection opportunities reported were “interacting with people I know,” “maintaining my relationships,” “giving emotional support to others,” and “meeting my desired level of socializing.” Commonly across the RACI OLS models for social media and online gaming, each unit increase of loneliness was associated with lower RACI scores (P<.001); however, each additional daily hour spent using digital platforms was associated with higher RACI scores (P<.001).
Conclusion. While greater digital platform use was linked to increased loneliness, it also correlated with stronger perceptions of social connection opportunities. Findings suggest a complex relationship between digital engagement and social well-being, highlighting the need for nuanced approaches to digital interventions. Understanding individual motivations for use and whether platforms meet individual needs may provide additional insights.

Board No: 163
Evaluating a telehealth-enabled collaborative care program for behavioral health in rural primary care: Leveraging patient-reported experiences to improve enrollment process

Authors: Koob, Caitlin E; Johnson, Emily; Alkis, Andrew; Sprouse-McClam, Candace; Kirchoff, Katie; Dahne, Jennifer
Background: Psychiatric collaborative care management (CoCM) effectively addresses behavioral health in primary care; however, uptake in rural communities remains challenging. Our telehealth-enabled CoCM program seeks to improve access and quality of behavioral health services across rural South Carolina. This study aims to describe the barriers and facilitators to CoCM enrollment among referred patients.
Methods: Data were triangulated from multiple sources, including electronic health records and patient-reported experiences among those enrolled and not enrolled, via surveys (N=43) and interviews (N=5), to inform program enrollment process. Descriptive statistics and rapid qualitative data analysis were conducted to comprehensively evaluate targeted outcomes.
Results: Over the past year, CoCM has grown to serve 44 primary care clinics statewide, compared to 18 clinics previously. From 06/01/2023 through 06/30/2024, 303 patients were referred to CoCM and enrolled (58.4% of total referred patients), and 112 of enrolled patients (37.0%) graduated from the program. Patients participated in CoCM for a mean of 164 days. Further, enrolled patients largely experienced improvements in their mental health since joining CoCM (62.5%) and highlighted benefits of the telehealth-enabled delivery, accessibility, flexibility, and program support. The majority of those who did not enroll reported they did not remember

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receiving program information from their primary care provider (58%), but a similar program would be beneficial to their health and well-being (68%). Conclusions: Feedback from referred patients, including those enrolled and not enrolled, informs data-driven decisions to improve behavioral healthcare access, patient outcomes, and long-term scalability. Last fall, CoCM transitioned from grant funding to standard billing practices, and its impact continues to grow with the program. Next steps include robust analyses of patient-reported data (i.e., sleep and mood trackers, clinical screening tools) in a patient-facing telehealth platform to further describe the utility of the CoCM program and evaluate the sustainability of this model from patients' perspectives.

Board No: 164
Housing Related Economic Tradeoffs and Medical Debt

Authors: Hernandez, Daphne, C; Galvin, Annalynn; Cartwright, Crystal; Chan, Wenyaw; Thomas, Timothy; Tsai, Jack; Way, Heather, K.; Mueller, Elizabeth, J.

Background: According to the Family Stress Model, economic pressure leads to distress and when distress occurs a forced financial choice, referred to as an economic tradeoff, arises. An example of an economic tradeoff is having to choose between paying for rent or paying for another basic need. Sometimes housing-related economic tradeoffs spill over into debt to maintain a basic need, such as housing.
Aim: To examine the relationship between housing-related economic tradeoffs and medical debt among tenants at risk for eviction.
Methods: Tenants from Travis and Harris counties (Texas) were derived using eviction court records and machine learning techniques from neighborhoods with the highest risk of housing precarity. Tenants were then recruited through mailings to complete an online survey (2024-2025). Measures. Housing related economic tradeoffs. Participants affirmatively responded to 6-items describing if they or anyone in the household had to choose between paying rent and paying for basic needs in the past 12 months [1. Childcare, 2. Child needs (e.g., clothes, school supplies), 3. Utilities, 4. Food, 5. Transportation/gas, 6. School loans/tuition]. Medical Debt. Participants responded affirmatively whether anyone in the household had unpaid medical bills. Analytic Plan. A covariate-adjusted logistic regression model was conducted to examine the association between the 6-housing-related economic tradeoffs and medical debt.
Results: Tenants (n=1,644) were on average 41 years old, primarily female (79%), Black (60%), and single (72%). Tenants who had to decide between paying for rent or paying for childcare (AOR=1.27, 95%CI 1.06-1.53), food (AOR=1.37, 95%CI 1.04-1.80), transportation (AOR=1.53, 95%CI 1.17-2.01), or school loans/tuition (AOR=1.31, 95%CI 1.01-1.70) were at greater risk for experiencing medical debt.
Discussion: Tenants engaged in more housing-related economic tradeoffs are at greater risk for medical debt. Wholistic programs and policies that attempt to increase resources related to food, medical care, and transportation may reduce both housing and medical debt.

Board No: 165
Invisible Voices: How Housing Instability and Health Care Utilization Intersect

Authors: Hernandez, Daphne, C; Galvin, Annalynn; Cartwright, Crystal

Housing instability is correlated with postponing needed health care and higher hospitalization rates. The Andersen Behavior Model states that predisposing (e.g., sex), enabling (e.g., distance from medical services), and need factors (e.g., perceived need for care) influence health care utilization. It is critical to disentangle how housing instability and health care utilization intersect from the voices of people.
Aim: Using focus groups and photo-elicitation interviews, this study examined the experiences and relationships between health care utilization, medical costs, and

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housing instability among tenants. Methods: Drawing from a larger housing study, the sample was limited to tenants at risk for housing precarity from Harris and Travis counties (Texas) who participated in qualitative interviews (September–November 2024). Interviews examined pressure to move out, and factors associated with unstable housing, including health and health care utilization. Audio-recorded transcripts were coded and thematically analyzed using the U.S. Housing and Urban Development's 6 Dimensions of Access Framework.
Results: Tenants (n=39) were on average 43 years, 85% female; 56% Black; 10% uninsured. Key themes and subthemes related to 6 dimensions of access were identified. Many people (n=12) cited personal and family medical costs as a key factor in financial instability and later housing instability. Obtaining housing close to medical appointments (n=14) and that met space and access accommodations for several disabilities (n=7) made finding affordable housing even more challenging. Many experiences with the health care system felt unsatisfactory, and medical care was often sacrificed to afford other basic needs like rent (n=11). Self-medication through substances (n=8) was disclosed. Discussion: There is a need to recognize stable housing as a facilitator to healthcare utilization. Resources to help navigate housing and healthcare costs would be beneficial in reducing financial burden, substance use, and improve health outcomes.

Board No: 166
The Association Between Depressive Symptoms and Substance Use Among Early Adolescents in Taiwan: The Mediating Role of Online Fear of Missing Out (FOMO)

Authors: Wong, Su-Wei; Yan, Jen; Ou, Tzung-Shiang; Yang, Meng; Suh, Ganghui; Yuan, Jiaqi; Lin, Hsien-Chang

Background: Depressive symptoms are known to be associated with substance use behaviors, yet few studies have examined psychosocial mechanisms underlying this link in Taiwanese contexts. Moreover, with the pervasive influence of digital connectivity, online fear of missing out (FOMO) may represent a salient mediator connecting poor mental health to risk behaviors among youth. This study investigated whether online FOMO mediates the associations between depressive symptoms and alcohol, cigarette, and e-cigarette use among Taiwanese early adolescents.
Methods: A nationally representative sample was drawn from Wave 1 (2023) of the Taiwan i-Generation Panel Study (n=3,992; aged 12–14 years). Depressive symptoms were assessed using the CES-D-R scale, online FOMO by a continuous scale, and past six-month alcohol, cigarette, and e-cigarette use were dichotomous outcomes. Parametric mediation analyses with bootstrap estimation examined controlled direct (CDE), natural indirect (NIE), and total (TE) effects, adjusting for sex, school grade, parental marital status, and family income.
Results: Higher depressive symptom scores were associated with increased odds of alcohol, cigarette, and e-cigarette use (ORs=1.045, 1.036, and 1.041, respectively; all ps<.05). FOMO significantly mediated the association between depressive symptoms and alcohol use (NIE: OR=1.005, p<.001). A marginal indirect effect was observed for e-cigarette use (NIE: OR = 1.004, p=.054), whereas no mediation was found for cigarette smoking. This pattern suggests that FOMO may be more strongly associated with social conformity, digital interaction, or novelty-seeking behaviors such as drinking and vaping, while traditional cigarette smoking is more habitual and less shaped by online social dynamics among early adolescents.
Conclusion: Depressive symptoms were associated with alcohol, cigarette, and e-cigarette use among Taiwanese early adolescents. Online FOMO mediated this association for alcohol and marginally for e-cigarette use, highlighting the importance of addressing digital social pressures in youth

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substance use prevention and mental health promotion.

Board No: 167
HIV Risk Perception and PrEP uptake among Black MSM in Mississippi

Authors: Teng, Fei; Burns, Paul; Welsch, Michael; Tang, Weiming; Walker, Benjamin

Introduction: HIV rates are disproportionately higher for Black men who have sex with men (MSM) compared to other MSM in the U.S. While there is evidence that low perceived risk of HIV infection may increase HIV vulnerability, few studies have examined this relationship among Black MSM in the Southern U.S. where the HIV rates are the highest in the country. This study examined the association between perceived HIV risk and PrEP adoption among Black MSM in a medium-size city in Mississippi. Methods: Data were drawn from a subsample of the "ACCELERATE!" intervention, an innovative and sustainable community-driven project to improve health outcomes among Black MSM. The outcome of interest was PrEP uptake and the perceived risk of HIV is the independent variable. Covariates included age, socio-environmental factors, and sexual risk behaviors Multivariable logistic regression was used to assess the association between perceived HIV risk and PrEP adoption, adjusting for covariates. Results: A total of 84 HIV negative Black men with a median age of 30 years were available for analyses. Approximately 70% of respondents reported having low perceived risk, and 28.6% (24/84) reported having high perceived risk for HIV. After adjusting for age, socioeconomic variables, and risky sexual behaviors, higher levels of perceived risk of HIV were associated with decreased odds of PrEP uptake. Conclusion: The role of HIV risk perception on PrEP adoption is complex among Black MSM in Mississippi. This inverse relationship between HIV risk perception and PrEP adoption suggests social- and structural-factors play a critical role in decision-making on PrEP initiation among Black MSM in Jackson. In addition, further longitudinal studies are needed to understand the complex interactions between perceived risk and PrEP use.

Board No: 168
Exploring Cultural and Linguistic Barriers to Digital Health Use Among Asian Immigrants and Asian Americans in Austin, Texas

Authors: Kim, Hannah; Chow, Cheng; Vo, Duyen, H.; Vohra-Gupta, Shetal

Purpose: Digital health tools have the potential to enhance healthcare efficiency and improve patient care quality. Yet, cultural and linguistic barriers often limit engagement and exacerbate disparities in digital health utilization. Austin, Texas, is a rapidly growing and diversifying city, with a notable rise in its Asian population. Despite this demographic change, Asian Americans remain underrepresented in digital health research and practice. This study explores the cultural and linguistic factors influencing digital health engagement among Asian Americans in Austin to identify strategies for improving equitable access and meaningful use. Methods: A convergent mixed-methods design was employed, combining key-informant interviews with community leaders and clinicians (n=6) and language-stratified focus groups (n=30). Community partners co-developed research instruments and recruitment strategies to ensure inclusiveness and disaggregated data collection across diverse Asian subgroups. Results: Participants identified several advantages of digital health tools, including accessibility, convenience, cost efficiency, and ease of communication through web messaging. However, barriers were prominent. English-centered platforms posed challenges for older adults, who often relied on family members for navigation and translation. Cultural values emphasizing human connection and relational trust conflicted with the impersonal nature of digital systems. Furthermore, family-dependent usage patterns were hindered by individual logins and privacy restrictions.

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These findings illustrate that linguistic and cultural mismatches reduce digital engagement, even when tools are accessible.
Conclusions: Although digital health tools provide significant benefits, linguistic and cultural barriers continue to limit equitable use among Asian Americans in Austin. Findings from this study will inform the development of culturally and linguistically responsive digital health interventions aimed at reducing disparities and promoting inclusive, community-centered care.

Board No: 169
Eating Disorders in Trauma Exposed Youth

Authors: Teng, Fei; Clark, Shaunna; Foshee, Kate; De Vargas, Cecilia; Proch, Leslie; Hughes, Lexi; Acosta, Samantha; Krantz, Savannah; Trinh, Angeline; Juarez, Juliana; Monnat, Lynn

Background: Previous work investigating the impact of childhood trauma on eating disorders has primarily been conducted in adults or on specific trauma types. This limits the understanding of what the impact is in childhood and how different types of traumas impact eating disorders. Further, while several predictors of eating disorders in the aftermath of trauma have been identified (e.g., sex, other psychiatric comorbidities), there has been no systematic investigations considering multiple classes of predictors simultaneously.
Methods: 3,399 youth from the Texas Childhood Trauma Research Network (TX-CTRN) that were exposed to at least one trauma were assessed for psychiatric disorders including eating disorders which were categorized as atypical anorexia nervosa (AAN) and binge-related disorders (BRD; binge eating disorder and bulimia nervosa). Multinomial logistic regression was used to assess the relationship between trauma type and eating disorder diagnoses while simultaneously considering co-occurring psychiatric disorders and demographic factors.
Results: 235 (5.9%) participants met criteria for AAN and 106 (2.7%) for BRD. Females were more likely to be diagnosed with AAN and BRD compared with males. Participants with AAN were more likely to have experienced an intentional trauma witnessed outside the home and sexual abuse while there was no effect of trauma type on BRD. Diagnoses of PTSD or substance use disorders increased the likelihood of having either AAN or BRD, while having a diagnosis of an anxiety disorder, OCD or ADHD increased risk for BRD only.
Conclusion: As the largest study of eating disorders in trauma-exposed youth, these findings highlight the differential impact of trauma and psychiatric comorbidities on ANN and BRD. The findings highlight the need for universal assessments of trauma, eating disorders and psychiatric symptoms in youth as their co-occurrence, or not, has implications for treatment.

Board No: 170
Linking Socio-Behavioral Health and Wear Time in Parent–Preschooler Dyads: The Moderating Role of Coping Strategies

Authors: Ling, Jiying; Chen, Sisi; Xie, Yingcen; Robbins, Lorraine, B

Purpose: ActiGraph accelerometers are widely used to assess physical activity, yet reported wear-time compliance varies substantially across studies and populations (≈44%–95%). Identifying determinants of compliance is therefore essential for improving data quality and study rigor. Therefore, this study aimed to: (1) examine the associations between preschoolers' socio-behavioral health and ActiGraph wear time in caregiver-preschooler dyads, and (2) explore whether caregiver coping strategies moderates these associations.

Methods: Grounded in the Transactional Theory of Stress and Coping, mixed-effect models were conducted with baseline data from 155 preschoolers (Mage=46.87 months) and 141 caregivers (Mage=31.57 years) enrolled in a cluster RCT testing a mindfulness-based lifestyle intervention. Both preschoolers and caregivers wore an

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ActiGraph (wGT3X-BT) for seven days. Preschoolers' socio-behavioral health (problem behaviors and social skills) was assessed using the Preschool and Kindergarten Behavior Scales-Second Edition, rated by caregivers and teachers. Caregivers completed the Brief COPE to measure their use of problem-focused, emotion-focused, and avoidant coping strategies.
Results: Lower accelerometer wear time for both caregivers and preschoolers was significantly associated with more preschooler problem behaviors. Caregiver coping moderated these associations. For caregiver wear time, avoidant coping strengthened the adverse link: at higher levels of avoidant coping, lower caregiver wear time was associated with poorer preschooler socio-behavioral health. For preschooler wear time, both emotion-focused and problem-focused coping were significant moderators. When caregivers reported more emotion-focused coping, the association between preschooler wear time and socio-behavioral health shifted from negative to positive. In contrast, preschooler wear time was positively associated with socio-behavioral health when caregivers reported lower problem-focused coping (but not at higher levels).
Conclusions: Findings underscore the importance of caregiver coping in behavioral data collection with young children and families. Tailored interventions supporting caregivers in using more adaptive coping strategies may improve accelerometer protocol compliance.

Board No: 171
Impact of Menstrual Hygiene Product Access on Texas Adolescents' Mental Health

Authors: Roque, Maria, T; Ma, Ping

Background: Female adolescent mental health outcomes are of public health concern in the United States (U.S.), but few researchers have studied the connection between a vital health sign, menstruation, and adolescents' mental health outcomes. This study aims to explore adolescent menstruation management experiences by measuring the prevalence of inadequate menstrual hygiene product (MHP) access and its impacts to adolescent students' mental health status.
Methods: Researchers disseminated a cross-sectional, online survey assessing MHP insecurity, mental health outcomes (i.e., anxiety and depression), and other social determinants of health (SDOH), such as exposure to adverse childhood experiences (ACE). A convenience sample of 224 Texas public high school students were recruited to take the 31-question survey.
Results: Survey data showed that more than two-thirds of the sample (n=155, 69.2%) had difficulty accessing MHP in the past year. Moreover, students who experienced MHP insecurity in the past year had significant increased relative risk (RR) for reporting mild depression symptoms in the past two weeks (RRR=6.00, 95% CI 0.15-24.35, $P<0.05$), after controlling for pre-existing mental health conditions, ACE, and SDOH, when compared to students who did not report MHP insecurity.
Conclusions: Findings support initiatives to promote MHP access may alleviate the public health burden of poor mental health outcomes among adolescents who menstruate. Implications of this research include menstrual equity interventions for the provision of MHP in schools and other public spaces through state and federal policies. Also, further investments in mental health research and programming for adolescent populations are necessary.

Board No: 172
Adoption and Reach of Podcasts and YouTube Videos in a Sexual Violence Prevention Program in Texas: A Statewide Evaluation.

Authors: Elfreda Samman; Aishatu Yusuf; Samia Tasnim; Chimuanya Osuji; Wah Wah Myint; Christine Opara; Lisako McKyer

Purpose: Digital platforms have become a popular digital media strategy for health

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promotion; however, the adoption and reach of podcasts/YouTube videos by sexual violence prevention programs are uncertain. The study evaluates the adoption and reach of podcasts/YouTube videos in sexual violence prevention programs over three years.
Methods: Quarterly data of podcasts/YouTube videos released, and audience reached were collected from 15 sexual violence prevention sites in Texas through an online survey from Fiscal Year 2022-2024. Sites reported (a) number of podcasts/YouTube videos released and (b) audience reach (listeners/viewers < 50, 51-100, 101-200, 201-300, 301-400, 401-500, >500). Data was analyzed statewide and by podcast/YouTube video-producing (active) sites. Descriptive statistics were calculated for podcast/YouTube video adoption proportion, release volumes, and audience reach. Linear regressions were conducted to identify the trend over time. Analyses were conducted in STATA 19, with significance set at $p < 0.05$.
Results: Of 15 sites, only 8 (53%) actively released podcasts/YouTube videos while 7 (47%) never released any during the 3-year period. Three sites accounted for 96% of released podcasts/YouTube videos, and 83% of listeners. Across all sites, an average of 4 podcasts/YouTube videos were released per quarter, while active sites averaged 7 podcasts/YouTube videos per quarter. Among active sites, the average audience reach was an estimated 177 listeners/viewers; about 24% had over 500 listeners/viewers, 19% recorded 51-500 listeners/viewers, and 57% of site-quarters were recorded as having zero listeners/viewers. Regression analyses showed no significant trend in podcasts/YouTube video release or audience reach over the 3-year period, whether analyzed statewide or by active sites.
Conclusion: Despite the growing popularity of digital media, most sites never engaged in releasing podcasts/YouTube videos. However, active sites reached substantial audiences. Findings suggest that sexual violence programs could benefit from training and support to create and release podcast/YouTube videos for promoting sexual violence prevention efforts.

Board No: 173
Understanding the prevalence and correlates of higher education students using GenerativeAI chatbots for mental health help-seeking

Authors: Thulin, Elyse, J.

Purpose: The goal of the current study was to estimate the prevalence and correlates (demographic, health status, and help-seeking behaviors) associated with use of generativeAI chatbots like ChatGPT for matters related to mental health by undergraduate higher education students.
Methods: Data were drawn from the 2024/2025 Healthy Minds Study, a web-based survey assessing mental and behavioral health in higher education. One large public university opted into having their students respond to the generativeAI module, and half of survey respondents were randomly selected to answer generativeAI module items. Of approximately 34,400 invited students, 1,841 (5.3%) participated. Among those, 953 received the generativeAI module, and 791 students (83.1%) provided complete data; weighted bivariate and multivariate logistic regression analyses were conducted.
Results: 15.8% of the sample reported using a generativeAI chatbot like ChatGPT for matters related to mental health. In bivariate analyses, greater lifetime clinical therapy use (OR=2.01), greater perceptions of AI trustworthiness for mental health information or advice (OR=7.60), greater experience of barriers to clinical services (OR=1.58), lower perceived need for emotional or mental health challenges (OR=0.74), and identifying as Asian (OR=2.80) were associated with greater generativeAI use for mental health concerns. In multivariate analyses, lifetime clinical therapy use no longer was significant. Barriers to clinical services that were associated with generativeAI use were financial reasons (OR=3.18), insufficient

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time (OR=3.62), and fear of being mistreated based on held identities (OR=8.07). Conclusions: Students are turning to generativeAI for mental health support, especially those facing obstacles to clinical care. This highlights a need to prioritize human-centered AI tools that prioritize benefits to individuals seeking help while mitigating potential harms, including the reinforcement of biases present in AI models. Ongoing research and thoughtful integration of generativeAI in student mental health resources are important future research priorities.

Board No: 174
Centering Community to Shape Trauma-Informed Education: Lessons from a Co-Designed Video Series on Adverse Childhood Experiences

Authors: Cuellar, Jasmine; Phipps, Jennifer E; Perinatal Origins of Disparities Community Leadership Board; Simmons, Leigh Ann

Background. Lived expertise is essential when establishing trauma-informed services. We created a paid Community Leadership Board (CLB) to co-lead our Trauma-Informed Network of Care in Yolo County, CA. The network aimed to improve adverse childhood events (ACE) screening and education in primary care, while building cross-sector links with schools, social services, and community organizations to improve access to trauma-informed supports. We report on an original educational video series, including engagement metrics and lessons learned, when community priorities meet real-world uptake. Methods. A community-led co-design process was implemented to develop short, plain-language educational videos that: (1) built understanding of ACEs and their health impacts; (2) connected families to buffering supports; and (3) coordinated ACEs education across sectors. CLB members co-selected topics, refined scripts and storyboards, reviewed rough cuts, and approved final products. They also reviewed and approved this abstract. Results. Three healthcare-focused and one school-focused video were developed. Across 16 videos in seven languages (English, Spanish, Russian, Hmong, Urdu, Punjabi, Mandarin), the series received 651 YouTube views. School-focused content drew the largest audience (381 views, 59%); the English-language version accounted for 330 views. Healthcare-focused clinic animations garnered 163 views (25%), storytelling videos received 38 views (6%), screening awareness clips had 31 views (5%), and general ACEs education received 20 views (3%). English-language videos accounted for 399 views (61%), Spanish for 133 views (20%), and remaining languages for 122 views (19.5%). Conclusions. Co-designing with a paid CLB was feasible and resulted in educational resources with measurable reach. Total views were significantly lower than projected. School-focused and English/Spanish videos attracted the largest audiences, whereas healthcare-facing animations in multiple languages had modest engagement. Co-production alone is insufficient to garner community reach. Future studies should pair content with sector- and language-specific distribution to maximize engagement and move from education to measurable action across diverse communities.

Board No: 175
Changes Across 28 Years in Self-Efficacy for Health Behaviors Among Community Dwelling Individuals with Multiple Sclerosis

Authors: Stuifbergen, Dean A.; Becker, Heather; Kim, Nani

Purpose: The lived experience of those with a chronic condition, such as multiple sclerosis (MS), contributes to their perceived ability to engage in health promoting behaviors. However, few studies have examined change over time in self-efficacy for health behaviors in this population. The purpose of this study was to examine changes in self-efficacy for health behaviors. Methods: This study examined data from 140

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persons with MS who completed annual surveys as part of a longitudinal study of health promotion among community-residing persons with MS. The Self-Rated Abilities for Health Practices Scale (SRAHP), a measure of specific self-efficacy for health behaviors, was used in 1996, 2003, and 2024. The 28-item SRAHP and its four subscales (Cronbach alphas ranging from .76 to 91) have been used in multiple studies of health behaviors. Items are rated on scales ranging from 0=Not at All to 4=Completely. Higher scores indicate higher perceived self-efficacy.
Results: In 2024, participants had an average age of 71 years and been diagnosed 36 years on average. Most were married, unemployed, and well-educated women. Total SRAHP Scores changed little across the three time points (average item scores ranging from 3.00 to 3.05). However, the trajectory of change differed among the four subscales. Scores on Psychological Well-Being and Health Responsibility increased significantly over time, while Nutrition and Exercise scores decreased slightly.
Conclusions: Self-efficacy may vary in response to changes in contextual factors. Although this study represents a convenience sample of individuals willing to participate in a 26 -year study of health promotion, it provides insights into the changes of self-efficacy for health behaviors for those living with a chronic condition. Because examining self-efficacy as a unitary construct can mask differences in this key predictor of multifactorial health promoting behaviors, measures of self-efficacy specific to the target health behavior are recommended.

Board No: 176
Centering Community Expertise in AI-Assisted Public Health Communication: A Pilot Study of 'Ourspace'

Authors: McLain, Chris; Boccuto, Tom; Szrek De Sousa Pereira, Sophia; O'Donnell, Matt; Tan, Andy

Objective: Development of public health communications traditionally involves lengthy processes of obtaining community input, conducting formative research, message design, and evaluation. Using our pilot AI-assisted chatroom, "ourspace", we sought to streamline this process and center the expertise of community organizers while employing an LLM to facilitate creative, strategic and research-related endeavors. Ourspace differentiates itself from current uses of AI through encouraging collaboration among users rather than solitary engagement.
Participants: 12 members from 4 community organizations in Philadelphia participated, including those dedicated to supporting Black and Brown LGBTQ+ individuals, the preservation of Philadelphia's Chinatown, assisting those struggling with substance use, and promoting community outreach in public health, the arts, and environmental impact around the city.
Methods: Participants completed a pre-workshop survey regarding their organization's mission and areas where ourspace could assist. The research team then developed a customized workshop where participants discussed their organization's goals, created social media content, and developed event plans and marketing strategies using ourspace. Participants then completed an evaluation to assess the effectiveness and usability of the workshop and ourspace.
Outcomes: All participants reported enjoying the workshop, and 11 of 12 rated the usability of ourspace as "just right." Suggestions included adding reply functions, emojis or reactions, shortcuts for image access, and a search feature. Participants saw potential applications of our tool in creating event flyers, campaign messaging, brainstorming, and meeting summaries. Reported benefits included more efficient planning, marketing, and coordination. One concern noted was leadership resistance to adopting new tools.
Conclusions: Findings illustrate the potential of our AI-assisted chatroom to streamline public health communications through integrating community-based insights and

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evidence driven strategies simultaneously, fostering community collaboration while saving time, improving coordination, and enhancing creativity. Future workshops will integrate feedback into newer versions of ourspace to be used by organizations in public health communications, research, and practice.

Board No: 177

Disentangling Daily Between- and Within-Person Dynamics of Racial Discrimination and Alcohol and Cannabis Use Among Black College Students

Authors: Peoples, JaNiene, E

Purpose: Black college students experience disproportionate consequences related to alcohol and cannabis use, yet how stressors such as daily racial discrimination (RD) shape real-time substance use risk remains poorly understood. Using ecological momentary assessment (EMA), this study investigates how RD predicts same- and next-day alcohol and cannabis use among Black students at Predominantly White Institutions (PWIs), capturing both individual differences and daily fluctuations in risk. Methods: In Spring 2024, Black undergraduate and graduate students (N = 97; M[SD] = 21.31 [2.41] years; 76% women) reporting past two-week substance use completed up to six EMA prompts per day for 14 days. Multilevel generalized linear models tested RD (yes/no) as a predictor of alcohol quantity (Poisson distribution) and any alcohol or cannabis use (yes/no; binomial distribution). Models examined between-person and within-person (same- and next-day) effects, adjusting for age, gender, financial stress, and sexual orientation. Results: At the between-person level, students reporting higher average daily RD consumed more alcohol overall ($p = .01$) and had greater odds of any alcohol use across two weeks (OR = 3.64, $p = .03$); no effects emerged for cannabis. Within-person analyses showed that RD predicted higher same-day alcohol quantity ($\beta = 0.60$, $p < .001$) and 2.08 times greater odds of any alcohol use ($p = .002$), but not cannabis use. Lagged effects indicated that RD predicted next-day alcohol (OR = 1.73, $p = .03$) and cannabis use (OR = 1.67, $p = .04$), controlling for same-day effects. Higher financial stress predicted lower alcohol and cannabis use across models. Conclusions: This study is among the first to show that RD exerts immediate and delayed effects on alcohol and cannabis use among Black college students, revealing distinct daily and individual risk processes. Findings call for just-in-time, equity-driven prevention strategies to reduce racialized stress among Black students at PWIs.

Board No: 178

Co-Designing Digital Substance Use Research: Lessons from a Community-Engaged EMA Study with Black College Students

Authors: Peoples, JaNiene, E

Purpose: Research examining how racial discrimination (RD) confers risk for substance use among Black adults is largely predicated on methods insensitive to daily lived experiences. This study draws on a 14-day ecological momentary assessment (EMA) with Black college students to share methodological and implementation insights from a community-engaged research design. Methods: Guided by biopsychosocial frameworks, this study involved 97 Black undergraduate and graduate students (ages 18+) across four predominantly White institutions. Eligible participants reported any past two-week use of alcohol, nicotine, cannabis, or other drugs. Black student groups informed study design and procedures through ongoing collaboration with the PI. After completing baseline surveys and EMA training via Zoom or in person, participants began a 14-day protocol using the HIPAA-compliant ExpiWell app. Participants selected a 12-hour window (e.g., 10AM–10PM) and received five random prompts daily assessing RD, affect, rumination, social support, and substance use, plus a waking survey for overnight experiences. Built-in reminders, snooze

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functions, and tiered incentives ($85 base + bonuses) supported adherence. Multilevel modeling was employed. Results: Participants reported an average of seven RD instances across 14 days. Negative affect and rumination mediated associations between daily RD and both same- and next-day alcohol and cannabis use.
Discussion: High compliance (87%) and positive qualitative participant feedback underscore the feasibility of intensive digital assessments with culturally mindful design. Key lessons: (1) co-designing EMA studies with Black participants strengthens design, delivery, trust, and data; (2) racially congruent leadership, transparent consent, and collaboration with Black organizations and wellness offices foster engagement; (3) culturally tailored language and flexible enrollment improve comfort reporting racism and substance use; (4) centralized coordination and standardized training uphold cross-site procedural fidelity; and (5) overnight surveys fill critical gaps in daily reporting. This race-conscious design offers a methodological and analytical model for EMA behavioral health research with Black populations.

Board No: 201
Association Between Breast Cancer Status and Smoking Habits: Results from the NHANES 2013–2018 Survey

Authors: Malik, Rida; Nhpang, Roi San

Breast cancer is the most prevalent form of cancer and is considered the second-leading cause of cancer death in women. An increase in health literacy about smoking habits can lessen the burden of this disease by reducing the risk of disease and improving health outcomes. The objective of this study was to examine the association between breast cancer status and smoking habits using data from the National Health and Nutrition Examination Survey. Data was analyzed from the National Health and Nutrition Examination Survey (NHANES), between the years 2013 to 2018. Weighted descriptive statistics analyses were conducted to account for the complex survey design. The association between breast cancer status and smoking habits was evaluated using the chi-square test. Covariates include age, race/ethnicity, education, and alcohol use. The analysis was performed using SAS. The sample consisted of 5,575 women aged 40 and older with a mean age of 58.6 years old. The racial composition of the sample size observed was 6.7% Mexican American, 5.2% Other Hispanic, 68.9% White, 11.3% Black, 5.2% Asian, and 2.8% Multi-Racial. Breast cancer prevalence was observed to be 5.5% in the weighted sample. 15.8% of the sample were classified as current cigarette smokers; 60.7% were never smokers; 23.5% were past smokers. Chi-square test suggested that smoking status was significantly associated with breast cancer status (p-value<0.05). Results of the logistic regression models suggested that past smokers had a higher odds of breast cancer (OR: 1.9, 95% CI: 1.1-3.5), without accounting for covariates. However, after controlling for covariates, smoking statuses were not significantly associated with breast cancer among women. The results depicted an association between smoking status and breast cancer prevalence in the sample size. It is important to enhance health literacy about smoking risks and how they contribute to reducing the incidence of breast cancer.

Board No: 202
Voices of Rural Latino/a Youth: Experiences of Health and Health Care

Authors: Ruiz, Yumary; Jiang, Xue; Moser, Madeline; Santiago Burgos, Genesis; Campbell, Carmela; Nguyen, Kelly; Taylor, Zoe E.

Purpose: Rural Latino/a youth are an underserved population who experience health inequities including limited access to routine care, provider shortages, and gaps in coverage. However, little is known about how youth perceive their health and healthcare. This study centers youth voices to understand how they describe physical and mental health, how they access and rely on

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formal (e.g., doctors, school nurses) and informal care (e.g., parents, extended family), and how these experiences shape anticipated care-seeking behaviors. Method: Data come from subsample of youth from a larger mixed-method study of rural Latino/a families in the Midwest. Interviews were conducted with 47 youth (Mage=11.70 years, 48.9% boys) with 34 youth completing a second interview one year later. Interviews were completed by bilingual researchers, transcribed, and thematically analyzed cross-sectionally and longitudinally using NVivo 15. Youth biometric data (BMI, blood pressure) was integrated with qualitative themes using Crosstab Queries in NVivo to reveal the relations between health experiences and physical outcomes. Results: Across time, youth described how acute and chronic health conditions interrupted daily activities and emotional well-being, with frustration, sadness, and worry common themes. Obesity and elevated blood pressure rates exceeded national averages, underscoring the gap between perceived health and biometric risk. Formal care was characterized as conditional, constrained by systemic barriers and family decision-making. In contrast, informal care was described as more accessible and holistic, relying on prayer, rest, and over-the-counter remedies. Longitudinally, many youth continued to anticipate parental guidance in formal care decisions, while some reported growing self-management. Conclusions: By centering the lived experiences of rural Latino/a youths, we revealed how community, family, and cultural practices shape health perceptions and care-seeking over time. Findings underscore the need for culturally responsive, community-based interventions that integrate youth voices and family caregiving practices to reduce Latino/a health disparities and advance community-centered health behavior research.

Board No: 203

Library-Based Loan of Self-Measured Blood Pressure Devices: A Qualitative COM-B Analysis of Patron Borrowing and Home Use

Authors: Pandolfelli, Gabriella; Hammock, Amy; Skopicki, Hal; Benz Scott, Lisa

Background: Public libraries serve as hubs for community health promotion. The American Heart Association launched a national initiative to promote hypertension (HTN) care and control by placing self-measured blood pressure (SMBP) monitoring devices in public libraries at no cost to patrons. This quantitative study explored patrons' perceptions of an SMBP loan program in public libraries, guided by the COM-B behavioral framework. Methods: Adult patrons from 8 public libraries, on Long Island, NY, who borrowed an SMBP device, participated in semi-structured, audio-recorded, interviews via Zoom. Participants were recruited via flyers, newsletters, email blasts, and library tabling between July - September 2023. All study procedures were IRB approved. Two coders conducted thematic analysis following Braun and Clarke, mapping emergent themes to COM-B constructs. Results: Sixteen patrons participated with eleven (68.8%) reporting provider recommendations of SMBP. Thematic analyses revealed generally positive perceptions of SBMP with several themes emerging: Love of the Library; Knowledge/Relationship with CVD, HTN, and Healthcare Providers; Benefits of SMBP; Barriers to SMBP; and Adherence or Lack of Adherence to SMBP Protocols. Constructs within the COM-B model were related to patrons' perceptions of SMBP but did not emerge as separate themes. Themes aligned with Capability (knowledge of blood pressure, device literacy), Opportunity (library accessibility, device loan logistics), and Motivation (perceived benefits, reinforcement by providers). Motivation and capability emerged as the dominant influences on SMBP borrowing and use. Conclusions: This study demonstrates that library-based SMBP borrowing can be successfully implemented in a diverse network of public libraries, facilitating access

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to HTN self-management tools outside of clinical care. Small sample size and limited geographic scope constrain generalizability, yet findings highlight how COM-B constructs can guide future interventions to improve community-based HTN management. Application of the COM-B model identified areas of opportunity to strengthen SMBP access and utilization in public libraries.

Board No: 204

STI testing patterns among adolescents in relation to U.S. Prevention Services Task Force STI screening recommendations

Authors: Edison, Briana; Bond, Julia, C; Ybarra, Michele, L; Dunsiger, Shira, I; Underhill, Kristen; Austin, S, Bryn; Nelson, Kimberly, M

The U.S. Preventive Services Task Force (USPSTF) publishes sexually transmitted infection (STI)-specific screening recommendations that depend on patient sex and sexual activity. In a large sample of U.S. adolescents, we assessed whether STI testing patterns adhere to USPSTF recommendations among sexually active adolescents.
Data were from iCARE, a cross-sectional online sexual health survey of participants recruited via social media from December 2022 through April 2024. The analytic sample was restricted to sexually active adolescents aged 13–17 (N = 2,670). Participants reporting lifetime STI testing selected which STIs they were tested for (chlamydia, gonorrhea, syphilis, oral and genital herpes, HPV, trichomoniasis, pubic lice, hepatitis C). USPSTF-aligned measures included sex and sexual activity. Although not referenced in USPSTF guidelines, we assessed gender identity and disclosure of sexual activity to a primary care physician (PCP) given their influence on testing receipt. Testing outcomes included being tested for STIs with screening recommendations (chlamydia and gonorrhea for females, syphilis for males) and tested for STIs without/against recommendations (all other STIs). Stratifying by sex, we calculated frequencies, prevalence ratios (PR), and 95% confidence intervals (CI) to assess associations between USPSTF recommendations and STI testing. Females reported higher prevalence of STI testing with recommendations (15.0%) than without recommendations (11.7%). Males had an inverse pattern (9.4% with vs. 14.0% without recommendations). Gender minority males had higher STI testing rates than cisgender males for STIs with (PR=4.2, 95% CI 2.6-6.8) and without (PR=3.1, 95% CI 2.1-4.5) recommendations. Regardless of sex, disclosing sexual activity to a PCP was related to increased testing for STIs with and without recommendations (PRs ranged 3.1-7.5).
These findings highlight that STI testing rates among sexually active adolescents are generally low, testing is not always driven by recommendations, and providers may be considering additional factors (e.g., gender identity) when providing STI tests.

Board No: 205

The relationship between receiving education about sexual health services and provider mistrust in adolescents

Authors: Edison, Briana; Bond, Julia, C; Ybarra, Michele, L; Dunsiger, Shira, I; Underhill, Kristen; Austin, S, Bryn; Nelson, Kimberly, M

Education about sexual health services (including where to obtain products and resources) is an important topic in adolescent sex education, yet little is known about how receipt of such education influences factors related to service use, including mistrust of healthcare providers. We examined associations between sex education about sexual health services and adolescent provider mistrust in a large sample of adolescents from across the United States (U.S.).
Data were from iCARE, a cross-sectional online sexual health survey with participants (N = 5,888; ages 13-17 years) recruited via social media from December 2022 to April 2024. Participants were asked to indicate which sex education topics they received

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school-based instruction on from a list of 33 topics. Eight topics assessed receiving information about accessing sexual health services (e.g., where to get hormonal birth control, how to get tested for STIs). We summed the number of endorsed topics related to accessing sexual health services (range 0–8), with higher scores indicating greater educational exposure. Provider mistrust was assessed using five items (e.g., "Young people should not trust health care providers") with response options from strongly disagree to strongly agree. Mean provider mistrust scores were generated (range 1–4) with higher values indicating greater provider mistrust. We evaluated the association between greater educational exposure to sexual health services and provider mistrust using multivariable linear regression controlling for age, urbanicity, and U.S. census region.
The mean number of sexual health service topics participants received was 1.73 (SD=2.25). Mean provider mistrust score was 2.14 (SD=.59). Receiving more education on sexual health services was associated with reduced provider mistrust (β=-.07, SE=.00, p<.01). Education about accessing sexual health services may be related to provider mistrust. These findings substantiate the importance of sexual health service education as a critical component of sex education geared towards improving adolescent sexual health.

