



### **Board 1**

#### **Exploring the Impact of Protective Behavioral Strategy Use Frequency on Blood Alcohol Concentrations among a National Sample of Student Drinkers**

*Barry AE, Merianos AL*

**Purpose:** To minimize the alcohol-related consequences experienced by college student drinkers, researchers are increasingly targeting protective behavioral strategies. However, the effects of protective behavioral strategy use frequency on college student drinker intoxication levels have not been thoroughly examined among this population. Therefore, we examined a nationally representative sample of college student drinkers to assess whether (1) protective behavioral strategy use differed between those who reached legal intoxication with a blood alcohol concentration equal to or greater than 0.08 during their most recent drinking episode compared to those who did not reach legal intoxication with a blood alcohol concentration less than 0.08; and (2) if frequency of protective behavioral strategy use could explain the variance associated with blood alcohol concentration during the most recent drinking episode, above and beyond one's sex, age, and involvement in the Greek system. **Methods:** We conducted a secondary data analysis of the American College of Health Association's National College Health Assessment and assessed college student drinkers (n=21,479) from 44 distinct campuses. The data were analyzed by conducting both independent samples t-tests and a multiple regression model. **Results:** Participants who reached legal intoxication reported employing protective behavioral strategies less frequently. Frequency of protective behavioral strategy use had the strongest unique contribution to the regression model, and participants with higher blood alcohol concentration reported less frequent use of protective behavioral strategies. **Conclusions:** Interventions encouraging protective behavioral strategy use should target college student drinkers since less frequent use of protective behavioral strategies is related to higher intoxication.

### **Board 2**

#### **Food Pantry Patrons' Experiences Acquiring Food: Implications for Health Promotion**

*Greer AE, Cross-Denny B, McCabe M*

**Purpose:** To examine food pantry patrons' perceptions and experiences acquiring sufficient food. **Methods:** This qualitative study included five focus groups with twenty-nine food pantry patrons (59.3% male, mean age= 59.9 years) in Southeastern CT. Food acquisition experiences were assessed using a semi-structured focus group discussion guide. Atlas.ti, qualitative software, was used to manage and analyze the data. Data were coded and reviewed to identify code categories which could be taken to represent themes. **Results:** Participants were thankful for the pantry food they receive but suggested both environment and policy changes to improve their food acquisition experiences. Participants suggested more frequent food pick-up opportunities, "grocery shopping" style food distribution to allow food choice, foods specific to their health needs (e.g., gluten free, low sodium), and that food allotments be based on both the number and type of persons (e.g., children, older adults) in one's household. Food pantry staff who showed compassion and kindness to food pantry patrons were mentioned as more important than the food itself. Stigma and shame associated with food pantry use, and the role some food pantry staff play in propagating these feelings, were discussed as major concerns. Food pantry patrons were also concerned about the limited number of food insecure young people who use the pantries and attributed this issue to the stigma of using pantries. Word of mouth strategies, such as "bring friends" or identifying "community messengers," were identified as the best strategies for promoting the food pantries to food insecure community members. **Conclusion:** Opportunities to improve patrons' food acquisition experiences are identified. Research is needed to determine which suggested environment and policy changes might best reduce food insecurity.

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### **Board 3**

#### **A New Mechanism in Health Behavior Change Research: Psychometrics of the Systems Thinking Scale for Adolescent Behavior Change**

*Moore SM, Borawski EA, Komton V*

**Purpose:** We have learned from the past that interventions targeting health behavior change involve assisting participants to identify and make changes in the habitual systems in their daily routines. Although the skills to change these habitual systems involve systems thinking (the ability to recognize patterns, interactions and interdependencies in a set of activities), no current measure exists to assess the extent to which systems thinking influences health behavior change. Our team is currently investigating the mediating role of systems thinking in enhancing healthy eating and exercise in adolescents. The purpose of this study was to develop and conduct psychometric testing of the Systems Thinking Scale for Adolescent Behavior Change (STS-AB). **Methods:** A panel of experts in systems thinking was used to develop an initial item set that was tested for understandability, content validity and stability in a small sample (N= 24) of adolescents enrolled in a weight management program. In a larger study of 359 urban adolescents enrolled in a weight management program aged 10-13 (58% girls; 80% African American), factor analysis, reliability, and validity of the 16-item STS-AB were assessed. **Results:** Exploratory factor analysis of the STS-AB indicated a 1-factor solution with good factor loadings, ranging from .40 to .67. The internal consistency reliability coefficient was .87. Test-retest reliability of the STS-AB was .48,  $p < .05$ . Systems thinking scores were higher in children who received systems thinking training compared to children not receiving training. Evidence of construct validity was supported by significant correlations with established measures of other variables commonly associated with health behavior change (motivation and self-efficacy for diet and physical activity). **Conclusions:** The STS-AB is a valid and reliable measure of systems thinking for health behavior change in adolescents that can assist investigators to examine the extent to which systems thinking is a mechanism in health behavior change.

### **Board 4**

#### **Social Determinants of Health and Adolescent Pregnancy: Definitions, Operationalization of Measurement, and Future Directions for Health Behavior Research**

*Maness SB, Buhi ER, Daley E, Baldwin J, Kromrey J*

**Purpose:** Racial, ethnic, and geographic disparities currently exist in adolescent pregnancy and a Social Determinants of Health (SDOH) approach has been promoted to reduce these disparities. SDOH is a widely-used term with varying definitions, and although this term has grown in use and popularity over the past decade, there is not consensus in the field on how SDOH should be operationalized (that is, what variables should be included in SDOH research and how should the variables be operationalized). The goal of this research was to operationalize SDOH in an application to adolescent pregnancy. **Methods:** Proxy measures from the Healthy People 2020 SDOH Framework were used to estimate associations between SDOH and adolescent pregnancy in the National Longitudinal Study of Adolescent to Adult Health. Measures were matched to each of the framework areas of education, economic stability, social and community context, health and healthcare, and neighborhood and built environment. **Results:** Results indicated that even when using a framework, the lack of clear definitions for each component of SDOH obfuscates simple interpretations. For example, family structure, incarceration/institutionalization, and perceptions of discrimination are terms which may have multiple interpretations, therefore leaving wide room for selection of measures and potentially affecting study outcomes. Overall results indicated associations between adolescent pregnancy and enrollment in higher education, family structure, social cohesion, neighborhood environment and civic participation. However, these results must be viewed through the measurement of each of these broad themes, inviting discussion of how each key area could

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best be operationalized. **Conclusions:** Due to the broad nature and lack of cohesive definitions in this area, operationalizing the SDOH has been inconsistent. This study provides a springboard for discussion of SDOH to reach a higher consensus in use of definitions and frameworks. Future research can refine constructs to develop new SDOH measures that best operationalize each key area.

