Conclusions: Participants have limited access to information about educational and employment opportunities and also limited guidance/mentoring. An information center focusing on youth skills development is recommended in order to bridge the gap between school and home. Skill development programs should seek to empower youth for success in academic and employment settings as well as make positive health-related decisions which will reduce teenage pregnancy. Recommendations include mentoring, academic support, and skills development, including workshops, academic and health-related information sessions, peer-learning, computer training, and language skills.

Sources of Support: Not applicable.

133.

PREVALENCE OF ADOLESCENT HEALTH RISK BEHAVIORS, ASSOCIATED PARENTAL CONCERN AND ADOLESCENT-PARENT CORRESPONDENCE

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Purpose: Adolescents engage in a range of health risk behaviors that can contribute to poor health outcomes. If unaddressed, these behaviors can persist into adulthood and also contribute to morbidity and premature death. In order to better address these behaviors, it is important to understand the prevalence of these health risk behaviors, as well as the level of parental concern and awareness of these issues.

Methods: 299 adolescents aged 13-18 (M=14.49, SD=1.42; 154 females) were recruited from 5 Pediatric clinics in the Seattle area. Adolescents completed an electronic screening tool that included self report measures of variables assessing health risk behaviors in the domains of nutrition, physical activity/sleep, mental health, bicycle and car safety, substance use and sexual health. 297 parents (264 mothers, 28 fathers, 5 other) completed a parallel measure indicating their ratings of their adolescent's risk, as well as their level of concern for each behavior.

Results: The most prevalent health risk behaviors reported by adolescents were low fruit and vegetable consumption, high screen time and inconsistent helmet use. Parents reported that their adolescent's most prevalent health risk behaviors were low fruit and vegetable consumption, low physical activity and high screen time. In adolescents identified as engaging in health risk behaviors, parental concern was most prevalent for high screen time, followed by risky sexual behavior and anxiety. There was generally good concordance between parent and adolescent reports including on substance use, however parents tended to underestimate inconsistent seat belt and helmet use, driving or riding while the driver is intoxicated and high screen time. Parents tended to overestimate adolescent anxiety, depression, low physical activity, and low fruit and vegetable consumption.

Conclusions: Results indicate a high prevalence of adolescent health risk behaviors in lifestyle factors around issues of poor diet, high screen time and a sedentary lifestyle, and a high degree of parental concern for these issues. Health care providers may want to consider distributing education and information to parents on these topics as part of anticipatory guidance, and to work with adolescents and parents together to motivate behavior change in these areas when indicated. Furthermore, providers may want to work directly with adolescents to address behaviors that parents may be less aware of, in particular increasing their driving and bicycle safety.

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134.

WHO ARE THOSE YOUTHS WHO CONSIDER THEMSELVES AS UNPOPULAR?

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Purpose: To examine the characteristics of adolescents and young adults (AYA) who perceive themselves as unpopular with peers from the same-sex, opposite-sex, or both.

Methods: We used the baseline wave (2014-15; N=5179) of the GenerationFRee longitudinal study, gathering a cantonal representative sample of in-school 15-24 year-olds. The web-based in-school administered questionnaire included the 2 items "Among same-sex/opposite-sex peers, I am very popular" (yes/no). Respondents were divided into 4 groups: Those who perceived themselves as popular with same-sex and opposite-sex peers (POP; N=3'164, 61.09%); as unpopular with same-sex and opposite-sex peers (UNPOP; N=1'228, 23.71%); as unpopular with same-sex peers only (UNPOPSame; N=284, 5.48%), and as unpopular with opposite-sex peers only (UNPOPOther; N=503, 9.72%). At the bivariate level, groups were compared on sociodemographic data, making same-sex and opposite-sex friends easily, emotional well-being, school performance and track, and substance use (current smoking, past 30-days e-cigarette, cannabis, and alcohol misuse, and other illegal drug use ever). All significant variables ($p<.05$) were included in a multinomial logistic regression using POP as the reference category. Data are presented as Relative Risk Ratios (RRR) with 95% confidence intervals.

Results: At the bivariate level, compared to all the other groups, those from the UNPOPSame group were more likely to be female, apprentices, report a below average socioeconomic status, make same-sex friends less easily, report poor emotional wellbeing, have perceived pubertal delay, smoke, and have ever used illegal drugs. Those from the UNPOPOther group were more likely to make opposite-sex friends less easily and to have a perceived delayed puberty. Those from the UNPOP group were less likely to misuse alcohol and use cannabis. At multivariate level, compared to the POP group, those from the three unpopular groups were more likely to be females, report a poor emotional well-being and less likely to smoke and misuse alcohol. Moreover, specifically, those from the UNPOPSame group were also more likely to have a perceived pubertal delay (RRR:1.96[1.32:2.90]), to make opposite-sex friends easily (RRR:3.14[1.56:6.31]) and same-sex friends less easily (RRR:0.05[0.04:0.08]), and less likely to use cannabis (RRR:0.45[0.29:0.71]); and those from the UNPOPOther group were more likely to make same-sex friends easily (RRR:3.97 [2.37:6.66]) and opposite-sex friends less easily (RRR:0.05 [0.03:0.06]).