Board No: 206

Two-year Performance Evaluation of a Multi-tiered Community Initiative to Increase Access to Evidence-based Teen Pregnancy Prevention Programs in Chicagoland

Authors: Wilson, Kelly; Garney, Whitney; Miller, Meagan; Ajayi, Kobi, V

Purpose
Although teen pregnancy has steadily declined in the United States, rates are still disproportionately higher in socioeconomically disadvantaged communities nationwide, especially in Chicagoland. Evidence-based teen pregnancy prevention (TPP) programs are proven to reduce teen pregnancy. However, access barriers remain significant. The Chicago Partnerships & Opportunities for Adolescent Health Preparation, Support, and Services (POPSS) is a five-year, multi-tiered community initiative aimed at uniting supportive youth-serving professionals and teams to promote equity in the greater Chicagoland area through the implementation of quality TPP to ensure success for young people there.
Methods
We report preliminary performance results from POPSS's first and second years. Environmental scanning was used to identify evidence-based TPPs and stakeholders using systems mapping and community-based participatory methods. Performance measures on key metrics to evaluate program implementation, including sustainability, training, fidelity score, service referrals, and dissemination efforts, are collected biannually using internally developed and grant-funded tools.
Results
Fifty stakeholders, comprising school administrators, community organizations, and clinic administrators, have partnered with POPSS. Following system mapping and community and stakeholder partnerships, three evidence-based TPPs (Plan-A, LiFT, and FLASH) were modified and adopted, and are currently being implemented. Since 2023, POPSS has engaged 2,961 youths, 146 caregivers, 352 youth-serving professionals, and 982 community members. Our team has conducted 142 training sessions for 28 partners, with a strong potential for integrating the evidence-based TPPs into their programs for continuity beyond the grant period.
Conclusions
Preliminary evaluation results show that increasing access to evidence-based TPP programs for vulnerable youths hinges on strong and strategic partnerships with diverse stakeholders. Despite administrative disruptions and barriers encountered, POPSS partnerships have been able to make necessary changes and adaptations,

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ensuring continued service. System-level interventions can potentially close gaps in healthcare access for young people in socioeconomically disadvantaged communities.

Board No: 207

Validation of the Texas School Physical Activity and Nutrition (Texas SPAN) Survey Derived Healthy Eating Index in Adolescents.

Authors: Hunt, Ethan, T; Saleh, Amani; Brazendale, Keith; Malkani, Raja; Smith, Carolyn; Berry, Jerri; Perez, Adriana; Pfledderer, D. Christopher; De Moraes, Augusto Cesar; Zhang, Yuzi; Ranjit, Nalini; Hoelscher M. Deanna

Purpose: School-based nutrition research requires valid, scalable tools to measure diet quality. The Healthy Eating Index (HEI), derived from both food frequency questionnaires (FFQs) and 24-hour recalls (24HRs), is widely used but rarely compared in adolescents. We examined the validity of Texas School Physical Activity and Nutrition (Texas SPAN) FFQ-derived HEI against 24HR-derived HEI in a sample of adolescents.
Methods: Adolescents recruited from the larger Texas SPAN project completed both FFQ and interviewer-administered 24HR recalls. HEI scores were generated for each method. Analyses included paired comparisons, Pearson and Spearman correlations (overall and stratified by sex), partial correlation adjusted for age, sex, and ethnicity, cross-classification, intraclass correlations (ICCs), and Bland–Altman plots with limits of agreement (LOA).
Results: The study included N=121 adolescents (Mean age 13.7±0.5 years; 56% female; 51% Latino/Hispanic). Mean HEI values were similar across methods (24HR= 47.5±13.5; FFQ= 47.1±5.3). The average difference was small (0.4 points), but the Bland-Altman analysis showed a wider LOA (–24.1 to +24.8). The mean absolute difference was 10.2±7.2 points. Correlations indicated moderate validity: Pearson r=0.38 ($p<0.01$), Spearman ρ=0.35 ($p<0.01$). The relationship persisted after adjustment (partial r=0.38, $p<0.01$). Correlations were moderately stronger in females (r=0.43; ρ=0.40; both $p<0.01$) than males (r=0.31, $p=0.02$; ρ=0.27, $p=0.05$). ICCs demonstrated fair agreement (average ICC=0.41, 95% CI: 0.16–0.59). Cross-classification indicated that exact agreement across quartiles was limited, but quadratic-weighted agreement was higher (κ≈0.33), suggesting greater alignment when near-misses were considered.
Conclusion: The FFQ-derived HEI demonstrated moderate validity against 24HR in adolescents, with minimal group-level bias but limited individual agreement. Stronger associations in females suggest potential sex-specific performance. Findings support the potential use of FFQ-derived HEI for population-level dietary surveillance in community research by providing scalable dietary assessment tools.

Board No: 208

Community and Individual Determinants of Cooking at Home Among U.S. Young Adults

Authors: Pitman, Sarah, A; Poulos, Natalie, S; Pasch, Keryn, E

Purpose: Cooking at home promotes healthier dietary patterns, including greater fruit and vegetable intake, lower consumption of ultra-processed foods, and reduced chronic disease risk. Yet, young adults cook less often than other age groups, facing barriers like limited time, resources, and food skills. Although prior studies have examined sociodemographic predictors, few have simultaneously considered personal, interpersonal, and community-level influences on cooking at home during this life stage.
Methods: Young adults across the U.S. (N=1,630; 51.8% female; 59% identifying as a race/ethnicity other than white; m age=21.8) completed an online cross-sectional survey via the Qualtrics panel (January-April 2022). Cooking at home was measured on an ordinal scale (0=never, 1=several times per month, 2=several times

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per week or more). Ordinal logistic regression models tested associations between cooking frequency and sociodemographic (age, sex, race/ethnicity, SES), personal (financial responsibility, food insecurity, stress, anxiety, depression), interpersonal (student status, childcare responsibility, living status), and community-level factors (community disorganization, perceived access to healthy food, unhealthy food marketing exposure). Significant predictors were entered into a combined model.
Results: In individual models, older age, female sex, greater financial responsibility, and higher perceived access to healthy food were positively associated with cooking at home, while lower SES, identifying as Black, greater depressive symptoms, and being a student were negatively associated (all $p < .05$). In the combined model, female sex, financial responsibility, and perceived access to healthy food remained positively associated; lower SES, depressive symptoms, and full-time student status remained negatively associated. Conclusions: Findings demonstrate the importance of individual and interpersonal factors like sex, financial responsibility, student status, and mental health in shaping young adults' cooking behaviors. Though only one community-level factor remained significant, improving access to healthy food may support more frequent home cooking. Interventions should address financial and mental health barriers to support healthier food practices.

Board No: 209
EMPLOYMENT AS A SOCIAL DETERMINANT OF HEALTH AMONG FORMERLY INCARCERATED FATHERS: OUTCOMES FROM THE HORIZON EAGLE FATHERHOOD PROGRAM

Authors: Johnson, Katrina; Pineiro, Valerie

Purpose. This study examined outcomes from the Horizon Eagle Fatherhood Program in Houston, Texas. Employment and economic stability, measures often used in responsible fatherhood program evaluations, are identified in Healthy People 2030 as key social determinants of health (SDOH). For fathers with incarceration histories, securing employment is critical for reducing recidivism and improving health and well-being. Methods. The program served fathers in Harris County, TX, through a 40-hour curriculum designed to improve parenting practices, communication, and economic stability. Participants were randomized in a 3:1 ratio to an intervention or a control group. Only the intervention group received the curriculum. Both groups participated in workforce training. Analyses focused on 191 previously incarcerated fathers (124 intervention; 67 control) who completed pretest, posttest, and six-month follow-up questionnaires. Employment status (unemployed, part-time, full-time) served as a key indicator of economic stability. Chi-square tests examined within and between group changes in unemployment and full-time employment, with Phi (φ) as the measure of effect size (.10=small, .30=moderate, .50=large). Results. Within the intervention group, unemployment decreased between pretest and six-month follow-up, $p < .001$, $\varphi = .64$. Within the control group unemployment also decreased $p=.004$, $\varphi = .44$. There was not a significant between group difference relative to decreases in unemployment. Full-time employment within the intervention group increased, $p < .001$, $\varphi = .59$. Control participants also improved, $p < .001$, $\varphi = .42$. There was also a significant between group difference, favoring the intervention group, in the increase in full-time employment at follow-up, $p = .04$, $\varphi = .15$. Conclusion. Substantial within group gains in employment ($\varphi = .42$ to $.64$) among previously incarcerated fathers represent progress toward Healthy People 2030 objectives in economic stability and community reintegration, two determinants strongly linked to physical and mental health. Health behavior researchers should consider previously incarcerated fathers as an important study population.

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Board No: 210
EMBEDDING RESPONSIBLE FATHERHOOD PROGRAMMING IN HEALTH BEHAVIOR RESEARCH: RESULTS FROM THE FELLAS STUDY

Authors: Cox, Kevin; Natera, Marielle; Bermudez, John; Lam, Shannon; Pineiro, Valerio; Smith, Christopher, B.

Purpose. This study tested the Fathers Empowered to Learn, Lead, and Achieve Success (FELLAS) fatherhood program. Many outcomes used to evaluate fatherhood programs are identified in Healthy People 2030 as social determinants of health (SDOH). Examining these outcomes underscores how fatherhood programs address upstream determinants of health behavior, aligning with Healthy People 2030 priorities. Methods. Fathers in Essex County, NJ, completed a 35-hour program designed to improve life skills, parenting practices, and economic stability. Core sessions addressed parenting skills, sustainable employment, financial literacy, and healthy communication. Most participants identified as African American; 30% were unemployed at pretest. The sample included 216 fathers who completed pretest, posttest, and six-month follow-up questionnaires. While not direct health outcomes, these measures are established precursors to health behavior and long-term well-being. In addition, some fathers joined focus groups to provide feedback on program content, relevance, and perceived benefits. Results. Participants showed significant improvement from pretest to posttest on all seven outcomes: (1) attitudes toward finances/progress toward economic stability, (2) decreased unemployment, (3) increased full-time employment, (4) parenting skills, (5) father involvement, (6) communication with partner, and (7) conflict resolution. Improvements were maintained at six-month follow-up on all measures except father involvement, underscoring the durability of gains. Five of the seven outcomes met Cohen's benchmark for a small effect size, a notable advance compared to prior evaluations reporting weaker effects. Focus group feedback was positive, emphasizing greater parenting confidence, improved father–child relationships, and stronger co-parent cooperation. Conclusion. FELLAS demonstrated significant improvements in outcomes tied to SDOH, including economic stability, parenting, and relational communication. These findings underscore the potential for fatherhood programs to strengthen health determinants shaping long-term health and well-being. These positive results provide a foundation for more rigorous evaluation and illustrate the value of embedding fatherhood interventions within health behavior and public health strategies.

Board No: 211
Barriers and Facilitators to Dietary Self-Management among Blind and Low Vision Adults with Type 2 Diabetes: A Mixed Methods Study

Authors: Nicklett, Emily J; Crowley, Julia J; Stensland, Meredith; Qin, Weidi; Murray, Deven; Fears, Vanessa; Van Dyke, Turnip; Chaudhary, Ariana; Walker, Tiffany

Purpose: Diabetic retinopathy, a common complication of type 2 diabetes, is a leading cause of blindness and vision impairment in middle age and older adulthood. Diabetes self-management is critical for maintaining remaining eyesight and reducing the risk of further complications. However, those experiencing vision loss likely face additional unexamined challenges to following a diabetes-friendly diet. Existing research has not yet adequately addressed the impacts of vision loss on dietary self-management. To address this important gap, this study uses a mixed methods approach to examine barriers and facilitators to dietary adherence among persons with vision loss and type 2 diabetes.
Methods: In collaboration with community partner Vibrant Works, phone-based interviews were conducted in English and Spanish with 30 adults (aged 44-83 years) with type 2 diabetes and vision loss in San Antonio, Texas. Questionnaires included validated measures of dietary adherence and food security, followed by a semi-

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structured interview about challenges and strategies for diabetes self-management. Data were analyzed using a convergent parallel design and thematic analysis. Results: Participants were classified as marginally adherent (n=15) or non-adherent (n=15) to the dietary regimen. Food security levels included very low (n=11), low/marginal (n=8), and high (n=11). Participants described vision-related challenges in acquiring and preparing diabetes-friendly foods, emphasizing a) accessing and navigating in grocery stores; b) safety concerns in food preparation; and c) the high cost of diabetes-friendly foods. Unmet needs included cost and access barriers. Tangible supports (e.g., assistance with shopping, food preparation) and community resources (congregate and home-delivered meals) were key facilitators of dietary self-management.
Implications: These findings inform strategies to promote dietary self-management among adults with type 2 diabetes and vision loss. Providers should help patients/clients set realistic goals that consider vision-related constraints. Tailored approaches to food acquisition and preparation are needed. Further financial support is recommended to facilitate feasible dietary self-management.

Board No: 213

Illegal Sales of THC Vapes and Concentrates in Texas Smoke Shops – Despite Strong Penalties

Authors: Rossheim, Matthew, E.; Voleti, Surya; LoParco, Cassidy, R.; Ghevariya, Mansi, J.; Bourmand, Raika; James, Shanna, D.; Jones, Betsy; Holt, Nicole; Tillett, Kayla K.

Background: Effective September 1, 2025, Texas Senate Bill (SB) 2024 made it a Class A misdemeanor – punishable by up to one year in jail and a $4,000 fine – to sell a substance containing any cannabinoids, including THC, if it is capable of being vaporized or used in an e-cigarette device. This prohibition applies to both vape liquid/cartridges and THC concentrates. Retail availability is among the strongest environmental predictors of substance use, yet retailer compliance with laws designed to reduce availability remains uncertain. The current study examined retailer compliance with SB 2024 by documenting the availability of THC vapes and concentrates in Texas smoke shops.
Methods: In September 2025, a random sample of smoke shops was selected across six Texas cities. In each city, stores were visited until 10 met the inclusion criteria of selling both nicotine vapes and THC products. Researchers documented availability of THC vapes and concentrates through in-store observations, supplemented by follow-up phone calls to validate findings.
Results: Illegal sales of THC vapes and/or concentrates were widespread across all cities (82% overall): Fort Worth (100%), Dallas (90%), Austin (90%), Amarillo (80%), El Paso (70%), and Lufkin (60%). Overall, 47% of shops sold THC vapes and 70% sold THC concentrates. Several clerks reported discontinuing THC vape sales due to SB 2024, while others openly acknowledged that the products were illegal but continued selling them. Some clerks requested cash-only payments, and others encouraged customers to use THC vapes in-store, emphasizing that they could not be returned if defective.
Conclusions: Despite clear statutory prohibitions and severe penalties, illegal retail of THC vapes and concentrates remain highly prevalent in Texas smoke shops. The persistence of these sales underscores the limits of legislation without consistent, proactive enforcement. Strengthening enforcement and compliance is essential to reducing access to these hazardous intoxicants.

Board No: 214

Examining Social Media User Types and the Impact on an Online Reproductive Health Intervention in Francophone West Africa: A Randomized Factorial Design Using Latent Class Analysis

Authors: Ofei, Leona; Wianecki, Nikolas; Kim, Kyeongwon; Crespi, Catherine, M;

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Wane, Deffa; Sangare, Rabiatou; Rideau, Alexandre; Diaw, Mbathio; Massey, Philip

Purpose: The purpose of this study was 1) to identify social media use patterns in a sample of young adults in Francophone West Africa 2) to determine the demographic predictors of identified social media use patterns 3) to examine the impact of a reproductive health digital campaign on different types of social media users. Methods: Young adult (ages 15-24) social media users in Senegal, Côte d'Ivoire and Burkina Faso were randomly assigned to four digital interventions in closed Facebook groups: control, peer role model, online influencer, and a mixed peer role model and online influencer strategy. Participants completed pre-and post- intervention surveys between December 2023 - February 2024 with questions on reproductive health knowledge, provider awareness, service utilization and general social media use. This study employed latent class analysis and maximum likelihood estimation to identify social media user types in the sample (N=262).
Results: Latent class estimations yielded two classes of social media users: Multi-platform users (i.e., daily use of WhatsApp, Facebook, Instagram, YouTube, TikTok) and Selective users (i.e., daily use of WhatsApp and Facebook). Additionally, being 20-24 years old, compared to being 15-19 years, was associated with 3.6 times the odds of being a multi-platform user relative to a selective user. Participants in Côte d'Ivoire (OR = 0.27) and Burkina Faso (OR = 0.23) were less likely to be multi-platform users, compared to those in Senegal. Among selective users only, the peer role model condition was significantly associated with a 1.8 unit increase in both reproductive health knowledge and service provider awareness and a 1.5 unit increase in service utilization. The online influencer and the mixed peer and influencer approach did not yield any significant results.
Conclusion: Digital interventions must consider media exposure patterns and utilize varied health messaging strategies to target different types of social media users.

Board No: 215

Centering Lived Experience: Trauma, Substance and Depression Among Black College Students as a Community Health Imperative

Authors: Brown, Dyamon, D; Montemayor, Benjamin, N

Background: Depression disproportionately affects Black students due to intersecting exposures such as childhood adversity, racial discrimination, and substance use. These cumulative experiences reflect broader structural inequities that extend to campus and community health systems. This study examined how adverse childhood experiences (ACEs; household dysfunction, abuse, neglect), alcohol use, and discrimination influence depression severity among Black college students, with implications for community-centered mental health promotion. Methods: Participants included 309 Black college students from the U.S. who reported past-year alcohol use. ACEs were assessed using the 2021 Behavioral Risk Factor Surveillance ACEs module. Depression was assessed using the Patient Health Questionnaire-9 (PHQ-9); alcohol use disorder (AUD) risk was measured using the Alcohol Use Disorder Identification Test (AUDIT). Participants also reported whether they drank to cope with discrimination. Results: Over one-quarter (27.3%) of students reported drinking to cope with discrimination, most commonly race-related (15.9%). Mean ACE score was 4.74 (3.45), PHQ-9 score was 9.21 (6.37), indicating mild depressive symptoms and mean AUDIT score was 11.74 (8.31), indicating hazardous alcohol consumption. Multiple regression analyses revealed higher ACE scores (specifically neglect), AUD risk, and drinking to cope with discrimination were positively associated with depression ($p < .05$), collectively accounting for 35% of the variance. Conclusions: Findings underscore the importance of embedding mental health equity into university and community health

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systems. Strategies should include ACEs and substance use screening, enforcement of anti-discrimination policies, and culturally responsive counseling tailored for Black students. Upstream strategies that address both childhood trauma and racialized coping are critical. Embedding mental health equity into university policies directly align with national priorities for advancing community health. By centering the lived experiences of Black college students, these findings highlight how community-informed, equity-driven approaches can strengthen mental health promotion and advance policy efforts that mobilize community health for action and policy change.

Board No: 216

Understanding the Skin Protection Needs of People Experiencing Homelessness in Indianapolis, Indiana

Authors: Otten, Emily; Wright, Amanda

Abstract:
Background:
Skin disease poses important public health challenges and is prevalent in low-, middle-, and high-income countries, affecting over 3 billion individuals. People experiencing homelessness (PEH) face substantial challenges in navigating skin protection with limited access to products, shelter, and healthcare. Service providers (SPs) are a key resource for supporting PEH. This study explores the experiences from PEH and SPs to understand the skin protection needs, practices, and beliefs of PEH in Indianapolis, Indiana.
Methods:
From May to July 2025, we conducted semi-structured qualitative interviews with PEH (n=10) and SPs (n=15) in Indianapolis, Indiana. Interviews were transcribed verbatim using Otter.ai and transcripts were analyzed using thematic analysis techniques.
Results:
PEH's limited access to products, adequate transportation, shelter, and deprioritization of skin-health limited effective skin protection practices in Indianapolis' resource rich, limited access community. Although SPs offered some help with access to select products, spaces, and healthcare services, general deprioritization of skin health, organizational policies and complex interactions with PEH led to exacerbation of barriers.
Conclusions:
This study highlights the lack of skin protection management among PEH due to numerous barriers as well as organizational and policy gaps among SPs. Insights from this study will advance the dermatological and public health knowledge on disparities faced by PEH. With skin diseases affecting low-, middle-, and high-income populations, prioritizing skin protection remains essential for all individuals' overall health and well-being, including those experiencing homelessness.

Board No: 217

An Assessment of the Relationship between Food Security Classification, Self-Care Management Behaviors, and Glycemic Control among T2DM Patients in Mississippi

Authors: Johnson, Ryan, A; Shaw-Ridley, Mary; Baig, Kamran; Omondi, Angela; Akil, Luma; Leggett, Sophia

Background: The U.S. Department of Agriculture defines food security as consistent access to sufficient, nutritious food to maintain health. However, many Mississippians consume poor-quality diets, impacting food security and chronic conditions like type 2 diabetes mellitus (T2DM). Food security is an important factor in managing diabetes-related behaviors and glycemic control.
Objective: This study explores the relationship between food security classification, diabetes self-care behaviors, and glycemic control among adults with T2DM at semi-rural Federally Qualified Health Centers (FQHCs) in Mississippi.
Methods: A cross-sectional, retrospective design was used to recruit 174 participants from two FQHCs in central Mississippi. Data were collected from electronic health records

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and a 51-item questionnaire incorporating the USDA Food Security Survey, Summary of Diabetes Self-Care Activities, and the Morisky Medication Adherence Scale. Structural equation modeling (SEM) was used to analyze relationships between food security, self-care behaviors, and glycemic control.
Results: Data analysis revealed a negative relationship between food security classification and adherence to diabetes self-care behaviors. A significant relationship was found between blood sugar testing and glycemic control ($p < 0.009$). Positive relationships were also noted between various self-care domains, including general diet with specific diet ($p < 0.0001$), blood sugar testing ($p < 0.001$), physical activity ($p < 0.001$), and foot care ($p < 0.001$).
Conclusion: The study found significant associations between food security, diabetes self-care behaviors, and glycemic control among T2DM patients. Further research is needed to examine the role of food security assessments, diabetes education, and social services integration in improving glycemic outcomes.

Board No: 218
Impact of Neighborhood Characteristics on Perceived Health Status Among Cancer Survivors: Findings from a Community-based Health Status Assessment Survey

Authors: Myint, Wah Wah; Osuji, Chimuanya; Kim, Jaehyun (Jay); Kim, Junhyoung

Background: Cancer is a persistent public health issue in the United States (U.S.). It is widely known that improvement in neighborhood characteristics has potential to ameliorate mental and physical health of cancer survivors. Yet, less is known about the impact of neighborhood characteristics on the perceived health status of cancer survivors in rural and remote areas.
Purpose: This study examined the impact of neighborhood characteristics (i.e., neighborhood social cohesion (NSC), neighborhood safety and walkability (NSW), and neighborhood recreational activity resources (NRAR)) on the perceived health status of cancer survivors residing in the Greater Brazos Valley Region of Texas, the U.S.
Methods: We used cancer survivors' data (n=69) of the 2019 Brazos Valley Health Status Assessment survey. The data were collected in collaboration with Brazos Valley Health Coalition, including community partners and stakeholders. The outcome variable was perceived health status (a five-point Likert responses). The covariates included sociodemographic characteristics (i.e., age, race/ethnicity, sex, educational level, marital status) and neighborhood characteristics (i.e., NSC, NSW, NRAR). Descriptive statistics were calculated before performing a two-block hierarchical regression analysis to examine the relationships between neighborhood characteristics and perceived health status using SPSS version 28.0.
Results: Respondents were 26 to 94 years of age (Mean age=70) and 51% were female. 72.5% were married, 23.2% had completed a four-year college degree, and 82.6% were White. The second block model with the addition of neighborhood-level predictors had 42.4% variance. Specifically, NSC was positively associated with perceived health status ($\beta=.261$, $p<.05$), while NSW was negatively associated with perceived health status ($\beta=-.268$, $p<.05$).
Conclusion: Our findings suggest that NSC and NSW are important factors to consider in future research and interventions to improve health and wellbeing of the cancer patients/survivors. Neighborhood characteristics should always inform the design of efforts to improve the health and wellbeing of people with chronic diseases.

Board No: 219
The Impact of Work-Related Factors on Mental Health During Pregnancy and the Postpartum Period: A Systematic Review

Authors: Joseph-Williams, Elizabeth, A.; Yuen, Tristan; Lu, Chloe; Zhang, Chutong; Cheng, Alexander; Wang, Kevin; Zeng,

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Emma; Nguyen, Angela; John, Sneha; Harber, Taylor; Ma, Ping

Background: Perinatal mental disorders affect ~20% of women globally, posing a significant risk to maternal and child wellbeing. With high workforce participation among pregnant and postpartum women, the workplace is a crucial social determinant of their health. Although employment can be protective, specific work-related stressors, including job insecurity, schedule insecurity, workplace discrimination, and inadequate pay level, are hypothesized to increase mental health risks. However, the evidence linking these diverse work-related factors to perinatal mental health outcomes remains limited. This systematic review aims to synthesize the current evidence on this critical relationship.
Methods: A comprehensive database search was conducted across APA PsycInfo, Academic Search Ultimate, CINAHL Ultimate, MEDLINE, Health Policy Reference Center, APA PsycArticles, and Sociology Source Ultimate, using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist. Quantitative studies published between January 2014 and December 2024 that have examined a mental health outcome (e.g., anxiety, depression, psychological stress) in relation to a work-related factor, as exposure, in pregnant and/or postpartum women were included.
Results: Of the 22,393 articles retrieved, 23 studies met the inclusion criteria. Result indicates that higher work hours, low income, and elevated work-related stress were significantly linked to increased perinatal anxiety and depression. Conversely, paid maternity leave, longer leave duration, and workplace social support were associated with better mental health outcomes. Job flexibility and family social support act as additional buffers against perinatal mental health challenges.
Conclusion: Our findings address the urgent need to improve structural working conditions through evidence-based workplace policies and interventions (e.g., adequate compensation, paid leave) and to create a supportive organizational environment to promote parental mental health. Future longitudinal research should examine factors, such as job insecurity, precarious employment, shift work, and workplace discrimination, to inform targeted interventions supporting maternal mental health.

Board No: 220

Analyzing Barriers to Tobacco Cessation in Opioid Treatment Programs to Advance Implementation Efforts: A Qualitative Study

Authors: Sekhar, Mhyank, S; Martinez Leal, Isabel; Britton, Maggie; Chen, Tzuan, A; Moosa, Asfand, B; Zere, Marcy; Zere, Mikal, G; Minnix, Jennifer, A; Karam-Hage, Maher, A; Cinciripini, Paul, M; Reitzel, Lorraine, R

Purpose: Tobacco-use is elevated among individuals with opioid-use disorder (OUD, 75-95%) and known to impede OUD treatment. Yet opioid treatment programs (OTPs) often overlook tobacco cessation due partly to organizational and resource barriers. This study used formative evaluation to adapt a tobacco-free workplace program (TFWP) founded on evidence-based practices and policies to community-based OTPs by identifying setting-specific needs and barriers to implementation.
Methods: Five virtual semi-structured individual and group interviews were conducted pre-implementation with leaders (n=2), providers (n=7), and clients (n=7) in 2 Texas OTPs serving 5 counties and 345 unique clients annually. Rapid qualitative analysis, guided by the Consolidated Framework for Implementation Research (CFIR), enabled timely program adaptations within OTPs. Two analysts independently summarized transcripts using structured templates of key domains based on interview guides and organized data into matrices for systematic comparison and theme development.
Results: Analysis yielded 4 themes organized by CFIR constructs: 1) Needs (Characteristics of individuals-patients):

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tobacco cessation efforts were passive, creating a service deficit, with clients–not OTPs or providers–initiating tobacco-use services; 2) Culture (Inner Setting): providers and leadership viewed tobacco cessation efforts as secondary and unrelated to opioid cessation; 3) Assessing context (Implementation Process): high staff tobacco-use negatively impacts client tobacco quit attempts and partly drove TFWP resistance; 4) Assessing needs (Implementation Process): all participant groups recognized the need for education explicitly linking tobacco cessation and successful opioid cessation. Conclusion: To advance successful TFWP implementation, formative evaluation findings identified the need for systemic reform within OTPs to elevate tobacco cessation from a secondary concern into a primary priority. This shift requires education programs that highlight links between tobacco and opioid use, promotion of staff behavior change, and implementation of tobacco-related care. Together, these strategies are essential to transform OTPs from passive into active healthcare communities that initiate and sustain tobacco cessation efforts.

Board No: 222

Disparities in exposure to cannabis marketing and perceptions of inequalities in possession treatment: Differences across intersections of sociodemographic subgroups

Authors: LoParco, Cassidy R.; Romm, Katelyn F.; Cui, Yuxian; Cavazos-Rehg, Patricia A.; Berg, Carla J.

Background: Cannabis-related concerns include high young adult use rates and sociodemographic subgroup disparities. We examined young adult sociodemographic subgroup perceptions of targeted cannabis-related law enforcement and industry marketing. Methods: US young adults (N=4,031) aged 18-34 were recruited via Facebook in 2023 to participate in an online survey (56% cisgender female, 65% White). Multivariable linear regressions examined gender, sexual orientation, race, and ethnicity in relation to 1) perceptions of differential treatment of cannabis possession, 2) perceptions and 3) exposure to targeted industry marketing, and 4) risk and 5) advertising messaging exposure. We also tested for moderation between independent variables. Results: Individuals who were White (vs. Asian), Black (vs. White), Hispanic (vs. not), cisgender female, transgender, or nonbinary (vs. cisgender male), and LGBTQ+ (vs. heterosexual) perceived more unfair treatment of cannabis possession; moderation findings indicated particularly strong associations among Black transgender and Black LGBTQ+ individuals. Being Black and Asian (vs. White) was associated with perceiving more industry targeted marketing. Asian (vs. White) participants noticed cannabis-related promotions targeting certain groups more frequently; associations were particularly strong among cisgender females and Black LGBTQ+ individuals. Being cisgender female, transgender, or nonbinary (vs. cisgender male), LGBTQ+ (vs. heterosexual), White (vs. Black), or not Hispanic (vs. Hispanic) was associated with less past 6-month exposure to cannabis-related risk information. Black (vs. White) and White (vs. Asian) individuals reported more advertisement exposure. Discussion: Important sociodemographic differences regarding perceptions of cannabis-related inequities suggest the need for regulatory and intervention efforts to reduce disparities in use and related exposures and consequences.

Board No: 223

Proximity to School-Based Health Centers and Preventable Emergency Department Visits: An Exploratory Study

Authors: Page, Abbie, B; Chukwuma, Blessing; Lopez, Alma, E; Montero, Sandy

Background: School-based health centers (SBHCs) provide accessible primary care for underserved communities and have been proposed as a mechanism to reduce

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preventable emergency department (ED) use. This exploratory study examines the relationship between patient proximity to SBHCs and preventable ED visits within a large community health center (CHC) system in the southern United States. Methods: We analyzed de-identified data from the Accountable Care Organization affiliated with a CHC system operating more than 30 sites, including a dozen SBHCs. Demographic and socioeconomic variables were extracted from electronic health records. ED visits were classified as preventable or non-preventable. Proximity was coded dichotomously based on residence within or outside a city hosting an SBHC. Descriptive statistics, Spearman's rho correlations, and Poisson regression models were used to assess associations between proximity, patient characteristics, and ED utilization. Results: Overall, 40.4% of ED visits were deemed preventable. Correlations indicated that younger age, Hispanic/Latino ethnicity, and non-English language preference were associated with higher ED utilization. Poisson regression showed that proximity to SBHCs was not significantly associated with overall or preventable ED visits. However, Hispanic/Latino and "other" racial/ethnic groups demonstrated significantly higher rates of preventable visits compared to non-Hispanic Whites ($\beta = 1.96$, $p = 0.021$; $\beta = 1.92$, $p = 0.01$, respectively). Patients over 65 had significantly fewer preventable visits compared to younger adults. Conclusions: While SBHCs aim to expand access and reduce inappropriate ED use, proximity to SBHCs was not associated with lower ED utilization in this CHC population. Findings highlight persistent disparities by race/ethnicity and suggest that SBHC presence alone may be insufficient to mitigate preventable ED use without broader engagement strategies.

Board No: 224

Physical Activity and Connectivity Among Testicular Cancer Survivors; Protocol for a Feasibility Trial

Authors: Rovito, Michael J; Brazendale, Keith; Thomas, Kamalie; Rodriguez, Paola; Brandt, Erika; Redan, Mirza; Fairman, Ciaran M.; Craycraft, Mike; Gaddy, Tyler

Testicular cancer (TCa) survivors face unique psychosocial and physical health challenges that may be mitigated through sustained physical activity (PA). Existing literature has largely emphasized high-intensity exercise prescriptions, which have been limited by long term adherence and attrition issues. There is a need for interventions that promote sustainable, real-world PA engagement in this population. This ongoing study is assessing the feasibility of an online, low-intensity PA intervention for TCa survivors. Participants were recruited using two modalities: (1) word of mouth and direct outreach to known survivors, and (2) social media campaigns and online support platforms. Modality 1 yielded 66% of the participants, while modality 2 provided the remaining 33% of the survivor population. The intervention is incorporating Fitbit-based activity monitoring and structured opportunities for participant social interaction to enhance motivation and accountability. Preliminary feasibility outcomes demonstrate that recruitment through social media yielded broader geographic reach, while direct recruitment facilitated higher initial engagement. Early data suggest that survivors are receptive to a low-intensity, flexible approach to PA, particularly when paired with peer support and objective activity tracking. Findings highlight the potential for online, low-intensity PA interventions to address the limitations of prior high-intensity programs by enhancing accessibility, sustainability, and survivor-centered care. This feasibility study could provide foundational evidence to inform larger trials designed to optimize PA interventions tailored to the needs of TCa survivors.

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Board No: 225

Validating the Survivor's Moral Distress Scale Among Ukrainian Immigrants in the U.S. Including Guilt, Shame, and the Emergence of Delayed Survivor Guilt

Authors: Aigerim Alpysbekova; Sumeyra Sahbaz; Miguel Pinedo; Pablo Montero-Zamora; Seth J. Schwartz

Objective: This study aimed to validate the Survivor's Moral Distress Scale (SMDS) and examine its psychological impact among Ukrainian immigrants in the U.S., focusing on differences between those who arrived before and after the 2022 Russian invasion. Methods: A cross-sectional survey was conducted with 703 Ukrainian immigrants (pre-invasion: n=477; post-invasion: n=217). Participants completed measures assessing survivor's guilt, shame, war-related trauma, cultural and family-economic stressors, mental health, well-being, relationship conflict, and alcohol misuse. Exploratory and confirmatory factor analyses were conducted to assess the structure and validity of the SMDS. Group differences were analyzed using multi-group structural equation modeling. Results: Factor analysis supported a two-factor structure of the SMDS, representing guilt and shame. Partial measurement invariance was confirmed across pre- and post-invasion groups. In the post-invasion cohort, survivor's guilt and shame were more strongly associated with perceived discrimination and war trauma, whereas in the pre-invasion cohort, guilt was more strongly linked with negative context of reception. Shame was significantly associated with trauma exposure in post-invasion participants, whereas guilt was more salient in the pre-invasion group. Conclusions: The SMDS demonstrates construct validity among Ukrainian immigrants and captures key differences in survivor's guilt and shame across war-related immigration experiences. These findings underscore the need for culturally responsive mental health screening and trauma-informed care in post-conflict immigrant populations.

Board No: 226

Physical Activity Levels of College Students on Weekdays versus Weekend Days

Authors: Brazendale, Keith; Glatz, Tina; Rovito, Michael; Newsome, A'Naja; Hunt, Ethan, T

Introduction:
Physical activity (PA) is a critical determinant of physical and mental health, yet longitudinal evidence shows PA declines from adolescence into young adulthood. The demands of college students' day-to-day schedules may restrict PA habits and promote differences in PA levels on weekdays and weekend days. Determining variability in PA levels of college students would benefit intervention development and implementation strategies aimed at promoting PA to college students. The purpose of this study was to quantify and compare PA levels across weekdays and weekend days using device-based estimates of PA.
Methods:
College students from a large metropolitan university located in the southeast of the United States wore an ActiGraph GT9X accelerometer on their non-dominant wrist for nine consecutive days. Mixed-effects models were used to assess differences in PA intensities (light, moderate, vigorous, and moderate-to-vigorous PA; MVPA) and step counts between weekdays and weekend days, adjusting for sex, minority status, and overweight/obese status.
Results:
A total of 31 college students (85% female; 68% Minority; 33% Overweight/Obese) provided 261 days of valid PA data (196 weekdays, 65 weekend days). College students engaged in more light intensity PA (mean difference: −19.8 minutes/day; 95% CI: −30.4, −9.2), moderate intensity PA (−12.3 minutes/day; 95% CI: −19.7, −4.9), vigorous intensity PA (−8.8 minutes/day; 95% CI: −13.3, −4.2), and MVPA (−21.1 minutes/day; 95% CI: −31.9, −10.3) on weekend days compared to weekdays. Additionally, students accumulated

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significantly more steps on weekend days (mean difference: −2,260 steps/day; 95% CI: −3,513, −1,006) compared to weekdays. Conclusion:
Preliminary findings indicate college students are more active on weekend days compared to weekdays, across all activity intensities and step counts. These results suggest that weekday schedules and activities may take priority over PA opportunities. Further research is needed in larger samples, including qualitative studies that consider the type of PA, barriers, and facilitators of PA in college students.

Board No: 227
Associations Between Alcohol and Marijuana Use Behaviors and Depression Among U.S. Adolescents Aged 12–17: Findings From the 2023 National Survey on Drug Use and Health

Authors: Chung, Sunghyun; montemayor, Benjamin, N; Barry, Adam, E

Purpose
Adolescent depression is a significant public health concern affecting 15% to 20% of teenagers, often intertwined with substance use and socioeconomic factors. The relationship between substance use, SES, and depression among adolescents is not consistent across different SES indicators or racial/ethnic groups, suggesting a nuanced relationship that requires further examination.
Methods
A cross-sectional study was conducted using logistic regression analysis to examine the association between various substance use (alcohol, CBD/hemp, and different forms of marijuana consumption) and depression in adolescents aged 12-17 by the 2023 National Survey on Drug Use and Health (NSDUH). Univariate and multivariate models were employed, adjusting for socioeconomic factors including insurance/income, public assistance, welfare/job placement/childcare services, and total family income.
Results
Both univariate and multivariate logistic regression analyses revealed significant associations between several types of substance use and depression among adolescents aged 12-17. Non-Hispanic multiracial adolescents showed higher odds of depression compared to White adolescents (AOR: 1.26, 95% CI: 1.03-1.54, $p<0.05$), while Black adolescents had lower odds (AOR: 0.77, 95% CI: 0.64-0.93, $p<0.05$). Substance use, particularly heavy drinking (AOR: 9.69, 95% CI: 1.52-1.99, $p<0.001$) and marijuana vaping (AOR: 2.34, 95% CI: 1.85-2.98, $p<0.001$), showed strong associations with depression. Other forms of marijuana use, including eating, and using drops/strips/lozenges/sprays, also demonstrated significant links to depression. Additionally, family income groups of $50,000-74,999 (AOR: 1.55, 95% CI: 1.16-2.08, $p<0.05$) and aged 14-15 group (AOR: 1.41, 95% CI: 1.24-1.61, $p<0.001$) were associated with highest odds of depression.
Conclusions
This study provides valuable insights into the relationship between substance use and depression among adolescents. Racial and socioeconomic disparities are key risk factors, with non-Hispanic multiracial teens and those from moderate-income families at higher risk. These findings underscore the need for targeted, culturally-sensitive interventions addressing substance use and mental health in diverse adolescent populations.