**Board 5**

**Systematic Analysis of Dietary Interventions to Improve Sleep Quality**

*Knowlden AP, Hackman CL, Sharma M*

**Purpose:** The purpose of this review is to determine the efficacy of different dietary measures as a means for improving sleep quality in adults. **Methods:** A systematic review of published studies following PRISMA guidelines was conducted to determine the efficacy of different dietary measures as an approach for improving sleep quality in adults. Inclusion criteria for the review were interventions (both in vivo and in natura), published in the past 50 years, using any quantitative design, employing a dietary intervention as the primary treatment variable, targeting sleep quality (sleep duration, latency, efficiency, etc.) in humans, between 18 and 50 years of age. Interventions satisfying the inclusion criteria were subjected to a methodological critique using a modified version of the Jadad scale. **Results:** The search strategy returned 712 hits from the MEDLINE (n = 279), CENTRAL (n = 238) and WOS (n = 195) databases. A total of 21 studies (17 in vivo and 4 in natura) met the inclusion criteria and were included in the systematic review. **Conclusions:** Sleep is a significant health issue; yet, only 21 interventions meeting inclusion criteria were identified. The evidence for nutrition as treatment approach for improving sleep in adults is mixed. Of the 17 in vivo trials, 8 (47%) suggested improvement in at least one primary outcome of interest. However, a majority of these trials relied on small sample sizes of healthy sleepers and manipulated nutrition in an acute fashion. Of the 4 in natura trials, macronutrient composition appeared to have no effect, though some markers of sleep quality such as sleep fragmentation and sleep latency did show improvement. Overall, the small number of studies that fit inclusion criteria mainly recruited healthy sleepers and most had limited control of the diet of participants, which may have hindered sleep outcomes.

**Board 6**

**Theoretical Model of Goal Directed Behavior Predicting Sleep Behavior of Young Adults**

*Knowlden AP*

**Purpose:** Insufficient sleep can contribute to deleterious health outcomes including occupational and motor vehicle fatalities. The Model of Goal-Directed Behavior (MGDB) is an extension of Ajzen's Theory of Planned Behavior, and hypothesizes that intentions are primarily motivated by desires. The purpose of this study was to empirically test the MGDB for its capacity to measure and predict the sleep desires, intentions, and behaviors of employed young adults that operated motor vehicles. **Methods:** The model evaluated the extent to which seven MGDB constructs—attitude towards the behavior, behavioral desires, behavioral intentions, negative emotions, perceived behavioral control, positive emotions, and subjective norms—predicted sleep behavior. Data were collected from a cross-sectional sample of university students meeting inclusion criteria. Procedures for building the model included exploratory factor analysis to determine the underlying factor structure, confirmatory factor analysis to confirm convergent and discriminant validity of the measurement model, and structural equation modeling to determine predictive validity of the model. **Results:** Mean sleep duration of the sample was 6.59 hours (SD = 1.326) of actual sleep in the past 30 days. Significant direct paths were identified between attitude towards the behavior ( $\beta = 0.487$ ), positive emotions ( $\beta = 0.350$ ), negative emotions ( $\beta = 0.176$ ) and behavioral desires ( $p < 0.01$ ;  $R^2 = 0.637$ ). Direct paths were also identified between perceived behavioral control ( $\beta = 0.464$ ), behavioral desires ( $\beta = 0.682$ ) and behavioral intentions ( $p < 0.001$ ;  $R^2 = 0.650$ ). Finally, direct paths were identified between

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perceived behavioral control ( $\beta = 0.787$ ), behavioral intentions ( $\beta = 0.200$ ), and sleep behavior ( $p < 0.05$ ;  $R^2 = 0.795$ ). **Conclusions:** The MGDB appears robust for predicting sleep behaviors. Attitude towards the behavior and anticipated emotions are important in predicting behavioral desires for adequate sleep, while perceived behavioral control is important in predicting intentions and behaviors in this population.

**Board 7**

**Estimating Medical Costs and Quality-Adjusted Life Years Associated with Smoking: An Examination of Various Methodological Approaches**

*Feirman SP, Glasser AM, Teplitskaya L, Holtgrave DR, Abrams D, Niaura R, Villanti AC*

**Purpose:** Decision-makers, faced with limited financial resources, must typically consider the cost and cost-effectiveness of different options when deciding which policies and programs to implement to promote healthy behaviors. Estimated medical costs (“T”) and QALYs (“Q”) associated with smoking are frequently used in cost-utility analyses of tobacco control interventions. The goal of this study was to understand how researchers have addressed the methodological challenges involved in estimating these parameters. **Methods:** Data were collected as part of a systematic review of tobacco modeling studies. Studies were eligible for the current analysis if they were U.S.-based, provided an estimate for Q, and used a societal perspective and lifetime analytic horizon to estimate T. We identified common methods and frequently cited sources used to obtain these estimates. To visualize the network of citations used to estimate T and Q and illustrate the chronological link between studies, we conducted a bibliometric analysis. **Results:** Across all 18 studies included in this review, 50% cited a 1992 source to estimate the medical costs associated with smoking and 56% cited a 1996 study to derive the estimate for QALYs saved by quitting or preventing smoking. Approaches for estimating T varied dramatically among the studies included in this review. T was valued as a positive number, negative number and \$0; five studies did not include estimates for T in their analyses. The most commonly cited source for Q based its estimate on the Health Utilities Index. Several papers also cited sources that based their estimates for Q on the Quality of Well-Being Scale and the EQ-5D. **Conclusions:** Current estimates of the lifetime medical care costs and the QALYs associated with smoking are dated and do not reflect the latest evidence on the health effects of smoking, nor the current costs and benefits of smoking cessation and prevention.

**Board 8**

**Relationship between Social Status, Depressive Symptoms, and Social Control on Hypothalamic-Pituitary-Adrenal Axis Functioning in African-American Adults**

*Reitzel LR, Washington CE, Smith KB, Cavanaugh L, McNeill LH, Obasi EM*

**Background:** Social determinants, like perceptions of low social status relative to others or the experience of low control within social/environmental situations, negatively affect health. In particular, these constructs may have a deleterious effect on the functioning of the Hypothalamic-Pituitary-Adrenal (HPA) axis, which can be assessed via salivary cortisol. The potential contribution of social determinants and related factors to HPA-axis functioning is important to study among African-American adults, who are more likely to experience societal inequities as well as health disparities relative to other racial/ethnic groups. This study examined the relationship between subjective social status (SSS), depressive symptoms, and social control on HPA-axis functioning among a sample of middle-aged African-American adults. **Methods:** Participants (N=124; Mage=49, 79% female) were administered measures including the SSS-U.S. ladder, the Center for Epidemiologic Studies–Depression (CES-D), and Informal (neighborhood) Social Control (ISC). Study procedures included the provision of six saliva samples throughout a single day for cortisol analysis (at wakeup, 30 and 90 minutes post-wakeup, 2:00 PM, 5:00 PM, and pre-bedtime). The relationship between SSS, CES-D, and ISC

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on the functioning of the HPA-axis were examined within a two-level hierarchical linear model. Statistical significance was set at  $p \leq .10$  given the exploratory aims. **Results:** Participants endorsing greater SSS produced more basal cortisol throughout the day ( $p = .06$ ). The observed variability in the cortisol awakening response (CAR) was significantly accounted for by depressive symptomatology and social control, whereby greater depression was associated with a blunted CAR (less awakening cortisol production) and greater social control with a higher CAR (greater awakening cortisol production;  $ps < .03$ ). **Conclusions:** Lower perceived social standing, elevated depressive symptoms, and low social control may serve as endophenotypes that help to explain within-group variability in the functioning of stress physiology – via the HPA-axis – among African-American adults. Findings enhance understanding of how social determinants may negatively affect African-Americans' health.