Conclusions: Given their poorer emotional well-being, unpopularity appears to affect AYAs strongly and females especially. Moreover unpopularity is associated with perceived pubertal delay. Interestingly, being unpopular with same-sex peers makes it easier to make opposite-sex friends and being unpopular with opposite-sex peers makes it easier to make same-sex friends. We can hypothesize that peers may have negative judgments towards those included in the other group and therefore exclude them more easily. The fact that tobacco and alcohol misuse are strongly associated with being popular is probably a result of its socializing effect. Although it is positive that unpopular AYAs consume less and fewer substances, they are less happy. Thus, popularity remains a very important issue and should be discussed as part of the psychosocial assessment.

Sources of Support: The Programme Intercantonal de Lutte contre la Dépendance au Jeu (PILDJ) and the canton of Fribourg.

RESEARCH POSTER PRESENTATIONS: CHRONIC ILLNESS

134-B.

ASSESSING PARENT-TEEN COMMUNICATION: DEVELOPMENT OF A CLINIC-BASED QUESTIONNAIRE

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Purpose: Increased parent-teen communication about adolescent health topics such as substance use has been shown to be protective against maladaptive behaviors. However, adolescent health clinics do not routinely inquire about parent-teen communication from their patients' parents. We designed a questionnaire for use in clinical settings to identify adolescent health topics parents have difficulty discussing with their teen. The two objectives of this study were to: (a) identify sources of parental misinterpretation of the questions and (b) obtain recommendations from parents on how to make the questions in the survey more comprehensible.

Methods: We compiled a list of questions on adolescent topics based on several sources such as Bright Futures. We first assessed for content validity by having seven experts in adolescent health at our institution rate the questions by relevance. We then asked parents of adolescents visiting our clinic to complete the survey. This was followed by audio-recorded cognitive interviews. In these interviews, we used retrospective probing to identify problem areas in the survey by asking questions on (a) their comprehension of the questions, (b) what information they needed to answer the question, (c) how they integrated and edited information needed to answer the question, and (d) why they chose their final answer. We analyzed our data using thematic reduction to capture major themes and to identify problems with wording. We then modified the questionnaire based on parents' feedback in an iterative fashion. We conducted these assessments in three rounds with 8 parents each round.

Results: We changed the stem of most questions from "I talk with my son/daughter…" to "I feel comfortable talking with my son/daughter…" because parents interpreted these questions as whether they agree with the statement rather than having these conversations with their teen. Regarding specific questions, we removed a question asking three words that described the teen's strengths because of redundancy. We changed one question on regular meals with teens to regular times to have meaningful conversations because parents felt that not all families may have a chance for regular meals with their teens. We changed the wording of a question about fighting to conflict resolution, as some parents felt that physical fighting is one solution to resolving conflict. There was misunderstanding on the question about comfort discussing gender identity with teens; most parents interpreted this question to mean how comfortable they were discussing conforming to gender roles rather than discussing gender identity. We removed one question about having a gun in the home because some parents felt that parents wouldn't answer the question truthfully due to the controversial nature of gun ownership. Finally, we added a question about bullying based on parents' recommendations.

Conclusions: Cognitive interviewing identified problem areas in the questionnaire, and guided modification of the questionnaire based on feedback from parents. Once we complete cognitive interviewing, we will use this tool to assess how many parents in our clinic have conversations about important adolescent health topics with their teen and to offer resources to parents on topics where they report less comfort.

Sources of Support: None.

RESEARCH POSTER PRESENTATIONS: PREVENTION

135.

FACTORS ASSOCIATED WITH INFLUENZA VACCINATION IN THE U.S. AMONG CHILDREN 9-13 YEARS OF AGE

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Purpose: U.S. estimates of seasonal influenza vaccine uptake in 2013-14 were 61% for 5-12 year olds, and 46% for 13-17 year olds, which fall below the Healthy People 2020 goal of 80% coverage. The aim of this study was to (1) examine factors associated with influenza vaccination among 9-13 year old children and (2) describe parents' reported reasons for vaccinating or not vaccinating children.

Methods: Data for this cross-sectional study were collected via an online survey in August 2014, which assessed attitudes and behaviors concerning influenza and HPV vaccination among mothers of children aged 9-13 years in the U.S. For those who did and did not receive the influenza vaccine during the previous flu season, mothers were asked to endorse the most important reason for vaccine uptake or refusal, respectively.

Results: 2,387 mothers completed the survey; 1,394 reported that their child received the influenza vaccine in the previous season and 969 reported that their child did not receive the vaccine. Mothers who reported uncertainty regarding vaccination status (n=24) were excluded from further analysis. Mean age of mothers included in analyses was 38.1 years old (SD=8.2) with mean child age of 10.6 years old (SD=1.4). 56.9% of children were female; 65.5% were non-Hispanic White, 14.3% were non-Hispanic Black, 13% were Hispanic, and 7.2% were from other racial/ethnic groups. Mothers represented all geographic locations in the U.S., including Puerto Rico. In the adjusted logistic regression, influenza vaccine