Board No: 228
Predictors of Loneliness Among Black/African American Men with Type 2 Diabetes

Authors: Park, Jeong-Hui; Prochnow, Tyler; Patterson, Meg; Sherman, Ledric D.; Smith, Matthew Lee

Background: Loneliness is a modifiable psychosocial risk linked to poor self-management of diabetes. Black/African American men shoulder disproportionate type 2 diabetes (T2D) burdens, yet they are underrepresented in T2D-related research, particularly work examining loneliness and the social network context. Purpose: To

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examine the associations of demographics, diabetes-related symptoms, and egocentric social networks with loneliness among Black/African American men with T2D. Methods: As part of an NIH-funded study, cross-sectional data were collected using an internet-based survey. Eligible respondents (n=1,220) were men who identified as Black/African American and self-reported having T2D. The dependent variable was loneliness, measured with the 3-item UCLA Loneliness Scale (score ≥6 indicating loneliness). Diabetes symptoms were measured by Diabetes Care Profile items. Egocentric networks were elicited with a multi-prompt name generator to derive network size, perceived support, and frequency of diabetes-specific discussions. A binary logistic regression was fitted to examine associations of demographics, T2D symptoms, and social-network factors with loneliness. Results: Of the participants, 45.3% reported being lonely. In the binomial logistic regression, older age (OR=0.98, p<.001), higher household income (OR=0.87, p=.008), and urban residence (OR=0.57, p=.014) were associated with a lower likelihood of loneliness. Greater hypoglycemia symptom burden was associated with a higher likelihood of loneliness (OR=1.69, p<.001). Higher perceived network support was associated with a lower likelihood of loneliness (OR=0.59, p<.001), while network size and diabetes-specific discussions with others were not significantly associated with loneliness (p>.05). Conclusions: Diabetes care should routinely screen for loneliness, prioritize younger and lower-income patients, and actively reduce hypoglycemia. Efforts to strengthen social support should emphasize strategies such as culturally responsive coaching to mobilize existing ties, warm handoffs to peer mentors, and community partnerships. Future work should test pragmatic, clinic-embedded interventions that pair hypoglycemia mitigation with support-building interventions to improve diabetes self-management and promote meaningful interactions with others.

Board No: 229

Skin Carotenoid Status is Linked to Cardiovascular Risk Profiles in Early Childhood and Caregivers

Authors: Kao Tsui-Sui A.; Ling, Jiying

Purpose. Fruit and vegetable (FV) intake among U.S. preschoolers and caregivers, particularly in low-income families, lags behind recommendations. Skin carotenoids, assessed by reflection spectroscopy, offer a noninvasive proxy for carotenoid-rich food intake and are associated with serum carotenoids and cardiometabolic markers. Yet, dyadic evidence linking caregiver and child carotenoid status to cardiovascular risk indicators in community settings is limited. Thus, this study examined relationships between skin carotenoids and cardiovascular risk indicators (body mass index [BMI], body fat percentage [% body fat], blood pressure [BP]) among low-income caregiver-preschooler dyads. Methods. Analysis was conducted with baseline data from a large cluster RCT. Caregivers and preschoolers (ages 3-5) were recruited from 16 Head Start organizations in the Midwest U.S. Trained staff obtained skin carotenoid scores (Veggie Meter®), height (ShorrBoard® Stadiometer), weight, % body fat (InBody 270 body composition analyzer), and BP (SunTech CT40) during in-person visits. Mixed-effects models with restricted maximum likelihood estimation adjusted for significant family demographics and random effects of center and class. Results. Participants included 160 preschoolers (Mage=46.94 months, 47.5% female, 13.8% Hispanic, 70.6% White) and 146 caregivers (Mage=31.43 years, 5.5% male, 6.8% Hispanic, 78.8% White, 43.8% single, 41.1% unemployed). Carotenoid data missed from five preschoolers (3.1%) due to excessive movement or non-cooperation. Higher caregiver skin carotenoids were associated with lower caregiver BMI (B=-0.03, p=.014), systolic BP (B=-0.04, p=.028), and diastolic BP (B=-0.04, p=.011). Each one-unit increase in caregiver skin carotenoids corresponded to about 1%

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higher odds of having a healthy weight or normal BP. Among preschoolers, higher skin carotenoids were correlated with their lower % body fat (B=-0.02, p=.030). Conclusions. Results support the feasibility of obtaining skin carotenoids among preschoolers and the negative relationships between skin carotenoids and cardiometabolic risk profiles among low-income families. Promoting family-centered FV consumption and tracking changes via skin carotenoids may support cardiovascular health in preschoolers and their caregivers.

Board No: 230

Evaluating Childhood Intimate Partner Violence and Adolescent Bullying and Cyberbullying Perpetration: A Longitudinal Two-Part Mixed-Effects Model Approach

Authors: Feng, Shuo; Li, Chendong; Yu, Fanyi; Kwok, Oi-Man; Lawrence, Timothy

Purpose. This current study aims to explore the associations and the longitudinal effects of childhood intimate violent exposure (IPV) exposure on bullying and cyberbullying perpetrations by answering three research questions: (1) what is the trajectory of bullying and cyberbullying perpetrations during adolescence? (2) What are the associations of childhood IPV exposure with adolescents' bullying and cyberbullying perpetration? (3) Are there longitudinal effects of childhood IPV exposure on bullying and cyberbullying perpetration? Methods. This study used data from the Bullying, Sexual, and Dating Violence Trajectories from Early to Late Adolescence in the Midwestern United States, 2007–2013. 1,162 participants were recruited from four Midwestern middle schools (mean age = 11.81; SD = 1.09) and followed into high schools. A two-part mixed-effects model, the logit submodel and the continuous submodel, was used for statistical analyses. Results. Bullying perpetration declined as adolescents aged (β=-0.03, p<0.01). Conversely, cyberbullying perpetration increased during adolescence (β=0.05, p<0.01). Adolescents who have childhood IPV exposure were more likely to engage in bully perpetration (β=0.27, p<0.01) and cyberbullying perpetration (β=0.17, p<0.05). No interaction effects were found between IPV exposure and bullying or cyberbullying perpetrations (ps>0.05). Conclusions. Cyberbullying perpetration has increased as ages, while bullying perpetration decreased. Childhood IPV exposure significantly increased the levels of bullying and cyberbullying perpetrations. Parents need to avoid violent behaviors in front of children; in addition, parents and teachers should pay attention to children's online experiences and educate children about emotion control and proper tools for dealing with negative experiences.

Board No: 231

Exploring the determinants of HPV vaccine uptake in Nigeria: A qualitative study guided by the Health Belief Model

Authors: Yang, Xifan; Nuzhath, Tasmiah; Marrs, Grace; Cerda, Megan; Asaolu, Oluwadara; Mukthar, Islamyat; Oladele, Ruth; Olufadewa, Isaac

Background
Cervical cancer is the second leading cause of female cancer morbidity and mortality in Nigeria. To prevent cervical cancer, Nigeria recently introduced the human papillomavirus (HPV) vaccination for girls aged 9-14 into the national immunization program and achieved 71% coverage nationally. However, rates varied by state with Lagos reporting the lowest HPV vaccination coverage (31%). This study aimed to assess the facilitators and barriers to HPV vaccination among parents and adolescents in Lagos, Nigeria.
Methods
This study employed a phenomenological research design with an inductive thematic analysis approach. Semi-structured interviews were conducted with parents and adolescents recruited through convenience sampling. Participants included 20 parents (aged 29–49 years) and 19 adolescents (aged 13–16 years). Data were collected through four in-depth individual interviews

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and two focus group discussions for each group. Guided by the Health Belief Model (HBM), data were analyzed thematically across the constructs of perceived severity, perceived benefits, perceived barriers, and cues to action using NVivo 15 software.
Results
Major themes identified as perceived severity include (1) HPV can cause cancer and (2) HPV can cause death. Perceived benefits themes included (1) protecting children, (2) preventing HPV infection, and (3) viewing the vaccine as safe and effective. Perceived barriers themes included (1) affordability, (2) availability, (3) no confidence in the HPV vaccine, (4) lack of trust in healthcare workers, and (5) perceived judgment or stigma associated with vaccination. Cues to action themes included (1) government incentives and (2) creating more awareness about the vaccine.
Conclusions
Findings showed that government incentives, expanding awareness efforts, and improving trust in healthcare providers are essential to enhance HPV vaccine uptake. Collaborative efforts involving parents, schools, healthcare workers, and policymakers are critical to improving vaccination coverage and reducing the burden of cervical cancer in Nigeria.

Board No: 232
Service Provider Perceptions of Services for Opioid Users in Midlands, South Carolina

Authors: Shafiq, Tanveer; Gazi Sakir, Mohammad Pritom; Tam, Cheuk Chi; Li, Xiaoming

The opioid crisis continues to pose a major public health challenge in the United States, with alarming increases in opioid use disorder (OUD) and overdose deaths. Midlands South Carolina, particularly Columbia, has experienced a significant rise in drug-related fatalities, highlighting the urgent need to assess treatment services and barriers to care. This study explored the availability, accessibility, and utility of OUD services through a qualitative grounded theory approach, centering on the perceptions of healthcare providers actively engaged in treatment.
Using purposive sampling, key informants were drawn from healthcare, academia, and nonprofit sectors with extensive OUD treatment experience. In-depth interviews examined existing services, their accessibility, and the barriers faced by providers and patients.
Findings revealed a wide range of treatment options, including Medication-Assisted Treatment (MAT) programs. Yet, despite their availability, utilization remains limited due to multiple barriers. Socio-structural challenges such as poverty, housing instability, and food insecurity intersect with personal factors like stigma and motivation, creating obstacles to effective care. A notable disparity also emerged between public and private facilities, with private providers constrained by regulatory and licensing restrictions. This gap underscores the need for policy reforms to expand access and reduce systemic inequities.
The study further emphasized the importance of holistic treatment models that integrate pharmacotherapy with broader supports addressing social determinants of health. Providers consistently called for increased funding and resources to strengthen comprehensive programs and improve continuity of care.
In conclusion, this research sheds light on the complex landscape of OUD treatment in Midlands South Carolina, identifying both strengths and persistent gaps. By documenting provider perspectives, the study highlights opportunities for policy and practice interventions that promote equitable, integrated, and holistic approaches to treatment, ultimately contributing to efforts to mitigate the opioid crisis locally and beyond.

Board No: 233
Exploring Health Disparities and Social Support in Type 2 Diabetes Management Among Black/African American Men: A Dual-Framework Qualitative Analysis

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Authors: Croan, Veronika; Zhou, Yunlin; Patterson, Meg, S; Smith, Matthew, Lee; Sherman, Ledric; Park, Jeong-Hui; Prochnow, Tyler

Objective: This study aimed to explore how cultural, structural, and interpersonal factors influence diabetes self-management among Black/African American men with type 2 diabetes (T2D). To capture these dynamics, this study utilized two frameworks: the Health Disparities and Discrimination Framework (HDDF) and House's Social Support Theory (SST). Together, these perspectives highlight how discrimination, inequities, and social support shape men's management experiences.
Methods: Semi-structured qualitative interviews were conducted with 60 Black/African American men with T2D at baseline and 6-month follow-up using phenomenological methodology. Data were coded deductively with HDDF and SST. HDDF guided analysis of structural barriers, discrimination, cultural factors, and resilience. SST examined four domains of support: emotional, instrumental, informational, and appraisal.
Results: Findings underscored the interplay of systemic barriers and interpersonal resources. Under the HDDF, men described discrimination in healthcare, masculinity norms that discouraged help-seeking, and cultural food practices that reinforced identity while complicating disease management. Resilience and family emerged as protective resources. Under SST, emotional support included encouragement, prayer, and listening from spouses, peers, and family. Instrumental support involved transportation, errands, meals, and diabetes tasks like insulin delivery, often provided by relatives or insurance. Informational support came from clinicians, peers, and digital platforms, though non-clinical advice often conflicted with medical guidance requiring complex information curation. Appraisal support included accountability, provider feedback, and social comparison. Barriers such as financial strain limited support, while facilitators included faith, peer accountability, and workplace openness.

Conclusions: Black/African American men with T2D navigated systemic stressors through adaptive strategies, with family emerging as the most central support network, complemented by peers and clinicians. Interventions should address structural barriers while reinforcing these priority networks, fostering accountability, and offering culturally grounded approaches to improve self-care management and reduce disparities

Board No: 234

A Scoping Review of Health Literacy Measurement in U.S. Interventions: Trends, Tools, and Gaps

Authors: Zhou, Yunlin; Matthew, Marissa; Yudkin, Joshua; Patterson, Meg, S; Prochnow, Tyler

Background: Health literacy is a critical determinant of health outcomes which can contribute to or influence health equity. Despite its importance, nearly 90% of U.S. adults struggle to understand and apply health information, contributing to poor health outcomes, higher hospitalizations, and increased costs. Interventions to address health literacy have expanded over the past decade, but how they are measured remains inconsistent, limiting comparability and translation into practice. This scoping review aimed to systematically map how validated and non-validated tools have been used to measure health literacy in U.S.-based interventions from 2014 to 2024.
Methods: Following Joanna Briggs Institute methodology and PRISMA-ScR reporting guidelines, we conducted a comprehensive Ovid MEDLINE search. Eligible studies included U.S.-based health literacy interventions that reported measurement tools. Two reviewers independently screened and extracted data on study characteristics, populations, settings, health topics, and measurement practices in Covidence. Data were synthesized using descriptive statistics and thematic analysis.
Results: A total of 117 studies were met

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eligibility criteria. Among 71 studies reporting measurement tools, 49 used validated instruments, most commonly the Newest Vital Sign, eHealth Literacy Scale, and Rapid Estimate of Adult Literacy in Medicine. Nearly 40% relied on non-validated or researcher-developed tools. Common intervention topics included general health literacy (24.8%), chronic disease management (12.8%), and healthcare communication (10.3%). Nearly all studies (98.3%) reported effectiveness, though only 75.2% explicitly reported statistically significant outcomes. Conclusion: Health literacy interventions in the U.S. are expanding but remain limited by inconsistent measurement and underrepresentation of diverse populations. Expanding the use of validated, culturally adapted tools and applying implementation science frameworks will enhance rigor and comparability. Standardized approaches are essential to translate evidence into practice and advance equitable health literacy promotion.

Board No: 235

Psychological Resilience Profiles and Their Association with Socioemotional Health and HbA1c Among African Americans with Type 2 Diabetes

Authors: Montero-Zamora, Pablo; Lehrer, H. Matthew; Welsh, Ashley; Wang, Tianyu; McLaurin, Natalie; Dubois, Susan; Tanaka, Hirofumi; Steinhardt, Mary

Purpose: Psychological resilience plays an important role in the self-management of Type 2 diabetes mellitus (T2DM). Identifying individuals at elevated risk for T2DM-related complications based on resilience levels holds promise for improving quality of life. This study identified distinct resilience profiles among African American adults with T2DM and examined their associations with diabetes-related socioemotional indicators and hemoglobin A1c (HbA1c). Methods: Participants (n = 284, 72% female, 62±11 years) recruited through churches as part of a T2DM lifestyle intervention were assessed on psychological resilience, socioemotional health (perceived social support, diabetes distress, depressive symptoms), and HbA1c. We used latent profile analysis to identify resilience profiles, and multinomial logistic regression analyses to predict profile membership based on each socioemotional health indicator and HbA1c. Results: Three distinct resilience profiles emerged: low, moderate, and high. Most participants (~88%) were classified into the moderate or high resilience profiles. Lower perceived social support (relative risk ratio [RRR] = 0.60) and higher diabetes distress (RRR = 1.95) and depressive symptoms (RRR = 1.21) were associated with greater likelihood of being in the low vs. high resilience profile. Elevated depressive symptoms (PHQ-9 ≥ 10; RRR = 9.11) and elevated HbA1c (≥ 7.0%; RRR = 3.45) were associated with greater likelihood of low resilience profile membership compared to high resilience profile membership. Conclusions: The study found that those with T2DM and low resilience are likely to gain the most from resilience interventions designed to enhance socioemotional health and HbA1c. A large number of participants reported moderate to high resilience which may reflect the supportive church environment.

Board No: 236

A Tale of Two Discriminations: Healthcare and Everyday Discrimination Pathways to Type 2 Diabetes Self-Management Through Social Networks Among Black/African American Men

Authors: Prochnow, Tyler; Park, Jeong-Hui; Patterson, Meg, S; Sherman, Ledric; Smith, Matthew, L

Objective: Type 2 diabetes (T2D) disproportionately affects Black/African American men, with discrimination emerging as a critical factor influencing health outcomes through complex social pathways. This study examined how healthcare discrimination and everyday discrimination are differentially associated with diabetes self-management through social network

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mechanisms among this population. Methods: A cross-sectional survey was conducted with 1,225 Black/African American men with T2D using validated measures of perceived discrimination (Expanded Everyday Discrimination Scale and adapted Discrimination in Medical Settings Scale), social network characteristics (general communication frequency, diabetes-specific conversations, mean social support, and presence of highly supportive network members), and T2D self-care activities (Summary of Diabetes Self-Care Activities questionnaire). Structural equation modeling was employed to test direct and indirect pathways linking discrimination types to self-management through four social network variables, controlling for demographic factors. Results: Healthcare discrimination showed negative associations with diabetes-specific conversations (β=-0.20, p<.001) and general communication frequency (β=-0.17, p<.001), while positively relating to perceived social support (β=0.15, p<.001). Everyday discrimination was positively associated with both diabetes-specific (β=0.12, p<.001) and general communication (β=0.13, p<.001), but negatively related to perceived support quality (β=-0.17, p<.001). Diabetes-specific conversations demonstrated the strongest positive relationship with self-care activities (β=0.29, p<.001). Indirect effects revealed that healthcare discrimination primarily undermined self-care through reduced diabetes-specific discussions (β=-0.03, p<.001), while everyday discrimination paradoxically enhanced self-care through increased diabetes-specific conversations (β=0.004, p=.001). Conclusions: Healthcare discrimination systematically silences critical health informationHit networks, creating knowledge and social capital deficits across communities. Conversely, everyday discrimination may activate health conversations while simultaneously eroding support quality, demonstrating sophisticated context-dependent coping strategies. Interventions should address discrimination as both individual trauma and social infrastructure damage, requiring coordinated clinical and community-level responses to effectively support diabetes management among Black/African American men with T2D.

Board No: 237

Contraceptive coercion and its influence on method satisfaction, confidence, and switching intentions

Authors: Bhochhibhoya, Shristi; Chukwuma, Blessing; Lovett, Kylie; Nguyen, Annie, L; Eric Walsh-Buhi

Purpose: Recent research shows rising instances of contraceptive coercion, where women are pressured by providers to adopt methods misaligned with their needs. This study utilized the Coercion in Contraceptive Care Checklist to examine experiences of contraceptive coercion and its association with contraceptive method satisfaction, confidence in correct use, and intention to switch.
Methods: We surveyed 1.295 U.S. women aged 18-49 who had discussed contraceptive needs as a birth control measure with their health care provider. Participants reported their current contraceptive methods. Five items (= 0.83) from the Coercion in Contraceptive Care Checklist assessed contraceptive coercion at participants' last visit. Participants reporting "yes" to any of the five items were classified as having experienced coercion. Three logistic regression models explored the association between contraceptive coercion and participants' self-reports of their satisfaction with the methods, confidence, and switching intentions. Results: Among 1295 participants, 17.3% reported IUD/Implant use, 36.2% reported at least some hormonal contraceptive use, 13.5% reported barrier method use, 7.4% reported using natural methods, while 25.3% were using no contraception. Approximately 24.4% of the women reported being coerced by a provider in their recent contraceptive counseling. Approximately 30% of the women reported being coerced during their contraceptive counseling. Controlling for

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age, marital status, parity, family income, and health insurance, coercion during the most recent counseling visit was associated with lower method satisfaction (B= -0.60, p < 0.001, 95% CI = 0.41, 0.73), lower confidence (B= -0.75, p < 0.001, 95% CI = 0.36, 0.63), and stronger switching intentions (B= 0.95, p < 0.001, 95% CI = 1.72, 3.89). Conclusions: Findings indicate that experiences of contraceptive counseling during counseling are associated with reduced satisfaction and confidence, and increased switching intentions of contraceptive methods. These results underscore the need for person-centered, shared decision-making counseling approaches to improve contraceptive experiences and outcomes.

Board No: 238

Longitudinal Trajectories of Alcohol, Tobacco, and Cannabis Use from Preadolescence to Mid-Adolescence: Associations with Internalizing and Externalizing Symptoms

Authors: Ou, Tzung-Shiang; Reed, Mark; Lin, Hsien-Chang

Backgrounds: Alcohol, tobacco, and cannabis use are common risk behaviors that often emerge during adolescence. Understanding the trajectories of these behaviors is critical for identifying adolescents at elevated risk and for informing prevention strategies. However, little is known about how trajectories of these behaviors unfold from preadolescence to mid-adolescence, a critical developmental window, and how they are associated with mental health symptoms. Methods: Participants (N = 4,127) from the longitudinal Adolescent Brain Cognitive Development (ABCD) Study Release 6.0 were included, with baseline assessments conducted in 2016–2018 when participants were ages 9–10 (preadolescence) and annual follow-ups through the 6-year visit at ages 15–16 (mid-adolescence). Group-based trajectory modeling was applied to identify alcohol, tobacco, and cannabis use trajectories across 1- to 6-year follow-ups. Two separate linear regressions were conducted to examine associations between substance use trajectories and internalizing and externalizing symptoms, respectively, at 6-year follow-up, controlling for baseline covariates.
Results: Four distinct trajectory groups were identified: (1) No/minimal risk: all substances near 0% probability (71.0%); (2) Moderate-risk (alcohol only): rising to 20–30% probability (6.6%); (3) Moderate-risk (alcohol, tobacco, cannabis): increasing to 40–50% probability (16.3%); and (4) High-risk (alcohol, tobacco, cannabis): approaching 100% probability (6.1%). Individuals following moderate-risk (Group 3) and high-risk (Group 4) substance use trajectories exhibited significantly higher internalizing symptoms (βs=2.01 and 2.77; both ps<0.001, respectively) and externalizing symptoms (βs=5.67 and 9.36; both ps<0.001, respectively) by mid-adolescence, compared with those in the no/minimal substance use trajectory (Group 1).
Conclusion: Findings from this study indicate four distinct substance use trajectories, with adolescents in the moderate- and high-risk groups exhibiting significantly greater internalizing and externalizing symptoms by mid-adolescence. The results underscore the importance of targeting these groups in prevention efforts aimed at reducing substance use and mitigating subsequent mental health problems.

Board No: 239

PARENTAL ATTITUDES AND BARRIERS TOWARD HPV VACCINATION IN RURAL EAST TEXAS

Authors: Hernandez, Arelys, N; Georgestone, Kelly, A; Arguelles, Jaiden; Parameswaranunn, Reshmibhat; Zhao, Yuan

Purpose: The purpose of this study was to examine parental attitudes, knowledge, and barriers related to human papillomavirus (HPV) vaccination in a rural East Texas community. Methods: This study was approved by the Institutional Review Board

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at Sam Houston State University College of Osteopathic Medicine. A bilingual, anonymous 20-item survey was administered to parents at a pediatric clinic. The survey assessed demographics, vaccine knowledge, beliefs, and sources of information. Parents were grouped into those who vaccinated their children (WV) and those who did not (WDV). Responses were analyzed using statistical methods for single-choice questions and frequency comparisons. Results: Forty-nine parents completed the survey (WV=29; WDV=19). Significant differences were found in perceptions of vaccine safety (p=0.001), understanding the purpose of the vaccine (p=0.02), comfort in requesting the vaccine from a healthcare provider (p=0.01), and perceived importance of youth vaccination (p=0.02). No significant differences were observed by age, gender, race/ethnicity, education, or employment. Healthcare providers were the most common source of HPV information across both groups. WDV parents often reported declining vaccination due to perceived lack of need and limited knowledge, while WV parents expressed concerns about cost, insurance, and side effects. Both groups prioritized learning about vaccine side effects and effectiveness. Conclusions: Parental perspectives on HPV vaccination in rural East Texas were more strongly associated with perceptions of safety, purpose, and importance rather than demographic or economic factors. These findings highlight the role of healthcare providers in delivering clear, trusted education about HPV vaccination, emphasizing safety, effectiveness, and cancer prevention. Although limited by a small sample size and single-site design, this study provides insight into rural vaccination barriers. Tailored education through pamphlets, early provider discussions, and accessible materials may improve uptake and help reduce HPV-related cancer disparities.

Board No: 240

Association Between E-cigarette Product Characteristics and Dependence among U.S. Adults Who Exclusively Use E-cigarettes

Authors: Yang, Meng; Lin, Hsien-Chang

Background: E-cigarettes have become increasingly popular among adults as alternatives to traditional tobacco products, yet research examining the associations between product characteristics and e-cigarette dependence remains limited. Device type, flavor, nicotine concentration, and nicotine formulation may shape user experiences and dependence. This study examined differences in e-cigarette dependence across product characteristics among adults who exclusively use e-cigarettes.
Methods: Data were drawn from the restricted adult survey of Wave 7 (2022-2023) of the Population Assessment of Tobacco and Health (PATH) Study. The sample included adults reporting past 30-day exclusive e-cigarette use (unweighted N=1,920, weighted N=8,980,852). E-cigarette dependence was assessed with a standardized scale developed through prior item response theory-based psychometric research, encompassing domains of craving, loss of control, withdrawal, and tolerance. Product characteristics included device type (disposable, pod, tank), flavor (tobacco/menthol vs. non-tobacco/menthol), nicotine concentration (<50 mg/mL vs. ≥50 mg/mL), and nicotine formulation (freebase vs. nicotine salt). Group differences were tested with ANOVA, and weighted linear regression models estimated associations while adjusting for sociodemographic factors and e-cigarette use patterns. Results: ANOVA models indicated significant differences in dependence across device type ($F(3, 1863) = 16.7$, $p<0.001$), nicotine concentration ($F(1, 1128) = 22.5$, $p<0.001$), flavor ($F(1, 1668) = 46.3$, $p<0.001$), and nicotine formulation ($F(1, 1418) = 294.1$, $p<0.001$). In adjusted regression models, higher nicotine concentration ($\beta=0.95$, $p<0.001$), use of nicotine salt ($\beta=0.28$,

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p=0.001), and use of pod (β=0.18, p=0.001), tank (β=0.26, p=0.003) or mod devices (β=0.28, p=0.001) relative to disposable e-cigarettes were positively associated with e-cigarette dependence. Conclusions: E-cigarette dependence among adults who exclusively use e-cigarettes varies by product characteristics, with higher nicotine concentration, nicotine salt formulation, and non-disposable devices associated with greater dependence. The observed associations support continued research and regulatory attention to nicotine strength, formulation, and device design given their relationship with dependence among adults who use e-cigarettes.

Board No: 241

Exploring Social Capital Among Black/African American Men With Type 2 Diabetes

Authors: Sherman, Ledric, D.; Prochnow, Tyler; Park, Jeong-Hui; Patterson, Megan, S.; Smith, Matthew, L.

Background: Black/African American men experience persistent disparities in type 2 diabetes (T2D), including increased management barriers and physical complications. Social capital may be essential to understanding how these men access resources and information critical for T2D self-management. This study qualitatively examined concepts of social capital and how they may influence effective management of T2D among Black/African American men. Methods: Using a phenomenological study design, semi-structed qualitative interviews were conducted with 60 participants at two timepoints six months apart to explore the formation and evolution of relationships. Interview data were coded inferentially using the Social Capital Framework. This framework guided the analysis of bonding social capital, building social capital, trust and reciprocity, and network activation. Results: Close family relationships, religious/spiritual ties, and relationships with healthcare professionals served as integral components of bonding social capital, and were often tied to better T2D self-management adherence among the participants. Communicating with others who also have diabetes as well as receiving guidance on lifestyle modifications were identified by participants as components of bridging social capital and drivers of long-term maintenance patterns. Trust and reciprocity within relationships provided dependability and motivation for consistent positive diabetes management. Reluctant attitudes regarding discussing diabetes hindered the formation of supportive relationships that could assist with positive diabetes management. Conclusion: These qualitative findings illuminate the processes through which Black/African American men form and maintain supportive relationships for T2D management, potentially highlighting the importance of community spaces or shared experiences in fostering these connections. Furthermore, the findings may assist healthcare professionals in better evaluating and utilizing the social resources of Black/African American men with T2D.

Board No: 242

Tracking Suicide Risk Over Time: Building Community Support for Healthy Aging Among Sexual Minority Adults

Authors: Zhang, Ying; Hubach, Randolph

Purpose: Sexual minority adults face higher risks for suicide, but little is known about how these risks change over time. This study examined the evolving patterns of suicide risk in this population and highlighted protective factors, such as age, that can guide community-focused prevention efforts. Methods: Drawing on a longitudinal survey involving 616 sexual minority participants over a two-year interval, latent class analysis (LCA) and latent transition analysis (LTA) were employed to identify patterns of suicide risk and how they shifted over time. Results: We found three distinct groups—High-Risk, Mild-Risk, and Low-Risk. Many individuals in higher-risk groups moved into lower-risk categories over time, showing resilience and

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recovery. Age emerged as a key protective factor as older individuals were more likely to remain in or transition into lower-risk groups. Conclusions: This research suggests that suicide risk is not fixed and can change over time, especially with age and the right support. Community-based interventions should focus on age-sensitive, inclusive mental health support that recognizes both risk and resilience across the life course of sexual minority populations.

Board No: 243

Understanding Weathering and Flaring Stress Processes: Supporting Mental Health and Aging in LGBTQ+ Communities

Authors: Zhang, Ying; Hubach, Randolph

Sexual minority individuals often face chronic and situational stressors that harm their mental health, yet how this stress processes unfold over time is still unclear. This study aimed to clarify two stress pathways: flaring (short-term spikes in stress) and weathering (long-term buildup of stress), in order to better inform supportive community and health interventions. Methods: Based on a three-year longitudinal data from 985 sexual minority participants, multilevel modeling was employed to examine how three types of stressors (everyday discrimination, felt stigma, and internalized homophobia) were associated with psychological distress at the within-person (flaring process) and between-person (weathering process) levels. We also explored how age shaped these stress-health relationships. Results: Discrimination and internalized homophobia contributed significantly to short-term increases in psychological distress at the within-person level, while all three stressors at the between-person level had significant long-term effects. Notably, older age served as a buffer, reducing the impact of internalized homophobia over time during the flaring process but showing mixed effects regarding the weathering process. Conclusions: These findings reveal the two-level process of minority stressors and the critical role of age in promoting healthy aging. Interventions must address both acute and chronic stressors simultaneously, with age-informed strategies that support sexual minority individuals in community and health settings.

Board No: 244

Disease Burden in the Context of Disasters: Insights from Over 6.7 Million Respondents in the Bangladesh Disaster-Related Statistics of 2021

Authors: Rana, Md Shohel; Kabir, Md Iqbal; Alam, Md Badsha; Chowdhury, Atika Rahman; Khanam, Shimlin Jahan; Khan, Md Nuruzzaman

Background: Climate change and its adverse health effects are now a global concern, with Bangladesh ranking as the seventh most vulnerable country. Because of climate change the country is now experiencing increasing intensity of natural disasters. However, the burden of disasters and adverse health outcomes during and following disasters in Bangladesh remains largely unknown. We conducted this study to explore the burden of disasters and adverse health outcomes during and following disasters in Bangladesh. Methods: We analysed 6,788,947 respondents' data from a cross-sectional and nationally representative 2021 Bangladesh Disaster-related Statistics (BDRS). The key explanatory variables were the types of disasters respondents faced, while the outcome variables were the disease burden during and following disasters. Descriptive statistics determined the disease burden during and following disasters. Multilevel mixed-effects logistic regression model was used to assess the association of disease burden during and following disasters with type of disasters as well as other socio-demographic characteristics of the respondents.
Results: Nearly 50% of the total analysed respondents reported one or more diseases during disasters, increasing to 53.4% following the disasters. Fever and diarrhoea were highly prevalent both during and after disasters, while skin diseases, malnutrition, and asthma increased following disasters.

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Vulnerable groups, including children aged 0-4 years, hijra individuals, those with lower education, persons with disabilities, and those residing in rural areas, particularly in Chattogram, Rangpur, and Sylhet divisions, were the most affected by disasters. Floods, cyclones, thunderstorms, and hailstorms were identified as the most influential disasters, each significantly increasing the likelihood of diseases during and following disasters.
Conclusion: The study highlights the intricate interplay between disasters and health outcomes in Bangladesh, emphasizing the imperative for tailored public health interventions, enhanced healthcare infrastructure, and evidence-based policies to mitigate the adverse effects of disasters on the population's health.

Board No: 245
Measurement Scale Refinement Suggestions When Using the Hypoglycemia Problem-Solving Scale with Individuals Living with Type 1 Diabetes

Authors: McFadden, Ny'Nika, T.; Tanenbaum, Molly, L.; Hood, Korey, K.; Rodriguez- Gamez, Jimena; Howell, Kristen; Washington, Taylor, N.; Espinoza, Lourdes, M.; Akwuruoha, Monalisa, N.; Chalak, Aishwarya, R.

Purpose: Hypoglycemia, also known as low blood glucose <70 mg/dL, is a dangerous medical complication for individuals with diabetes that can lead to fainting or mortality, if not resolved promptly. Additionally, hypoglycemia can impair judgement, which can impede critical thinking skills that are necessary for adequate immediate management. Therefore, it is important to explore individuals' thought process and behaviors when preventing and addressing hypoglycemia. The purpose of this study was to qualitatively explore the validity of using the Hypoglycemia Problem-Solving Scale (HPSS) with young adults living with Type 1 Diabetes (T1D). Methods: One-on-one interviews were conducted with 8 individuals ages 18-30 living in the United States (US) who have experienced at least one hypoglycemia episode. A semi-structured interview guide was created based on the factors that HPSS measures: 1) Problem-solving perception, 2) Detection control, 3) Identifying problem attributes, 4) Setting problem-solving goals, 5) Seeking preventative strategies, 6) Evaluating strategies, and 7) Immediate management. Data analysis involved creating codes named after each factor to evaluate participants' statements to determine if item refinement is needed. Results: Participants were able to identify several topics that are not included in the current scale: 1) exercise, 2) nutrition, 3) menstrual cycle, 4) technology barriers, 5) access to resources, 6) blood glucose rollercoaster effects, and 7) nighttime vs daytime lows, which should be implemented into the measurement scale to further explore participants' self-efficacy responding to hypoglycemia episodes. Conclusions: Data from this study can guide the refinement of the HPSS measurement scale for increasing its validity with young adults 18-30 years of age living with T1D. To the authors' knowledge, this study is novel because HPSS has never been distributed to individuals living with T1D in the US. Additional research is warranted to examine if further measurement scale refinement is necessary when utilizing with other populations.

Board No: 246
Practices, Knowledge and Attitudes of Health Education Specialists and Community Health Workers to Deliver Smoke-free Home Services

Authors: Chiang, Shawn, C; Ma, Ping; Zhang, Zihan; Chen, Lei-Shih

Purpose: Exposure to secondhand smoke (SHS) poses significant health risks, especially to vulnerable populations. Community health workers (CHWs) and certified health education specialists (CHES) are ideally positioned to promote tobacco cessation services, including the implementation of smokefree homes. However, little research has explored how

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these professionals can best support this intervention. This study investigated the current practices, knowledge, and attitudes of Texas-based CHWs and CHES regarding smokefree home education and services. Methods: In 2024, we administered an online survey to CHWs and CHES recruited through existing Texas listservs. A total of 218 professionals (179 CHWs and 39 CHES) completed the survey, which measured their current practices, attitudes, and knowledge related to delivering smoking cessation and smokefree home services. Results: Only 33% of the 218 respondents reported currently providing smokefree home services. Although attitudes toward offering these programs were overwhelmingly positive, knowledge about smoking cessation and implementing smokefree homes was inconsistent. Furthermore, among those who did provide smokefree home services (N=72), adherence to evidence-based approaches—such as the 5A's model—was low. For example, reported adherence ranged from only 60% asking clients about SHS exposure, to 40% assisting clients in creating a smokefree home, and 35% arranging for smokefree home education follow-up. Conclusions: CHWs and CHES represent a cost-effective, accessible, and tailored resource to increase the uptake of existing programs like implementing smokefree homes. The findings highlight a critical need for tailored training for these professionals to improve their knowledge and ensure consistency in delivering smokefree home education. Such training must emphasize key knowledge areas and the systematic application of evidence-based approaches to effectively reduce disparities in SHS exposure.

Board No: 247

The Theory of Planned Behavior as Framework for Understanding Drinking Behaviors Under Unique Pro-Alcohol Subsidy Policy in Kinmen County, Taiwan

Authors: Wong, Su-Wei; Yang, Shu-Han; Lin, Hsien-Chang

Background: Alcohol policies worldwide typically aim to reduce consumption through taxation, restrictions, or limited availability. Kinmen County, Taiwan, presents a rare exception where for more than three decades, residents have received subsidized access to the region's renowned sorghum liquor, reflecting its unique cultural and economic context. This study examined whether residents' eligibility for and duration in the subsidy program predicted constructs of the Theory of Planned Behavior (TPB), including attitudes, subjective norms, and perceived behavioral control, and whether these constructs were associated with drinking behaviors via drinking intention. Methods: A TPB-based questionnaire was administered to Kinmen residents between October 2024 and March 2025. Drinking behaviors were assessed by frequency and binge episodes. A total of 412 valid responses were collected, representing approximately 1% of the resident population. Three path analyses were conducted to examine associations among eligibility measures (duration and number of eligibilities), TPB constructs, drinking intention, and drinking behaviors (past-month drinking, past-year monthly drinking, and binge drinking status). Results: Duration of eligibility was not associated with TPB constructs in all models, whereas multiple eligibilities were linked to more favorable attitudes and weaker subjective norms toward drinking, though not to perceived control. Favorable attitudes and weaker subjective norms predicted stronger drinking intentions in all models, whereas greater perceived control predicted reduced intentions. Intention was associated with past-month drinking (aOR=1.48, $p<.05$), past-year monthly drinking (aOR=1.79, $p<.001$), and binge drinking (aOR=1.54; $p<.001$).
Conclusion: TPB effectively explains drinking intentions and behaviors within this unique pro-alcohol policy context. While duration of subsidy exposure was unassociated with TPB constructs, broader eligibility influenced subjective norms and attitudes, suggesting

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increased access may reinforce positive views toward drinking. Health strategies in Kinmen should focus on shaping perceptions and attitudes toward drinking, while balancing the cultural and economic importance of sorghum liquor with measures to reduce harmful use.

Board No: 248

Community Preferences for Firearm Safety Education in a Rural Southeastern County

Authors: Maness, Sarah B; Yelamanchili, Raghav; Culler, Breanna; Dillard, Brianna; Smitherman, Kailey; Martinez, Alondra; Pilgreen, Sue Anne

Background: Firearm injury remains a pressing public health concern across the United States, and Eastern North Carolina has higher rates of firearm deaths than the rest of the state. Safe storage education is one public health method to reduce firearm injury. This study, conducted by the EOSA 2024–2025 cohort in partnership with local coalitions and academic institutions, aimed to assess community attitudes toward gun safety and violence prevention in Pitt County, NC.
Methods: A 15-minute online survey was collaboratively developed with equal input from community partners to ensure cultural relevance and accessibility. Participants (N=127), aged 18 and older who live or work in Pitt County, were recruited via email, social media, and community flyers. The survey explored demographics, firearm ownership and use, safety education, storage practices, legal knowledge, and preferred sources for firearm safety information.
Results: Findings revealed that 37.8% of respondents currently own firearms, with personal protection cited as the primary reason. Among firearm users, 54% received formal safety education, while an equal percentage relied on informal sources. Safe storage practices varied, with 54% storing firearms in private, out-of-reach areas and 38% using lockable safes. Notably, 70% expressed concern about firearm violence in their community, and 20% reported personal experiences with firearm-related injury or death. Participants identified law enforcement, licensed trainers, and educational institutions as preferred sources for firearm safety and violence prevention education.
Conclusion: These insights will inform future programming and grant-funded initiatives aimed at reducing gun violence in the region. This study highlights the importance of community-engaged research in shaping responsive, locally grounded interventions.