**Board 9**

**Interactive Effects of Anxiety Sensitivity and Subjective Social Status on Psychological Symptomatology in African-American Adults**

*Childress SD, Moisiuc A, Zvolensky MJ, Obasi EM, Vidrine D, McNeill LH, Reitzel LR*

**Background:** Elevated anxiety sensitivity (AS), or the fear of anxiety-related sensations, may increase the risk of anxious and depressive symptomatology. Recent research among Latino adults suggest that these associations may be amplified among those with lower subjective social status (SSS), or self-perceptions of social standing relative to others. Lower SSS is among the more prominent social determinants of health, and has been associated with elevated psychological symptomatology even after accounting for the influence of objective socioeconomic status. This study examined whether the interactive effects of AS and SSS in relation to psychological symptomatology extended to African-American adults. **Methods:** African-American adults ( $N = 124$ ;  $M_{age} = 49$ , 79% female) were recruited from a church setting. Sociodemographics were collected and administered questionnaires included: the Anxiety Sensitivity Index-III (ASI), SSS-U.S. ladder, SSS-Community ladder, Beck Anxiety Inventory (BAI), Center for Epidemiologic Studies Depression scale (CESD), Brief Symptom Inventory (BSI), and Positive And Negative Affect Schedule. The interactive associations between AS and SSS on the BAI total (anxiety symptomatology), CESD (depressive symptomatology), and the Global Severity Index (GSI; psychological distress) of the BSI were examined with linear regressions (PROCESS in SPSS) adjusted for sociodemographics and negative affect.

**Results:** Interactions between AS and SSS were significant for the BAI and GSI ( $p < .001$ ), but not the CESD. Co-occurring higher levels of AS and lower levels of SSS were associated with greater anxiety symptomatology and psychological distress. **Conclusions:** There was strong interaction between cognitive (AS) and social determinants of health (SSS) in relation to psychological symptomatology in African-American adults. Consistent results between the socioeconomically- and community-based SSS ladders highlight the potential role of this social determinant in psychological vulnerability-risk paradigms. African-American adults who have higher AS and lower SSS may be at heightened risk for anxiety symptomatology and psychological distress, and may benefit from interventions to reduce AS.

**Board 10**

**Depression and Disability: Findings from the 2008 Brazilian National Household Survey**  
*Andrade F, Sebastiao E, An R, Chiu CY*

**Objective:** Increasing evidence indicates people with disabilities are at elevated risk for depression, but little is known about the relationship between disability and depression among the Brazilian population. This study examines disability in relation to depression among Brazilians adults 18 years old and above. **Methods:** Individual-level data ( $n = 271,201$ ) came from the 2008 Brazilian National Household Survey (PNAD), a nationally representative study.

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Logistic regressions were performed to estimate the association between disability and depression, adjusted by individual characteristics and survey design. **Results:** Depression prevalence among people with disabilities (19.2%) nearly quadrupled that among their nondisabled counterparts (5.1%). Among people with disabilities, depression status was significantly higher among women (odds ratio, OR = 1.59), residing in the South (OR=1.21) or an urban neighborhood (OR=1.37), and having rheumatic fever (OR=1.94), cancer (OR=1.53), diabetes (OR=1.20), hypertension (OR=1.42), heart problems (OR=1.53), and renal insufficiency (OR=1.96). **Conclusions:** Given the substantial disparities in depression with respect to disability status, policy interventions are warranted to improve access to employment, health care, rehabilitative services and assistive devices, and to promote health behaviors among people with disabilities.

**Board 11**

**Nationwide Expansion of a Financial Incentive Program on Fruit and Vegetable Purchases among Supplemental Nutrition Assistance Program Participants: A Cost-effectiveness Analysis**

*An R*

**Background:** High prices remain a formidable barrier for many people, especially those of low socioeconomic status, to adopt a healthier diet. The Food, Conservation, and Energy Act of 2008 mandated the U.S. Department of Agriculture (USDA) to conduct a pilot study to assess the impact of making fruits and vegetables more affordable for households in the Supplemental Nutrition Assistance Program (SNAP). **Methods:** Based on the USDA final report of the Healthy Incentives Pilot (HIP), a large-scale randomized controlled trial that provided a 30% rebate on targeted fruits and vegetables to study participants enrolled in the SNAP, we constructed a decision analysis model to evaluate the cost-effectiveness of an expansion of the HIP to all SNAP households nationwide. **Results:** The estimated life-time per capita costs of the HIP to the Federal government is \$557 in 2012 U.S. dollars, and the average gains in quality-adjusted life expectancy to a SNAP participant is 0.034 quality-adjusted life year (QALY), resulting in an incremental cost-effectiveness ratio (ICER) of \$16,214 per QALY gained. Sensitivity analysis using Monte Carlo simulations indicates a 94.7% and 99.1% probability that the estimated ICER would be lower than the cost-effective threshold of \$50,000 and \$100,000 per QALY gained, respectively. **Conclusion:** the estimated ICER of the HIP expansion tends to be competitive in comparison to other interventions that aimed at promoting fruit and vegetable intake among adult population. However, diet behavior modification is proportional to price change. When people's actual eating behaviors and what dietary guidelines recommend differ by several folds, even a 30% rebate closes just a small fraction of that gap and has limited beneficial impact on participants' health-related quality of life.

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### **Board 12**

#### **Food Preparation Literacy: Using Photovoice and Grounded Theory Approach to Understand Rural Adolescents Food Preparation Practices in the Home**

*McDonald AE, Dawkins-Moultin L, McKyer L, Outley C*

**Introduction:** Food-preparation literacy (FPL) is defined as the ability to plan, manage, and prepare foods. Simple-level FPL is compiling pre-prepared foods; Complex-level FPL involves all steps needed to plan, acquire and combined raw ingredients to produce a complete food/meal. Higher levels of FPL is linked to better nutritional status., thus is important to promoting healthy eating habits (Healthy People 2020 priority), and subsequently to decreasing diet-related diseases among adolescents. However, little is known about adolescents' food preparation literacy status and factors. **Purpose:** Assess and clarify rural adolescents' perceptions of food-preparation practices - an initial step toward theory development. **Methods:** Eligibility: Rural county residents; >1 child ages 13-19 years in household; cook at home once-per-week minimum. Purposeful sampling yielded 4 youth from low-income, mostly-minority families. Photovoice technique used to elicit participants' perceptions of food preparation aspects with instructions to take pictures of "what you believe is food preparation." Additional data elicited using the SHOWed technique during voice-recorded individual interviews. Transcripts were analyzed using Grounded Theory techniques (constant comparative, open coding, axial coding) to identify emerging categories and subcategories. **Findings:** A total of 21 pictures were selected by adolescents for discussion. Food preparation concept is narrowly defined, with emphasis on the outcome instead of process. Three broad categories emerged related to food preparation in the home: (1) types of food prepared (corn and pancake), (2) cooking experiences (Did not know how to measure recipe and follow instruction), and (3) feelings and emotion (bonding time with parents). Adolescents' initiation into expanded definition of food-preparation (dishwashing; assembling ingredients) occurred between age 5-10 years. **Conclusion:** Adolescents are engaged in some aspect of food preparation literacy, but the different components are not clearly conceptualized. Heath educators and community advocates may need to explore possible ways to promote all the levels of preparation literacy among adolescents.

### **Board 13**

#### **The Impact of School-Based Nutrition and Garden Programs on Parental Dietary Behavior in Low-Income Settings: A Call to Action**

*Apatu E, Largo-Wight E, Kirkland LJ*

Previous findings suggest that low-income wage is the leading indicator of dietary risk behavior. School-based nutrition and garden programs have offered great promise to improve diet among low-income students, but there are noted limitations in programs that focus exclusively on the child. Multilevel and socioecological approaches of health behavior suggest that parents and families may be a critical determinant of child behavior. **Purpose:** This review was designed to better understand nutrition and garden programs in public schools in low-income settings. Specifically, we examined the impact of these programs on parental dietary behavior and the impact of parental behavior on child outcomes. **Methods:** A systemic review was conducted on school-based garden and nutrition programs in low-income populations with the inclusion of parents/families in the programming. The inclusion criteria included: primary data, date restricted (1995-2015), elementary/primary level, and data collected at a school in the United States. Eleven applicable studies met the inclusion criteria and were synthesized. **Results:** The findings suggest that these programs have short-term benefit of improving parents' attitudinal behaviors towards healthier eating and increases in child-initiated requests for fruits and vegetables. However, there is little direct assessment on the impact of these programs on parental dietary behaviors and the impact of parental attitude and behaviors on child outcomes. See Table 1 for summary of findings. **Conclusions:** Parents are vitally important in a child's life.

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Facilitating healthy dietary behavior in children involves many layers of influence. Future applied research on school-based nutrition and gardening programs should measure the impact on parental choices and apply more community engaged investigative approaches (such as community based participatory research) to help parents devise ways in which they can be more involved with these programs. Future programming efforts should work to strengthen the socioecological environment that shapes children dietary practices.

**Board 14**

**Perceived and Actual Physical Performance Improvements from an In-Home Evidence-Based Fall Prevention Program for Older Adults**

*Shubert TE, Ory MG, Jiang L, Clarke CB, Smith ML*

**Background:** With one and three older adults falling each year in the United States, fall-related injury and death are growing public health concerns. The Otago Exercise Program (OEP) is an evidence-based fall prevention program originally developed in New Zealand. The intervention is an innovative model of low frequency of physical therapy sessions delivered in the homes of frailer older adults. OEP is intended to improve mobility and reduce modifiable fall-related risk; however, less is known about its implementation or effectiveness in the United States. The purposes of this national translational study were to: (1) identify characteristics of older adults enrolled in OEP; and (2) examine perceived and actual functional performance changes after completing the program. **Methods:** Data collected from 120 older adults were examined from a national pilot dissemination of OEP. Paired t-tests and mixed-effects general estimating equations models adjusted for socio-demographic factors were performed to assess changes over the program period. **Results:** The adjusted odds ratio of feeling confident about keeping from falling was more almost six times greater after completing OEP. Further, the adjusted odds ratios of reporting “no difficulty” for five perceived physical functioning activities increased significantly (e.g., walking across the room, getting out of a straight back chair, stooping/crouching/kneeling). Most notably, participant scores dramatically improved from four objective physical performance tests: Timed Up-and-Go ( $p<0.001$ ), 30-Second Chair Stand ( $p<0.001$ ), Four-Stage Balance ( $p<0.001$ ), and Endurance ( $p<0.001$ ). **Discussion:** Findings support that OEP was successfully translated for use in the United States. Improvements in perceived and actual physical performance suggest high levels of patient engagement and exercise program ownership among these frailer older adults. However, additional efforts are needed to better understand the barriers and facilitators the grand-scale adoption and dissemination of OEP in America.

**Board 15**

**Assessing Trends in LARC Use among College Women**

*Logan RG, Vamos CA, Thompson EL, Griner S, Vazquez-Otero C, Daley EM*

**Introduction:** The American Academy of Pediatrics recommends the use of long-acting reversible contraceptives (LARC) for young adults as the standard for pregnancy prevention. College students represent a priority population at-risk for unintended pregnancy and could significantly benefit from these effective prevention methods. Although LARC methods (intrauterine device (IUD) and implant) have been promoted by a range of stakeholders (e.g., providers; national organizations) and health insurance can cover costs, little is known regarding whether LARC use has changed among college students. The purpose of this study is to assess trends in LARC use from 2008 to 2013 and compare LARC use to other contraceptive methods among college women. **Methods:** A secondary data analysis was conducted with National College Health Assessment data (Fall 2008-2013) to assess trends in LARC uptake ( $N=116,627$ ). A logistic regression was conducted to determine contraceptive use trends, particularly LARC methods, across study years. **Results:** Overall, reported use of contraceptive methods remained stable between 2008-2013 ( $OR=1.02$ , 95% CI 1.00-1.03). However, LARC

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showed significantly higher rates of use from 2008 to 2013 (OR=2.69, 95% CI 2.37-3.05). In 2013, women were nearly twice as likely to use the IUD than the implant as their method of birth control (OR=1.98, 95% CI 1.33-2.95). Additionally, women were also more likely to use short-acting reversible contraceptives (SARCs) (OR=4.25, 95% CI 3.48-5.17) or condoms (OR=1.26, 95% CI 1.07-1.48) than LARC. **Conclusions:** Utilization of LARC methods have improved among college women. However, less effective methods such as SARCs and condoms are more frequently used among this population. Future health education interventions should focus on increasing awareness of the benefits and access to LARC. Incorporating LARC to the spectrum of contraceptive options are important to facilitate patient-centered counseling and foster shared-decision making among students and providers.

**Board 16**

**Effectiveness of Child Passenger Safety Recommendations Delivered Alone or in Combination with Installation and Normative Information: Diverging Evidence for Experienced and Novice Users**

*Will KE, Decina LE, Maple EL, Perkins AM*

**Background:** Both novice and experienced parents frequently make mistakes when choosing and installing child restraints. This research investigated restraint selection recommendations delivered in combination with other types of child passenger safety (CPS) information to determine the type and amount of extra information to include. **Method:** A 4 (Information Group) X 2 (Time Periods) randomized experiment was conducted in which 240 parent participants answered a pre-survey, viewed one of four informational flyer versions, and completed a post-survey. Computerized surveys measured CPS knowledge, attitudes, perceptions of efficacy and risk, and behavioral intentions. The four flyers all communicated the same restraint selection recommendations, but several versions were tested: (1) recommendations presented alone; (2) presented with installation tips; (3) presented with normative information; or (4) presented with installation tips and normative information. **Results:** Analyses of covariance and pairwise comparisons revealed significant interactions with pretest scores for each main effect, indicating that the effectiveness of each flyer was heavily dependent upon and differed according to the pretest scores of the participants. A divergence in learning was observed in regards to which flyers were most helpful to which groups. Simplified reminders of recommendations were most attended to and led to greater gains among those with high incoming awareness and threat perceptions, whereas detailed extra information led to greater learning for those with low incoming awareness and perceptions. For self-efficacy subscales, patterns again differed for high versus low scorers, but the important content that separated these groups was the normative information. Flyers with normative information were most helpful for participants with low incoming self-efficacy, while these same versions were least helpful among those with high incoming self-efficacy. **Conclusions:** Parents' preexisting CPS awareness and perceptions affect how they attend to and benefit from an educational CPS message. Creating novice-user and experienced-user versions of materials may increase caregiver compliance.