Board No: 249

Comparing Risk Profiles of Nicotine Pouch and Smokeless Tobacco Use in U.S. Adolescents: A machine learning analysis

Authors: Han, Dae-Hee; Harlow, Alyssa; Leventhal, Adam; Sussman, Steven

Significance: NPs share similarities with conventional smokeless tobacco (ST) products, however it is not clear how risk profiles of adolescents who use NPs differ from those who use smokeless tobacco. This study applied machine learning (ML) methods to compare the risk profiles for adolescent NP use and ST use.
Methods: Data were from the most recent wave of the Population Assessment of Tobacco and Health Study (2022-2023). We employed Gradient Boosting Machine, a ML algorithm well-suited for binary classification, to model ever use of NP and ST, respectively. Each model incorporated a comprehensive set of ≥60 predictor variables organized into distinct conceptual domains. Variable importance was evaluated using scaled importance scores, and the top 10 predictors were identified for each outcome.
Results: Among 10,604 adolescents (51.2% aged 12-14 years, 48.9% female, 65.8% White), 105 (0.9%) reported ever using NPs and 168 (1.4%) reported ever using ST. Cross-product use emerged as the strongest predictor in both models with past 30-day ST use most strongly predicting NP ever use. Additional shared predictors included other tobacco/nicotine behaviors (e.g., cigarette

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and e-cigarette use), illicit drug use, peer influences (NP/ST use by important others), and receipt of NP/ST discounts or coupons. In the NP model, exposure to NP-related content on social media emerged as one of the top predictors. The models demonstrated strong predictive performance with area under the receiver operating characteristic curve values of 0.946 (NP) and 0.890 (ST). Conclusions: Findings suggest that adolescents who used NP and ST use shared similar risk profiles, including other tobacco and substance use behaviors, indicating overlapping vulnerabilities across these products. NP use was uniquely associated with social media exposure, highlighting the importance of regulating digital marketing and developing prevention strategies that address online influences as social media may represent a critical pathway for adolescent NP uptake.

Board No: 250

Assessing the Effects of Family Incarceration, School Assets, and Community Factors on Youth Mental Well-Being

Authors: Rogers, Christopher, J; DeSilve, Natasha; Zhang, Xiao; Rojas, Mikaela; Unger, Jennifer, B; Forster, Myriam

Background: Asset rich schools and neighborhoods can have potent protective effects for adolescent mental health. However, few studies focused on youth mental health have explored the role of schools and neighborhoods in the context of family member incarceration (FI). We investigated the intersection of FI, school assets and neighborhood characteristics [(EJI)-environment, social and health vulnerability] on adolescent suicidal ideation (SI), depression and anxiety. Methods: Data are baseline survey responses of high school students (N=2,351), linked to geospatial indices of EJI and urbanicity, participating in a multisite school-based study. GLMs tested hypothesized associations between FI and students' depression (CESD), anxiety (GAD7), and SI adjusting for age, sex, ethnicity, state, and family adversities (i.e., parent-caregiver substance use, mental illness, suicide, intimate partner violence). We also explored the potential protective effect of school assets across low vs. high environment burden. Results: The sample was 48% male and on average, 15.75 (SD=1.98) years old. Approximately 31% identified as non-Hispanic White followed by African American (29%), Hispanic (24%), Multiethnic (9%), and Asian (7%). One in three students (33%) experience the incarceration of a family member, 51% screened positive for depression, 34% for anxiety, and 19% acknowledged SI. FI increased risk for depression (AOR:1.77, 95% CI:1.15-1.91), anxiety (AOR: 1.60, 95% CI:1.14-2.26) and SI (AOR: 2.60, 95% CI: 1.64-4.12). However, youth with a history of FI who attended asset rich schools had significantly fewer mental health symptoms (ps < 0.01) than students in low asset schools; asset rich schools were most protective for youth with a history of FI living in the most environmentally vulnerable neighborhoods (ps <0.05). Conclusion: Adolescent mental health is the product of relationships and conditions across multiple, interacting systems including family, schools, and communities. Our results highlight that asset rich schools are especially advantageous for at-risk youth living in disadvantage communities.

Board No: 251

Active Aging for L.I.F.E.: An Intergenerational Program to Improve Adolescents' Aging Attitudes in Rural Communities

Authors: Chen, Xuewei; Roberts, Emily

Purpose: Intergenerational programs can improve aging attitudes, foster social connections, and promote health behaviors. We developed the Active Aging for L.I.F.E. (Longevity, Independence, Fitness, and Engagement), a community-based health literacy program engaging older adults (50+), college students, and junior/high school students in rural communities. Methods: In 2024 and 2025, L.I.F.E. leader

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teams (22 older adults and 26 college students) were trained and delivered the program in three rural schools to 86 adolescents (45 junior high and 41 high school students). Paired t-tests assessed pre- and post-program changes in aging attitudes. We also performed regression models to examine whether these changes differed based on students' biological sex and age group.
Results: Following the program, students showed significantly improved attitudes toward aging, including more positive views (e.g., seeing aging as a privilege, p=.002), increased personal health awareness (e.g., recognizing the importance of brain exercise, p=.004; and face-to-face social connections, p=.012), greater appreciation of older adults (e.g., valuing time spent with adults aged 65+, p=.034), heightened awareness of aging-related challenges such as understanding how aging affects social involvement (p=.012), and increased comfort discussing their feelings (p=.030). Moreover, junior high school students demonstrated a greater increase than high school students in looking forward to growing older (p=.009). Females showed a greater increase than males in recognizing the importance of exercising at any age (p=.047).
Conclusions: The L.I.F.E. initiative effectively enhanced youth attitudes toward aging and health behaviors. Findings support intergenerational, community-based programs as a promising strategy to promote health awareness and positive aging perceptions in rural settings. Ongoing analyses of older adults' and college students' data will further inform program impact across generations. This scalable, low-cost model leverages community assets, strengthens cross-generational connections, and aligns directly with the AAHB theme of centering community to advance health equity across the lifespan.

Board No: 252

The effects of a culturally tailored heritage program on nahi meehtohseeniwinki 'living well' constructs on young adults in the Miami Tribe of Oklahoma

Authors: Shea, Haley; Branscum, Paul; Hirata-Edds, Tracy; Lapointe, Alison

Purpose: The phrase nahi meehtohseeniwinki 'living well' captures an understanding of health for the Miami Tribe of Oklahoma (MTO) and emerges from the myaamia knowledge system. The MTO is actively undertaking a cultural eemamwiciki 'awakening', and supports a Myaamia Heritage Award Program enabling MTO citizens to attend Miami University (Oxford, Ohio) on a tuition waver. While enrolled, MTO students supplement their studies with courses centering on tribal themes: ecological perspectives/history; myaamia language/culture, and contemporary tribal issues. The purpose of this study was to compare nahi meehtohseeniwinki amongst MTO students in the Heritage Program to MTO college students currently enrolled outside of Miami University.
Methods: Nahi meehtohseeniwinki contains three domains: Nipwaayoni 'knowledge' (comprised of 5 knowledge competencies, evaluated as three constructs: current knowledge; learning; and participation); Mihceelioni 'values' (comprised of 8 community values, evaluated as one construct); and Myaamiiwinki 'intentional interactions' (comprised and evaluated as 5 constructs). A valid and reliable survey was developed and distributed to MTO citizens via multiple channels (e.g. emailers accessed by MTO citizens via QR code and social media). Independent samples t-tests were conducted to examine nahi meehtohseeniwinki components between student groups.
Results There were significant differences for several nahi meehtohseeniwinki components. Students in the Heritage program (n=26) reported significantly higher levels of the overall Nipwaayoni 'Myaamia knowledge' competency (p<0.001), as well

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as the individual constructs (Myaamia knowledge ($p<0.001$), learning ($p<0.001$), and participation ($p<0.006$)) compared to students not in the program (n=34). Heritage Program students also reported higher levels of social wellness compared to the comparison students ($p<0.002$). Conclusions: Developing measures such as nahi meehtohseeniwinki should be encouraged for tribal specific perspectives, given the variability of indigenous tribal viewpoints of health and wellness. Culturally appropriate programming appears to help enhance student connections with elements of their heritage and provide a better sense of culturally specific wellness.

Board No: 253

The Link between Internet Addiction and Mental Health among High School Students: The Protective Role of Internal and External Assets

Authors: Gomez, Rasmey; Rojas, Mikaela; Rogers, Christopher; Forster, Myriam

Background: Adolescent Internet addiction (IA), excessive use, neglecting house chores, school, and social life, has been linked to poor mental health and impaired socioemotional functioning. In contrast, internal assets (i.e., engaged learning, social competence, and positive identity) and external assets (i.e., support, empowerment, and constructive use of time) are robust predictors of resilience. While extensive research highlights the negative impact of IA on mental health, few studies have examined protective factors.

Methods: Data are baseline surveys of high school students (N=2,306) enrolled in a school-based study assessing health and developmental outcomes. GLMs tested the hypothesized association between IA and depression, anxiety, suicidal ideation (SI), and non-suicidal self-injury (NSSI). Internal and external assets were explored as moderators, adjusting for age, sex, ethnicity, state, and poverty status.

Results: Half of the sample was female (52%), 31% identified as White, followed by African American (29%), Hispanic (24%), Multiracial (9%), and Asian (7%). Over half of adolescents (56%) reported mild or moderate to severe IA, 51% screened positive for moderate to severe depression, 34% experienced moderate to severe anxiety, 19% acknowledged SI, and 17% engaged in NSSI. Although students with mild IA had about twice the odds of moderate to severe depression, anxiety, SI and NSSI than their peers, students with moderate to severe IA had five times the odds of moderate to severe depression (AOR=5.22, 95% CI: [3.82, 7.14]), anxiety (AOR=4.14, 95% CI: [3.05, 5.61]), SI (AOR=2.85 95% CI: [1.90, 4.25]), and NSSI (AOR=4.15 95% CI: [2.81, 6.12]). However, youth with moderate to severe IA who reported higher than average internal or external assets had significantly reduced odds of all four mental health indicators (ps <.05).

Conclusion: Findings suggest that internal and external assets may offset the mental health challenges linked to IA and the benefits of programs that bolster developmental competencies.

Board No: 254

Tailoring Nutrition Education: Delivery Method Preferences of Low-Income Older Adults

Authors: Rigg, Khary; Proctor, Steven; Faber, Kayleigh; Tyler, Tara

Purpose: While numerous studies have examined effective methods for delivering health interventions, the preferences of low-income older adults remain underexplored. This study aimed to identify preferred approaches for delivering a nutrition education intervention in this population. Methods: Data were collected from 15 low-income older adults between February and June 2025 in the Tampa Bay region of Florida. Participants completed a survey to provide demographic information and engaged in qualitative interviews to discuss delivery preferences for a community-based nutrition education program. Interviews were

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audio-recorded, transcribed, coded, and thematically analyzed. Results: Participants expressed a range of preferences but consistently highlighted the importance of social connection and accessibility. Most favored in-person sessions, especially when held in familiar community settings such as senior centers or housing complexes. These venues were perceived as convenient, comfortable, and conducive to routine participation. In-person delivery was also valued for allowing interactive elements, particularly food tastings, which many participants described as a key motivator for attendance. In contrast, there was strong resistance to video conferencing platforms (e.g., Zoom, Teams) due to prior negative experiences with technology, limited digital literacy, and the absence of face-to-face interaction. Conclusions: Nutrition education interventions targeting low-income older adults should prioritize in-person delivery in trusted community settings and include interactive, hands-on components to foster engagement. Virtual formats, while common in other populations, may pose significant barriers for this group and risk excluding those most in need. Grounding interventions in the lived experiences and practical realities of older adults can enhance both accessibility and program effectiveness.

Board No: 255

Promoting Roadway Safety and Active Commuting: A Community-Based Study with Young Adults in Montopolis, Austin, Texas

Authors: Thomas, Isabel; Springer, Andrew; Salvo, Deborah; Treviño, Nicole; Ramesh, Manasa; Zuokomor, Timi; Brizuela, Caleb; Gowan, MyrT'asia; Hagan, Asher; Imafidon, Leslie; Kies, Penuili; Miller, Eden; Ochoa, Nyla; Rush, Mikey; Sayen, Graciela

Purpose: The purpose of this study was to identify individual- and environmental-level barriers, supports, and recommendations for promoting roadway safety and active commuting among young adults living in the Montopolis community of Austin, Texas. The study responded to the disproportionate burden of crash-related injuries in Montopolis (87.6 per 100,000) compared to the Austin citywide rate (61.2 per 100,000). Methods: A young adult-led, mixed-methods community assessment was conducted in Summer and Fall 2024 through participatory learning and action (PLA) workshops at the Montopolis Recreation Center. Eleven community change agent citizen scientists engaged in Photovoice and PLA activities. Peer interviews were conducted with 41 young adults (mean age=22 years; 63.4% female; 48.6% Latine; 35.1% Black). The MAPS audit tool also completed walkability audits of 10 geographic areas and 24 roadway segments. Data were analyzed using descriptive statistics and thematic analysis.
Results: Peer interviews identified distracted driving, impaired driving, speeding, and inconsistent seatbelt use as common risk behaviors, influenced by social norms, financial barriers, and perceived invulnerability. Photovoice themes emphasized inadequate community infrastructure, economic stress, and stigma related to public transit. Walkability audits revealed missing sidewalks in 22.2% of segments, the absence of crosswalks in 69.6%, minimal signage, and limited tree coverage, contributing to perceptions of unsafe walking and biking. Recommendations included enhancing infrastructure (e.g., crosswalks, bikeways, shade), increasing transportation safety resources (e.g., ride-share subsidies, mental health outreach), promoting peer and community accountability, and creating spaces that foster social connectivity. Conclusions: Findings highlight the critical need for integrated infrastructure, cultural, and behavioral strategies to reduce roadway crashes and support safe, active commuting among young adults in underserved communities. This study demonstrates the value of participatory, youth-led approaches for generating actionable insights to inform transportation safety policies and interventions.

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Board No: 256

THE RELATIONSHIP BETWEEN MENTAL HEALTH AND SUBSTANCE USE AND SAFE STORAGE OF FIREARMS

Authors: Robbins, Christopher, B; Myint, Wah Wah; Smith, Matthew, L

Purpose: The purpose of this study was to evaluate the association between gunowners with mental health or other cognitive disorders or substance use and safe storage behaviors. Methods: Behavioral Risk Factor Surveillance System (BRFSS) data for 2024 was utilized to examine factors related to safe storage of firearms. There were 38004 participants that indicated having firearms in the home (8.3%). Predictors related to demographics, veterans' status, depression, memory problems, substance use, and living in a state with safe storage laws were evaluated related to participants' primary behavior of not storing firearms loaded and unlocked. Sub analyses were conducted related to others living in the home with Alzheimer's, depression, drinking or substance use, and serving time in prison. Results: Approximately 17% of participants stored firearms loaded and unlocked. Univariate analysis using logistic regression indicated that depression and living in a state with a safe storage law was a protective factor related to safe storage (P<.001), however memory difficulties, marijuana use, older age, and veterans' status were all predictive of poor safe storage behavior (P<.001). Multivariable modeling with step-wise regression showed that male gender, veteran status, binge drinking (all P< .001), were associated with poor safe storage behaviors while education level (P=.017), being married (P=.003), children in the household (P=.025), living in a safe neighborhood (P=.012), and safe storage laws (P<.001) were the primary drivers of positive safe storage behaviors. Having a member in the household from a vulnerable group with either depression, Alzheimer's, substance use addiction, or a prior prison sentence showed no significant difference in safe storage behavior except prior prison experience which resulted in worse safe storage behavior (P =.038).

Conclusions: Overall, many participants indicated positive safe storage behaviors, however there are still sub-populations within the gun-owning community that exhibit poor safe storage behavior.

Board No: 257

The Moderating Role of Physical Activity in the Relationship between Passive Screen Time and Cognitive Interference: A Daily Diary Study in Middle and Older Adulthood

Authors: Yuan, Shuhan

Purpose: The pervasive use of digital screens and its potential impact on cognition is a public health concern, particularly in middle and older adulthood, a life stage where cognitive maintenance is a priority. It is often hypothesized that physical activity may buffer the negative effects of screen time, yet the critical research gap lies in understanding the daily, within-person dynamics: how day-to-day fluctuations in screen time and physical activity co-occur to influence daily cognitive function like interference (i.e., intrusive thoughts). Methods: This study utilized an eight-day daily diary design to assess whether physical activity moderates the relationship between passive screen time and cognitive interference in a sample of 1,039 adults. Multilevel modeling was employed to determine where the interaction between screen time and physical activity occurred: at the daily level (within-person), the trait level (between-person), or across levels (cross-level), while controlling for age, sex, race, and marital status. Results: The analysis reveals that the relationship between screen time, physical activity, and cognitive interference is primarily a within-person, daily phenomenon. The data show a significant exacerbating effect at the daily level: on days when an individual engages in both higher-than-usual screen time and higher-than-usual physical

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activity, they report significantly more cognitive interference (□=.005, p<.01). There is no evidence that physical activity acts as a protective buffer in the sample. Conclusions: Aligning with Cognitive Load Theory, on days packed with both high activity and high screen use, the combined cognitive load may exceed working memory capacity. This may be overstimulating or depleting, leading to a mental state where it is harder to control intrusive thoughts. These findings challenge the notion of physical activity as a universal protective factor and highlight the cognitive cost of highly stimulating daily routines.

Board No: 258

Adolescent Vaping: Perceptions of Prevention and Support Needs from Teens, Parents, and Professionals

Authors: Armstrong, Chase; Savage, Hannah; Edwards, Ann; Scott, Lopez; Paulson, Amy; England, Kelli; Harrell, Paul

Introduction: In 2024, 19% of middle and high school students reported tobacco use, with nicotine vaping being the most common. Evidence suggests e-cigarette usage can increase the risk of lung cancer, cardiovascular disease, respiratory diseases, and emotional issues. Methods: An online survey was distributed in collaboration with the Adolescent Vaping Prevention and Cessation Task Force and community partners. Respondents included teens (n=55), parents (n=66), and teen-serving professionals (n=52). The team examined responses to the question: “What information and/or support do you think teens need to avoid vaping?”. Theme analysis was conducted, and group responses were compared qualitatively and with chi-square (X2) analysis. Results: The most prevalent themes identified from most to least were Education, Family Support, Peer Support, Safe Avenues of Communication, Skills to Resist Peer Pressure, Social Media Outreach, and First-hand Accounts. Almost half (49.1%) stressed the need for increased education, 11.6% for familial support, and 7.5% for peer support. Thus, large agreement exists that adolescents are undereducated about the dangers of vaping. Interestingly, the biggest difference of opinion surrounded the role of social media use and first-hand accounts in addressing vaping. No teens (0%) mentioned social media outreach as an important avenue to tackle vaping, while 7.8% of adults encouraged its usage X2 (1, N = 173) = 4.9, p = .026. Similarly, when it came to firsthand accounts, no teens (0%) noted its importance, while 8.3% of adults stressed their usefulness as a deterrent X2 (1, N = 173) = 4.4, p = .035. Conclusion: These results clearly emphasize the need for greater education when it comes to e-cigarette usage. Furthermore, each group stresses the importance of familial and peer support in treatment. There is some disagreement surrounding the use of social media outreach and first-hand accounts, the effectiveness of which should be explored in future research.

Board No: 259

Assessment of Tobacco Use and Knowledge of Smoke-Free Campus Policy among College Students

Authors: Aziz, Huma; Peters, Bukola, Otoise

Introduction: Studies have shown that smoke-free campus policies have reduced tobacco use among students; however, the effectiveness of smoke-free campus policy knowledge in decreasing the use of tobacco products among students remains underexplored. This study aims to investigate the relationship between policy knowledge and tobacco use across various sociodemographic groups, and to assess students’ support for a comprehensive tobacco/nicotine-free campus policy. Methods: Data were from a convenience sample of students (n = 93) from a U.S. midwestern public university. Measures included cigarette and e-cigarette use, cessation, secondhand smoke exposure, knowledge of campus smoke-free policy and cessation resources, as well as support for a comprehensive tobacco/nicotine-free policy. Analyses were conducted using stepwise

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logistic regression. Results: Most of those who used cigarettes (18.3%) and e-cigarettes (14%) were aware of the policy. The model estimates showed that being aware of the policy was associated with higher odds of smoking cigarettes compared to being unaware (AOR = 3.02, p = 0.38). On the other hand, being aware of the policy was associated with the lower odds of e-cigarette use compared to those who were unaware (AOR = 0.32, p = 0.31). However, none of the estimates were significant. Similarly, there was no statistically significant association found between policy knowledge and cigarette or e-cigarette use across the sociodemographic groups. Overall, 44% of respondents supported a comprehensive tobacco/nicotine ban on campus. Conclusion: There is no association between knowledge of policy and tobacco product use. However, our results should be interpreted with caution because of the limited sample size. Future studies should focus on larger sample sizes with rigorous sampling techniques.

Board No: 260

Gender differences in intentions towards performing the 5Ds of bystander intervention to prevent sexual violence on college campuses

Authors: Paul Branscum; Christine Hackman

Purpose: Bystander interventions (BI) are considered the gold standard for sexual violence prevention and involves someone stepping in to change the outcome of a potentially risky situation. There are five strategies commonly taught to be an effective bystander which are known as the '5 Ds': distract, delegate, document, delay, and direct. Gender has also been reported as an important determinant for BI, as some studies report compared to men, women are less likely to report barriers to BI, and women have higher BI self-efficacy. Little research has been done with regards to engaging in specific strategies outlined in the 5 Ds of BI, therefore, the purpose of this study was to evaluate gender differences in intentions to engage in the 5 D's to prevent sexual assault on a college campuses. Methods: College students across the country were recruited and randomized to one of five surveys, specific to one of the 5D's (150 to each group). Intentions were measured using a valid and reliable survey, and three items for each of the 5D's. Independent t-tests were used to evaluate gender differences for each strategy. Cohen's d was used to determine practical significance.
Results: Male (n=63) students had significantly higher intentions to engage in direct BI strategies compared to women (n=87) (p=.019; d=.37). All other strategies were not significantly different between female and male students. Conclusions: The only strategy that differed between male and female students was the 'direct' strategy, which oftentimes means confronting a perpetrator and being more likely to put oneself in harm's way. The other strategies are less confrontational in nature, which may lend to more universal approaches that can be better received by everyone. Future research should investigate the gender-based drivers of the 'direct' strategy to better inform BI programs promoting the 5 D's.

Board No: 261

Multi-year trends in 24-hour movement behaviors among 8th and 11th grade students in Texas: Evidence from the Texas School Physical Activity and Nutrition (Texas SPAN) survey

Authors: Pfledderer, Christopher, D.; Hunt, Ethan, T.; De Moraes, Augsto Cesar, F.; Zhang, Yuzi; Mullane, Emma, J.; Kapfhammer, Miranda; Ranjit, Nalini; Hoelscher, Deanna, M.
Background: Adherence to 24-hour movement behavior (24hrMB) guidelines (physical activity, screentime, sleep) is associated with improved health outcomes, yet few adolescents meet them. The purpose of this study was to investigate multi-year trends in 24hrMB among adolescents in Texas.
Methods: This study utilized data from

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multiple waves of the Texas SPAN survey, a state representative sample of 8th and 11th graders in Texas. Self-reported data included days/week of 60 minutes of physical activity (2009-2023), screentime hours/day (2000-2020), and sleep hours/day (2015-2023). Robust Poisson regression models were used to examine trends in 24hrMB with categorical year, adjusted for age, sex, race/ethnicity, and BMI percentile. Post-hoc marginal means were calculated and Jonckheere-Terpstra tests for trend were conducted for each 24hrMB across survey years. Separate models were employed for sex/age interactions. Results: A total of 49,998 (Weighted N=4,273,543, 14.8±1.6 years, 48% female, 45% Hispanic) 8th (N=29,461, 13.6±0.6 years, 48% female, 47% Hispanic) and 11th (N=20,537, 16.6±0.6 years, 48% female, 42% Hispanic) graders were included. Students were physically active 4.3±2.3 days/week, accrued 3.6±2.6 hours/day of screentime, and slept 7.1±1.3 hours/night. From 2009-2023, physical activity remained stable (ptrend=0.07). From 2000-2020, screentime increased from 3.4 hours/day to 4.0 hours/day (ptrend<0.01). From 2015-2023 sleep decreased from 7.1 hours/night to 6.9 hours/night (ptrend=0.01). Grade-level and sex-based trends were similar. However, 8th graders were physically active on more days/week (4.5 vs. 4.1, p<0.01), accrued more screentime (3.9hrs vs. 3.2hrs, p<0.01), and slept longer (7.3hrs vs. 6.7hrs, p<0.01) than 11th graders. Males were physically active on more days/week (4.7 vs. 4.0, p<0.01), accrued more screentime (4.2hrs vs. 3.0hrs, p<0.01), and slept longer (7.1hrs vs. 7.0hrs, p<0.01) than females. Conclusion: While physical activity remained stable, screentime increased and sleep decreased among adolescents in Texas. These findings highlight the need for targeted interventions to promote healthier lifestyles, especially among 11th grade females.

Board No: 262

Correlates of Ever Use of Nicotine Pouches Among U.S. Adults

Authors: Merianos, Ashley, L; Smith, Matthew L.; Lambert, Joshua; Petrovitch, Dan; Hamilton-Moseley, Kristen, R; Jewett, Bambi; Choi, Kelvin

Purpose: The prevalence of nicotine pouch use has shown an upward trend among U.S. adults. Despite the growing awareness of nicotine pouches, little is known about the correlates of their use. This study examined the correlates of ever using nicotine pouches among U.S. adults. Methods: Nationally representative data were collected in 2024 using a YouGov online survey, which included 3,200 U.S. adults aged 21 years and older. Ever use was defined as using nicotine pouches before but not currently, and current use on some days or every day. Sociodemographic characteristics included age, sex, race/ethnicity, educational level, and household income. Tobacco products included combustible cigarettes, electronic vaping products, cigars, hookah, other combustible products, and smokeless tobacco. Multivariable logistic regression analyses were performed. Results: Eleven percent of the participants reported using nicotine pouches. Participants aged 21-30 years (adjusted odds ratio [AOR]=4.43, 95% confidence interval [CI]=2.66-7.36) or 31-45 years (AOR=5.28, 95%CI=3.28-8.51) had increased odds of reporting ever using nicotine pouches compared with participants aged >60 years. Male participants were at increased odds of reporting ever using nicotine pouches (AOR=2.70, 95%CI=2.07-3.53) compared with female participants. Participants with a high school degree/equivalent (AOR=1.49, 95% CI=1.06-2.08) or some college education (AOR=1.43, 95%CI=1.02-2.01) were more likely to report ever using nicotine pouches than those with a college degree. Participants who currently used any tobacco product (AOR=10.25, 95%CI=7.27-14.44), combustible cigarettes (AOR=3.08,

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95%CI=2.22, 4.27), electronic vaping products (AOR=2.91, 95%CI=2.04-4.13), cigars (AOR=1.92, 95%CI=1.25-2.95), other combustible tobacco products (AOR=2.64, 95%CI=1.63-4.28), and smokeless tobacco (AOR=13.46, 95%CI=8.04-22.53) were at increased odds of reporting ever nicotine pouch use compared to participants who did not use these products. Conclusions: Younger adults, male adults, those with lower education, and current tobacco users were more likely to report ever using nicotine pouches. Tobacco prevention and cessation efforts should consider these key at-risk populations for nicotine pouch use.

Board No: 263

Framing Alcohol as Everyday: Network and Semantic Analysis of "Sulbang" on Korean YouTube

Authors: Lee, Jeong Kyu; Wang, Yifan; Du, Mengqi; You, Kyung Han

Purpose: This study examined how the YouTube "sulbang" (drinking-broadcast, where creators film themselves eating and drinking while engaging viewers) genre normalizes alcohol use. We focused on two processes: concentration of visibility through the recommendation system and the embedding of drinking within everyday, relational, and emotionally positive frames in videos and user comments. Methods: We identified 105 high-visibility sulbang videos (≥50,000 views) using Korean search terms. For each video, we captured up to 10 sidebar recommendations, resulting in 1,112 videos. We built a channel co-recommendation network in which nodes represented channels and edges represented co-appearance in recommendations. We computed centrality and community detection measures. Transcripts were processed to create a keyword co-occurrence network, which we clustered using CONCOR clustering. Audience interpretations were examined with a semantic co-occurrence network of comments from high-engagement videos. Results: The recommendation network was highly centralized around broadcaster and celebrity channels, reflecting concentrated algorithmic visibility. Independent creators remained largely peripheral. Content analysis identified six clusters: food & drink, relationships, leisure, celebrity content, media infrastructure, and emotional atmosphere. Food-related terms often appeared with "soju/beer," embedding alcohol in routine meals and social interactions. User comments highlighted relational and affective language alongside alcohol references. These patterns suggested parasocial affinity and positive emotional framing. Across structural, content, and audience layers, alcohol appeared as a normalized, socially embedded practice rather than a health risk. Conclusions: Sulbang normalizes alcohol through creator dynamics and algorithm-driven visibility, framing drinking as part of everyday social life. Centering community highlights the need to engage creators, audiences, and stakeholders in prevention. Key strategies include integrating harm-reduction cues into routine contexts, ensuring transparent disclosures for commercial content, and strengthening youth media literacy about algorithmic influence. Grounding these strategies in community practice can better align interventions with lived experience and help temper permissive norms in digital spaces.

Board No: 264

Associations between human papillomavirus infection and cardiovascular health

Authors: Dail, Joshua D; Cuthbertson, Carmen; Maness, Sarah B

Introduction: Evidence shows a possible association between human papillomavirus (HPV), a sexually transmitted disease, and increased risk of cardiovascular disease (CVD). However, it is unclear if adults with HPV have worse cardiovascular health (CVH) that puts them at risk of CVD. The purpose of this study was to examine associations between HPV infection and CVH.

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Methods: We analyzed data from the 2016-2018 National Health and Nutrition Examination Survey (NHANES), a nationally representative sample of US adults. Adults aged 18-59 years old gave a genital (n=1655) or oral (n=2151) biospecimen that was genotyped for HPV. CVH was measured using the American Heart Association's Life Essential 8 (LE8) metric, comprised of 8 components: diet, physical activity, nicotine use, sleep, body mass index, lipids, glucose, and blood pressure. A CVH score was calculated as the mean across the 8 items, ranged from 0-100, and poor CVH was classified as a LE8 score <50. We examined associations of HPV infection with low CVH as odds ratios and 95% confidence intervals (CI).
Results: Participants with HPV had lower CVH scores than those without HPV. HPV positive individuals were 1.38 (95% CI 0.68, 2.81) times as likely to have low CVH compared to participants without HPV infection in the oral sample. Amongst the genital sample, HPV positive individuals were 2.06 (95% CI 1.47, 2.88) times as likely to have low CVH compared to participants without HPV infection. For each LE8 component, the average score was similar for those with and without HPV except for smoking status. The overall nicotine scores for those with HPV were lower than the scores of participants who tested negative for HPV. Low nicotine scores indicate more frequent smoking or exposure to smoking. Discussion: Poor CVH among those with HPV may be linked to differences in smoking behavior and requires further investigation.

Board No: 265
Demographic and Lifestyle Factors on Oral Health and Chronic Medical Conditions

Authors: Gibbons, Ian; Merrill, Ray

Purpose: This purpose of this study was to examine the comparative effects of demographic, lifestyle, mental health, and BMI variables on dental visits (orthodontists, oral surgeons, other dental specialists, and dental hygienists) and tooth loss. Associations between dental visits and tooth loss with 11 common chronic diseases were also considered. Methods: Analyses included 1,770,829 adult participants from the 2016, 2018, 2020, and 2022 Behavioral Risk Factor Surveillance System (BRFSS) surveys. Associations were evaluated using unadjusted and adjusted logistic regression. Results: Overall, 65% of participants (62% men, 68% women) reported a dental visit in the past year, with the lowest prevalence among ages 25–34. Factors most strongly associated with dental visits, in descending order, were health insurance, education, household income, smoking, sex, mental health, BMI, race/ethnicity, age, employment, marital status, and heavy drinking. Tooth loss increased steadily with age, with women showing higher prevalence through ages 35–44 and men in later years. Strongest predictors of tooth loss were age, smoking, education, dental visits, household income, marital status, employment, race/ethnicity, mental health, BMI, heavy drinking, sex, and health insurance. Dental visits and tooth loss demonstrated both direct and indirect effects on chronic conditions, with indirect effects generally stronger. No effects were found for coronary heart disease. Tooth loss had a moderate influence on the chronic health conditions, ranking after age, sex, mental health, employment, smoking, and BMI. Dental visits showed weak or insignificant effects. Conclusion: Dental visits and tooth loss are significantly associated with chronic medical conditions, though their influence differs. Tooth loss exhibits moderate effects, while dental visits show weak effects. These findings highlight the role of oral health behaviors and outcomes in the broader context of chronic disease prevention and management.

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Board No: 266

Rigorous Validation of a Psychometric Tool to Measure Food Noise: The RAID-FN Short Form

Authors: Agley, Jon; Xiao, Yunyu; Dhurandhar, Emily; Maki, Kevin C.; Dhurandhar, Nikhil V.; Kyle, Theodore K.; Yurkow, Sydney; Hawkins, Misty A.W.; Ho, Emily H.; Cheskin, Lawrence J.; Sørensen, Thorkild I.A.; Wang, Xi (Rita); Gorman, Bernard; Binks, Martin; Allison, David B.

Background: Food noise refers to “persistent thoughts about food that are perceived as unwanted and unpleasant by the individual experiencing them.” Public awareness of food noise has risen alongside the use of glucagon-like peptide receptor agonists (GLP-1 RAs), which appear to attenuate food noise. Until recently, no psychometrically validated instrument existed to quantify food noise. Here, we describe the development and validation of the Ro-Allison-Indiana-Dhurandhar Food Noise (RAID-FN) Inventory.
Methods: Twenty-nine draft items for the RAID-FN were administered to 281 US adults on Prolific recruited using quotas to match national distributions of race/ethnicity, age, and sex (352 recruited; 71 excluded for failing quality control checks). Inter-item correlations, item-rest correlations, and factor analyses were used to eliminate items failing to meet standard psychometric benchmarks. The resulting 23 items were evaluated in an independent sample of 257 US adults on Prolific meeting the same national distribution parameters (352 recruited, 51 excluded for failing quality control checks, 44 excluded for reporting current GLP-1 RA use). We assessed convergent validity, conducted confirmatory factor analysis (CFA), and used exploratory graph analysis to generate a short-form (7-items), then measured two-week test-retest reliability among 27 participants from the sample of 257.
Results: Of 29 items, four were rejected for inter-item correlations < 0.3, and two for factor loadings < 0.45 across factor analyses. CFA with 23 items supported a three-factor model with the best model fit: $\chi2(227)=436.86,p<.001,RMSEA=.06,CFI=.95,TLI=.94$, which represented preoccupation with food, persistence, and dysphoria. The 7-item short form retained the three-factor structure, demonstrated expected convergent validity with good test-retest reliability (ICC(3,1)=0.89,95%CI [0.77,0.95];r=.89,p<.001), and displayed appropriate discriminatory validity when compared to multiple other scales.
Conclusion: The RAID-FN Short Form is a valid 3-factor, 7-item scale to measure food noise, that facilitates standardized assessment in clinical and population research, including studies evaluating interventions such as GLP-1 RAs.

Board No: 268

Rewriting the Prompt: Exploring and Reducing Stigma in AI-Generated Substance Use Imagery

Authors: Heley, Kathryn; Hom, Jeff

Purpose: Artificial intelligence (AI)-generated images are increasingly used in health communication but may reinforce stigma against marginalized groups. To understand the potential value of AI-generated images of substance use disorder (SUD) and recovery generated with ChatGPT, we investigated the: (1) default visual outputs produced in response to prompts about SUD and recovery, and (2) extent to which prompt modification and guideline-informed prompting could mitigate potentially stigmatizing imagery.
Methods: We used ChatGPT 4.o to generate SUD and recovery images (n=42) using 1) prompts with colloquial and stigmatizing language, 2) prompts following best practices for person-first language, and 3) image prompts written by ChatGPT. We then repeated all prompts (n=42) in a custom GPT informed by health communication guidelines for images of SUD. We used mixed-methods content analysis to identify demographics and stigmatizing elements. Codes met conventional standards for adequate reliability, with high percent agreement and kappa values of 0.69 or

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higher.
Results: Images produced in the default ChatGPT model featured primarily white men (86%). Further, 38% of images were classified as highly stigmatizing, featuring injection drug use, dark colors, and symbolic elements such as chains. Use of person-first language (e.g., person with addiction vs. addict) did not improve output. Images informed by detailed communication guidelines were markedly less stigmatizing, with 98% absent of stigma-related features. However, images now featured almost only Black women (74%). Images avoided visual references to substance use history, which may aid normalization but risk minimizing the lived experience of SUD and recovery. Conclusions: Our findings confirm prior research about stigma and biases in AI-generated images and extend this literature to substance use. However, our findings also suggest that 1) images can be improved when clear guidelines are provided and 2) even with guidelines, iteration and discretion are needed to create images suitable for health communication.

Board No: 269

Parenting Practices and Children's Objectively Measured Physical Activity

Authors: Amy Hutchens

Significance: Physical activity and nutrition track over time in children, thus supporting the importance of establishing high levels of PA in children of a young age. Low socioeconomic status children are disproportionately impacted by overweight and obesity. Family provides the social context where behavior patterns develop and influence children's physical activity levels. The purpose of this research is to explore the impact of physical activity parenting practices on children's objectively measured physical activity in a low socioeconomic status population. A community partnership was established with a daycare center to engage and recruit participants. Approach: This is a cross-sectional study examines the influence of parenting practices on preschool aged children's health behaviors. Parents of 3–5-year-old children completed the Preschooler Physical Activity Parenting Practices (PPAPP) instrument, and accelerometry measurements were collected from the children over a 7-day period. Results: Data collection was completed with N=47 participants. There is evidence of a moderate negative correlation between parenting practices promoting screen time and the average percent time spent in sedentary activity (rho= -0.44577, p=0.0376). Findings may be explained by parents' use of screen time as a tool to cope with the disruption of the children's movement. A moderate positive correlation between parenting practices that promote screen time and average percent time spent in moderate activity was found (rho=0.44403, p=0.0384). These unexpected findings may be explained by a compensatory behavior effect. It is possible that children who are allowed more screen time also deliberately promote moderate activity to balance it out. Parents who are permissive with screen time, may also be less restrictive overall, allowing children more freedom to engage in active play. Conclusions: Parents act as role models and provide logistical support for children's physical activity. More research is needed to define parenting practices that are critical to children's PA.