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**Board 17**

**Dispelling the Myth: Exploring Associations between the HPV Vaccine and Risky Sexual Behavior among College Students**

*Coralia VO, Erika TL, Ellen DM, Stacey G, Rachel L, Cheryl VA*

**Background:** HPV, the most common sexually transmitted infection, is associated with genital warts and a range of cancers (e.g., cervical, anal). The HPV vaccine has been proven safe and effective, with optimal vaccination occurring between 11-12 years, and catch-up vaccination recommended until age 26. Historically, HPV vaccine uptake has been low and misconceptions regarding vaccination leading to risky sexual behaviors have been debated. This study assessed the association between HPV vaccination and engaging in risky sexual behavior among college students. **Methods:** A secondary data analysis of the National College Health Assessment (Fall 2013) was conducted among participants 18-26 years (N=21,320). The outcome, risky sexual activity, was operationalized as inconsistent condom use for oral, vaginal or anal sexual activity. Logistic regression models were stratified by sexual activity and gender, and controlled for socio-demographics (i.e., age, race/ethnicity, marital status, relationship status and sexual orientation) and history of STIs. **Results:** Inconsistent condom use was reported among females for vaginal (47%), oral (94%), and anal sex (75%); while males reported similar levels of inconsistency for vaginal (38%), oral (94%), and anal sex (58%). Among females, 69% reported receiving the HPV vaccine compared to 43% of the males (p-value<0.01). Among females, there was no association between HPV vaccination and inconsistent condom use for all sexual activities (oral: aOR=1.23, 95%CI=0.99-1.53; vaginal: aOR=1.06, 95%CI=0.95-1.18; anal: aOR=1.33, 95%CI=1.00-1.76). Among males, there was no association between HPV vaccination and inconsistent condom use for oral (aOR=0.88, 95%CI=0.64-1.20) and vaginal (aOR=0.99, 95%CI=0.83-1.17) sex. HPV vaccinated males were less likely to report inconsistent condom use during anal sex (aOR=0.57, 95%CI=0.41-0.78). **Conclusion:** Findings suggest that HPV vaccination is not associated with risky sexual behaviors among college students. Dispelling myths are important to facilitate healthy behaviors, such as HPV vaccination, which is identified as the most cost-effective to reduce HPV-related morbidity and mortality.

**Board 18**

**Evaluating the Validity and Reliability of an Theory-Based Instrument Evaluating Determinants of Parental Monitoring of Fruit and Vegetable Consumption among Hispanic Mothers**

*Branscum P, Lora K*

Low fruit and vegetable consumption among young children and preschoolers is a public health concern. While much research has been done regarding what types of foods parents feed their children, research evaluating theory-based determinants of behaviors related key parental monitoring behaviors, such as fruits and vegetable intake, is lacking and a greatly needed area for investigation. The purpose of this study was to develop and validate a theory-based instrument, which could be used to identify behavioral antecedents towards the behavior "Making sure my preschooler eats half of his/her plate filled with fruits and vegetables, at least 5 days a week" among Hispanic mothers, in Oklahoma City. First, using a new and emerging health behavior theory, the Integrated Behavioral Model of Prediction (IBM), formative research (one-on-one interviews) was conducted to identify salient beliefs (behavioral, normative and control) among a sample of community members (n=20). Second, the core constructs of the IBM, including intentions, attitudes, injunctive and descriptive norms, self-efficacy and autonomy, were operationalized to the behavior. Initially, a 20-item instrument was developed and face and content validity were established using a panel of 6 experts. Next, the instrument was administered to 203 Hispanic mothers. Psychometric properties tested of the instrument included construct validity, using the maximum likelihood extraction method of factor analysis,

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and internal consistency reliability, using Cronbach's alpha. Results suggested that all scales appeared to be reliable ( $\alpha$  score's ranged from 0.77 to 0.90) except for the autonomy scale ( $\alpha=0.59$ ). All scales were also construct valid, as each scale contained an Eigenvalue  $>1$  and each item loaded significantly on the corresponding factor. Results from this study can be used to assist future researchers in measuring theory-based determinants of maternal monitoring fruit and vegetable consumption.

**Board 19**

**Relationship between Age of Onset and Current Substance Use for African Americans Over the Age of 50**

*Kissell KM, Kinzeler NR, Williams C, Hardin L, Brown K, Wilson JF*

**Purpose:** Research has demonstrated a negative relationship between age at onset of substance use and current use, with individuals who started using earlier in life engaging in riskier use in adulthood. To date, studies have focused on the impact of alcohol use only, with the time period between first drink and current use ranging from 10-25 years. Additionally, this relationship has not been examined in African Americans, a group with higher reported rates of substance use, but not alcohol use, compared to other populations. **Methods:** This study used baseline data collected as part of the Fifty Plus Program, a prevention effort targeting African Americans over the age of 50. Based on their age of first use of alcohol, marijuana, and other illegal drugs, African American participants ( $n = 288$ , 137 women) between the ages of 50 and 94 were divided into one of three groups (0-14, 15-17, 18+). Two-way ANOVA's, with gender and age group as between subjects factors, were used to analyze the data. **Results:** Participants who started using alcohol and other drugs earlier in life engaged in significantly more use at baseline, for alcohol,  $F(2,267)=7.81$ ,  $p=.001$ ; for marijuana,  $F(2,222)=2.88$ ,  $p=.05$ ; for other illegal drugs,  $F(2,216)=3.01$ ,  $p=.05$ . Post-hoc tests revealed significantly more use for participants who began using substances before the age of 15 compared to those who started after 15 (Student-Newman-Keuls,  $p<.05$ ). For all substances, this relationship was similar for men and women. **Conclusions:** Our results add to the current body of published literature, demonstrating a significant relationship between age of first use and current substance use in African Americans over the age of 50. The fact that delaying use by even a couple years can positively affect use 40+ years later underscores the need for effective and culturally appropriate substance use prevention strategies targeting African American adolescents.

**Board 20**

**Theoretical Antecedents and Health Benefits of Standing at Work: an Experience Sampling Approach Using the Theory of Planned Behavior**

*Walsh SM, Umstattd Meyer RM, Wu C, Sumrall JC, Nelson JL, Miller A, Yuan EY*

Time spent sitting has been associated with increased risk of chronic diseases, including diabetes, cancer, obesity, and mental health impairments. However, 75% of Americans spend most of their days sitting, with work-sitting accounting for 63% of total workday sitting time. Little research examining theory-based antecedents of standing or sitting has been conducted. This lack of solid groundwork makes it difficult to design effective intervention strategies to decrease sitting behaviors. Using the Theory of Planned Behavior (TPB) as our theoretical lens, we examined relationships between (1) TPB constructs and work-standing and (2) work-standing and employee well-being. Experience sampling methodology (ESM), 4 times a day (mid-morning, before lunch, afternoon, and before leaving work) for 5 consecutive workdays (Monday through Friday), was used to assess employees' standing time and well-being (energy, state positive affect, sleepiness, and fatigue). TPB scales (attitude ( $\alpha=.73$ ), norms ( $\alpha=.83$ ), perceived behavioral control ( $\alpha=.77$ ), and intention ( $\alpha=.78$ )) were developed using recommended methods and collected once on the Friday before the ESM surveys started. ESM data are hierarchically nested in nature, therefore we tested our hypotheses using multilevel structural equation

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modeling with Mplus. Fifty hourly university employees (72% female, 86% white, mean age=44) with sedentary occupation types and current sit-stand station setups participated; 875 daily surveys were completed in total (mean=3.5 surveys/participant/day). TPB variables norms ( $\gamma=.43$ ,  $p<.01$ ) and perceived behavioral control ( $\gamma=.50$ ,  $p<.05$ ) were both related with work-standing at the event-level; mediation through intention was not supported. Work-standing at the event-level was positively related ( $p<.01$ ) to energy ( $\gamma=.18$ ) and positive affect ( $\gamma=.15$ ), and negatively related to sleepiness ( $\gamma=-.15$ ) and fatigue ( $\gamma=-.16$ ). This is the first study to examine theoretical antecedents of real-time work-standing in a naturalistic field setting. These relationships should be further examined, and intervention strategies to enhance perceived behavioral control and norms of standing at work should be considered.

**Board 21**

**Psychometric Properties of the Center for Epidemiological Studies-Depression Scale (CES-D) in Black Adolescents Living in Urban Public Housing**

*Wenhua L, Michael LA, Von NE*

**Background:** Rates of depression are high among Black adolescents in the US. Given that untreated depression has led to increased rates of suicide among this population, accurate assessment of depressive symptoms is critical for ensuring diagnosis and treatment. The Center for Epidemiological Studies Depression Scale (CES-D) is widely used for measuring depression; however, its psychometric properties have not been fully investigated for use with Black adolescents. **Methods:** Black adolescents (N = 782) from nine public housing developments completed the 20-item CES-D and a 3-item suicide ideation scales. Traditional confirmatory factor analysis (CFA) and recent exploratory structural equation modeling (ESEM) were used compare the fit of competing models. Convergent validity of the CES-D was examined via associations with gender, age, and suicide ideation in the ESEM model. **Results:** Instead of the original 4-factor structure, a 2-factor ESEM model demonstrated satisfactory fit to our data (CFI = 0.95; RMSEA = 0.04). Factor 1 included 15 items measuring Depressed Affect, Somatic Complaints, and Interpersonal Relationship plus the “hopeful” item, which measured Positive Affect in the original 4-factor structure. Factor 2 comprised three Positive Affect items plus the “effort” item, which measured Somatic Complaints in the original 4-factor structure. Suicide ideation was significantly predicted by Factor 1 ( $\beta = 0.36$ ,  $p < 0.001$ ), but not by Factor 2. Males were more likely to endorse negative items (e.g., “failure”, “fearful”) while females were more likely to endorse Positive Affect items (e.g., “happy”, “enjoy”). **Conclusions:** Conceptualizations of depression among Black adolescents may differ from any other populations previously studied. Diagnosis and treatment need to be tailored for this particular population.

**Board 22**

**Liquor Sales Policies Associated with Higher Sexually Transmitted Disease Prevalence in Texas Counties**

*Rossheim ME, Thombs DL, Suzuki S, Cannell B, Livingston MD, Lindley L, Stephenson C, Wagenaar AC*

**Purpose:** Limited research suggests that higher alcohol prices and reduced alcohol outlet density are associated with lower prevalence of sexually transmitted diseases (STDs). The purpose of this study was to assess the relationship between policies regulating the sale of alcoholic beverage types and prevalence of STDs in Texas counties. **Methods:** County alcohol policy data (2008-2014) were gathered from the Texas Alcoholic Beverage Commission. HIV (2008-2014) and other STD (2008-2013) data were gathered from the Texas Department of Health and Human Services. Multilevel models were constructed treating year as a fixed effect and county as a random effect. Associations between alcohol policies and STDs were examined. **Results:** “Dry” policies and policies that only permitted the sale of beer with up to 4%

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alcohol by volume were the comparison group. In comparison, a policy permitting the sale of liquor at on- and off-premise locations was associated with higher rates of HIV, chlamydia, and gonorrhea. Further, policies permitting only the off-premise sale of liquor and policies permitting only the sale of liquor at restaurants were associated with higher gonorrhea rates. The overall model for syphilis was not significant, perhaps because of the lower average rates of syphilis (10.6/100,000) compared to other STDs, e.g., gonorrhea (71.1/100,000) and chlamydia (310.6/100,000). **Conclusions:** Legal liquor sales were associated with higher prevalence of HIV, chlamydia, and gonorrhea. Policy makers and voters should consider the public health impact of passing less stringent alcohol control policies. More research is needed on the association between county alcohol policy variations and STD rates.

**Board 23**

**Patterns and Correlates of Alcohol and Tobacco Product Co-Use in a National Sample of Young Adult Marijuana Users**

*Cohn AM, Johnson AL, Villanti AC*

Marijuana, alcohol, and tobacco use frequently co-occur among 18-24 year old young adults (YAs), and may be used together for social reasons. Little is known about the patterns of co-use across the range of new and emerging tobacco products that are becoming increasingly popular among marijuana users in this age group. To address this gap, this study examined the prevalence of a broad spectrum of marijuana, alcohol, and tobacco co-use patterns across a variety of tobacco products in a national sample of YAs. Data were drawn from a sub-set of 18-24 year olds (unweighted n =165) from Wave 7 of the Truth Initiative Young Adult Cohort, a national sample of 18-34 years olds. In addition to social smoking status, past 30-day use of the following products was assessed: alcohol, marijuana, cigarettes, cigars, e-cigarettes, little cigars/cigarillos, hookah, and other tobacco products (chew, dip/snuff, pipe, dissolvable tobacco, and snus). A user-generated statistical program in R was developed to assess all possible patterns of use. The majority of marijuana users were female (56%), White (59%), college-educated (56%), and drank alcohol in the past 30 days (85%). Past 30-day alcohol and marijuana use emerged as the most frequent pattern (41%), followed by past 30-day cigarette, alcohol, and marijuana use (19%). Those in the most popular pattern had higher education ( $p < 0.05$ ), less susceptibility to social smoking ( $p < 0.001$ ), and self-identified as non-smokers ( $p < 0.001$ ). Half of marijuana users reported patterns that included past 30-day use of a tobacco product, and 16% reported patterns including at least two tobacco products; only 9% of the sample reported exclusive marijuana use in the past 30-days. The growing ubiquity of marijuana use, coupled with high rates of alcohol and tobacco use in YAs make the examination of patterns of substance co-use in this age group of utmost urgency.