Board No: 270

Centering Community Needs in Substance Use Care: Evidence from TEDS-A on Criminal Justice Referrals and Delays for Unhoused Clients

Authors: Holdiman, Anna; Benzer, Justin; Mercer, Tim; Claborn, Kasey; Testa, Alexander; Mantey, Dale

Background: In 2024, an estimated 48.4 million U.S. residents aged ≥12 met criteria for past-year substance use disorder, yet only ~19% received treatment. Timely initiation is a quality benchmark, but wait times remain a barrier. Unhoused individuals face disproportionate barriers to timely care. A recent executive order framed criminal

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justice (CJ) referrals to "streamline" treatment access, an assertion lacking national evidence.
Objective: To assess whether treatment delays (≥15 days from first contact to admission) differ by referral source and housing status, with emphasis on CJ referrals.
Methods: We analyzed the Treatment Episode Data Set–Admissions (TEDS-A), restricting to first-time admissions from 2017–2022 (n=962,702). The outcome was delayed admission (0–14 vs. 15+ days). Primary exposure was living arrangement (unhoused, dependent, independent). Multivariable logistic regression adjusted for referral source, sex, race, ethnicity, primary substance class, treatment setting, age, year, and health insurance. We tested referral source × housing status interaction, reported adjusted odds ratios (aORs), estimated predictive margins, and conducted stratified analyses. This secondary analysis of public data was IRB exempt.
Results: CJ referrals were strongly associated with delay. In the interaction model, unhoused clients referred by CJ had greater odds of delay than independently housed, individually referred clients (aOR 1.86, 95% CI 1.62–2.14). Predicted margins showed higher probability of delay for unhoused CJ referrals (9.9%) versus independent (7.0%) and dependent (5.7%) living, a 41% higher relative likelihood. Stratified models confirmed the gradient: CJ vs. self-referral aORs were 3.35 among unhoused, 2.29 dependent, and 2.11 independent.
Conclusions: Carceral referral pathways are associated with longer waits for treatment, with the largest inequities among unhoused clients. National data challenge policy narratives framing criminalization as a pathway to timely care. Efforts to reduce delays should prioritize low-barrier, non-carceral pathways and capacity expansion for underserved populations.

Board No: 271

Community Firearm Violence and Dental Care Use in Middle Adulthood

Authors: Testa, Alexander; Mijares, Luis; Semenza, Daniel; Stansfield, Richard; Silver, Ian; Jackson, Dylan; Neumann, Ana; Temple, Jeff; Mungia, Rahma

Purpose: Prior research links violence inside the home to reduced dental care utilization, yet little is known about how community firearm violence affects dental care behaviors.
Methods: The current study used data from Wave V (2016–2018) of the National Longitudinal Study of Adolescent to Adult Health (Add Health), linked to census tract-level fatal and nonfatal shooting data from the American Violence Project for the 100 largest cities in the United States. The analytic sample included 1,925 respondents aged 33–42. The primary outcome was self-reported dental care use in the past year. Firearm violence exposure was categorized as 0, 1, or 2+ shootings in a respondent's census tract over a two-year period. Logistic regression models were used to estimate the relationship between shootings and dental care use, adjusting for individual sociodemographic factors, prior dental use, violence exposure, and contextual variables including poverty and dentists per capita.
Results: Respondents exposed to multiple shootings had significantly lower odds of past-year dental care use (OR = 0.625, 95% CI: 0.418–0.934) compared to those with no exposure, after adjustment.
Conclusions: These findings provide new evidence that suggests exposure to neighborhood violence may reduce dental care use, net of key confounding variables. Public health and dental initiatives may consider violence exposure when designing interventions to increase care utilization.

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Board No: 272

Recruiting First Response Agencies from the National Community to Participate in an Overdose Prevention Study: Randomized Controlled Trial

Authors: Agley, Jon; Henderson, Cris; Nair, Monica; Seo, Dong-Chul; Parker, Maria; Golzarri-Arroyo, Lilian; Dickinson, Stephanie; Tidd, David

Background: US opioid overdose death rates remain elevated. Naloxone (e.g., Narcan®) is an opioid antagonist that can reverse opioid overdose if administered in a timely manner. Currently, hundreds of first response agencies across the US partner with PulsePoint Respond to alert volunteer citizens in their communities via smartphone when CPR is needed in a public space. Our project assessed whether it was feasible to recruit those agencies to additionally send overdose education and naloxone carriage messages to that subset of motivated citizens.

Methods: We conducted a randomized, controlled trial (three parallel groups) with a 1:1:1 allocation ratio with post-sampling allocation by rurality. All agencies subscribing to PulsePoint Respond were considered eligible for inclusion (N=773). A random sample of 180 agencies was drawn. Recruitment for each study arm included attempts to locate a point of contact (POC), phone calls and e-mails with the POC, providing arm-specific flyers in PDF format, and “pitching” participating in our project using a slide deck. Arm 1 used standard recruitment language in the flyers and slide deck while Arm 2 preemptively addressed common but inaccurate concerns about naloxone. Arm 3 was a control arm for a subsequent study and received materials like Arm 1’s but with fewer “asks.” The primary study outcome was formal recruitment, as defined by an executed memorandum of understanding (MOU) with a first response agency.

Results: We successfully recruited 40 agencies (23%). Study arm (1 vs 2) conditions did not affect recruitment success (OR=0.754, 95%CI: [0.298-1.904], p=.550). Successful agency recruitment took an average of 159.08 days, 8.38 e-mails, 1.98 voicemails, 0.83 phone conversations, and 1.23 video calls.

Conclusion: Recruiting first response agencies from the national community to partner on overdose prevention research is feasible but effort intensive. Tailoring materials to preemptively address concerns about naloxone did not affect recruitment success.

Competing Interests Statement:

JA, CH, MP, and DCS have received funding through their employer (Indiana University) to conduct various research projects pertaining to opioids, harm reduction, and naloxone from federal, state, and local government entities and nonprofit foundations. CH was co–principal investigator of a National Institute on Drug Abuse Small Business Innovation Research grant that facilitated the development of a web-based naloxone training (Community Overdose Responders) being provided as an option for layperson responders in this study, but their participation was as an Indiana University employee; therefore, they do not have any mechanisms in place (eg, trademarks, patents, and access agreements) that would result in any personal profit or financial benefits accruing from the use of the training.

No other co-authors have disclosures related to this work.

Disclosure Statement:

This work, including analyses and some verbatim text, is derived from a paper that is currently under review at JMIR Public Health and Surveillance. This information was disclosed to the reviewers and conference conveners prior to a decision being made about acceptability for presentation. The theoretical possibility of conference presentations being made from the submitted paper was likewise disclosed in the journal article submission.

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$713,250) to JA. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Board No: 273

Community-identified barriers and strategies for improving HPV vaccination in South Texas

Authors: Thompson, Erika L.; Cano, Miranda; Reyes, Corin; Ravi, Tharani; Rodriguez, Jasmine; Grimes, Allison

Introduction: Bexar County is a South Texas county with low human papillomavirus (HPV) vaccination rates compared to the rest of the United States, which hinders efforts to prevent HPV-related cancers. Moreover, Bexar County is an ethnically diverse county with a large Hispanic population. We conducted a community assessment from the perspective of community stakeholders who administer services and/or participate in coalitions in Bexar County. We aimed to assess perceived barriers and possible community-driven solutions to HPV vaccination in Bexar County. Methods: Data were collected using an online survey measuring knowledge and attitudes toward HPV vaccination based on the Increasing Vaccination Model, as well as perceived barriers to HPV vaccination and potential solutions to improve vaccination. Participants included community stakeholders in Bexar County from January-March 2025 (N=45). Descriptive statistics were estimated. Results: Most participants strongly agreed that HPV vaccination rates could be improved (86%) and that it was very important for 9-26 year olds to get vaccinated for HPV (98%). Primary barriers at the organizational level reported by 93% of the sample for each barrier were competing health priorities, lack of provider knowledge/training, language barriers, and patient lack of awareness. Participants were asked to consider what community-level strategies could be deployed to increase HPV vaccination; the highest rated were mobile vaccination, public awareness campaigns, and financing for the vaccine. Conclusions: There is strong community stakeholder interest in improving HPV vaccination in Bexar County. Developing a multi-component intervention that addresses direct access issues, coupled with provider recommendations, could surmount the reported barriers to HPV vaccination in this community. Community-driven solutions are needed in order to have an impact on the prevention of HPV-related cancers.

Board No: 274

Does distance and density of alcohol retailers and influence adolescent alcohol use behavior? Findings from a high school student sample in California

Authors: Xiao, Zhang; Christopher, Rogers; Steven, Graves; Timothy, J. Grigsby; Myriam, Forster

Background: Alcohol is the most widely used substance among America adolescents with 20% of youth ages 14-15 having had at least one drink in their lifetime and 9% of high school students reporting past-month binge drinking. To date, few studies have investigated the role of exposure to alcohol retailers, defined as distance to the nearest retailer and retailer density, in adolescent alcohol use behaviors. Methods: Data are survey responses (N=705) of a diverse sample of southern California high school students enrolled in the SHARE project. Participant addresses were geocoded and linked to publicly available alcohol retailer information, distance and density measures were calculated. GLMs tested hypothesized relationships between distance from participants' home to the nearest alcohol retailer (800 meters), retailer density (number of retailer within 2.5/km2) and alcohol use, early alcohol initiation (before age 15), and binge drinking adjusting for age, sex, ethnicity, and parent alcohol/drug use history. Results: On average, students were 16 (SD=1.3) years old and evenly divided by sex (48% male). Nearly one third of the sample identified as White (31%) followed by African American (29%), Hispanic (24%),

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Multiethnic (9%), and Asian (7%). Over 1 in 5 students (23%) reported alcohol use, 15% were early initiators, and 25% acknowledged binge drinking. Distance to the nearest retailer and retailer density were significantly associated with binge drinking; students who lived 800 meters away from a retailer had lower odds of binge drinking (AOR:0.4, 95%CI:0.20, 0.98) while higher density of retailers was associated with higher odds of binge drinking (AOR:1.4, 95%CI:1.05, 1.99). Discussion: Results highlight that initiatives such as limiting the distance and density of alcohol retailers in residential areas with high youth populations and awareness campaigns that educate residents to the potential harms of exposure to alcohol retailers could be beneficial strategies to reduce underage alcohol use.

Board No: 275

Assessing the relationship between adverse childhood experiences, transitional stressors and binge drinking among college students in Southern California

Authors: Giselle Aguilar Avila, Linn Dahlman, Nicholas Szostkowski, Myriam Forster, Bethany Rainisch

Background: Adverse childhood experiences (ACEs) and transitional stressors may increase vulnerability to binge drinking among college students. Emerging adulthood is marked by instability and identity exploration, which can amplify stress-related coping behaviors. Understanding these influences is vital for developing targeted prevention strategies that promote resilience and reduce alcohol misuse.

Methods: Baseline data (N=791) consist of responses from college students in an mHealth intervention targeting substance misuse prevention and fostering resilient coping strategies. Past 30-day alcohol and binge drinking were each dichotomized (0=none, 1=any use). Transitional stressors were measured using the Inventory of the Dimensions of Emerging Adulthood. ACE was measured as a composite score derived from the 13-item ACE index. Logistic regression models assessed the associations between ACE, transitional stressors, alcohol, and binge drinking, adjusting for demographics. Results: Participants mean age was 22.7 years (SD: 5.8), and 68% were female. Over half (53.1%) were Hispanic, 18% Asian, 14% Non-Hispanic White, 10% Black, and 4% multi-racial. Females had significantly lower odds of binge drinking compared to males (OR=0.4, 95% CI: 0.2, 0.7). Hispanic students had 2.7 times the odds of binge drinking compared to non-Hispanic White students. (95% CI: 1.3, 5.5). ACE exposure and transitional stressors, respectively (OR=1.1, 95% CI: 2.0, 2.3; OR=1.2, 95% CI: 1.0, 1.4), were associated with higher odds of binge drinking. For 30-day past alcohol use, there was a significant interaction between ACE and transitional stressors, suggesting a moderating effect ($p<0.002$). Discussion: Preliminary findings suggest both ACE and transitional stress independently contribute to binge drinking among college students. For past 30-day alcohol use, students with higher ACE are more vulnerable to stress-related drinking. These findings underscore the importance of developing prevention programs that foster effective coping strategies and help reduce the negative health effects of ACE.

Board No: 276

Understanding Playground Playability: A Rapid Scoping Review

Authors: Morrison, Bethany; Garza, Case; Hunt, Ethan; Jowers, Esbelle; Salvo, Deborah

Background: Public playgrounds are vital community resources supporting health behaviors such as physical activity, social interaction, and cognitive and motor development in children through play. Although widely used by researchers and practitioners, there is no standardized definition of the term “playability,” limiting the understanding of the playground features that lead to increased engagement in different types of play. Purpose: To rapidly and systematically

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scope the literature on playground playability to synthesize existing definitions, measures, and elements included in the construct of "playground playability."
Methods: A systematic search in Google Scholar for works published since the year 2000 identified articles related to playgrounds and playability. Two researchers screened records using Ryyan, removed duplicates, and conducted title/abstract scans and full-text reviews. Inclusion criteria were original research peer-reviewed articles, theses, dissertations, or authoritative agency reports (e.g., CDC, WHO) published in English. Data extracted included study location, inclusion of play surfaces, and definitions or measures of playability from included studies.
Results: Of 1,802 records, 26 met the inclusion criteria. Most were original peer-reviewed research (92%), conducted outside the US (77%) and in high-income countries (73%). Screening eliminated studies focusing on video games, settings other than outdoor playgrounds, non-eligible publication type and language, as well as those that did not address playability. Emerging themes in the definition of playability included: the potential for play, design of the space, inclusivity, engagement with the space, child mobility, and the neighborhood environment. Measures of playability were typically observational, audit-based, questionnaire-based, and neighborhood-environmental measures.
Conclusions: Although playgrounds are recognized as health-promotive settings, the absence of a standardized definition of "playability" and operationalized measures prevents consistent assessment of playability across locations and contexts. Future work by our group will complement these findings from the literature with multi-disciplinary playground expert interviews to develop a comprehensive framework for assessing playground playability.

Board No: 277

Exploring the barriers and facilitators to health behavior among sexual and gender minority (SGM) dementia caregivers: A qualitative study

Authors: Pickett, Andrew C.; Hoskin, Jason; Caldwell, Clover; Slowey, AJ; Schwartz, Heather; Stigar, Lorraine V.; Hubach, Randolph D.; Green, Harold D.

Purpose: Sexual and gender minority (SGM) identifying caregivers of people living with Alzheimer's Disease (AD) and Related Dementias (AD/ADRD) face intersecting stressors related to identity-based stigmatization and role-based burden, which may result in poor overall health behaviors (e.g., reduced physical activity). Early research suggests this population has poorer mental (e.g., anxiety, depression, suicidality) and physical health outcomes (e.g., higher rates of chronic conditions, all-cause mortality) than their cisgender, heterosexual counterparts. Further, identity-related stigma operates as additive to (i.e., on top of) existing stressors associated with care provision and activities of daily living. Therefore, this study sought to examine the complex interplay between SGM identity and caregiver burden with respect to health behavior.
Methods: We conducted semi-structured, qualitative interviews with SGM-identified caregivers of people living with AD/ADRD (n=15). The interview guide focused on primary barriers and facilitators to health behaviors for caregivers. Data were transcribed and analyzed using a content analytic approach that was both inductive and deductive, guided by the Minority Stress Model.
Results: Primary themes related to identity management and disclosure in medical spaces, challenges in finding instrumental and social support, and navigation of challenging relationships with care recipients. Participants reported a consistent burden of identity disclosure in medical settings and fear of adverse reactions. Some also noted challenges associated with contested relationships with care recipients.

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Some participants reported having strong social networks that supported their caregiving; however, this was often limited in instrumentality.
Conclusions: Participants echoed many of the challenges to self-care identified in prior literature, specifically a lack of time and support to engage in self-care. However, SGM caregivers also identified unique additional barriers to health. Given these findings, SGM caregivers may have additional support needs associated with the interconnected nature of identity stigma and care-role related burden. Future studies should explore tailored support needs.

Board No: 278
From Community Values to Health Actions: Moral Norms as the Key Predictor in Reducing Single-Use Plastic

Authors: Wilkinson, Katie; Largo-Wight, Erin; Truelove, Heather, B; Barrett, Sydney; Young, Abbey

Exposure to single-use plastics presents a pressing threat to community and global health. Common disposal techniques, such as landfilling and incineration, release harmful toxins into the environment, contaminating the atmosphere, water, and soil. Microplastics and nanoplastics resulting from degrading plastic have been detected in human tissues and leach toxic chemicals. These chemicals include bisphenol A (BPA), phthalates, and styrene, known harmful chemicals that disrupt the endocrine system and contribute to respiratory illnesses and chronic diseases. Reducing single-use plastic consumption and therefore preventing its disposal in landfills or through incineration is a critical step towards reducing these health effects. The purpose of this study is to identify which beliefs most strongly influence intentions to reduce single-use plastic consumption. 638 students from two costal colleges completed a 110-item survey guided by an expanded version of the Theory of Planned Behavior (TPB) that included attitudes, subjective norms, perceived behavioral control, moral obligation, self-identity, and descriptive norms. Single-use plastic consumption was defined as using items such as snack wrappers, straws, cups, lids, take out containers, bags, utensils, bottles, masks, and hygiene products. Results indicate that the path model fit the data well, $\chi^2(4, N = 638) = 6.30$, $p = .18$, RMSEA = .03, CFI = .998, accounting for 61% of the variance in single-use plastic reduction intention. All expanded TPB constructs, except for descriptive norms, were significant predictors of intention and the strongest predictor was moral norms ($\beta = .43$, $p < .001$). This study offers valuable insights for the development of targeted, community-based interventions aimed at fostering sustainable health behaviors across college campuses. A campus campaign encouraging students to reflect on the moral implications of their plastic-use that frame reduction as the “right” or responsible action could strengthen moral norms and motivate more students to act in line with their ethical beliefs.

Board No: 301
Level Up for Wellness: Gamified Exercise to Engage Neurodiverse Youth

Authors: Salbilla, Lydia; Zheng, Shuting; Fung, Coleman; Choi, Yuji; Yucel, Nermin; Cho, YoonJae; Desalos, Adriana; Kim, Young-Shin
Introduction:
Regular physical activity (PA) supports mental and physical health, yet many children and adolescents—particularly those with neurodevelopmental or mental health challenges—struggle to maintain consistent PA routines. As PA declines and screen time increases during adolescence, innovative and engaging strategies are needed to enhance motivation. The Blue Goji recumbent bike integrates interactive video gaming (GojiPlay) with cardiovascular exercise, creating a “gamified” experience that may increase engagement and adherence. This pilot study aims to develop guidelines for the safe and effective use of the Blue Goji system among neurodiverse youth and those with mental health conditions, incorporating input from families

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and clinicians.
Methods:
The project is conducted in an outpatient child and adolescent psychiatry and psychology clinic serving youth with developmental and mental health conditions. Participants are recruited from this clinic's patient population. Using a community-engaged participatory action research framework, the study will iteratively develop, refine, and evaluate a protocol to promote PA through gamified cycling. Three cohorts (n = 15 each, ages 8–18) will each complete three 3-minute biking circuits separated by 2-minute rest periods. Exclusion criteria include medical, cognitive, or motor conditions that make exertion unsafe or task participation difficult. Physiological measures (blood pressure, heart rate, height, weight) will be obtained, with continuous heart-rate monitoring from the bike sensor validated against a pulse oximeter. Structured interviews during and after sessions will assess comfort, engagement, and usability. De-identified data will be stored in REDCap, and findings from each cohort will guide iterative refinements.
Ethics:
Institutional Review Board (IRB) approval is underway.
Discussion:
Integrating video gaming with structured physical exercise offers a promising, inclusive strategy to increase PA among neurodiverse and mental health–challenged youth. This collaborative design emphasizes safety, engagement, and feasibility while informing a sustainable, evidence-based model for clinical implementation.

Board No: 302
Assessing Gene - Environment Interaction in Stimulant Use Disorder: Development and Validation of a Novel Diathesis–Stress Burden Score

Authors: Mohammad Pritom, Gazi Sakir; Li, Xiaoming; Qiao, Shan; Yang, Xuyeying; Olatosi, Banky; Tam, Cheuk Chi; Shi, Fanghui

Introduction
Stimulant use disorder (StUD) is a growing public health concern, with more than four million individuals affected in the United States. Despite this burden, limited research has leveraged large-scale electronic health record (EHR) and genomic data to understand genetic and environmental vulnerability and their effects on treatment engagement. This project aims to (1) develop and validate a computable phenotype for StUD using the All of Us (AoU) database, (2) identify genetic and environmental risk factors and their interaction using a diathesis–stress framework, and (3) evaluate whether combined gene × environment (G×E) vulnerability influences linkage to evidence-based treatment.
Methods
This protocol describes a three-study project using AoU controlled-tier data. Study 1 will construct and validate a multi-domain computable phenotype for StUD, integrating diagnostic, medication, and laboratory data, verified against gold-standard chart-reviewed cases. Study 2 will perform genome-wide association analyses to identify ancestry-specific variants, generate polygenic risk scores (PRS), and test independent and interactive effects of PRS and perceived stress scale (PSS) scores on StUD risk. Study 3 will evaluate whether higher diathesis–stress burden (combined PRS + PSS risk) predicts lower odds of linkage to evidence-based treatment (e.g., cognitive-behavioral therapy, contingency management). Logistic regression models will adjust for demographic and clinical covariates and examine effect modification by race/ethnicity and insurance status. Analyses will be performed in R within secure cloud platform of AoU.
Ethics
This study involves secondary analysis of de-identified data from the AoU Research Program. The AoU IRB follows Office for Human Research Protections guidance. This project qualifies as "Not Human Subjects Research" under 45 CFR 46.
Discussion
This project introduces an innovative

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integration of EHR phenotyping, genomic analysis, and psychosocial measures to understand vulnerability and treatment engagement in StUD, advancing precision approaches in health-behavior research. Registration
This project is not a clinical trial

Board No: 303
Navigating Power and Engaging Minoritized People Who Use Drugs in Knowledge Production with Critical Participatory Action Research

Authors: Satterfield, Naomi; Seo, Dong-Chul; Guerra Reyes, Lucia
INTRODUCTION
The opioid epidemic disproportionately impacts Black communities. Structural racism within care systems exposes Black people to anti-Black racism (ABR). Black people who have used opioids can contribute to understanding how to navigate ABR in care systems. We will work with Black people in recovery to identify varying sources of support they attribute to survival and recovery in light of ABR. Aim 1: Identify key events and contributors to substance use survival and recovery as described by Black people in recovery. Aim 2: Identify and systematize the ways Black people in recovery navigate challenges related to ABR within care systems.
METHODS
We will use the Critical Participatory Action Research (CPAR) with 10-12 Black adults in Indianapolis, Indiana, who consider themselves in recovery and have misused opioids within the past three years. Participants will be co-researchers over four data-collection sessions. 1. In a focus group, we will collaborate on goals and co-create a timeline-based interview guide from substance use initiation to recovery. 2. We will interview participants individually using the guide. 3. The group will collaborate to compare interviews, identify convergence and divergence of tactics/tools, and define formal and informal supports. 4a. Two qualitative researchers will use thematic analysis to identify emerging tactics/tools from sessions two and three. 4b. The group will meet to review the analysis, provide insight and correction, and identify informal supports to be shared in their community. I will obtain IRB approval prior to this study.
DISCUSSION
CPAR is beneficial in examining health behaviors intertwined with structural stigmas, especially when related sources of stigma are present in researcher/participant relationships. This approach prioritizes trust, attempts to flatten potential hierarchies, and engages participants as experts who contribute to multiple levels of research. This study will contribute to interventions in other minoritized communities. Data collection begins in spring, 2026.

Board No: 304
Addressing Health Equity Through Community Asset Mobilization: Lessons from an Immigrant Women's Empowerment Program

Authors: Patil Shilpa; Neelamegam Malinee; Sundaramurugan Suruthi; Hoang Nichole; Pardikar Prajakta
Introduction: Asian Indian women on H4 dependent visas face significant health disparities due to employment restrictions, social isolation, and limited mobility in car-dependent regions. These barriers contribute to diminished mental well-being, professional identity loss, and vulnerability to domestic abuse. Traditional deficit-based approaches often overlook the rich assets within immigrant communities that can be mobilized to address these inequities. Innovation: Project Saksham employs a community asset mobilization approach to empower H4 visa holders in Dallas-Fort Worth by leveraging existing community strengths to reduce social isolation, enhance independence, and improve psychosocial well
Methods: This ongoing community-based initiative mobilizes multiple assets including ethnic associations, local businesses, volunteer networks, and social media platforms. The program implements peer-led support groups, driving instruction workshops, resource navigation sessions,

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and a digital resource guide. Eighteen participants were recruited through culturally tailored outreach and matched with experienced community mentors who facilitate bi-monthly support meetings. Mixed-methods evaluation includes pre/post surveys measuring social isolation, confidence in navigating U.S. systems, and mental well-being, supplemented by participant journals and focus groups. Ethics: This program evaluation received institutional determination as non-human subject's research. Results: Initial recruitment exceeded expectations with 34 women expressing interest, revealing profound relief and excitement about community-centered support. Participants openly shared experiences of loneliness and expressed both desires to help others and receive support, demonstrating the reciprocal nature of community asset mobilization. Discussion: Project Saksham demonstrates how centering community voices and mobilizing existing cultural assets can effectively address health inequities among immigrant women. This asset-based approach fosters sustainable, peer-led solutions that honor lived experiences while building community capacity for lasting health behavior change.

Board No: 305

Development of a Virtual Comprehensive Smoking Cessation Intervention Protocol Among Low-Income Rural Maternal Women

Authors: Mealing, Saylor; Chiang, Shawn; Chen, Lei-Shih; Ma, Ping

Background: Rural and low-income communities experienced higher rates of smoking during pregnancy and postpartum periods, compared to their urban and higher-income counterparts; such disparities were further exacerbated by the COVID-19 pandemic. However, the pandemic accelerated the need for virtual health programs, which reduce barriers to accessing cessation programs in geographically isolated communities without in-person requirements. Objectives: This program aims to (1) adapt and virtualize a comprehensive, evidence-based, and multi-component, multilingual smoking cessation program (Baby & Me Tobacco Free, Smoke-Free Homes, and health professional training) for low-income, rural pregnant smokers and their families in Texas; (2) support smoke-free home program adoption among participants in their households; and (3) build sustainable local capacity by training health professionals to deliver maternal cessation services. Design: This three-prong intervention, grounded in Social Cognitive Theory and Transtheoretical Model, integrates three evidence-based existing programs adapted for virtual delivery. The program takes a holistic approach to assist maternal smokers quitting through three levels: 1) individual cessation support for pregnant women, 2) a smoke-free household environment program, and 3) building community capacity through local health professionals training. Outcome measures included biochemically-verified smoking cessation status using a mobile app-based carbon monoxide breath testing device, smoke-free home policy adoption, and health professionals' skills and self-efficacy in delivering a cessation intervention.
Program Significance: This study is among the first virtual, holistic smoking cessation programs that targets rural and low-income maternal women. This comprehensive program addresses individual, household, and community-level factors influencing smoking during pregnancy and postpartum in rural communities. Particularly, virtual delivery addresses geographical and transportation barriers and maintaining evidence-based components. By training local health professionals, the program creates sustainable infrastructure for continued cessation support beyond the initial intervention period. This model can be adapted for other rural communities facing similar service access challenges.

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Board No: 306

Toward Replicable Information Quality Assessments of Short-Form Videos: a Protocol for Evaluating Information Quality Scales with TikTok Skin Cancer Data

Authors: Hughes-Wegner, Alexandra T; Liu, Xuejing; Blaser, Robert; Vanderloo, Jackson; Valdez, Danny; Walsh-Buhi, Eric R.

Introduction: TikTok has become a highly used platform for health communication, particularly among young people; yet, few validated tools exist to assess the quality of health information shared via short-form video. Existing information quality scales (Video Information and Quality Index (VIQI), Global Quality Scale (GQS), Patient Education Materials Assessment Tool (PEMAT), and DISCERN) were designed to evaluate text-based evidence quality and may not capture the unique idiosyncrasies of short-form videos. Evaluating the effectiveness of these tools on short-form videos, currently the most popular form of social media, is necessary to ensure standardized assessments of information quality.

Purpose: To evaluate existing validated information quality scales on short-form video platforms (e.g., TikTok), identify gaps in coverage, and propose potential scale adaptations.

Methods: We will apply DISCERN, VIQI, GQS, and PEMAT to a sample of TikTok skin cancer-related videos (N=1,000). Two trained coders will independently assess each video using the original version of all instruments.

We will complete this process in four stages:

1. Baseline Reliability Testing. Interrater reliability will be evaluated using Cohen's Kappa (cutoff) to establish baseline consistency and identify items and measures not effectively capturing video-based content (n=500).
2. Construct Evaluation. We will conduct interviews with coders to examine how each scale's items align with the unique features of TikTok.
3. Adaptation. Stage 2 findings will guide the adaptation of ambiguous items using a fidelity matrix to ensure conceptual alignment.
4. Validation. We will test the original and adapted scales on a new sample of videos (n=500) and compare scores between the two to assess construct equivalence and internal consistency.

Discussion: Findings will inform the development of contextually relevant, psychometrically sound tools for evaluating health information quality on TikTok, advancing methodological rigor in digital health communication research.

Ethics: This study is considered non-human subjects by a Midwest IRB.

Board No: 307

Assessing the Information Quality of HPV Vaccine Images on Instagram: A Multidimensional Approach

Authors: Ginwal, Priyanka

Despite the long-standing availability of the Human papillomavirus (HPV) vaccine, vaccination remains underutilized. According to the Centers for Disease Control and Prevention (CDC), only about 57.3 % of U.S. adolescents are up to date on HPV vaccination, falling short of the 80% national target (Healthy People 2030). In an era where health information is increasingly consumed through visuals on social media, image-based messages play a critical role in shaping public understanding and vaccine behaviors. Yet, little is known about the quality of visual vaccine information, especially on Instagram, the most image-centric social platform among young adults (the primary HPV vaccination group). This study proposes a comprehensive framework to evaluate the information quality of HPV vaccine images. Drawing on established tools such as DISCERN (accuracy, credibility), PEMAT (clarity, actionability), and Wang & Strong's (1996) information quality framework (completeness, representational quality), the project integrates diverse constructs to capture how well images convey vaccine information. A systematic content analysis of approximately 300 Instagram posts tagged with HPV

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vaccine-related hashtags will assess each image across these six dimensions. Two trained coders will independently evaluate images, and interrater reliability will be established using Cohen's κ. By identifying the overall level of information quality, this study will generate novel insights into how digital visuals contribute to or hinder public understanding of HPV vaccination. Findings will inform evidence-based design principles for future health campaigns, helping organizations create visuals that are both accurate and behaviorally motivating. This project addresses a critical public health communication gap by focusing on the quality of visual health information rather than textual messages, offering a methodologically rigorous and broadly applicable model for improving the credibility and impact of vaccine communication across social media platforms.

Board No: 310

High-alcohol-by-volume ready-to-drink alcohol across 15 U.S. states: Availability, pricing, and policy implications

Authors: Tillett, Kayla, K; Smith, Shannon, A; Zhou, Zhengyang; Walters, Scott, T; Felini, Martha; Gerndt, Elizabeth, M; Kovell, Maria, T; Rossheim, Matthew, E

Introduction: High-alcohol-by-volume (ABV) ready-to-drink (RTD) beverages are inexpensive, widely available, and disproportionately consumed by youth. Retail availability and price are among the strongest population-level determinants of alcohol consumption, making these products especially concerning. High-ABV RTDs contribute to binge drinking and alcohol-related harms but remain accessible. This study will: (1) document the retail availability, price, price per standard drink of high-ABV RTDs across multiple states; (2) test associations between state/local excise and sales taxes and product prices and availability.

Methods: This cross-sectional study is currently in progress. Retail surveillance data have been collected from more than 2,300 off-premise retailers (convenience, gas, liquor, grocery stores) across 15 states. Using a citizen science model, trained community coalition members documented product availability and retail price for 6 high-ABV RTDs, along with a lower-ABV beer and a non-alcohol reference. Additional data collection includes development of a product-specific excise tax dataset coded from state statutes, jurisdiction-level cumulative sales tax data, and city-level cost-of-living. These datasets will be merged with the retail surveillance data for analysis. Planned analyses include descriptive statistics, bivariate tests, and multivariable linear regression (price per standard drink) and logistic regression (availability), adjusting for cost of living and sampling approach (random, convenience, census). Ethics: This protocol was reviewed and deemed non-human subjects research. Discussion: This is the first dataset to integrate retail surveillance with legal epidemiology of excise and sales taxes for high-ABV RTDs. By combining these approaches with citizen science, the protocol provides an innovative, policy-relevant study that aims to generate actionable evidence for community advocacy to inform stronger alcohol pricing and taxation policies. Registration: Not applicable (observational, non-interventional study)

Board No: 311

CHEFS: Describing the development of a novel approach to addressing food security and culinary efficacy among college students/young adults

Authors: Bell, Lauren, N; Bradley, Madilyn

Purpose: Approximately 3.8 million college students in the United States experience food insecurity (FI), which can negatively impact academic performance, health, and overall well-being. Evidence suggests that many students lack basic culinary skills and nutrition knowledge needed to prepare balanced, affordable meals. The purpose of this study is to assess the feasibility and impact of C.H.E.F.S (Culinary and Health Education for Fueling Students), a pilot culinary intervention designed to improve culinary self-efficacy among students

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experiencing food insecurity at a large public university.
Methods: The intervention consists of a five-week culinary bootcamp focused on teaching foundational kitchen and cooking skills. Based on key informant discussions, additional instruction on budgeting, grocery shopping, and resource management will also be provided. All sessions will be conducted in a campus-based teaching kitchen and led by trained dietetics students. Recipes will incorporate ingredients commonly available in food pantries to ensure relevance and applicability. Thirty students experiencing food insecurity will be recruited from the campus food pantry and screened using the two-item Hunger Vital Signs tool. Primary outcome measures will be measured before and after the 5-week intervention. Outcomes will include culinary skills, culinary self-efficacy, fruit and vegetable consumption, and diet quality. Dietary intake will be assessed using the ASA24, a self-administered online dietary assessment tool, while culinary skills and self-efficacy will be measured using an adapted Cooking and Food Provision Acting Scale (CAFPAS). Qualitative exit surveys will capture key implementation data including participant experiences and provide feedback for refining the intervention. Data analyses will include descriptive statistics, paired-sample t-tests, and qualitative coding.
Ethics: An expedited IRB review is in process and will be submitted before the study begins.
Discussion: Innovative, practical strategies are needed to support college students experiencing food insecurity. By targeting culinary self-efficacy and skill-building, this pilot study will generate critical evidence to inform interventions aimed at improving dietary quality, promoting healthier food practices, and enhancing overall well-being among high-risk students.

Board No: 312

Comparing the Psychometric Validity of a Direct Linguistic Translation versus a Community Translation of the Multidimensional Scale of Perceived Social Support (MSPSS)

Authors: Dutta, Tapati; Zimet, Gregory; Agley, Jon

Introduction: To assess constructs like “perceived social support,” researchers and practitioners use measurement instruments that have been psychometrically validated. Such validation provides confidence that the target of interest is indeed being measured by the combination of questions in the instrument. When translating an instrument into other languages, it is critical that its psychometric properties are preserved. Errors that affect translation may stem not just from linguistic mistranslation but also from different cultural understanding of terms in the questionnaire, such as “significant other.” Based on our experience facilitating a community translation of the Multidimensional Scale of Perceived Social Support (MSPSS) into Diné bizaad (Navajo), this study will compare the psychometric properties of a direct linguistic translation of the MSPSS into Diné bizaad with our community translated version.

Methods: We will conduct a randomized controlled trial among 200 English/Navajo bilingual adults who are residents of La Plata County, Colorado but not subject to the tribal IRB. Participants will be identified by in-person snowball recruitment, including flyers and indigenous traditional methods such as word of mouth at local flea markets, chapter house meetings, and Pow Wow. Prior to printing, the paper surveys will be electronically randomized (1:1 blinded allocation by translation) and surveys will be completed in strict numbered order. Confirmatory factor analysis (CFA) will be conducted on data from both conditions to examine and contrast model fit.
Ethics: We have plans to obtain IRB approval before initiating this study.
Discussion: Since the original MSPSS has a well-established factor structure, comparing

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two translation approaches using CFA will enable assessment of the quantitative impact of engaging the community in adjudicating the meaning of core terms within the instrument. Any observed differences might potentially lead to hypotheses about other direct translations of measurement instruments, both locally and globally.

Disclosures and Acknowledgements (Not Part of Word Limit): This study will be funded by the Office for Research Development, IU Research, via the Research Micro Grant mechanism.

Board No: 313

Readiness to Change in the Face of Occupational Burnout: Understanding Cardiovascular Health Risks in Head Start Educators

Authors: Wilkinson, Katie; Witherspoon, Dawn

Head Start, the nation's largest federally funded early education program, serves children and families from low-income backgrounds. The health and well-being of Head Start educators are critical to the success of the program, yet they often face high levels of stress and poor physical health due to demanding workloads. These work-related challenges increase the risk of occupational burnout, characterized by extreme exhaustion and mental fatigue. Burnout in caregiving professions is associated with adverse health outcomes that are major risk factors for cardiovascular disease. This study aims to examine the associations between burnout, cardiovascular risk factors, and readiness to change health behaviors. Eligible participants will be recruited from Head Start centers across the southeastern U.S., with a target sample of 120 educators. This study has obtained approval from the university's Institutional Review Board. Measures include blood pressure (BP) and body mass index (BMI) collected by trained nursing students and research assistants using standardized procedures and a self-report survey including demographics, the Copenhagen Burnout Inventory, and the subscales Perceived Benefits and Intentions to Change and Healthy Eating Intentions from the Attitudes and Beliefs about Cardiovascular Disease (ABCD) questionnaire. Data will be analyzed using the SPSS v29. Pearson r correlations will test associations, with the expectation that higher occupational burnout, BMI, and BP will be negatively correlated with readiness to change cardiovascular health behaviors. Group comparisons, using t-tests and ANOVAs, and Chi-Square tests will further examine differences and associations, with the hypothesis that high burnout scores and elevated BP will report lower health behavior change readiness and be overrepresented in the low-readiness category. Together, these analyses will clarify the relationships between burnout, cardiovascular health risks, and readiness to change. Findings will contribute to health behavior research, including strategies to reduce burnout and improve cardiovascular health in high-stress workforces.

Board No: 314

Tea & Spice: A Storytelling-Based Protocol to Center Women's Lived Experiences in Health Behavior Research

Authors: Haq, Kanwal; Sawant, Niharika; Noble, Gabriela; Mankale, Medhini; Laines Macias, Viviana; Chowdhury, Ahana; Norman, Ada; De Pins, Agathe; Perelmuter, Sara; Siddiqi, Alysha; Siddiqi, Asiya; Gradilone, Sofia; Heilig, Sarah; D'Almeida, Amanda; Simmons, Gema

Women's health research has long been shaped by structural and cultural bias, from the exclusion of women in clinical trials to the persistent dismissal of symptoms in clinical encounters. These inequities have produced knowledge gaps, misdiagnoses, and care systems that fail to reflect women's lived experiences. Addressing these gaps requires community-rooted approaches that recognize women as experts in their own health.

TCY Women developed Tea & Spice, a storytelling-based research program designed to transform lived experience into

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actionable data. Named for symbols of connection and healing across cultures, Tea & Spice sessions provide safe, facilitator-led spaces where women share narratives about health challenges, barriers to care, and strategies for self-advocacy. By foregrounding women's voices, the program both validates lived experience and generates insights that are often missed in traditional research.
Grounded in community-based participatory research (CBPR) and informed by the Health Belief Model (HBM) and Theory of Planned Behavior (TPB), Tea & Spice explores constructs such as perceived barriers, self-efficacy, attitudes, and behavioral control. Two 90-minute virtual sessions are conducted monthly with women ages 18–29 from marginalized communities in New York, beginning with menstrual health. Data collection includes qualitative transcripts for thematic coding and pre/post surveys using validated measures (e.g., SAMNS-26, MPNS-36). A quasi-experimental pre/post design with follow-up at three months will evaluate shifts in self-efficacy, menstrual health management, and communication behaviors.
Tea & Spice uniquely centers community in both process and outcome: participants guide the discussion, shape priorities, and contribute to the collective knowledge base. Anticipated outcomes include reduced barriers to reproductive care, improved health literacy, and stronger confidence in navigating healthcare systems.
This protocol demonstrates how storytelling can be mobilized as both method and movement—bridging cultural insight, behavioral theory, and community action to advance gender-equitable health research and practice.

Board No: 315

Use of pain relievers and Heroin and their Impacts on Mental Health (2021–2023): Findings from Cross-Sectional Surveys

Authors: Yeboah,Stephen; Myint, Wah Wah; Akumani, Afi; Samman, Elfreda; Yusuf, Aishatu,; Torres-Coley, Gabrielle; Stasi, Selina, M

Background: Substance use and mental health conditions are two well-known pervasive public health issues. Progress was seen addressing these issues, however, understanding on the recent situation regarding the use of substance like pain relievers and heroin on mental health conditions were unknown.
Purpose: The study investigated the relationship between major depressive episodes and past year use of pain relievers and heroin, considering sociodemographic factors.
Methods: Data from the 2021-2023 National Survey on Drug Use and Health was analyzed, involving adults aged 18 and older (131,400). The outcome variable was adult major depressive episode (MDE) in the past year, with sociodemographic variables such as age, education, income, employment status, and health insurance as covariates. Exposure variables were past-year use of any pain reliever and heroin. The study employed descriptive statistics, Pearson's chi-squared tests, and logistic regression analyses, while assessing multicollinearity with variance inflation factors and assessing model accuracy via the area under the ROC curve (AUC).

Results: Among the participants, 5.19% reported MDE. Pain reliever use was reported by 27.48%, while heroin use was at 0.34%. Logistic regression revealed several risk factors significantly associated (i.e., p-value <0,05) with higher odds of MDE: older age (notably lower for those 65 and above), female gender, multiracial identity, higher education levels, unemployment, and pain reliever or heroin usage (aORs of 1.65 and 1.66, respectively). Conversely, being Black or Hispanic, having higher income, and

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residing in small metro areas were associated with lower odds of MDE. The logistic regression model demonstrated an AUC of 0.703, indicating a 70% predictive accuracy for identifying depressive episodes. Conclusion: Findings suggest that the use of painkillers and heroin is significantly linked to increased odds of MDE, particularly among specific demographic groups, and therefore future interventions should pay attention to women, multiracial individuals, and the unemployed. In contrast, older adults, higher-income individuals, and racial minorities had lower odds, underscoring the need for targeted interventions in mental health and substance abuse.

Board No: 316

Determining the Sociocultural Factors that Influence How 2nd Generation Nigerian Americans Address their Physical Health Concerns

Authors: Kadiri, Antonika; Davis, Rachel; Ghattas, Hala; Olatosi, Bankole; Ingram, Lucy, A.; keep this version

Background/Purpose: Nigerians represent a significant proportion of the growing immigrant population to the United States; however, little is known about the health behaviors of second-generation Nigerian Americans. This population navigates U.S. and Nigerian cultural influences, which may shape their health literacy, beliefs, and decision-making patterns. Examining sociocultural factors influencing health decision-making within this population of young adults can help identify risks and support the preservation of beneficial health behaviors.

Methods: Semi-structured interviews were conducted with second-generation Nigerians who were between ages 18 and 34 near Dallas, TX. Data collection was guided by the PEN-3 cultural model, which includes three domains: (1) cultural identity, (2) cultural empowerment, and (3) relationships and expectations. Interviews were video recorded, transcribed verbatim, and analyzed using thematic analysis. Coding was conducted by two researchers, and discrepancies were resolved by consensus.

Results: Twenty-six interviews were conducted. The sample was 42% male and 58% female. Ages ranged in age from 18-34 (46% aged 18–22, 31% aged 23–28, and 23% aged 29–34). Preliminary findings revealed that participants primarily acquired health-related knowledge from their parents, while trusted informal healthcare contacts were also consulted as needed. Factors such as food options, ease of navigating the healthcare system, and learned healing practices all impacted health behaviors. Most participants demonstrated awareness and evaluation of traditional Nigerian cultural practices. Some balanced preservation of beneficial traditions with adoption of U.S.-emphasized preventive behaviors based on improved health knowledge, perceived benefit, access to viable alternatives, and comfort.

Conclusion: Findings suggest that sociocultural factors—including family influences, health competence, cultural identity, and societal norms—shape how second-generation Nigerian Americans manage physical health concerns. Intergeneration interventions that reinforce protective cultural health traditions while promoting preventive health behaviors commonly emphasized in the U.S. context may enhance long-term positive health outcomes within this population.

Board No: 317

Association Between Peer Interactions, Peer Norms, and Delay in Substance Use Behaviors Among Rural Latino/a Youth

Authors: Moser, Madeline, E; Malcolm, Shandey; Taylor, Zoe, E; Brown, Jennifer, L; Ruiz, Yumary

Purpose: Risky behaviors during adolescence can have long-term negative health outcomes. Early initiation of tobacco, alcohol, marijuana, and other illicit drugs can lead to substance use disorders and related adverse consequences if not identified and addressed early. Given the salience of peers in adolescence, we examined associations between peer interactions, perceived peer norms, and the delay of substance use

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behaviors among rural Latino/a youth. We also explored how youth perceive peer dynamics that influence their decisions to abstain from substance use.
Method: Mixed-method data comes from a subsample of 47 rural Latino/a youth (Mage=11.70 years, 48.9% boys) who completed interviews as part of a larger study of Latino immigrant families in the Midwest. Data were collected by bilingual researchers. Interviews transcripts were thematically analyzed utilizing NVivo 15, and survey data were analyzed through regression analyses in SPSS to identify factors associated with delay (i.e., non-use) of any substance.
Results: Integrated analysis revealed that youth tended to distance themselves from peers who used substances, often viewing them as immature or lacking direction rather than influential. Many participants, particularly younger youth, framed substance us as carrying greater risks than benefits. While some youth reported peer pressure, many described the difficulty of navigating societal expectations around use. Youth who expressed confidence in maintaining interpersonal limits were less likely to report substance use. In the logistic regression model, delayed substance use was associated with peer interactions (aOR=3.26).
Conclusion: Peer relationships are a critical source of support for optimal decision making and a crucial safeguard against substance use for Latino/a youth. These findings suggest that Latino youth are actively engaging in health protective behaviors, which ultimately challenges the overall narrative in current literature. Peer relationships also offer prosocial support, rather than serving solely as sources of risk for youth.

Board No: 318

From Disruption to Integration: Navigating Barriers and Opportunities in Alcohol Use Disorder Treatment in the United States After the COVID-19 Pandemic

Authors: Rahman, Tasnim; Prama, Sadia; Rahman Sineta, Afsana; Zaheen, Faiza; Mehebooba, Mst; Mohammad Pritom, Gazi Sakir; Masud, Abdullah Al

The COVID-19 pandemic catalyzed a major transformation in alcohol use disorder (AUD) treatment systems worldwide. This systematic review synthesizes empirical evidence from 2020–2025 examining how pandemic-related disruptions evolved into long-term adaptations in the delivery, accessibility, and outcomes of AUD treatment.
Following PRISMA guidelines, peer-reviewed studies were identified from PubMed, PsycINFO, CINAHL, and Scopus. Eligible studies used quantitative, qualitative, or mixed-methods designs and evaluated changes in treatment access, utilization, delivery modality, or quality of care during or following the pandemic. Editorials and commentaries were excluded except for backward citation searching. Two reviewers independently screened, extracted, and appraised data using standardized quality-assessment tools.
Findings demonstrate that the early pandemic's abrupt shift from in-person to virtual treatment has matured into a sustained, integrated component of AUD care. Telehealth expansion has preserved continuity of treatment and, in many settings, achieved outcomes comparable to traditional modalities, particularly for patients with stable environments and digital access. Long-term studies indicate that treatment effectiveness and retention are shaped by patient characteristics and the quality of the therapeutic relationship rather than treatment modality alone. Although emerging interventions (such as providing devices, data plans, and digital literacy training) show promise in improving engagement among underserved populations, the "digital divide" remains a central barrier. Across systems, hybrid service models that combine telehealth and in-person care, guided by patient preference, have become the prevailing standard for evidence-based addiction treatment.
Overall, the pandemic accelerated innovation in AUD treatment, shifting the field from crisis management toward sustained,

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patient-centered hybrid care. Continued efforts to expand digital equity and evaluate long-term outcomes will be critical for building resilient, accessible, and equitable addiction-care systems.

Board No: 319

Nutrient Analysis of Dishes from Independently Owned Hispanic Restaurants in East-Central Texas: Comparison with Dietary Benchmarks

Authors: Gubor, Chinanu, G; Lee, Hyunjung

Background:
Diet-related chronic diseases such as obesity, type 2 diabetes, and cardiovascular disease disproportionately affect Hispanic populations in the United States. Restaurant foods contribute substantially to daily nutrient intake; however, independent Hispanic restaurants- often central to community life- are exempt from federal menu labeling requirements and may lack resources to conduct nutrient analyses. This limits nutrition transparency and hinders efforts to promote informed food choices.
Objective:
This study examined the nutrient composition of dishes from two independently owned Hispanic restaurants in East-Central Texas and compared them to national benchmarks including the Dietary Reference Intakes (DRIs), Daily Values (DVs), and Dietary Guidelines for Americans (DGAs) to inform evidence-based menu labeling strategies.
Methods:
Recipe and ingredient data were collected in collaboration with restaurant owners and chefs for all dinner menu items. Nutrient composition was determined through laboratory testing and validated food composition databases. Nutrient values per serving were compared to benchmarks to identify items that exceeded recommended limits for calories, sodium, saturated fat, or added sugars and those that fell below fiber, whole-grain, and fruit-and-vegetable targets.
Preliminary Results:
A total of 103 dishes were documented across both restaurants. Menu offerings were primarily traditional combination plates and entrées with limited whole-grain or fruit- and vegetable-based options. Preliminary analysis shows wide variation in portion size and caloric density with many items exceeding sodium and saturated fat benchmarks. Overall fiber density was modest relative to total calories, reflecting limited inclusion of whole grains, fruits, and vegetables.
Significance and Innovation:
This study enhances nutrition transparency by developing benchmark-based nutrient profiles for foods from independently owned Hispanic restaurants- a sector often excluded from existing labeling policies. Findings will guide the development of culturally tailored, bilingual, and digitally enhanced menu labeling interventions that support restaurants and community members in making informed and healthier food choices.

Board No: 320

Public Health Cancer Education for Community Health Workers (CHWs): Findings from CHW Self-paced Online Training (2024-2025)

Authors: Ramirez-Chavarria, Jennifer S; Myint, Wah Wah; Bolin, Jane; Bloom, Rosaleen

Background: Cancer is a public health problem with complex health consequences and psychological stress on cancer patients and their families. Two million new cancer cases are expected in the United States in 2025, yet there is limited understanding about cancer survivorship, stages of survival and integrative therapy use. This study examines the commonly missed cancer knowledge questions among CHWs.
Methods: CHW data (N=254) were from a Qualtrics questionnaire given to participants of the Comprehensive CHW Training on Cancer Survivorship CEU. Topics covered were survivorship stages, psychological barriers, integrative therapies, and palliative care. Frequencies, percentages, and commonly missed questions were analyzed, with paired t-tests.
Results: The top 3 pre-test questions answered incorrectly were the cancer

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definition (incorrect answers dropped from 78% in the pre-test to 65% in the post-test), integrative therapies (incorrect answers dropped from 82% in the pre-test to 69% in the post-test) and stages of cancer (incorrect answers dropped from 77% in the pre-test to 62% in the post-test). The paired t-test of those specific questions showed improvement; knowledge mean score of the cancer definition increased from 0.27 to 3.33, t(236)= -2.08, p=0.039. Similarly, the knowledge mean score of cancer survivorship improved from 0.20 to 2.65, t(234)=-24.20, p < 0.001. There was no significant improvement in the knowledge about stages of cancer survivorship. Conclusion: The findings suggest training participants' cancer awareness needs improvement despite slight progress. Future research should assess web-based content's clarity and effectiveness on complex health issues. Ongoing CHW training is essential for effective information dissemination.

Board No: 321

Differences in cancer knowledge among cancer training participants: Findings from a web-based Community Health Worker (CHW) training

Authors: Ramirez-Chavarria, Jennifer S; Myint, Wah Wah; Bolin, Jane; Bloom, Rosaleen

Background: The National Community Health Worker (CHW) Training Center (NCHWTC) of Texas A&M School of Public Health collaborated with the Texas Department of State Health Services to offer the English course titled Comprehensive CHW Training on Cancer Survivorship as a self-paced, 8-hour Continuing Education Unit (CEU) online course. This study examines pre- and post- knowledge assessment among training participants based on their roles.

Methods: Cancer survivorship training pre- and post- survey data were collected from May 2024 to March 2025 using a web-based Qualtrics survey. Frequency and percentage of participants' role and pre- and post-knowledge scores were calculated. A series of paired t-test analyses were performed to understand the difference in score improvement based on their self-reported roles.

Results: Amongst participants, about 73.6% (N=254) were CHWs, 5.8% (N=20) were CHW Instructors (CHWIs), 4.9% (N=7) were both, and 9% (N=32) represented another health workforce. The overall paired t-test results showed that mean knowledge score improved from 3.94 (pre-test) to 5.00 (post-test) with: t=-9.495 (344), P < 0.001. Specifically, the CHW knowledge mean score improved from 3.96 (pre-test) to 5.07 (post-test), t=-8.56 (253), p <0.001. Similarly, the mean score of CHWIs improved from 3.55 (pre-test) to 4.65 (post-test), t(19)=-2.50, p=0.022, and the mean score of those in the other categories improved from 4.06 to 4.88, t(31)=-2.10, p=0.044. There was no significant knowledge improvement among those who reported being both CHW and CHWI.

Conclusions: Findings suggest that the web-based cancer survivorship training may impact knowledge among CHWs and CHWIs. Thus, it is important to expand our reach to other states to ensure that CHWs, CHWIs and other workforces have access to valuable information about cancer to disseminate it across the communities they serve. Further research about the work settings of CHWs and CHWIs may be helpful for the development of future trainings.

Board No: 322

Emotional patterns in breast cancer survivors' TikTok posts: A machine learning and mixed-effects regression model analysis

Authors: Xue-Jing, Liu; Danny, Valdez; Eric, Walsh-Buhi

Introduction. Some breast cancer survivors share personal experiences on TikTok, creating emotionally complex narratives on life with cancer. Understanding the emotions in these posts is critical for assessing survivors' mental health and support needs. Yet, prior research emphasizes broad positive/negative sentiment and inconsistent methodological pipelines, leaving gaps in

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effective social media emotion extraction. Purpose. The purpose of this study is to identify discrete emotions in TikTok posted from breast cancer survivors. Methods. We analyzed 3,436 posts from 10 breast cancer survivors' TikTok accounts. We used machine-learning to yield probability scores for six discrete emotions. We used Welch's t-tests to compare emotive difference in cancer-related and non-cancer-related posts, controlling for multiple posts from the same survivor with mixed effects linear regression. Results. Cancer-related posts expressed higher levels of fear (M = 0.083, SD = 0.195) and sadness (M = 0.188, SD = 0.264) compared with non-cancer-related posts (M = 0.059, SD = 0.158; M = 0.136, SD = 0.219, respectively). In contrast, cancer-related posts expressed lower anger (M = 0.084, SD = 0.188) and joy (M = 0.148, SD = 0.259) compared with non-cancer-related posts (M = 0.109, SD = 0.207; M = 0.170, SD = 0.279). Mean levels of surprise and disgust were similar across groups. Mixed-effects regression further indicated that cancer-related posts expressed significantly greater fear (β = 0.03, SE = 0.01, $p < .001$) and sadness (β = 0.07, SE = 0.01, $p < .001$), and significantly less anger (β = -0.02, SE = 0.01, $p = .007$) and surprise (β = -0.02, SE = 0.01, $p = .006$), compared with non-cancer-related posts.

Conclusion. Our findings showcase distinct patterns in survivors' narratives punctuated by heightened distress. Machine learning-based emotion detection offers scalable tools for examining social media content and offer insights to inform psychosocial support and digital-health interventions by capturing emotions with greater granularity.

Board No: 323

Disparities in breast cancer screening: the role of social determinants and health equity indicators in U.S women.

Authors: Akumani Afi; Wah Wah Myint; Torres-Coley Gabrielle; Yeboah Stephen; Samman Elfreda; Yusuf Aisha; Stasi Selina

Disparities in breast cancer screening: the role of social determinants and health equity indicators in U.S women.

Afi Akumani, Wah Wah Myint, Gabrielle Torres-Coley, Stephen Yeboah, Elfreda Samman, Aisha Yusuf, Selina Stasi

Background: Breast cancer is a significant public health issue for women in the U.S. Despite early detection through mammography screening, it is crucial for better survival rates, health disparities persist due to many social and behavioral factors. These factors impact timely mammogram receipt and ultimately affect early detection and linkage to care. Purpose: This study examines the disparities in breast cancer screening among US women, considering the social determinants and health equity indicators. Methods: We analyzed data of women aged 40-75 (n=262,363) from the 2024 Behavioral Risk Factor Surveillance System. The outcome variable was whether they had a mammogram in the past two years (yes, no). Covariates included sociodemographic factors (age, education, race, marital status, income, rurality), unmet medical care needs, health insurance status, having a personal healthcare provider, transportation difficulties, smoking status, physical exercise, and body mass index. Descriptive statistics were calculated. A binary logistic regression model was fitted, controlling for covariates.

Results: In the sample, 74.92% had a mammogram. The highest odds of having a mammogram were among women aged 70-74 (aOR=30.69) compared to those aged 40-44, Black (aOR=1.77) compared to White, a college graduate (aOR=1.58) compared to those from less than high school education, divorced/separated (aOR=1.26) compared to the married, and those from income > $100,000 (aOR=1.80) compared to those who earned <$15,000). Having a personal health care provider (aOR=2.98) and health insurance (aOR=1.89) had larger odds of having a mammogram, while current smokers had lower odds (aOR=0.75) compared to their counterparts. All p-values <0.05.

Conclusions: The findings indicate that nearly three-quarters of women adhere to

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mammogram screening guidelines, with disparities linked to sociodemographic status and healthcare access. To advance health equity, targeted policies are needed to eliminate barriers for underserved groups, ensuring all women can access timely breast cancer screening and improve health outcomes.

Board No: 324

Examining Social Determinants of Health and Alcohol Use Among Cancer Survivors: A National Analysis

Authors: Wang, Huishan; Ma, Ping; Barry, Adam, E.; Chiang, Chiang, C.

Introduction: Continued alcohol use after a cancer diagnosis is associated with worse oncologic outcomes and higher mortality. However, research has predominantly focused on individual-level risk factors rather than structural and community-level determinants. Cancer survivors face unique challenges including social isolation and limited access to community resources (e.g., food insecurity, transportation). Therefore, this study aims to examine the association between community-level social determinants of health (SDOH) and alcohol use among cancer survivors.
Methods: We analyzed data from 2020 Health Information National Trend Survey (HINTS 6) including 878 cancer survivors with complete data on cancer diagnosis history and SDOH variables. The dependent variable was current alcohol use (consumed in the past 30 days per week). Independent variables included SDOH factors (e.g., housing instability, food insecurity, internet access). Perceived isolation was measured using the PROMIS Social Isolation Scale. Descriptive and multivariable logistic regression analyses were employed to examine associations between SDOH variables and alcohol use and adjusting for sociodemographic variables (e.g., age, gender, income).
Results: Among 878 cancer survivors, 7.97% (n = 70) reported high perceived isolation (score > 60). The multivariable results indicate food insecurity was significantly associated with alcohol consumption behaviors, such that cancer survivors reporting food insecurity were less likely to be a current drinker (aOR=0.13, p=0.021). Female cancer survivors were less likely to have consumed alcohol in the past month compared with males (aOR=0.61, p=0.006). Other SDOH variables, such as transportation barriers, internet access and social isolation, were not statistically significant between drinkers vs. non-drinkers.
Conclusion: Food insecurity significantly shapes current alcohol use patterns among cancer survivors. Our findings challenge individual-focused behavioral interventions and highlight the urgent need for community-centered methods with structural determinants addressed. Future survivorship healthcare programs should integrate SDOH screening and link survivors to community resources (e.g., food assistance, housing support) and traditional psychosocial interventions.

Board No: 326

From Isolation to Connection: Using Social Media as a Culturally-Grounded Support Space for Women of Color with Polycystic Ovary Syndrome (PCOS)

Authors: Wasata, Ruhun; Afroz, Noor-E; Alesinloye-King, Oluwapelumi; Guerra-Reyes, Lucia; Valdez, Danny; Herbenick, Debby; Lester, Jessica, Nina; Azziz, Ricardo

Purpose: Polycystic Ovary Syndrome (PCOS) affects up to 12% of women worldwide and disproportionately impacts women of color (WOC). Despite its prevalence and impact, patients still face limited or no access to culturally relevant, evidence-based information from healthcare providers on PCOS management. As traditional healthcare systems continue to underserve the PCOS population, social media is increasingly becoming a key platform where WOC with PCOS seek, share, and interpret information on PCOS care and management. This study examines how these social media platforms can be used to create culturally grounded, community-focused spaces for PCOS education and support, enhancing lived

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experiences and cultivating a digital sisterhood among WOC with PCOS. Methods: We conducted a photo-elicited qualitative interview study with 20 WOC diagnosed with PCOS (ages 21-45, six immigrants and 14 U.S.-born). Collected Zoom interviews were transcribed using Otter.Ai and Castmagic and analyzed in MAXQDA 2024 through interpretive thematic analysis. Results: Participants identified social media platforms, including Facebook, Instagram, TikTok, YouTube, and Reddit, as essential spaces for validation, connection, and learning about a broad range of aspects of their health condition. Participants emphasized that user-generated content and personal storytelling provided emotional resonance and cultural relevance, while influencer-driven content often lacked the cultural contextualization and inclusivity they needed. Authentic peer-to-peer sharing emerged as a vital source of trust and self-advocacy, demonstrating the potential of social media as a digital community of practice, support, and healthcare engagement. Conclusion: Findings underscore the potential of social media as a transformative, community-centered, digital storytelling healthcare support system to improve health outcomes for PCOS. By utilizing social media as a participatory health space, researchers and practitioners can co-develop interventions that validate lived experiences, enhance health literacy, and promote self-management among WOC with PCOS. This community-driven digital model could inform broader strategies for managing other chronic illnesses among WOC.

Board No: 327

Lived Experiences of Chronic Pain: A Phenomenological Secondary Analysis of Community Pain Network Podcasts (2022–2025)

Authors: Mohd Rafiq, Alfiya Shaikh; Stasi, Selina

Significance of Research:
Chronic pain affects one in five U.S. adults and disproportionately impacts women, racial/ethnic minorities, and socioeconomically disadvantaged groups. Biomedical care often fails to address the everyday, social, and functional burdens of pain, creating a need for community-informed approaches to mental health and well-being.

Innovation:
This study explores the lived experiences of individuals with chronic pain through community-led transformational narratives, extending health behavior research beyond clinic-based care.

Analysis:
We conducted a secondary qualitative analysis of 20 podcast interviews recorded through the Community Pain Network (CPN) in Bryan–College Station, Texas (2022–2025). Using Van Manen's phenomenological framework and inductive thematic analysis, transcripts were coded line by line in MAXQDA. Rigor was maintained through an audit trail, analytic memos, negative case analysis, and peer debriefing. Final themes were interpreted using the bio-psycho-functional-social (BPFS) model as a sensitizing lens.

Results:
Preliminary findings reveal recurrent themes of diagnostic dismissal, invisibility of pain, emotional distress, and stigma. Narratives highlighted reliance on community-based and non-clinical supports, including peer mentorship, movement practices, faith communities, and brain retraining strategies. Participants described agency in navigating fragmented systems, while also identifying gaps in communication with healthcare providers.

Conclusion/Future implications:
By drawing on community storytelling, this project expands qualitative inquiry into naturally occurring, public-facing narratives. Findings inform the design of community-partnered supports that enhance empowerment, reduce stigma, and integrate cross-sector resources. Future directions include scaling through community health partnerships, statewide story repositories, and integration into chronic disease prevention initiatives. This work highlights the critical role of community voices in

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shaping responsive and inclusive health behavior practice.

Board No: 328

Perceptions of Mental Health, Literacy, and Resource Access in Disaster-Prone Communities: A Mixed Methods Survey to Inform MHFA Workshops

Authors: Jafry, Ailiya, Z; De la Roche, Laura; Adepoju, Lola

Despite 1 in 5 Americans experiencing mental health challenges, access to care remains limited, especially for underserved communities. Barriers such as cost and transportation, exacerbated during natural disasters, restrict access to resources. To reduce disparities, Mental Health First Aid (MHFA), an intervention program, can support recovery. MHFA training has yielded positive results, including increased mental health literacy, reduced stigma, and decreased psychological and emotional distress. However, studied populations have primarily included health professionals, leaving a gap in knowledge on how it impacts underserved, disaster-prone communities. The current study aims to examine the mental health literacy and applicability of MHFA to residents in disaster-prone and underserved communities. Participants included 23 residents from three historically underserved communities in Houston. Primarily female, parents, Hispanic, and reporting household incomes below $25,000, they completed pre-training surveys, followed by semi-structured interviews. Data were analyzed using reflexive thematic analysis and descriptive statistics.

Although participants reported high confidence in connecting to mental health services, findings show overall low mental health literacy. Around 80% said they were confident seeking information about mental illness, yet about 30% believed it is a choice, suggesting stigmatized perceptions. Two themes were generated: 1) Representation of Mental Health: Normalizing Mental Health Through Community Experience and Support, and 2) Nowhere to Turn: Limited Access and Low Trust in Mental Health Services in Houston's Underserved Neighborhoods. Despite a positive outlook, most participants prioritize other needs because of a reported lack of access to, or awareness of, mental health resources. Stigmatized perceptions and low mental health literacy demonstrate a critical need for MHFA in marginalized communities. MHFA training can mitigate barriers to mental health care, such as transportation and cost. Findings indicate high stigma and low literacy persist in underserved and disaster-prone communities. Thus, MHFA should be integrated into these communities to improve literacy and reduce stigma.

Board No: 329

Pediatrician Attitudes Regarding the Integration of an Infantile Epileptic Spasms Syndrome Screening Tool into Clinical Practice

Authors: Makhdoomi, Mehak Javaid; Meng, Xiao; Takacs, Danielle Schwartzenburg; Chen, Wei-Ju; DeLeon, Joy Barros; Chen, Lei-Shih

Background: Infantile Epileptic Spasms Syndrome (IESS), a severe form of early-onset epilepsy that presents in patients before the age of two, is often undiagnosed or misdiagnosed by pediatricians due to subtle symptoms. Yet, early detection and treatment are crucial to improving health outcomes of affected children. As the use of questionnaire-based screening tools is critical for the timely diagnoses of many health conditions, this study explored the pediatrician attitudes toward adopting an IESS screening tool into their clinical practice.

Methods: A semi-structured interview guide was developed based on the Diffusion of Innovation theory framework, expert opinions and literature review. In-depth interviews were conducted with 54 board-certified pediatricians to explore their perspectives on integrating an IESS screening tool into their practice. The content analysis was used for data analysis.

Results: Most interviewees (81.5%) expressed a willingness to integrate an IESS screening tool into their practice. The main

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reasons were improving symptom recognition (70.4%), raising awareness of parents of abnormal movements of their children (15.9%), and reducing patient diagnostic delays (13.6%). Nevertheless, approximately one-fifth (18.5%) of interviewees exhibited negative attitudes. Their concerns included screening fatigue in their practice (80%), the rareness of IESS (30%), and potential limitations of a screening tool (10%). Conclusions: This study highlights the value of integrating a screening tool into pediatric practice for promoting early diagnosis and timely treatment of children with IESS. The concerns of a minority of participating pediatricians who expressed reservations about using such a tool must be addressed when developing an IESS screening tool.

Board No: 330

Integrating Adverse Childhood Experiences in Campus Communities: Exploring Mental Health and Polysubstance Use Among College Students

Authors: Bajracharya, Snehi; Montemayor, Benjamin, N.

Background:
College students face stressors that heighten mental health risks, often leading to substance use as a coping strategy. Simultaneous polysubstance use (using more than one substance at the same time) further compounds harm yet remains underexamined in campus and community health initiatives. This study centers the adverse childhood experiences (ACEs) of college students to examine relationships between mental health and polysubstance use, informing community-driven prevention and support strategies.
Methods:
Data were drawn from a nationally representative sample of 2,155 college students aged 18 and older who engaged in past-year alcohol use. Analyses assessed associations between recent (past 30-day) simultaneous polysubstance use, alcohol and cannabis, alcohol and stimulants, and dual co-use, and depressive symptoms measured by the Patient Health Questionnaire-9 (PHQ-9). ACEs were included as a covariate to capture early adversity. Multivariable linear regressions tested main and interaction effects of substance combinations on depression severity, accounting for ACEs.
Results:
Participants averaged 21 years of age; 45% reported moderate-to-severe depression, and 51% experienced at least one ACE (M = 4; SD = 3.1). Past-30-day cannabis and stimulant use were each significantly associated with higher depression scores (p < .01). Alcohol-stimulant co-use was also significant (p < .05), while alcohol-cannabis co-use was not. ACEs remained a significant correlate of depressive symptoms across all models. Interaction models indicated no synergistic effects between substances.
Conclusion:
Findings underscore the need to integrate mental health screening and polysubstance use prevention within campus and community health programs. Centering ACEs and precollege experiences can guide tailored interventions that address high-risk co-use patterns, particularly alcohol-stimulant use. Collaborative efforts among universities, health agencies, and policymakers are essential to developing community-informed strategies that strengthen student mental health and reduce behavioral health disparities.

Board No: 331

Food Everywhere, but Not for Everyone: Structural Inequities in SNAP/WIC Accessibility in Central Texas

Authors: Bradley, Madilyn; Burger, Mia; Price, Hannah; Bell, Lauren; Poulos, Natalie

Purpose: Access to nutritious food depends not only on proximity but on whether households can economically participate in their local food environment. Federal programs like Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) are essential

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supports for low-income families, yet many benefits cannot be used at the food outlets that dominate urban foodscapes. In Central Texas, rapid growth and widening inequality have deepened these divides. This study grounds food environment research in the lived experience using ZIP code-level data to examine how SNAP/WIC vendor density aligns with food insecurity (FI) prevalence in Central Texas. Methods: Geocoded data on Travis County's food and retail environment, SNAP/WIC-approved vendors, and ZIP code-level FI prevalence were imported into ArcGIS Pro 3.5. Kernel density and bivariate choropleth mapping were used to visualize spatial relationships between restaurant and retail food access and the distribution of SNAP/WIC-authorized vendors. Preliminary linear regression analyses in Stata 18 modeled FI as a function of both total food retailer density and the density of SNAP/WIC-authorized vendors. Results: Overall density of food retailers was not a significant predictor of FI. However, a significant positive association was found for SNAP/WIC vendors; for each additional vendor per 1,000 residents, the FI rate was 5.2 percentage points higher (p=0.001). Final analyses will include expanded spatial visualization to more clearly illustrate local disparities in food access. Conclusion: Results suggest that SNAP/WIC vendors are geographically concentrated in areas with higher pre-existing need. With expected changes to SNAP and WIC retailer requirements, this study provides timely data on the current food access environment for families experiencing food insecurity. Further, these results underscore the value of spatial analysis for understanding local food environments and monitoring potential changes in food access for food-insecure residents relying on these programs.

Board No: 332

Feeding Success: Exploring the Relationship Between Food Pantry Use, Food Insecurity, and Academic Success among University Students

Authors: Yook, Natalie T; Bell, Lauren N; Bradley, Madilyn D; Phelps, Grace E; Price, Hannah L; Errisuriz, Vanessa L; Yarish, Natalie M; Poulos, Natalie S

Purpose: University students are at high risk for experiencing food insecurity, with many campuses reporting prevalence four times the national average. To alleviate food insecurity among students, many college campuses have implemented on-campus food pantries for students, yet little is known about the impact of these pantries on student outcomes. The aim of this study was to examine the relationship between food pantry use, food insecurity, and academic success among university students. Methods: An online survey was distributed through email, social media, and flyers in Spring 2024 to three US universities: one large public university, one midsize commuter university, and one small private university. The survey measured demographic factors, food security, academic success, and campus-based food pantry (CFP) use for each campus. Descriptive statistics and a linear regression were conducted to examine the relationship between food insecurity and CFP visits with grade point average (GPA). Results: In total, 464 students completed the survey across all three universities (range=162-220 students per university). Students were on average 20.4 years old. The majority were undergraduate students (95.1%), while 33.4% identified as first-generation students and 27.2% identified as Hispanic. Overall, 40.3% of students were food insecure, while only 23% of students had ever used an on-campus food pantry. CFP use was not significantly related to GPA (β=-0.06,p<.24). However, experiencing food insecurity was found to be inversely associated with GPA (β=-0.32,p<.001). Conclusion: The high prevalence of food insecurity across the universities and the inverse relationship between food insecurity and GPA emphasize the urgent need for targeted support. CFPs represent a promising intervention to reduce the academic consequences of food insecurity; however, only 23% of students had visited the CFP. Further research is needed to understand how to best promote

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greater use of these essential campus resources.

Board No: 333

How do beliefs surrounding seafood impact the variety of seafood consumed and diet quality of coastal communities?

Authors: Phelps, Grace, E; Bradley, Madilyn, D; Price, Hannah, L; Bell, Lauren, N; Yook, Natalie, T; Brandl, Simon, J; Poulos, Natalie, S

Purpose: In coastal communities, seafood access plays a strong role in food culture, beliefs, and health outcomes. Despite increased access to seafood along the Gulf coast, little research has examined how dietary beliefs surrounding seafood are associated with seafood consumption and diet quality of coastal Texans. This study aims to examine the relationship between seafood beliefs, diversity of seafood sources consumed, seafood cooking methods, and dietary quality of a coastal community.
Methods: Overall, 141 residents of the Coastal Bend region of Texas (age m=36, 69% female, 82% white, 64% Hispanic) completed an online survey to assess diversity of seafood intake, cooking preparation methods, and beliefs about seafood. A Diet History Questionnaire III was used to determine diet quality, as measured by a Healthy Eating Index (HEI) score. Descriptive statistics and linear regression were used to investigate associations between seafood beliefs, diversity of seafood intake, cooking methods used, and HEI score.
Results: Beliefs that seafood is good for your brain (β=1.2,$p<0.05$) and enjoyable to eat (β=1.2,$p<0.01$) were positively associated with greater diversity of seafood consumption, while beliefs that seafood is expensive (β=-0.9,$p<0.05$) and hard to cook (β=-0.7, $p<0.05$) were negatively associated with seafood diversity consumption. Beliefs that seafood is expensive (β=-0.3,$p<0.05$) and hard to cook (β=-0.3,$p<0.01$) were related to a decrease in cooking methods used to prepare seafood. The belief that seafood is enjoyable to eat (β=0.6,$p<0.01$) was related to an increase in cooking methods used for seafood. The belief that seafood is expensive (β=-2.9,$p<0.05$) was associated with decreased HEI. No significant results were found between seafood diversity and HEI.
Conclusions: Beliefs surrounding seafood play a crucial role in how individuals consume and prepare seafood, as well as their overall dietary patterns. Acknowledging these beliefs and tailoring nutrition interventions are necessary to best serve this population and improve dietary patterns.

Board No: 334

CHANGES TO OVERDOSE KNOWLEDGE, COMMUNITY ACCESSIBILITY TO NALOXONE, AND PERCEIVED COMPETENCY TO MANAGE AN OPIOID OVERDOSE AFTER 2 YEARS OF COMMUNITY-DRIVEN INTERVENTION

Authors: Im, DoHyun; Seo, Dong-Chul; Lee, Shin Hyung; Crabtree, Charlotte

Background: The MACRO-B Project, “Multi-Sector and Multi-Level Community-Driven Approaches to Remove Structural Racism and Overdose Deaths in Black Indianapolis Communities,” is a community-driven intervention to reduce opioid-involved overdose deaths in African American communities in inner-city Indianapolis (2022-2026). The intervention programs included a 90-minute overdose prevention and naloxone administration training to >940 Black community members, multi-sectoral coalition activities, distribution of naloxone and drug checking equipment, and passage of a state law that expanded access to drug checking equipment.

Methods: As one of the evaluation programs, the Indiana University Center for Survey Research conducted community probability surveys from March-May 2023 (N=772) and then from March-May 2025 (N=764) across the intervention communities and the comparison communities in Indiana. The response rate was 23% in 2023 and 22% in 2025 using AAPOR response rate formula

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#4. Statistical significance of comparisons in weighted proportions was determined by the Rao & Scott adjusted chi-square. Changes in scale scores were examined using the difference-in-differences (DID) methods on weighted scores.
Results: The intervention communities showed higher level of knowledge on opioid overdose and naloxone administration (DID estimator = 0.682, p=0.029), accessibility to naloxone (DID estimator = 1.061, p<0.001), and perceived competency to manage an opioid overdose (DID estimator = 0.538, p<0.001) than the comparison communities for the two-year period. In 2025, 214 out of 417 respondents (49.6%) in the intervention communities reported being aware of some community programs focused on opioid overdose prevention, whereas 69 out of 347 respondents (24.3%) in the comparison communities did (p<0.001). Likewise, 114 respondents (24.4%) in the intervention communities reported attending some overdose education or naloxone training programs whereas 30 respondents (8.7%) in the comparison communities did (p<0.001).
Conclusion: Community-driven approaches have been successful in making positive changes in overdose knowledge, community accessibility to naloxone, and perceived competency to manage an opioid overdose.

Board No: 335

Mobilizing Rural Communities Through Technology: Addressing Alcohol-Related Cancer Risk

Authors: He, Zhongxuan; Montemayor, Benjamin, N

Background: Rural young adults experience disproportionately high rates of alcohol use disorder and elevated cancer risk. Traditional prevention programs may often overlook rural context and digital health behaviors, despite this group's frequent use of social media for health information. This community-centered study examined rural young adults' drinking behaviors, cancer risk perceptions, and online engagement preferences to inform technology-based, socioecological-relevant prevention strategies.
Methods: Data were drawn from a national survey of 1,499 U.S. rural adults aged 18–35. Eligibility required rural/non-metropolitan residence and past six-month alcohol use. Measures included hazardous alcohol use assessed using the Alcohol Use Disorders Identification Test (AUDIT), alcohol-related cancer risk perception, social media engagement, and health-related help seeking on social media. Analyses included descriptive statistics, t-tests comparing hazardous alcohol use by cancer risk perception, and assessments of social media use and willingness to participate in online interventions.
Results: Over half of participants (55%) met criteria for hazardous drinking (AUDIT ≥ 8), with a mean score of 11.6 (SD=9.0). Most (59.2%) were unaware or unsure that consuming 1–2 drinks daily increases cancer risk. Those who were unaware or unsure of the alcohol-cancer link reported significantly higher AUDIT scores (M=13.14, SD=9.29) than those who believed it does (M=11.12, SD=8.85), $t(1,113) = 3.70$, $p < .001$). In addition, 44.8% reported having sought alcohol- or cancer-related information, 84.6% indicated regular social media use, and 82.4% expressed willingness to engage in online prevention programs.
Conclusion: Findings highlight critical gaps in alcohol use and cancer risk awareness among rural young adults, a population at elevated risk for alcohol-related harms. Their high social media engagement and willingness to join online health programs present an opportunity to co-design accessible, community-informed interventions. Leveraging these digital behaviors can strengthen prevention efforts, improve health communication, and mobilize rural communities to reduce alcohol-related cancer disparities.