**Board 24**

**Integrated Care has a Positive Impact on the Health of SPMI Patients in a Multi-state Study**

*Kinzler NR, Miracle TL, Firesheets K, Wilson JF*

**Purpose:** Severely and persistently mentally ill (SPMI) individuals die 25 years earlier, on average, than the general population. Poor access to medical care and elevated rates of chronic physiological conditions contribute to shortened life spans for this population. In response to this problem, community mental health and federally qualified health centers in Ohio, Indiana, and Kentucky partnered to integrate primary care and behavioral health services for SPMI individuals. **Methods:** A total of 3,944 adult SPMI patients in the Greater Cincinnati area received coordinated medical, behavioral health, and prevention services from one of six integrated-care clinics. Outcome measures including hemoglobin A1c levels, cholesterol (LDL-C) levels, blood pressure, depression (PHQ-9) scores, and body mass index (BMI) were obtained from January 2012 through September 2015. ANOVAs and t-tests were conducted to

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assess change from baseline to follow-up. **Results:** At baseline, 22% of patients presented with diabetes, 49% with hypertension, 34% with hyperlipidemia, 43% with depression, and 51% had a BMI > 30. Patients showed significant improvement in blood pressure, LDL-C, and PHQ-9 score from baseline to follow-up; for blood pressure,  $t(1220)=6.41$ ,  $p<.001$ ; for LDL-C,  $t(168)=6.84$ ,  $p<.001$ ; for PHQ-9,  $t(656)=5.37$ ,  $p<.001$ . For all outcome measures, integrated care was equally effective, regardless of gender, race, and age. Patients who received integrated care for longer than one year demonstrated significantly more improvement in blood pressure compared to patients who received services for less than one year,  $F(1,540)=3.86$ ,  $p=0.05$ .

**Conclusions:** SPMI patients in this region experienced poorer physical and mental health compared to the general population, according to data provided by the CDC. Providing SPMI patients with integrated care positively impacted their health, supporting an important role for health integration in the prevention and treatment of chronic conditions in this population.

**Board 25**

**Impact of Truth® Paid Social Media Promotions on Audience Growth and Engagement**

*Teplitzkaya L, Ilakkuvan V, Rath J, Cantrell J, Hair EC, Vallone D*

Communication has evolved over the past several decades, with social media emerging as an important communication tool. In August 2014, Truth Initiative released a new truth® campaign called Finish It, integrating television and online advertisements and social media, and encouraging youth to take on an active role in ending smoking. The purpose of this study is to analyze how paid promotions affect audience growth and different kinds of engagement on truth's Facebook and Twitter accounts during the first 6 months of the campaign. Simply Measured, a paid social analytics service that aggregates campaign social media metrics across platforms, was used to acquire audience and engagement data for Facebook and Twitter from August 2014 to February 2015. Audience metrics included increase in followers or fans; engagement metrics consisted of likes, shares, comments, mentions, retweets, @replies, and favorites. Paid social media promotions were calculated based on data from Truth Initiative and the media agencies that purchased promotions. OLS regression analysis was used to assess how paid media is associated with audience growth and engagement. Paid promotions were associated with audience growth and increased overall engagement on both Facebook and Twitter platforms. Every additional \$1,000 spent on Facebook paid promotions was associated with a 7.72% increase in truth's Facebook fan base. Every additional \$1,000 spent on Twitter paid promotions was associated with a 2.52% increase in truth's Twitter followers. In terms of engagement, Facebook paid promotions were most associated with an increase in likes, whereas Twitter paid promotions were most associated with an increase in favorites. The results indicate that truth's social media paid promotions strategies are associated with audience growth and increasing engagement on both Facebook and Twitter. Further research is needed to determine whether these paid promotions cause the increase in audience and engagement or if other factors are at play.

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### **Board 26**

#### **Health Information Seeking in the Digital Age: Is the Web Creating Health Inequalities?**

*Jacobs W, Amuta A*

**Background:** It is no news that we live in a digital age. An estimated one in three US adults use the internet to diagnose or learn about a health concern. The internet is a great source of health information, and its accessibility is presumed to help reduce disparities in health information availability and use for making health decisions. This study assessed what set of characteristics—including personal characteristics, having a health condition, internet skills, and socioeconomic characteristics—are associated with health information-seeking on the internet among a diverse population of adults. **Methods:** Data for the analysis was from the 2011 to 2014 Health Information National Trends Survey (HINTS), a national survey of US adults. Regression analyses were conducted to examine the determinants of internet use for health information. STATA 13 was used for analyses. **Results:** In HINT Cycle 1 (2011), Age (OR=.96,  $p<.001$ ), Education Level (OR=1.14,  $p<.05$ ) and Internet Skill (OR=12.58,  $p<.001$ ) was predictive of using the internet to seek health information. In Cycle 2 (2012), Age (OR=.97,  $p<.001$ ), Education Level (OR=1.31,  $p<.001$ ), SES (OR=.08,  $p<.05$ ), and Internet Skill (OR=12.30,  $p<.001$ ) was associated with internet use for health information. In Cycle 3 (2013), Age (OR=.98,  $p<.001$ ), Education Level (OR=1.20,  $p<.05$ ), SES (OR=1.15,  $p<.001$ ), and Internet Skill (OR=24.99,  $p<.001$ ) was associated with internet use to seek health information. In Cycle 4 (2014), Age (OR=.97,  $p<.001$ ), Education Level (OR=1.32,  $p<.001$ ), SES (OR=1.11,  $p<.001$ ), and Internet Skill (OR=12.62,  $p<.001$ ) was associated with using internet to seek health information. **Conclusions:** Although making health information available online could reduce the inequalities in health information accessibility and availability, it could also perpetuate or increase inequalities if those who already have access to alternative/traditional sources of information are also the ones disproportionately using this new (online) source of information as was the case in this study.

### **Board 27**

#### **Disordered Eating and Dietary Practices: A Continuum of Weight-Related Patterns in College Students**

*Oberne AB, Vamos C*

**Introduction:** Healthy People and Healthy Campus 2020 identify nutrition and weight as critical components of overall health. Currently, two-thirds of the U.S. population is overweight/obese. Emerging adulthood presents an opportune time for addressing nutritional practices that impact future health. This study critically examined existing research on two weight-related practices (dietary practices and disordered eating) among college students. **Methods:** A systematic literature review was performed using databases (Web of Science, PubMed, and PsychInfo) to identify articles published from 1990-2015. Inclusion criteria: 1) published in English; 2) included college students; and 3) conducted in the United States. Exclusion criteria: 1) systematic reviews; 2) editorials; 3) samples restricted to specific college subpopulations (e.g., eating disorder populations; college athletes); and 4) did not measure dietary practices or disordered eating as outcomes. **Results:** Of the 54 articles that addressed weight-related practices among college students, 31 assessed dietary practices (healthy eating), 21 assessed disordered eating practices (unhealthy eating), and 2 articles included both dietary practices and disordered eating. Wide variation in sampling and recruitment (e.g., specific to racial/ethnic groups or subject courses) and measurement of dietary practices were utilized. Similar predictors across weight-related practices were found, including: sex; weight status; ethnicity; and student status. However, predictors that differed by weight-related practice included: living situation; meal plan access; nutrition knowledge; food label use; and substance use. **Discussion:** Previous research that has assessed dietary practices and disordered eating during college has varied by student characteristics and operationalization/measurement of practices. Additional research is

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needed to bridge the gap between these two historically isolated weight-related practices as these behaviors are dynamic and can occur along a continuum. Comprehensively examining weight-related practices may provide a more accurate understanding of these complex behavioral patterns and guide future interventions given the multiple influences and contexts that influence dietary decision-making among college students.