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Board No: 336

Baseline characteristics of firearm-related traumatic brain injury (TBI) versus other violence-related TBI among adolescents and young adults

Authors: Poudel, Sandhya; DeMello, Annalyn; Juengst, Shannon

Background: The potential for severe and lethal injury increases when guns are present. Older adolescents and young adults (AYA) are vulnerable to traumatic brain injuries due to their heightened exposure to risk-taking behaviors. This includes substance use, impaired judgment, and exposure to risky environments, which may lead to interpersonal disputes. We have limited understanding of characteristics of young TBI patients who are more likely to be involved in gun-related assaults versus other violent assaults. This knowledge is essential for tailoring prevention and rehabilitation strategies. Our study examines young AYA aged 16–35 who sustained a TBI due to (1) gun-related assault, versus (2) non-gun, violent assault.
Methods: The multicenter TBI Model System National Database contains a cohort of 1,046 AYA admitted to inpatient rehabilitation for moderate-to-severe TBI. Demographic, behavioral, and socioeconomic data for 16–34-year-old participants with violence-related TBI were retrieved from the Database. Chi-square analysis compared the two groups of TBI patients based on demographics (age, sex, race/ethnicity, education), mental health (suicide attempt, psychiatric hospitalization, mental health treatment), behaviors (substance use, alcohol risk) and economic variables (hospital payor source, employment).
Results: Younger, female, and less educated AYA were more likely to incur TBI by gun-related assault versus non-gun assault ($p<.01$). Black AYA faced approximately equal risk of gun- versus non-gun assault, while other racial/ethnic groups were more evenly distributed ($p<.001$). Using substances and moderate-to-heavy drinking was associated with non-gun TBI ($p<.01$). Patients with private payor sources were more likely to incur TBI without a firearm compared to patients with public payors ($p<.001$). We did not find significant differences based on mental health (suicide attempt ($p=.30$), psychiatric hospitalization ($p=.09$), mental health treatment ($p=.25$)) and employment ($p=.166$).
Conclusion: The potential lethality of assault increases with gun exposure. Community-based and structural policy should minimize access and exposure to guns among disparate groups.

Board No: 337

Women's preferences for cervical cancer screening self-sampling: An analysis of the Health Information and National Trends Survey, 2024

Authors: Nuzhath, Tasmiah; Thompson, Erika, L

Purpose: Cervical cancer can be eliminated in the United States; however, it requires increasing screening among under-screened populations. Human papillomavirus (HPV) testing through self-sampling offers an opportunity to mitigate the barriers to screening. The purpose of the study is to identify the sociodemographic characteristics associated with preferences for HPV testing self-sampling for the early detection of cervical cancer among a national sample of women.
Method: The study analyzed data from 2024 Health Information National Trends Survey (HINTS 7) with a national sample of women aged 30-65 years ($n = 1903$). We used survey-weighted logistic regression in SAS to identify correlates associated with women's preferred method for cervical cancer screening (self-sampling vs. provider-collected). Correlates included socio-demographic and health-related characteristics (healthcare visit, cancer information-seeking behavior, income, rurality, age, marital status, insurance status, and perceptions about personal health management).
Results: Most women preferred screening collection from a provider (61%) followed by 21% preferring self-sampling and 18% were unsure. A preference for self-sampling was higher among women without a healthcare

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provider in last 12 months (OR=2.19, 95%CI 1.34, 3.56) and lower among those with higher educational attainment (OR=0.48, 95%CI 0.26, 0.89). Black (OR=0.53, 95%CI 0.31, 0.91) and Hispanic (OR=0.64, 95%CI 0.41, 0.98) women were less likely to prefer self-sampling compared to White women. Conclusion: While most women still preferred a provider-collected cervical cancer screening, women without routine healthcare in the last year were more likely to prefer self-sampling. This is an ideal population for this screening approach to reach under-screened women. Future research should build on this initial research to identify theoretically informed behavioral determinants to self-sampling for cervical cancer screening.

Board No: 338

Bridging the Crisis Gap: A Scoping Review of Psychological Distress and Help-Seeking Behaviors in Black Americans Using Crisis Hotlines

Authors: Wana, Geremew, W.; Sarker Rony, Samir Kumar; Hasan, Md Rakibul; Combs, Ryan M.

Purpose: This scoping review aimed to examine psychological distress and help-seeking behaviors among Black Americans who utilize, or could benefit from, mental health hotline services, particularly within the evolving landscape of the 988 Suicide and Crisis Lifeline.

Method: A systematic search was conducted across six major electronic databases (2014–2024), yielding 1,536 studies focused on hotline use, mental health distress, and help-seeking behaviors among African Americans. After two stages of screening (abstract and full text) conducted via COVIDENCE and guided by PRISMA-ScR methodology, ten studies met inclusion criteria and were included in the final synthesis.

Results: Analysis across the ten studies revealed six interrelated findings: (1) persistent underutilization of hotline services among Black Americans, (2) disproportionate police involvement during crisis calls, (3) pervasive mistrust and reliance on informal supports, (4) workforce shortages and systemic inequities in crisis response, (5) a lack of disaggregated, longitudinal outcome data, and (6) distinct race-related divergences in help-seeking preferences. Despite increasing hotline volume nationally, Black Americans remain underrepresented, even as suicide rates among Black youth rose by 36% between 2018 and 2021. Notably, over half (54%) of hotline transfers to 911 involved Black callers, reflecting racialized patterns in crisis escalation and system-level inequities. Conclusion: Black Americans remain markedly underrepresented in crisis hotline utilization, signaling ongoing inequities in access, trust, and cultural responsiveness. The overreliance on law enforcement and emergency departments for mental health crises perpetuates cycles of trauma and mistrust. Addressing these disparities requires culturally grounded, community-driven crisis care models that center equity, expand outreach, and integrate culturally responsive workforce training. Building a trusted and inclusive 988 system is essential to advancing racial equity in behavioral health crisis response.

Board No: 339

Barriers and Facilitators of the 988 Workforce: A Qualitative Study of Frontline Experiences

Authors: Wana, Geremew, W.; Combs, Ryan, M.; Sarker Rony, Samir Kumar

Purpose: This study aimed to explore the barriers and facilitators influencing the well-being, performance, and retention of 988 call takers and supervisors to inform workforce policy and system improvement in Kentucky.

Methods: Using a descriptive qualitative design informed by grounded theory analytic principles, two rounds of semi-structured focus groups of 988 call takers and supervisors (n=38) were conducted between February and May 2025. Transcripts were coded using line-by-line and focused coding. Emerging categories were refined into core thematic domains. Rigor and trustworthiness (i.e., credibility, dependability, confirmability, and transferability) were ensured through

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member checking, audit trails, and reflexive memoing.
Results: Analysis revealed eight barriers and five facilitators shaping workforce sustainability. Facilitators included resilience, purpose, teamwork, supportive management, and community partnerships, which enhanced emotional endurance and collective efficacy. Barriers, such as abusive and repeat callers, excessive workload, burnout, pay inequities, training overload, limited advancement, interagency gaps, and unmet job expectations, undermined morale, health, and retention. Together, these dynamics form a cycle of compassion-driven commitment under structural strain.
Conclusions: The 988 workforce embodies and exhibits empathy and perseverance amid systemic inequities. Sustaining this vital workforce requires trauma-informed supervision, equitable pay, caller protection policies, and coordinated interagency support. Strengthening worker well-being is essential to preserving the integrity and humanity of the nation's crisis response system.

Board No: 340

"We Were Just a Punching Bag": Lived Experiences of Emotional Labor and Resilience Among 988 Crisis Line Counselors

Authors: Sarker Rony, Samir Kumar; Combs, Ryan; Wana, Geremew

Purpose:
This study explored the lived experiences of Kentucky's 988 crisis line counselors and supervisors, focusing on emotional demands, work environment, organizational support, and resilience. The aim was to identify barriers and facilitators affecting counselor well-being, recruitment, and retention, generating practice-proximal insights to inform supervision, training, and policy at the state and local levels.
Methods:
Using a qualitative descriptive design, eight focus group discussions were conducted with 54 participants, each lasting approximately 60 minutes. Transcripts were analyzed using Braun and Clarke's six-phase framework for reflexive thematic analysis, guided by constructivist grounded theory principles to emphasize participants' meaning-making. Trustworthiness was ensured through member checking, triangulation, reflexivity, and peer debriefing.
Results:
The analysis revealed eight interrelated themes capturing the multidimensional strain of crisis hotline work. Participants described the emotional demands of being the voice in crisis and frequent exposure to abusive and manipulative callers ("being a punching bag") as primary stressors. These were compounded by role overload and task fragmentation ("wearing many hats") and work–home spillover with emotional residue. Despite these challenges, many workers reported balancing purpose and pain through meaning-making in their roles. Structural challenges, including perceived inequity and systemic disparities, further intensified strain and complicated professional collaboration and identity. Moments of temporary restoration offered brief relief but were insufficient to offset the ongoing emotional and structural burden of the work.
Conclusion:
988 Suicide and Crisis Lifeline call takers embody empathy and endurance amid systemic vulnerability. Their work reflects a paradox; they find purpose in providing compassion for those experiencing psychological pain, while also navigating feelings of undervaluation and burnout. Updating workforce policy to include trauma-informed supervision, structured debriefing, increased pay, and organizational acknowledgment of emotional labor may increase call taker well-being and 988 Lifeline sustainability.

Board No: 341

A Qualitative Analysis on Factors Influencing Vaccine Hesitancy and Uptake Among College Students

Authors: McVey, Mathew; Avery, Grace; Chaney, Beth; Nuzhath, Tasmiah; Barthes, Anna

Introduction: Vaccinations are an effective strategy against the spread of infectious

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diseases, especially in densely populated areas, such as college campuses. According to the most recent National College Health Assessment, within the last 12 months, 48.8% of participants reported receiving an influenza vaccine and 33% reported receiving a COVID-19 booster. This vaccination gap presents a significant public health challenge, as seasonal respiratory infections can substantially impact academic performance, campus operations, and community health. This study aimed to identify reasons that college students are not obtaining vaccines for common seasonal diseases.
Method: In Spring 2025, a Qualtrics® survey was distributed at a large Southeastern university (enrollment: 40,846) where college students were asked to explain their hesitancy about vaccine uptake for the following: Influenza (n=196), COVID-19 (n=43) and COVID-19 boosters (n=201). Responses underwent reflective thematic analysis where ten main themes were identified.
Findings: Students' reasons for not receiving vaccination(s) were identified across all categories. Common factors included forgetting to get vaccination, low prioritization, getting infected with flu or COVID-19 despite vaccination, and staying healthy without vaccination. Overall, the findings reveal three primary factors behind vaccine hesitancy: (1) prioritization challenges; (2) forgetfulness, and (3) scientific misinformation. Misinformation, scientific mistrust, and concerns about government overreach emerged as reasons for COVID-19 vaccine hesitancy.
Conclusion: These insights offer valuable direction for health education specialists developing strategies to improve vaccine education and increase uptake rates on college campuses. Understanding these hesitancy patterns enables targeted interventions addressing specific concerns while respecting student autonomy.

Board No: 342

Predictors of Alcohol-Related Help-Seeking Behaviors Among Sexual Minority Women

Authors: Owens, Hope, A; Owens, Christopher; Montemayor, Benjamin, N; Barry, Adam, E

Purpose : Sexual minority women (e.g., lesbian, bisexual, queer) are more likely than heterosexual women to develop alcohol use disorder (AUD); however, the prevalence and factors regarding alcohol help-seeking behavior among sexual minority women remains under-examined. We identified demographic, help-seeking, and minority stress predictors of seeking help for alcohol misuse among sexual minority women.
Methods: Sexual minority women college students were recruited nationwide from a Qualtrics panel to complete an online cross-sectional survey. Of the 221 respondents, 37.6% identified as Non-Hispanic White, 35.3% as Black, 12.7% as Hispanic, and 14.5% as another racial/ethnic minority. A hierarchical logistic regression was used to identify potential predictors of alcohol-related help-seeking behavior, with model 1 including demographic predictors, model 2 including help-seeking predictors (e.g., perceived need, help-seeking stigma), and model 3 including minority stress predictors (e.g., microaggressions, internalized heterosexism).
Results: The final model was significant, with Black and Hispanic sexual minority women were 3 times more likely to have sought help for alcohol use in the past 12 months. Health-insured women were about 5 times more likely to have sought help for alcohol misuse in the past 12 months compared to uninsured women. Women who reported a higher perceived need for help had 1.57 higher odds of seeking help. No minority stress predictors were significant.
Conclusions: Health insurance remains central in initiating formal help-seeking. Findings suggest implementing racial-gendered culturally-competent practices in clinical settings could increase sexual minority women of color seeking professional mental health help. Research shows that family and friends often serve as first points-

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of-contact for women of color seeking mental and behavioral health help. Our findings emphasize the importance of potential social network-based interventions that encourage informal sources (e.g., family, friends) to talk to others about alcohol misuse to increase perceived need and improve the informal to formal help-seeking source pipeline.

Board No: 343

Awareness and Misconceptions of Palliative Care Among Paid, Unpaid, and Non-Caregivers in the United States: Findings from the 2024 HINTS Survey

Authors: Akter, Jumana; Hu, Jiamin; Xie, Zhigang

Purpose:
Palliative care is an essential component of quality care for individuals with serious illnesses such as cancer, dementia, and heart failure. Caregivers play a critical role in healthcare decision-making for these patients; however, little is known about recent patterns of palliative care awareness among non-caregivers, paid caregivers, and unpaid informal caregivers.
Methods:
We analyzed nationally representative data from the 2024 Health Information National Trends Survey (HINTS 7) to assess awareness and understanding of palliative care. Chi-square tests and multivariable logistic regression models were used to compare palliative care awareness and misconceptions across groups with different caregiving experiences.
Results:
A total of 5,835 respondents (representing 217,985,076 U.S. adults) were included in the final analysis, of whom 3.1% identified as paid caregivers (e.g., health aides) and 15.4% as unpaid informal caregivers. Overall, 45.3% of non-caregivers, 55.9% of paid caregivers, and 61.9% of unpaid caregivers ($p < .001$) reported knowing at least a little about palliative care. In adjusted analyses, both paid (aOR, 2.88; 95% CI, 1.56–5.33) and unpaid (aOR, 2.34; 95% CI, 1.68–3.27) caregivers had significantly higher odds of awareness compared with non-caregivers, with no significant difference between paid and unpaid caregivers (aOR, 0.81; 95% CI, 0.43–1.54). Among those aware of palliative care, paid caregivers were most likely to hold the misconception that accepting palliative care means stopping other treatments (48.3% vs. 20.8% unpaid vs. 20.1% non-caregivers; $p = 0.041$). Awareness was highest among caregivers who cared for parents only (65.7%) or for patients with cancer (76.3%).
Conclusions:
Caregivers—both paid and unpaid—exhibit significantly greater awareness of palliative care than non-caregivers, though paid caregivers report more misconceptions. Awareness also varies by caregiving relationship and disease type. These findings underscore the need for tailored educational strategies to enhance accurate understanding of palliative care across caregiving groups.

Board No: 344

Are People of Color Underrepresented in Cities Where US Medical Licensing Exam Step 1 Test Centers are Located?

Authors: Karimi, Ali

Background
To the best of the author's knowledge, there is no previous research on this topic. If USMLE test centers are located randomly, and assuming a normal distribution, people of color should be underrepresented in roughly half of the cities and overrepresented in half of the cities where USMLE test centers are located.
Methods
All the cities where USMLE Step 1 test centers are located were obtained using Prometric which is the official website to find USMLE test centers. The demographic information for each city was obtained from the US Census Bureau.
Results
Of the 183 cities where USMLE test centers are located, African Americans were underrepresented in 60.1 % of the cities. Hispanics were underrepresented in 71.0 % of the cities. Asians were underrepresented in 67.8 % of the cities. Native Americans

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were underrepresented in 85.2 % of the cities. Pacific Islanders were underrepresented in 81.4 % of the cities. Conclusion
The results indicated that USMLE test centers are more likely to be located in cities where people of color are underrepresented as people of color of every group were underrepresented in more than half of the cities. Future studies should investigate whether the fact that test centers are more likely to be located in cities where people of color are underrepresented means that students of color are more likely to travel a longer distance to get to a test center and more likely to have to pay for a hotel the day before the test rather than driving to the test center from home and whether these factors such as paying for a hotel and traveling a greater distance place additional financial burden and stress on students of color. More research is necessary to determine the best path toward a more equitable, inclusive, and diverse world.

Board No: 345
Understanding Loneliness in Young Adulthood: Mental Health, Social Support, and the Role of Belonging

Authors: Adekunle, Damilola; Hussain, Aatiqah; Do Orozco, Alexandria; Kumar, Shreya; Kwon, Elizabeth
Background: Loneliness is a complex psychological experience associated with adverse mental and physical health outcomes, including elevated risks of depression, anxiety, and premature mortality. Young adulthood represents a particularly vulnerable period, as individuals navigate major life transitions involving identity formation, independence, and relationship development. Recent national data indicate that 61% of people aged 18–25 reported experiencing serious loneliness in the four weeks prior to assessment, underscoring its growing public health relevance.
Purpose: The purpose of this study was to examine the correlates of loneliness among young adults using data from the Future of Families and Child Wellbeing Study (FFCWS).
Methods: Data were drawn from Wave 6 of the FFCWS (mean age = 22 years; n = 576). Variables included personality traits, psychopathology, social support (tangible, appraisal, and sense of belonging), and material affordability. Loneliness was measured using the UCLA 3-Item Loneliness Scale. Ordinal regression models were used to assess associations between these variables and loneliness, controlling for demographic characteristics.
Results: Clinical depression (OR = 1.29, $p = 0.031$), clinical anxiety (OR = 1.57, $p < 0.001$), and cumulative stress (OR = 1.04, $p = 0.001$) were associated with higher odds of greater loneliness. Conversely, a stronger sense of belonging (OR = 0.77, $p < 0.001$), cohabitation with a partner (OR = 0.62, $p = 0.027$), and being an older young adult (OR = 0.57, $p = 0.028$) were linked to lower loneliness levels.
Conclusion: Notably, a specific form of social support - having someone with whom to share everyday life (sense of belonging) - was associated with lower loneliness, whereas appraisal (someone to talk to during distress) and tangible support (material aid) were not associated with loneliness. Public health strategies that enhance belongingness and social connectedness may be vital to reducing loneliness and promoting mental well-being in young adulthood.

Board No: 346
Associations between free-and-reduced priced meal status and breakfast skipping among US adolescents

Authors: Mullane, Emma, J.; Hoelscher, Deanna, M.; van den Berg, Alexandra, E.; Pfledderer, Christopher, D.
Purpose: The School Breakfast Program (SBP) is designed to provide nutritious meals for students; however, skipping breakfast is common among many adolescents. This is concerning, given that eating breakfast is crucial for children's development. The purpose of this study was (1) to examine the association between skipping breakfast and

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participation in free/reduced (F/RP) school meal programs and (2) to compare the demographics of adolescents who skipped breakfast and ate breakfast, using data from the 2021–2023 National Health and Nutrition Examination Survey (NHANES). Methods: This secondary data analysis utilized the 2021–2023 NHANES 24-hour dietary interviews. Inclusion criteria were youth aged 14 to 18 years and those whose school served breakfast. Covariates included age, sex, federal poverty level, race/ethnicity, body mass index (BMI), and those who consumed school breakfast. Weighted logistic regression models examined associations between participation in F/RP program and breakfast skipping. Chi-squared tests were used to compare demographics (age, sex, and BMI) of breakfast skippers versus those who ate breakfast. Results: The study sample consisted of 2,900 participants with complete data (79% F/RP status, mean age = 15.5 years, 52% male, 36.5% non-Hispanic White). About 88% of the sample reported breakfast consumption, with 94% of non-participants and 82% of F/RP participants reporting eating breakfast. F/RP participants had higher odds of skipping breakfast (OR = 6.29), but the association was not statistically significant (p-value = 0.088). Chi-squared tests indicated that adolescents aged 14, 17, and 18 years old, males, and those categorized as obese were (14%, 14%, and 16%) more likely to skip breakfast ($p<0.001$). Conclusions: Findings suggest 14, 17, and 18-year-old adolescents, males, and those identified as obese tended to skip breakfast more often. This highlights the need to address barriers to breakfast skipping and to evaluate strategies that can encourage increased breakfast consumption among adolescents.

Board No: 347

HOME VISITING AS A STRATEGIC COMMUNITY-BASED INTERVENTION TO IMPROVE HEALTH EQUITY AMONG CHILDBEARING WOMEN: RESULTS FROM A SCOPING REVIEW

Authors: Gilliland, PD; Keeton, VF; Simmons, LA

Background: Perinatal home visiting (HV) programs are evidence-based, community-embedded interventions designed to reduce health inequities during pregnancy and after birth. However, much of the research documenting programmatic successes centers infant and child outcomes, while providing limited to no data on important maternal outcomes. This is a significant gap. Childbearing is a vulnerable period during which early signs of mid- and later-life health risks in women emerge. Understanding how HV programs maximize benefits for mothers' short- and long-term health may improve women's health in high-risk communities. Objective: The purpose of this study was to conduct a scoping review of research on perinatal HV interventions to critically examine their impact on maternal health outcomes using a socioecological health-equity framework. Methods: A systematic search of the HV literature in the US from 2000-2025 was performed. In total, 1338 titles and abstracts were screened, and of these, 238 articles were included in the full-text review. Full-text screening yielded 80 included articles. Data were extracted and organized using the health-equity framework to assess how HV interventions promote maternal health and to identify gaps for future research, programmatic efforts, and policy recommendations. Results: Overall, perinatal HV intervention efficacy that is specific to short- and long-term maternal health outcomes is mixed. Approximately one-third of studies found decreases in physiological risk factors including adverse pregnancy outcomes and mental health risk. Conversely, 16% of articles identified no changes in maternal mental health (i.e., postpartum depression), and no or modest improvements in maternal physical health (e.g., preterm birth or substance abuse). Discussion: Given their intensive nature, perinatal HV has the potential to improve maternal health equity in addition to improving infant/child outcomes. Future studies should incorporate more short- and long-term maternal outcomes in evaluations

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of perinatal HV to enhance their effectiveness in improving overall population health.

Board No: 348

Website Marketing of Alcohol Brands: Youth-Oriented Content and Regulation Gaps

Authors: Bourmand, Raika; Tillett, Kayla, K; Smith, Shannon, A; Townsend, Olivia, A; Jarvis, Sydney, E; LoParco, Cassidy, R; Rossheim, Matthew, E

Background: Alcohol is the most widely used substance among U.S. youth and a leading contributor to preventable morbidity and mortality. Research supports that alcohol marketing strongly influences initiation and heavier consumption among underage drinkers. For example, ownership of alcohol-branded merchandise has been shown to predict alcohol use initiation among underage youth. Brand websites utilize direct-to-consumer marketing that can enhance brand loyalty. While alcohol industry codes include voluntary, self-imposed standards for digital marketing, enforcement is weak, raising major concerns about youth-appealing marketing. Objective: To examine the prevalence of youth-oriented content, age-gating, disclaimers, and promotional merchandise on alcohol brand websites. Methods: A cross-sectional content analysis was conducted on 65 alcohol brand websites, selected based on prior research on underage consumption and retail availability. Data were collected in May 2025 using Google Chrome's Incognito mode. Each website was video-recorded and coded across key domains, including access restrictions (age-gating), disclaimers, youth-oriented language, and promotional merchandise. Two trained coders independently coded all brand websites, discrepancies were reviewed, and consensus was reached. Results: 98.5% of websites required user to indicate they were 21+ before entry, and 86.2% included disclaimers (e.g., "enjoy responsibly"). Youth-oriented language (e.g., "for you and your crew," "level up") appeared on 64.6% of sites. Nearly half sold branded merchandise (47.4%). Among these, apparel was most common (e.g., t-shirts, hoodies; 90.3%), followed by product accessories (e.g., glassware, bottle openers; 87.1%), fashion accessories (e.g., hats, sunglasses; 80.6%), sporting goods (e.g., beach balls, beach towels; 54.8%), and toys (e.g., monster truck, fidgets; 6.5%). Discussion: Alcohol brand websites commonly featured marketing practices that may appeal to underage audiences. Findings highlight the need for stronger regulations and enforcement of digital alcohol marketing to reduce youth exposure and alcohol consumption.

Board No: 349

Impact of Past Reproductive Injustices on the Current Reproductive Health Decisions of African American Women: A Scoping Review

Authors: Mealing, Saylor; Choi, Greta; Nguyen, Jenny; Torres-Coley, Gabrielle; Stasi, Selina

Purpose: Minority populations bear the burden of historical injustices throughout history, with well documented research on how these injustices impact general health decisions (e.g., delaying or avoiding care, not adhering to treatments); however, less is known about how historical reproductive injustices impact reproductive health decisions, specifically. The aim of this scoping review was to assess the association between past reproductive injustices and current reproductive health decisions, specifically pregnancy intention, contraception, and prenatal care utilization, for African American women. Methods: Fifteen academic databases (e.g., PubMed, Gender Studies Database) were searched for peer-reviewed, English articles, focusing on African American women's experiences with reproductive healthcare and health decisions, and the impact these past reproductive injustices had on these decisions. The quality of each study was assessed using the Mixed Methods Appraisal Tool. Results: Fourteen studies met all inclusion

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criteria and were included in the study. All studies focused on one or more the reproductive health decisions of interest, pregnancy intention (N=3), contraception utilization (N=7), and prenatal care utilization (N=6). These studies focused on a variety of past reproductive injustices that the African American community has experienced, e.g., predatory contraception programs promoted in low-income and minority communities, gynecological experimentation on African American women during slavery, limited abortion access, and forced/coerced sterilization. These injustices contributed to higher vigilance around sex, more planning of pregnancies, delays in prenatal care, disparities in contraception utilization, specifically highly effective forms, and seeking out racial concordance with providers to aid in comfort and joint decision-making.
Conclusion: This review demonstrates the impact that historical reproductive injustices have on current reproductive health decisions, and reproductive health decision-making process, for African American women make today. Reproductive health research and practice should prioritize building trust with minority communities, specifically African American women.

Board No: 350
Bridging Care with Telehealth: Hybrid Treatment Utilization for Major Depression Substance Use Disorders Among U.S. Adults, 2022-2023

Authors: Liu, Yifan; Lu, Wenhua; Yoon, Anderson Sungmin
Purpose: This study assessed national trends in telehealth use for Major Depressive Episodes (MDEs) and Substance Use Disorders (SUDs), with a focus on examining the use of hybrid treatment models that combine telehealth with in-person care among U.S. adults.

Methods: Trends and patterns in telehealth treatment use, both overall and in combination with outpatient or inpatient care, were examined across demographic and clinical subgroups of adults. Analyses used pooled data from the 2022 and 2023 National Survey on Drug Use and Health (N = 92,233) and included bivariate and multivariable logistic regression models.
Results: Between 2022 and 2023, MDE treatment prevalence increased modestly from 61.7% to 65.9%. Outpatient care remained the most common treatment modality, rising significantly from 46.1% to 50.0% (OR = 1.16, p = .03) among adults with past-year MDEs. Patients continued to engage with telehealth services and hybrid treatment models for MDEs and SUDs. Compared to males, female adults with MDEs were more likely to utilize telehealth overall (AOR = 1.41, 95% CI: 1.21–1.65), whereas adults without any insurance coverage were less likely to engage in telehealth or hybrid care. Compared with those living in major metropolitan areas, adults in small metro areas showed lower levels of telehealth service use for SUDs (AOR = 0.77, 95% CI: 0.60–0.99). Individuals reporting severe impairment with MDE were more likely to use telehealth overall (AOR=1.71, CI: 1.43-2.03) and hybrid services. Compared with those with mild SUDs, individuals with moderate and severe SUDs were more likely to engage in telehealth and hybrid services.
Conclusions: Findings shed light on adult patients' continued interests in telehealth treatments for MDE and SUDs. With the combination of in-person treatment, telehealth continued to serve as a feasible and flexible option that bridges mental health care to more adults with MDEs and SUDs.

Board No: 351
Role of Resilience in Moderating the Association Between Perceived Neighborhood Safety and Adolescent Physical Activity

Authors: Kapinga, Alice; Park, Jeong-Hui; Croan, Veronika; Dunton, Genevieve, F.; de la Haye, Kayla; Pollack Porter, Keshia, M.; Lee, Chanam; Prochnow, Tyler
Objective: Adolescent physical activity (PA) is vital for long-term health, yet many youth fail to meet federal recommendations (60 minutes per day). Resilience, the ability to

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cope or recover quickly from difficulties or setbacks, may help youth maintain PA despite unsupportive environments, but research on its role in moderating the association between neighborhood safety perceptions and PA participation is limited. Methods: Data for this study were collected from 41 youth, aged 11–15, attending middle schools in the Central Texas region. Resilience was assessed using the Connor-Davidson Resilience Scale-10 in a baseline survey. Neighborhood safety perceptions were measured using the Neighborhood Environment Walkability Scale for Youth, specifically the traffic safety and crime safety domains. PA was measured over one week using the Actigraph LEAP accelerometer. Generalized estimating equations and multilevel modeling (days nested within participants) were used to examine main effects of neighborhood safety on PA outcomes and test whether resilience moderated these relationships, controlling for age and sex. Results: Perceptions of safety from crime was significantly associated with meeting PA guidelines (β=1.50,p<.01). Resilience significantly moderated the crime safety-PA relationship (β=0.14,p=.04), suggesting that PA among more resilient adolescents may be less affected by crime safety concerns. Paradoxically, perceptions of traffic safety was negatively associated with meeting PA recommendations (β=-0.98,p<.001), indicating that adolescents with greater traffic safety concerns were more likely to meet PA guidelines. No significant moderation was found for traffic safety concerns (p=.95). Conclusions: Resilience may serve as a protective factor, enabling adolescents to overcome environmental barriers to PA, particularly when they perceive their neighborhoods as unsafe from crime. This research suggests the importance of identifying resilience factors alongside improving neighborhood safety to promote PA, as resilient youth may be maintaining PA despite crime safety concerns.

Board No: 352

Social Determinants of AI-Enabled Wearable Adoption and Use Among Rural U.S. Adult

Authors: Oladipo Vanessa D

Purpose:
The purpose of this study is to identify the social and structural determinants of AI-enabled wearable device adoption and use among rural adults in the United States. Although wearable technologies such as Fitbits and Apple Watches can detect irregular heart rhythms, track sleep, and promote preventive care, their adoption remains disproportionately low in medically underserved rural areas. This research aims to uncover which factors such as broadband access, digital literacy, and healthcare access most influence adoption and sustained use.
Methods:
Data are drawn from the nationally representative Health Information National Trends Survey 7 (2023–2025). Logistic regression models predict wearable use in the past 12 months as a function of broadband access, confidence in finding health information online, insurance coverage, financial barriers, and provider encouragement, controlling for age, gender, race/ethnicity, education, and income. Weighted analyses account for the survey's complex design. Secondary analyses examine (1) whether associations persist among rural adults with at least one chronic condition and (2) predictors of frequency of use among adopters.
Results:
Preliminary findings show strong positive associations between broadband access and wearable use (38% vs. 12%) and between digital literacy and wearable use (37% vs. 15%). Insurance and provider encouragement show smaller but consistent effects. These patterns remain stable among rural adults with chronic conditions such as hypertension, diabetes, or heart disease.
Conclusions:
Results suggest that digital infrastructure and literacy, more than healthcare coverage alone drive readiness for AI-enabled health

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technologies. Findings support data-driven policies that expand broadband, strengthen digital literacy programs, and ensure equitable AI adoption in rural and underserved populations.

Board No: 353

Perceived Norms, Self-efficacy, and Attitudes toward Firearms in Oklahoma Adults

Authors: McGuire, Hillary; Liang, Linlin; Gopakumar, Gopika S.; Cheney, Marshall, K.; Lu, Yu

Purpose: Oklahoma reports high rates of firearm-related deaths each year, yet little is known about firearm behaviors and perceptions in Oklahoma residents. The study examines how perceived norms, self-efficacy, and attitudes toward firearms differ by firearm ownership among Oklahoma adults.

Methods: A community sample of 630 Oklahoma adults (46.3% male, 58.1% White, Mage=36 years) completed an online survey in 2024. Participants reported their firearm ownership, experiences, and perceptions, and after that, were asked “Is there anything else you would like to tell us about your experiences with guns?” A total of 369 participants answered the open-ended question. We conducted independent sample t tests to examine how perceived norms, self-efficacy, and attitude toward firearms differed by firearm ownership, and analyzed the qualitative responses to understand the differences.

Results: The majority (50.6%) of the participants owned a firearm. Compared to non-owners, firearm owners reported significantly higher descriptive norms (M=5.15 vs. 4.17, scale: 1-7, t=6.57, p<.001), injunctive norms (M=5.72 vs. 4.85, scale: 1-7, t=6.24, p<.001), self-efficacy (M=88.98 vs. 47.48, scale: 0-100, t=19.68, p<.001) and more positive attitudes (M=2.80 vs. 2.20, scale: 1-4, t=14.61, p<.001) toward firearms. As indicated in their qualitative responses, many participants, including non-owners, grew up in household with firearms and experienced pressure to own a gun for protection. Owners generally felt confident with firearms because of trainings from family or safety classes. Interestingly, despite a significant difference, neither owners or non-owners had strong positive/negative attitudes. Multiple firearm owners inherited their firearms from family but expressed they personally “had no interest in guns.” Many female participants did not own a firearm, but they trusted their husband to own one for family protection.

Conclusions: Despite generally more positive perceptions toward firearms in firearm owners than non-owners, there are great within-group variations. Understanding such variations is vital for effective firearm violence interventions development.

Board No: 354

The role of community assets in adolescent substance use across rural and urban contexts

Authors: Rojas, Mikaela; De Silva, Natasha; Zhang, Xiao; Madaski, Nazar; Unger, Jennifer, B; Forster, Myriam

Introduction: There is considerable evidence that living in rural areas can increase risk for negative health outcomes. Strong community connectedness, that may be more easily forged in more densely populated urban settings, can have substantial health benefits. To assess these relationships, we investigate the associations between community assets (i.e., religious groups, sports programs, opportunities to serve others in the community, etc.), urbanicity, and adolescent substance use (alcohol, cannabis, and nicotine).

Methods: Data are baseline survey responses (N=2,360) of high school students, linked to geospatial indices of urbanicity (RUCA), participating in a multisite school-based study. GLMs tested the hypothesized associations between community assets and adolescents’ substance use (alcohol, cannabis, and nicotine) adjusting for age, sex, state, and ethnicity. We also explored whether the community assets-substance use relationship varied across levels of urbanicity.

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Results: The sample was 52% female and was on average 16 (SD=2.0) years old. Approximately 31% of participants identified as Non-Hispanic White, followed by African American (29%), Hispanic (24%), Multi-Ethnic (9%), and Asian (7%). Nearly 1 in 4 (23%) adolescents reported alcohol use, 16% reported cannabis use, and 9% used nicotine. Compared to youth with low community assets, adolescents with robust community assets reported lower risk for alcohol use (AOR: 0.54, 95% CI:0.42-0.70) and cannabis (AOR: 0.42, 95% CI:0.42-0.76) use, but not nicotine use. However, youth with robust community assets living in rural settings had lower risk of alcohol and cannabis use than youth with robust community assets living in urban settings ($p<0.01$).
Discussion: Our results highlight that robust community assets play an essential role in adolescent health behaviors, especially for youth living in rural communities. Investing in rural community programs (i.e., recreational activities, faith-based groups) that encourage connections between young people and with adults not only facilitates social bonds but may be a promising substance use prevention approach.

Board No: 355
School Interventions for Youth and Adolescent Mental Health Literacy and Stigma: A Systematic Review

Authors: Akkok, Asli; Sutanto, Edward; Akkok, Arif; Feratovic, Azra; Elsayed, Rowan; Ahmad, Aariz; Aziz, Yusha; Wenhua, Lu
Purpose: Mental health stigma remains a significant barrier to help-seeking among adolescents and young adults, particularly within educational settings such as high schools and colleges. This systematic review synthesized evidence on school-based interventions in Western countries designed to reduce mental health stigma and improve mental health literacy (MHL) among adolescents and young adults between the ages of 13-31. Methods: In accordance with PRISMA guidelines, we conducted a systematic search of five databases for peer-reviewed studies published through June 2025 that had evaluated stigma-reduction and literacy-promotion interventions in high-school and college settings. Eleven studies, published between 2015-2024, met the inclusion criteria. Of those studies, eight were randomized controlled trials, two were quasi-experimental designs, and one was a non-randomized trial, conducted in high school (n=7) and college (n=4) populations. Results: Studies were conducted in the United States (n=4), Europe (n=5), and Canada (n=2). Nine studies demonstrated significant stigma reduction, and nine showed improvements in MHL. Effective strategies included psychoeducational curricula (Gyde Cymru, Mental Health & High School Curriculum Guide), peer- or student-led initiatives (Active Minds, Bring Change to Mind), and contact-based programs integrating lived-experience storytelling (Ending the Silence, EspaiJove.net). Multi-session, interactive, and contact-based formats, particularly those incorporating peer engagement and real-life narratives, produced the most consistent and durable effects, with improvements sustained up to 12 months post-intervention. Conclusions: Mental health interventions in school environments effectively reduce stigma and increase literacy among youth. Interventions that integrated psychoeducation with peer and contact-based components yielded the strongest and longest-lasting outcomes. Future research should employ standardized measurement instruments, longitudinal follow-ups, and culturally tailored, technology-facilitated methodologies to promote sustainable, scalable school-based mental health education.

Board No: 356
Youth-Oriented Marketing on Intoxicating Cannabis Products Websites

Authors: Townsend, Olivia, A; Tillett, Kayla, K; LoParco, Cassidy, R; Smith, Shannon, A; Bourmand, Raika; Pike Moore, Stephanie; Chen-Sankey, Julia; Rossheim, Matthew, E
Background: Despite being federally illegal, intoxicating cannabis products (ICPs), such

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as delta-8 THC and other cannabinoids created from hemp have rapidly emerged in the U.S. marketplace following the 2018 Farm Bill. These products have been linked to harms including impaired driving, emergency room visits, psychosis, and other mental health problems. However, few studies have examined marketing on the websites of popular ICP brands. Objective: To examine youth-oriented language, access restrictions, and product promotion on the official websites of popular ICP brands. Methods: A cross-sectional content analysis was conducted on 55 ICP brand websites identified in previous research as widely available and used by young adults. Content from these websites was retrieved in May 2025 using Google Chrome's Incognito mode. Websites were coded across key domains, including access restrictions (age-gating), health-benefit claims, youth-oriented language, promotional strategies (incentives and merchandise such as apparel, accessories, and other swag), and product reviews. Two trained coders independently coded the content from all websites; discrepancies were resolved. Results: Across websites, 83.6% included age-gating features (e.g., requiring users to confirm 21+). Health-benefit claims (e.g., relaxation, buzzed without the hangover) appeared on 90.9% of sites, while youth-oriented language (e.g., level up, locked in) was present on 72.7%. Merchandise promotion (e.g., apparel, product accessories) was less common, featured on 30.9% of sites. Many brands offered incentives (e.g., 10% off first order), which appeared on 81.8% of websites. Product reviews/testimonials were present on 70.9%, frequently highlighting themes such as relaxation, fun, or wellness. Discussion: Findings provide timely evidence on ICP brand marketing practices on websites, including branded merchandise, a strategy shown in alcohol and tobacco research to increase youth appeal and normalize use. Beyond selling products that are federally illegal, these companies employ tactics that resonate with youth, underscoring the urgent need for stronger laws and enforcement.

Board No: 357

Marketing of Alcohol Brands on Social Media: Youth-Oriented Content and Implications for Public Health

Authors: Tillett, Kayla, K; Smith, Shannon, S; Bourmand, Raika; Townsend, Olivia, A; Jarvis, Sydney, E; LoParco, Cassidy, R; Rossheim, Matthew, E

Background: Alcohol remains the most widely used substance among U.S. youth, contributing to significant health and social harms. Marketing plays a central role in shaping initiation and consumption behaviors, with digital platforms creating new opportunities for exposure. TikTok, Instagram, and Facebook are especially popular among adolescents and young adults, offering interactive and visually engaging environments for brand promotion. While alcohol industry codes (e.g., Beer Institute, DISCUS) prohibit targeting individuals under 21, enforcement in digital spaces is lacking, raising considerable concerns about underage exposure and alcohol-related harms. Objective: To examine the marketing practices of popular alcohol brands on TikTok, Instagram, and Facebook, with a focus on youth-oriented features. Methods: A cross-sectional content analysis was conducted on the most recent 100 posts per platform collected in May 2025 across seven popular alcohol brands (Beatbox, Bud Light, Fireball, Four Loko, Hard Mountain Dew, Monster [The Beast & Nasty Beast], and Smirnoff). If less than 100 posts on a brand's profile, a complete census of all available posts was gathered. Brands were selected based on market visibility, youth appeal, and representation of diverse product categories identified through research and retail surveillance. Posts (n=1,620) were dual-coded using a standardized codebook across domains including age restrictions, youth-oriented language or imagery, and celebrity/influencer collaborations. Discrepancies were reviewed; consensus

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was met. Results: Across platforms, 64.7% of accounts had platform-based age restrictions (i.e., age-gates). Youth-oriented features were present in 54.6% of posts, with TikTok (85.9%) showing the highest prevalence. Common youth-oriented features included the use of emojis (55.9%), hashtags (45.9%), and memes (22.1%). Celebrities or social media influencers were present in 16.0% of posts. Discussion: Findings suggest alcohol brands are using social media in ways that may appeal to underage audiences. Stronger laws and enforcement of digital media marketing are needed to reduce youth exposure and mitigate alcohol-related harms.

Board No: 358

The association between housing instability and cannabis, nicotine, alcohol use. The role of internal and external assets.

Authors: Pulley, Christina; Rojas, Mikaela; De Silva, Natasha; Gomez, Rasmey; Cruzada, Serbin; Rogers, Christopher; Forster, Myriam

The association between housing instability and cannabis, nicotine, alcohol use. The role of internal and external assets.

Christina Pulley, MPHc; Mikaela Rojas MPH; Natasha De Silva, MPH; Rasmey Gomez, MPH; Serbin Cruzada, MPHc; Christopher Rogers, PhD, MPH; Myriam Forster, PhD, MPH

Introduction: Youth substance use rises with housing instability, a distal risk that disrupts supervision, coping, and structure. Internal assets (future orientation, self-regulation), and external assets (monitoring and adult support) from the positive youth development framework are experiences that build resilience, and reduce risk among youth. This study assessed the association between housing instability, internal/external assets, and substance use (alcohol, cannabis, and nicotine). Methods: Data are baseline survey responses (N=2,360) of high school students, participating in a longitudinal school-based study. GLM's tested the hypothesized associations between housing instability and adolescents' substance use adjusting for age, sex, state, and ethnicity. We also explored whether internal and external assets offset the negative effects of housing instability and substance use. Results: The sample was 52% Female and on average 15.8 (SD=1.9) years old. Approximately 31% Non-Hispanic White, followed by African American (29%), Hispanic (24%), Multi-Ethnic (9%), and Asian (7%). 1 in 8 students reported experiencing housing instability (12%), (23%) reported use of alcohol, (16%) reported cannabis use, and (9%) nicotine use. Adolescents who experience housing instability have higher odds of nicotine use (AOR: 2.06, 95%CI: 1.25, 3.41), cannabis use (AOR: 1.57, 95%CI: 1.01, 2.45), but not alcohol use (AOR: 1.21, 95%CI: 0.80, 1.82) compared to their peers with housing stability. Conversely, adolescents with housing instability but have high internal assets have lower risk of cannabis use than their peers with low internal assets ($p<0.05$). But not nicotine use. External assets did not play a role in these relationships. Conclusion: Results highlight that youth who experience housing instability have an increased risk of cannabis and nicotine use. Internal assets can mitigate the association between housing instability and cannabis use. Prioritizing housing support and interventions that foster assets can promote resilience among vulnerable youth.

Board No: 359

Association Between Early Childcare Precarity and Maternal Heavy Alcohol Use: Evidence from a National Longitudinal Study

Authors: Yuan, Chiachi; Wong, Su-Wei; Ou, Tzung-Shiang; Yang, Meng; Lin, Hsien-Chang

Background: Prior research links childcare precarity to adverse maternal health outcomes, yet less research has examined how it may influence maternal health-related behaviors, such as heavy alcohol use, which

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may serve as a coping strategy among mothers. This study investigated whether early childcare precarity is associated with maternal heavy alcohol use. Methods: We conducted a national longitudinal secondary analysis using data from the Future of Families and Child Wellbeing Study. Participants included mothers who were primary childcare providers when the child was age 3 (weighted N = 1,131,308; unweighted N = 3,442). To reduce potential selection bias, we employed Heckman two-step selection models with logistic regression analyses to examine associations between childcare precarity at age 3 (insecure childcare, insecure childcare with missed work, inadequate childcare, and lack of emergency childcare support) and heavy drinking (≥4 drinks/day) at child ages 5 and 9, controlling for relevant covariates. Results: Insecure childcare (OR=11.12, p<.001) and lack of emergency childcare support (OR=5.95, p<.05) at child age 3 were significantly associated with higher odds of heavy drinking at age 5 among mothers who already consumed alcohol (Heckman second-step results), but not at age 9. Inadequate childcare was unrelated to heavy drinking at age 5 but was significantly linked to higher odds at age 9 (OR =3.235, p<.05). Insecure childcare with missed work was not significantly associated with maternal heavy drinking at either time point. Conclusions: Childcare precarity may contribute to maternal heavy drinking, though timing varies by type. Insecure childcare and lack of emergency support showed short-term associations with heavy drinking, while inadequate childcare predicted longer-term heavy alcohol use. Policymakers should prioritize interventions that reduce childcare instability and promote maternal well-being, including heavy drinking behaviors. Future studies should explore the longer-term associations of childcare precarity and its potential influence on broader health behaviors.

Board No: 360

Partnerships Enhance Physical Activity: A Qualitative Analysis of Physical Activity Policy, Systems, and Environmental Strategies in Extension SNAP-Ed Programs

Authors: Vigil, Jacqueline, A; Umstattd Meyer, M Renee; Gabbert, Kerry, D; John, Deborah, H; Kellstedt, Debra; Orzech, Kathryn, M; Wende, Marilyn, E; Stroope, Jessica

Purpose:
Rural communities face significant barriers while trying to increase the promotion of physical activity (PA), including limited recreation and pedestrian infrastructure, and systemic health differences. Policy, systems, and environmental (PSE) strategies, implemented through Extension-based Supplemental Nutrition Assistance Program–Education (SNAP-Ed) programs, provided an effective approach to increasing PA in different community contexts, especially in limited resource rural communities. This qualitative study explores how partnerships led by Extension SNAP-Ed programs supported the development and implementation of PA-PSE strategies with communities.
Methods:
Eight semi-structured interviews were conducted with Extension-based SNAP-Ed program leaders from six of the seven SNAP-Ed regions to understand Extension SNAP-Ed PA-PSE strategy implementation. Responses referencing partnerships were included in this qualitative analysis.
Results:
Findings revealed three overarching themes: (1) Schools and local institutions are important central hubs for PSE action. Schools, libraries, and local government institutions (e.g., parks and recreation, health department) served as consistent partners in advancing PA access and engagement in community PA-PSE efforts. Partners included local, regional, and state level nonprofits, coalitions, faith organizations, higher education, and other Extension programs. (2) Relationship building is

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essential to sustainable partnerships. Community champions played a key role in partnership building and sustainment. Establishing trust takes time, intentionality, and is key to establishing long-term PSE initiatives, especially among disenfranchised communities. The infrastructure and existing community trust of Extension provided a foundation for SNAP-Ed PA-PSE efforts. (3) Shared goals can empower partnership formation. Effective collaborations with other mission-aligned organizations leveraged community capacity building. Conclusions:
Themes illustrate the importance of relationship-based, goal-oriented approaches in facilitating sustainable PA-PSE efforts. Extension SNAP-Ed implementers were well-positioned to lead, mobilize, and foster partnerships by building trust and relationships. Although Extension will continue to serve community priorities, recent SNAP-Ed defunding exacerbates rural resource limitations and will limit Extension's ability to implement and sustain long-term PA-PSE efforts.

Board No: 361
Marketing of Intoxicating Cannabis Products on Social Media

Authors: Smith, Shannon A.; Tillett, Kayla K.; LoParco, Cassidy R.; Bourmand, Raika; Townsend, Olivia A.; Jarvis, Sydney E.; Chen-Sankey, Julia; Pike Moore, Stephanie; Walters, Scott T.; Rossheim, Matthew E.
Background: Despite their rapid proliferation into the U.S. marketplace following the 2018 U.S. Farm Bill, intoxicating cannabis products (ICPs) and other hemp-derived cannabinoids (e.g., delta-8 tetrahydrocannabinol [THC]), are federally prohibited. Limited evidence exists that describes social media marketing strategies of ICPs, which is important to understand given the high prevalence of social media use among youth and young adults and related industry targeting. Objective: To examine social media marketing across popular ICP brands. Methods: In May 2025, the 100 most recent posts per platform (TikTok, Instagram, Facebook) for six popular ICP brands (3Chi, Cake, Elyxr, Hidden Hills, Looper, and STNR) were collected. If fewer than 100 posts were available on a brand's profile on a platform, a complete census of all available posts were gathered. Brands were selected based on prior research identifying them among the most recognized brands across the U.S. market. Posts (n=1,072) were dual-coded using a standardized codebook to conduct content analysis across domains including age restrictions, youth-oriented language (slang, emojis, hashtags), or promotion by influencers. Consensus was reached for all discrepancies. Results: 100% of accounts lacked platform-based age restrictions (i.e., age-gates), and less than half (44%) of accounts mentioned age in their account bios (e.g., 21+ to follow; 21+ to share). Youth-oriented language appeared in 84% of posts, with brands posted on Instagram showing greater prevalence (92%) compared to TikTok (80%) and Facebook (79%). Promotion by celebrities or social media influencers were used in 11% of posts. Discussion: Findings highlight how ICP brands use social media to promote products in ways that may appeal to youth. Given that ICPs are federally illegal, the high prevalence of youth-oriented marketing underscores the urgent need for stronger laws and enforcement to address both their marketing practices and widespread retail availability.

Board No: 362
Resilience, Physical Activity, and Contextual Influences on Youth Happiness During Summer: Insights from Ecological Momentary Assessment

Authors: Croan, Veronika; Park, Jeong-Hi; Dunton, Genevieve, F; de la Haye, Kayla; Pollack Porter, Kayla, M; Lee, Chanam; Prochnow, Tyler
Objective: Resilience is positively associated with positive affect in college students, and physical activity (PA) predicts positive affect in preschoolers. The present study examined whether resilience moderates the

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relationship between PA and positive affect (happiness) in adolescents. We also explored how contextual factors, social bonding and perceived safety, related to changes in happiness. We hypothesized that resilience would increase the size of the association between PA and affect. Methods: Data was collected in summer from 41 youth (ages 11–15) in Central Texas. Measures included the Connor-Davidson Resilience Scale (CD-RISC 10) administered at baseline, affect assessed six times a day for seven days via ecological momentary assessment (EMA), and PA using wrist-worn Actigraph LEAP over a 7-day period. Multilevel modeling (EMA prompts nested within participants) examined the momentary relationships among PA, positive affect, resilience, and contextual factors (social bonding and perceived safety). Results: PA in the previous 10 minutes was not significantly associated with momentary affect (β=0.02, p=.33), and critically, resilience did not moderate this relationship (interaction β=-0.004, p=.25). However, resilience showed a significant direct effect on happiness, with more resilient youth reporting higher overall happiness levels (β=0.03, p=.04). Additionally, contextual factors showed within-person effects as momentary social bonding (β=0.06, p<.001) and perceived safety (β=0.18, p<.001) were both significantly associated with higher momentary happiness. At the between-person level, youth who generally experienced higher safety also reported significantly elevated happiness (β=0.50, p<.001).
Conclusions: Findings suggest that while resilient youth experience higher average happiness, resilience does not moderate the immediate mood effects of short-term PA, with social and contextual factors emerging as stronger predictors of momentary affect than recent PA. Specifically, perceptions of safety and social bonding demonstrated consistent effects, underscoring the central role of contextual factors and suggesting that fostering environmental and social supports as potential pathways for promoting youth happiness.

Board No: 363

Identifying Underserved Youth at High Risk for Suicidality. The Impact of Substance Use and Adverse Childhood Experiences.

Authors: Alozie, Faith, A; Jones, Stephanie, K

Purpose: The purpose of this study was to identify youths most vulnerable to suicidality. Methods: Using a 2023 cross-sectional survey of U.S. 9-12th graders (N = 20103), we conducted latent class analysis based on indicator variables for alcohol, tobacco, and cannabis use, and adverse childhood experiences (ACEs), including bullying, and sexual, emotional, and physical abuse. Multinomial logistic regression modeled associations between suicidality and latent class membership, adjusting for sex and sexual identity. Results: Four latent classes emerged: heavy substance use (17.5%), ACE heavy (8.7%), minimal exposure (69.5%), and heavy substance use and ACEs (4.3%). Youth with suicidal ideation had higher odds of membership in the heavy substance use and ACEs [Odds Ratio (OR) 48.3; 95% CI 34.9-67.0], ACE heavy [OR 17.9; 95% CI 13.9-23.1], and heavy substance use [OR 5.0; 95% CI 3.9-6.4] class compared to the minimal exposure group. Membership in the heavy substance and ACEs was also associated with female sex [OR 3.2: 95% CI 2.5, 4.1] and lesbian, gay, or bisexual (LGB) identity [OR 4.5: 95% CI 3.4, 5.8]. Similar associations were observed with suicide attempt. Conclusion: Among adolescents, substance use combined with ACEs was significantly associated with higher odds of suicidal ideation and suicide attempt, exceeding the additive effects of either factor alone. This suggests these factors have a synergistic effect on suicidality. Female and LGB youth were more likely to experience both heavy substance use and ACEs, placing them at greater risk. Youth exposed to more ACEs may use substances to cope. Although adolescents with high ACE exposure but no/low substance use have elevated odds of suicidality, their risk is several times lower

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than those experiencing both factors. These findings highlight the importance of interventions within communities experiencing high ACEs that promote healthy coping strategies to reduce substance use and, consequently, risk for suicidality.

Board No: 364

Applying Virtual Reality in Mindfulness Exercises for Emotional Regulation and Mental Health Among Inpatients with Behavioral Issues

Authors: Lee, Jungjoo; Carter, Aubrey; Osuji, Chimuanya; Dey, Rajershi; Leong, Alexa; Lee, Kangeun; Kim, Junhyoung

Purpose: This study investigated the effects of an immersive virtual reality meditation program on emotion regulation, depression, and anxiety among psychiatric hospital inpatients diagnosed with major depressive disorder (MDD) or generalized anxiety disorder (GAD). Methods: Participants (n=25) engaged in mindfulness exercises using an immersive virtual reality meditation program with customizable environments 3 times a week for 10 weeks. Emotional regulation was assessed using the electrocardiogram measure HeartMath, which analyzes synchronization of sympathetic and parasympathetic activities of the autonomic nervous system (ANS), called coherence. Results: After 10 weeks, significant increases were observed in physiological coherence, suggesting more regulated emotional states (M = -35.25, SD = 22.25, 95% CI [-40.63, -29.86], Cohen's d = -1.58). Reductions were also noted in depression (M = 3.48, SD = 3.29, 95% CI [1.84, 7.51], Cohen's d = 1.06) and anxiety (M = 3.12, SD = 4.03, 95% CI [1.45, 4.78], Cohen's d = 0.77). Conclusion: The virtual reality meditation program resulted in observed associations with more stable emotional states and reductions in depression and anxiety symptoms. These results highlight the potential of applying immersive virtual reality technology in mindfulness exercises to leverage inherent digital healthcare strengths, such as user-centered care and tailored treatment.

Board No: 365

Assessing Vaping Exposure Risk for Teens (AVERT): Evaluation of a Tool to Connect Youth with Vaping Prevention and Cessation Resources

Authors: Allison, Claire; Savage, Hannah; Paulson, Amy; England, Kelli; Edwards, Ann; Sriraman, Natasha K.; Harrell, Paul

Purpose: The primary goal of this project was to evaluate the efficacy of the Assessing Vaping Exposure Risk for Teens (AVERT) tool, a risk-tiered resource connection system designed to help professionals connect adolescents in Eastern Virginia with vaping prevention and cessation resources. Methods: The AVERT tool stratifies adolescents into three risk profiles (never-users, experimenters, and regular users) and subsequently provides tailored recommendations for prevention, early intervention, cessation, and mental health counseling. The tool was made available both online and as a printable PDF. The research team conducted a pilot study consisting of a pre-survey, an interim interview, and a post-survey. Twenty youth-serving healthcare and educational professionals were enrolled, with eighteen completing the full study. Participants included four school nurses, three school counselors, three pediatricians, two pediatric residents, two youth-focused community workers, and two substance abuse counselors. Repeated Measures Analysis of Variance (RM-ANOVA) was used to compare pre- and post-implementation survey responses. Results: The findings of our pilot study indicate that, after using the AVERT tool, professionals were significantly more likely to report greater confidence in finding youth vaping prevention and cessation resources (M = 2.42, SD = 1.08 vs. M = 3.50, SD = 1.45, p = .03, d = .72). Professionals also reported feeling more comfortable talking to youth about vaping and being more prepared to intervene with youth suspected or known to vape; however, these differences were not significant. Qualitative feedback from our respondents emphasized the tool's

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simplicity, accessibility, and ability to foster discussion.
Conclusions: The AVERT tool can enhance the ability of healthcare and educational professionals to connect adolescents with vaping prevention and cessation resources. Given the rising rates of vaping amongst adolescents, tool like AVERT are essential for empowering the adults in young people's lives to offer support and promote healthier behaviors in at-risk youth.

Board No: 366
Exploring Predictors for Gestational Diabetes Mellitus in Pregnant Women: A Multistate Cross-Sectional Analysis of PRAMS 2020–2022

Authors: Chung, Sunghyun; Park, Jeong-Hui; Park, Serim; Amo, Christina; Nabil, Anas, K; Barry, Adam, E
Purpose: Gestational diabetes mellitus is an increasingly common complication that poses serious risks to both maternal and infant health. Prevention requires a better understanding of the multiple demographic, behavioral, and healthcare-related risk factors involved. This study aimed to identify key predictors of gestational diabetes mellitus to inform more targeted prevention efforts and improve pregnancy outcomes.
Methods: This study analyzed the Pregnancy Risk Assessment Monitoring System (PRAMS) between 2020–2022. Two cohort groups were examined: pre-pregnancy (n=59,265) and during pregnancy (n=58,196), totaling 117,461 participants (mean age 30.08 years, 49.26% Non-Hispanic White). Logistic regression was used to identify demographic and personal factors that would increase the likelihood of being diagnosed with GDM (dependent variable). Demographic variables included maternal age, education, race/ethnicity, income, residency status, marital status; personal factors included Polycystic ovary syndrome (PCOS), Kessner Index of prenatal care adequacy, depression, and anxiety symptoms.
Results: Polycystic ovary syndrome showed the strongest association with gestational diabetes (odds ratio = 14.78, 95% Confidence interval: 13.51–16.18), followed by depression symptoms (odds ratio = 5.04, 95% Confidence interval: 4.48–5.67). Older maternal age was associated with higher odds, with the highest risk observed among women aged 40 years or older (odds ratio = 5.37). Non-Hispanic Asian or Hawaiian women had the highest risk among racial and ethnic groups. Higher education levels and higher household income were associated with reduced odds of gestational diabetes.
Conclusions: Key predictors of gestational diabetes include polycystic ovary syndrome, advanced maternal age, and depressive symptoms. These findings highlight the importance of early screening and personalized prenatal care to reduce pregnancy-related complications.

Board No: 367
Reframing Perinatal Loss: A Scoping Review of Emotional Recovery and Systemic Care Gaps

Authors: Shomuyiwa, Deborah, O.; Ingram, Lucy, A.
Background: Perinatal loss, miscarriage, stillbirth, or neonatal death, represents one of the most profound yet least visible forms of reproductive trauma in the United States. Traditional healthcare responses emphasize physical recovery that often ends at discharge, while neglecting the emotional, cultural, and communal dimensions that shape healing. Guided by the principle of centering lived experience, this scoping review examines how community, faith, and structural systems influence recovery following perinatal loss among American women.
Methods: Following Joanna Briggs Institute (JBI) scoping review methodology, qualitative studies published between 2015 and 2025 were identified through PubMed and CINHAL. Eligible studies explored women's emotional, social, and cultural experiences of loss within U.S. contexts. Extracted data were synthesized using meta-aggregation to generate a conceptual model, capturing the intersections between individual, relational, community, and institutional systems.

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Results: Across the twenty-one qualitative studies included recovery from perinatal loss unfolded as a deeply social and contextual process rather than an individual journey. The review revealed a five-part ecosystem that captures: (1) emotional disruption and meaning reconstruction, (2) relational and social silence, (3) cultural and faith-based coping, (4) structural barriers within healthcare systems, and (5) sociopolitical inequities rooted in race, sexuality, and socioeconomic status. Community acknowledgment, through faith circles, peer support, and advocacy groups, served as a critical determinant of resilience. When communities recognized grief as legitimate, emotional recovery was supported; when silence prevailed, trauma deepened. Recognition and belonging within community spaces supported recovery. Conclusions: Healing after perinatal loss is not solely psychological; it is social and communal. Centering community voices in bereavement care can bridge cultural and structural divides, advance reproductive justice, and redefine perinatal loss as a collective public health priority rather than a private sorrow. This reframes perinatal loss as a structural health issue, calling for trauma-informed, culturally affirming, and community-partnered approaches to recovery and equity.

Board No: 368

AN INNOVATIVE PROTOCOL FOR A CQI-INTEGRATED RCT: FATHERHOOD PROGRAMMING AS A HEALTH BEHAVIOR INTERVENTION

Authors: Young, Michael; Cox, Kevin; Pineiro, Valerie

Introduction. Economically-disadvantaged fathers often face structural barriers, such as unemployment, unstable housing, and limited access to preventive care, that negatively influence both family well-being and individual health behaviors. Fathers Empowered to Learn, Lead and Achieve Success (FELLAS) addresses these social determinants through a new, federally funded, responsible fatherhood program, combining evidence-based parenting education, case management, and referral support. This protocol describes a rigorous planned evaluation that will directly measure impacts on health behaviors while strengthening implementation quality through continuous quality improvement (CQI). Methods. The program will enroll more than 1,200 fathers aged 18+ from three Northern New Jersey counties. Participants will be randomized to an intervention group (24/7 Dad® curriculum plus case management) or a waitlist control group, in a 3:1 ratio. This maximizes intervention exposure while retaining a robust comparison group. The curriculum will be implemented by trained Fatherhood specialists. Participants will complete self-report questionnaires at baseline, immediately following the program, and at six-month follow-up. Primary outcomes include parenting skills, communication, conflict resolution, fathers' involvement with children, and employment status. Secondary outcomes relevant to health behavior research include fathers' priority for modeling positive health behaviors, perceived stress, mental health, tobacco, alcohol, and other substance use, exercise, and health care utilization. CQI processes, facilitated independently by evaluation partners, will ensure fidelity monitoring and adaptive program adjustments during implementation. Analysis will examine intervention effects using intent-to-treat and multilevel methods. Ethics. Institutional Review Board approval will be obtained prior to data collection. Discussion. This trial will provide new evidence on how responsible fatherhood interventions, traditionally framed around parenting and economic stability, can also improve health behaviors by addressing underlying social determinants. Embedding CQI within the community-based RCT illustrates an innovative model for enhancing both scientific rigor and community relevance. Registration. This study will be registered on ClinicalTrials.gov, if deemed a clinical trial.

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Advancing Social Emotional Skills in Early Childhood: Evaluation of the Bright Views Intervention

Authors: Rothenberg, Sara, M; Michael, Bittner; Beer, Nicole

Purpose

Early childhood is a critical window for developing social emotional learning (SEL) competencies linked to long-term mental health, academic success, and resilience. However, few scalable SEL interventions are designed for preschool settings or evaluated in real-world classrooms. Bright Views is a 10-lesson preschool SEL curriculum co-designed by educators, researchers, and community stakeholders. This pilot study examined student SEL outcomes during Year 1 implementation across four types of early learning environments in Virginia.

Methods

Nine classrooms (N = 119 students, ages 3–7) implemented Bright Views over 12 weeks. Teachers completed pre- and post-intervention ratings using a validated 10-item questionnaire assessing SEL competencies on a 5-point scale. Hierarchical linear models (HLM) assessed pre- to posttest changes, accounting for the nested structure of students within classrooms and controlling for classroom context. Covariates included school type, student age, time of year, program fidelity, and teacher role.

Results

Students' scores improved across all 10 domains (mean increase = 5.6%). The proportion of students in the deficient range (scores 1–2) decreased from 12.7% to 7.7%, while those in the proficient range (scores 4–5) increased from 51.6% to 66.6%. The greatest gains occurred among students initially scoring deficient or neutral (1–3) in engagement (63%), social awareness (59%), and classroom effort (59%). Baseline scores differed significantly by school type, demonstrating the curriculum's sensitivity to contextual factors. Although fidelity checks were limited (22% completed), accurate implementation was associated with greater engagement gains. All measures showed adequate variability to support future multi-level analyses.

Conclusions

Bright Views produced meaningful SEL improvements among preschoolers across diverse early learning settings. Findings suggest the curriculum is a promising, scalable approach to strengthen early SEL skills. This pilot supports conducting larger controlled trials to evaluate effectiveness across settings and measure long-term behavioral and mental-health outcomes, building evidence for broader implementation.

Board No: 370

Associations between Neighborhood Perceptions and Adolescent Summer Physical Activity

Authors: Sreemushta, Sanjitha; Park, Jeong-Hui; Croan, Veronika; Dunton, Genevieve, F.; de la Haye, Kayla; Pollack Porter, Keshia, M.; Lee, Chanam; Prochnow, Tyler

Objective: Adolescence is a critical period of health behavior development including physical activity (PA); however, many adolescents fail to meet recommended PA levels, especially during summer months. The built environment, specifically perceived neighborhood safety and aesthetics, can contribute to the level and frequency of PA. This study examined associations between three neighborhood environment subscales (aesthetics, pedestrian traffic safety, and crime safety) and multiple PA outcomes among adolescents.

Methods: Youth aged 11 to 15 were recruited through middle schools in Central Texas (n=41 participants, 285 daily observations). The Neighborhood Environment Walkability Scale-Youth assessed perceived aesthetics, pedestrian traffic safety, and crime safety. PA was measured using wrist-worn ActiGraph devices for seven days, capturing light, moderate, vigorous, and total activity minutes. Multilevel models (days nested within participants) examined associations between neighborhood perceptions and: (1) daily PA intensities, (2) meeting daily guidelines (≥60 minutes moderate-to-vigorous PA), and (3) PA consistency scores, controlling for day in study, age, and sex.

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Results: Perceptions of safety from crime were associated with increased vigorous PA (β=1.88,p=.02), greater odds of meeting daily PA guidelines (OR=2.29,p=.001), and more consistent PA (β=0.09,p=.02). Pedestrian traffic safety was negatively associated with meeting guidelines (OR=0.40,p=.04). Neighborhood aesthetics showed no significant associations. Females demonstrated significantly higher PA across intensities and greater likelihood of meeting guidelines (OR=2.25,p=.03). Age was positively associated with moderate and total PA.
Conclusions: Adolescents who perceive their neighborhoods as safer are significantly more likely to meet daily PA guidelines and have more consistent PA. This suggests that perceived crime safety is a key factor in adolescent PA and interventions focused on improving perceived crime safety in neighborhoods may be an effective strategy to promote sustained PA in this age group.

Board No: 372
Teacher Nutrition knowledge and Self-Efficacy: Implications for Implementing SB 25 in Texas Schools

Authors: Saleh, Amani; Pfledderer, Christopher, D; F. De Moraes, Augusto Cesar; Ranjit, Nalini; Malkani, Raja; Perez, Adriana; Heredia, Natalia, I; Macias-Navarro, Lorena; Berry, Jerri, L; Smith, Carolyn, L; Hoelscher, Deanna, M; Hunt, Ethan, T
Background: Texas Senate Bill 25 expands nutrition education and physical activity requirements in schools and establishes a state nutrition advisory committee. This study assessed teacher nutrition knowledge and cooking self-efficacy to identify gaps affecting implementation success.
Methods Data were collected from elementary school teachers participating in the 2023–2025 Texas SPAN project. We assessed teacher demographics, nutrition knowledge, and cooking self-efficacy using questionnaire items on nutrition, and cooking confidence. Correct response proportions with 95% CIs were calculated and binomial tests assessed significance. Self-efficacy was measured with 11 Likert items (1–5); higher mean scores indicated greater cooking confidence.
Results: The analytic sub-sample included 145 teachers, 79% female, with 39% reporting more than 16 years of experience; most had some college/associate's (61%) or a bachelor's degree (28%). Among 145 teachers, 46% correctly identified fat as the most calorie-dense macronutrient (95%CI: 36.92–54.89%), which was significantly higher than the 25% expected by chance ($p < .001$). 41% correctly reported that seed oils are healthier than beef tallow (95%CI: 32.12–49.85%), which was not significantly different from the 33% expected by chance ($p = 0.08$). For self-efficacy, 104 complete responses produced a mean score of 3.21 (SD = 0.07; 95% CI: 3.08–3.34%) on a 5-point scale, with Cronbach's $\alpha = 0.81$, indicating good internal consistency but average confidence slightly above neutral.
Conclusion: Teacher nutrition knowledge and cooking confidence varied, with gaps in correct responses and only moderate confidence. These findings highlight opportunities for professional development in nutrition education and culinary training to strengthen teacher capacity for SB 25 implementation.

Board No: 373
A Qualitative Analysis of Young Adult and Adolescent Male Health Behaviors: A Focus on Sexuality and Sexual Health

Authors: Rovito, Michael, J; Dworkin, Shari, L; Rovito, Kathy, E.; Martinez, Sydney, N; Langan, Jaclyn; Gibson, Samantha; Thomas, Kamalie, V
Understanding the sexual health and sexuality of young adult and adolescent males (YAAMs) is crucial for addressing health disparities and promoting public health. During this critical developmental period, YAAMs are at risk for adverse outcomes due to pressures to conform to societal expectations and traditional gender norms. This study explores the attitudes, perceptions, and lived experiences of YAAMs concerning their sexual health and sexuality within the context of evolving gender and sexual norms. Thirty-five males

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aged 13–26 participated in focus groups discussing key health topics, with an emphasis on sexual behaviors, relationships, and societal influences. Using a structured phenomenological approach, this research identified key themes including perceptions of toxic masculinity, stereotype threat, social stigma, and sexual maturation. These findings highlight the complexity of YAAMs' experiences and the impact of societal pressures on their sexual health decisions, such as sexual debut and the perceived links between masculinity, sexual behavior, and risk. Results can inform the development of evidence-based interventions and clinical assessments that address the unique sexual health needs of this population and advance understanding of behavioral determinants underlying male sexual health.

Board No: 374

Awareness and Perceptions of Palliative Care in Sexual Minority Populations: A Population-Based Study

Authors: Hu, Jiamin; Hong, Young-Rock; Xie, Zhigang

Purpose:
Sexual minority individuals with serious illness face persistent inequities in end-of-life care, including reduced access to timely and appropriate palliative care relative to their heterosexual counterparts. Palliative care is intended to alleviate symptom burden, psychosocial distress and improve life quality. Given that awareness critically determines palliative care utilization, this study assessed differences in palliative care awareness between U.S. sexual minority and heterosexual adults.
Methods:
We analyzed nationally representative data from the 2018 Health Information National Trends Survey (HINTS) Cycle 2, the most recent wave, to assess palliative care awareness. Using chi-square tests and multivariable logistic regression models, we compared the prevalence, misconceptions, and sources of information about palliative care between sexual minority and heterosexual populations.
Results:
A total of 2,567 respondents were included in the final analysis, of whom approximately 5% self-identified as sexual minorities. Overall, 22.2% of sexual minority individuals and 30.0% of heterosexual individuals (p = 0.22) know at least a little about palliative care. Multivariable logistic regression indicated comparable levels of palliative care awareness between the two groups (aOR: 0.86; 95% CI, 0.43–1.74). Among those who were aware of palliative care, sexual minority respondents demonstrated a higher correct understanding that the goal of palliative care is to offer social and emotional support (99.3% vs. 94.6%, p = 0.004) and fewer misconceptions that accepting palliative care means stopping other treatments (3.9% vs. 14.2%, p = 0.010) or that it is the same as hospice care (6.0% vs. 31.5%, p = 0.010).
Conclusions:
Although sexual minority adults reported lower overall awareness of palliative care, they demonstrated greater understanding of its goals and fewer misconceptions compared to their heterosexual counterparts. Sources of information were similar across groups. These findings highlight the need to increase palliative care awareness broadly, while tailoring communication strategies to address differences across populations.

Board No: 375

Health Policy Implications of Adopting Whole Genome Sequencing into Newborn Screening: Young Adults' Perspectives

Authors: Madhiri, Embedzayi; Li, Ming; Wade, Christopher, H.; Chen, Lei-Shih

Background: The integration of whole genome sequencing (WGS) into newborn screening (NBS) programs is being tested in the United States (U.S.) and other countries, raising important health policy considerations. Including the perspectives of young adults, who are future parents and key stakeholders, is vital for developing effective policies related to WGS-based newborn screening. This study aims to explore young adults' views on this integration and identify key areas for policy, education, and

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implementation strategies.
Methods: We conducted semi-structured interviews with 58 U.S. young adults. Qualitative data were analyzed using content analysis, supported by NVivo 12 software.
Results: Most participants (72.4%) supported using WGS in newborn screening, believing it would facilitate disease prevention (45.2%) and future planning (42.8%). However, concerns regarding the type of returned results, confidentiality and privacy of the results were raised by some participants.
Conclusion: This study informs health policy development by capturing young adults' perspectives on integrating WGS into newborn screening programs. While most participants supported the inclusion of genomic screening, concerns emerged regarding non-medically actionable findings, privacy, and confidentiality. These concerns highlight critical policy areas that require careful consideration, including developing clear ethical guidelines on returning the results and implementing robust data-protection measures.

Board No: 376
The Mediating Rold of Childhood Experiences in the Relationship Between Early Childhood Poverty and Adulthood Violence Victimization

Authors: Suh, Ganghui; Chow Angela; Lin, Hsien-Chang
Purpose: This study intends to evaluate pathways from childhood poverty through Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs) to adulthood violence victimization among disadvantaged families in urban regions.
Methods: Data from Wave 5 (early childhood), Wave 6 (adolescence), and Wave 7 (early adulthood) Future of Families and Child Wellbeing Study (Years 9, 15 and 22) was used (N=2,404). Those under 200% of federal poverty level at Wave 5 were considered as having early childhood poverty. ACEs variables at Wave 6 were created following Wang et al., (2025) and PCE measures followed prior studies using other datasets. Adulthood violence victimization history was measured by the summative score of violent encounters at Wave 7, including getting beaten, attacked with a weapon, or shot by someone. A path analysis model estimated with bias-corrected bootstrap standard errors was conducted to examine the pathway from childhood poverty to both ACEs/PCEs, and to adulthood violence victimization counts, controlling for Wave 7 sociodemographics. Missing data was handled by full information maximum likelihood estimation.
Results: ACEs demonstrated both direct effect on adulthood violence victimization (β=.037, p<.01) and indirect effect between early childhood poverty and adulthood violence victimization (β=.019, p<.01), indicating higher ACEs score was related to increased incidents of violence. PCEs was inversely related to ACEs (β=-.226, p<.001) but did not establish a significant mediation pathway between childhood poverty and adulthood violence victimization.
Conclusions: This study was the first to examine the connection between childhood poverty and adulthood violence victimization through the mediation of childhood experiences. Findings indicate that the pathway from childhood poverty to adulthood violence victimization was through ACEs. The findings highlight the importance of early intervention, suggesting that strategies aimed at preventing further ACEs may be critical in reducing the risk of later adulthood violence victimization, particularly among children growing up in poverty.

Board No: 377
Texas Smoke Shops Illegally Selling Intoxicants: Kratom, Hallucinogenic Mushrooms, and Nitrous Oxide

Authors: Voleti, Surya; LoParco, Cassidy, R.; Ghevariya, Mansi, J.; Bourmand, Raika; Holt, Nicole; Jones, Betsy; James, Shanna, D.; Tillett, Kayla, K.; Rossheim, Matthew, E.
Background: Under the Federal Food, Drug, and Cosmetic Act, products containing kratom, hallucinogenic mushrooms, or nitrous oxide cannot be legally marketed for human consumption in interstate commerce. Kratom, which acts on opioid receptors, is

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commonly sold as powders, capsules, or liquid "shots." Hallucinogenic mushroom derivatives are often marketed in edible forms such as gummies. Nitrous oxide (AKA "whippets") is sold in multi-cartridge packs and larger, multi-liter tanks. Though whippets are marketed "for culinary use" as a legal workaround, their intent for inhalation is evident from the paraphernalia sold alongside them. The U.S. Food and Drug Administration has issued warnings about each of these substances due to serious health risks including toxicity, dependence, and adverse physical and psychiatric effects. Despite these prohibitions and warnings, these substances are sometimes found in smoke shops. Given that retail availability is one of the strongest environmental predictors of substance use, systematic surveillance is needed.
Methods: In September 2025, a random sample of smoke shops was selected in each of six Texas cities: Amarillo, Austin, Dallas, El Paso, Fort Worth, and Lufkin. In each city, 10 shops that sold both nicotine vapes and THC products were assessed. Availability of kratom, hallucinogenic mushrooms, and nitrous oxide was documented by trained field staff through in-store observations and validated with follow-up phone calls.
Results: Kratom was sold in nearly all shops (95%; city range: 80-100%). Hallucinogenic mushroom products were sold in 87% of shops (range: 80-100%). Nitrous oxide was available in 63% of smoke shops (range: 20-90%).
Conclusions: Texas smoke shops are major retail sources of federally unlawful intoxicants including kratom, hallucinogenic mushrooms, and nitrous oxide. These products pose distinct public health risks – including poisoning, dependence, and psychosis – yet remain widely accessible. Stronger laws and consistent enforcement are urgently needed to reduce the retail availability of these hazardous intoxicants.

Board No: 378

APPLYING AN INTEGRATED COMMUNITY-DRIVEN THEORETICAL FRAMEWORK TO REDUCE OPIOID-INVOLVED OVERDOSE DEATHS IN THE BLACK COMMUNITIES

Authors: Seo, Dong-Chul; Satterfield, Naomi; Alba Lopez, Leonardo; Im, DoHyun; Agley, Jon; An, Ruopeng; Lee, Yen-Han; Noguchi, Aika; Crabtree, Charlotte

Background: Opioid-involved overdose death rates among Black population have continued to exceed those among White counterparts in Indianapolis communities since 2020. To reduce opioid-involved overdose deaths in the Black Indianapolis communities, community-driven approaches, so-called MACRO-B, were implemented for the past three years.
Methods: Based on seven action strategies of the Citizen Health Care Model and the notion of citizen (i.e., individual and their families becoming activated along with their neighbors and others who face similar health challenges), we have provided a 90-minute overdose prevention and naloxone administration training to >800 Black community members and conducted community assessment including probability surveys (N=776 in Year 1, N=764 in Year 3), one-on-one interviews (N=50), seven focus groups (N=48), and neighborhood drive-through. Based on the Community Coalition Action Theory, we have established a highly engaging multi-sectoral community coalition and implemented structural and behavioral interventions. Coalition members included grassroots community partners, Black community residents affected by overdoses, law enforcement, emergency medical services, and policymakers from various government levels. Evaluation was made both quantitatively and qualitatively using parallel, cluster-matched, quasi-experimental design.
Results: Opioid overdose deaths among Black people in the intervention communities decreased by 45% within two years ($p<0.001$). Indiana House Bill 1167 was passed and took effect July 2025, which expanded access to drug checking equipment. We successfully installed and operated 27 naloxone boxes and distributed 42,476 naloxone doses, 27,819 fentanyl test strips, and 8,046 xylazine test strips within

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two years. We launched Naloxone Leave Behind (NLB) initiative in 7 of the 44 Indianapolis fire stations. The community surveys showed a significant area*time interaction ($p<0.001$), indicating naloxone accessibility was significantly improved over a 2-year project period in the intervention communities compared to the control communities.
Conclusion: Community-driven model-based approaches have been successful in making structural and behavioral changes to reduce overdose deaths in Black communities.