**Board 28**

**“They Make Money Off of our Backs”: Consumer Self-Advocacy in Kenya’s HIV Response System**

*Kagotho N, Bungler A*

**Background:** This study explores resource misuses in Kenya’s HIV response system, and the implications for health outcomes from the perspective of people living with HIV/AIDS (PLWHA). Kenya has made significant strides in the management of HIV and yet in spite of these achievements, corruption continues to undermine development efforts. Corruption increases health programing costs and diverts scarce resources thereby stymieing much needed advancements. Although they might not be directly responsible for health care fund management, PLWHA and their advocacy efforts have been central to the development of HIV system response and they have a vested interest in ensuring proper governance. To this end, this study presents findings on consumer experiences of HIV service systems in Kenya.

**Methods:** These data are drawn from a phenomenological study that was designed to capture the experiences of individuals living with HIV and AIDS. Four focus groups (N=45), were conducted in a region that for several years had one of the highest HIV prevalence rates (National AIDS/STD Control Programme 2006). A phenomenological data analysis approach as described by Creswell (1998) was used. **Results:** Diversion of HIV designated resources to non PLHIV, the continued implementation of ineffective cookie-cutter services, and rent seeking behavior were documented as ways through which local officials undermine the HIV response system. To improve the system’s impact on health outcomes and behaviors, participants propose: (1) improving the donor community’s understanding and appreciation of local service delivery systems, (2) mandated direct representation of PLWHA within agencies charged with HIV and AIDS response services, and (3) and greater transparency in the system. **Conclusion:** Worldwide, unrelenting advocacy among individuals and families impacted by HIV and AIDS is the cornerstone of HIV response infrastructure and interventions; consistent with this movement, communities in Kenya demand greater control over programmatic interventions both at the national and local levels.

**Board 29**

**Association of Homeless Adults' Social Networks/Support and Health Behaviors**

*Moisiuc A, Businelle MS, Kendzor DE, Washington C, Childress S, Reitzel LR*

**Introduction:** Research among domiciled samples has shown that greater perceived social support from important others is associated with engagement in positive health behaviors. Less is known about the relationship of social networks/support and health behaviors among homeless individuals, who may experience disconnection from family and friends as a result of situational factors. Homeless adults are known to engage in multiple modifiable risk behaviors associated with poor health, including high rates of cigarette smoking and inadequate daily consumption of fruits and vegetables. This study examined associations of social networks/support and modifiable health behaviors in a sample of homeless adults. **Methods:** Participants comprised 244 homeless adults (70% male) from Dallas, Texas. The 6-item Lubben Social Network Scale (LSNS) was used to measure social networks/support, and was administered via an audio-assisted computerized administration platform. Items on the LSNS ask about the number of individuals in the respondent’s social network (relatives and friends) that he/she regularly sees, could contact for help, and could talk to about private matters.

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Modifiable health-related behaviors assessed were: at-risk alcohol use; cigarette smoking; obesity status; fruit/vegetable intake; and physical activity. Sociodemographically-adjusted regression models were used to examine relations between social networks/support and multiple health-related behaviors. Sex-stratified regression models were also run. **Results:** Greater self-reported social networks/support was associated with a greater likelihood of compliance with the recommended amount of weekly physical activity overall (LSNSmean=9.17 in  $\geq 150$  min/wk vs 7.49 in  $< 150$  min/wk). Significant results were driven by male participants. Social networks/support were not associated with the other modifiable health behaviors. **Conclusion:** Understanding the interplay of social networks/support and specific health behaviors can inform targeted interventions that use social networks/support to promote better health in homeless adults. Results suggest that interventions to increase social networks/support, particularly among homeless men, may increase the likelihood of obtaining adequate physical activity.

**Board 30**

**An Evaluation of the Validity and Reliability of an Instrument Measuring Chinese International Students (CIS)' Awareness, Knowledge and Beliefs about HPV Infection and HPV Vaccination**

*Gao H, Branscum P, Hyner GC, Okoror TA*

**Background:** While Human Papillomavirus (HPV) vaccine provides an effective primary prevention strategy against HPV infection, cervical cancer, and genital warts, it is not available in mainland China, and little is known about Chinese International Students (CIS)' awareness, knowledge and beliefs in this area of health. In turn, there are currently no valid or reliable instruments that have been designed for this audience. **Purpose:** The purpose of this study was to evaluate the validity and reliability of a cultural competent instrument measuring awareness, knowledge and three beliefs regarding HPV infection and vaccination among CIS. **Methods:** Existing instruments evaluating HPV infection and vaccination were first identified and evaluated for appropriateness. Next, two native Chinese speakers translated the identified scales into Mandarin, and all items were presented in both Mandarin and English. A convenient sample of 247 CIS attending a U.S. Midwestern university completed the 30 items survey measuring: awareness (4items) and knowledge (12items) pertaining to HPV infection and vaccination and three types of beliefs regarding receiving the vaccination (5items), stigma toward HPV infection (4items) and norms of vaccination (5items). Internal consistency reliability was evaluated using Cronbach's alpha scores and construct validity was established using the maximum likelihood extraction method of factor analysis. **Results:** Overall, the scales appear to be reliable ( $\alpha$  ranged from 0.78 to 0.93), except for awareness ( $\alpha=0.66$ ), which was slightly lower than acceptable. Each scale also appears to be valid, as all scale eigenvalues ( $\lambda$ ) ranged from 1.795 to 6.698 indicating a one-factor solution for each scale, and each item loaded significantly on the corresponding scale. **Discussion:** Results from this study demonstrate that these scales contain adequate validity and reliability for CIS students. Future research can establish the validity and reliability of this instrument among students in mainland China.

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**Board 31**

**The Relationship between Adverse Childhood Experience and a Clinical Diagnosis of a Substance Use Disorder: Results of a National Study**

*Gregory M, Reed MB*

**Background:** A growing body of research suggests exposure to adverse childhood experience is linked to negative health outcomes in adulthood. Substance abuse is one of the most common health outcomes associated with childhood adversity, and poses a significant public health threat. To date, most studies examining the relationship between adverse childhood experiences and substance abuse have used data gathered from clinical populations. **Method:** Data from Waves I, III and IV of the National Longitudinal Study of Adolescent to Adult Health (Add Health) were analyzed to determine if exposure to multiple types of adverse childhood experiences predicted the development of an alcohol use, cannabis use, or other drug use disorder in adulthood, while controlling for prior substance use and other demographic variables. Three types of adverse childhood experiences were considered: physical, emotional and sexual abuse. An additive index was created to determine if lifetime risk for substance use disorders increased as exposure to multiple types of adverse childhood experiences increased. Additionally, religiosity was investigated as a possible protective mechanism against substance abuse in those who experienced early life adversity. A religiosity index was created using information about religious services and activities attendance. Furthermore, we tested whether religiosity moderated the impact of adverse childhood experiences on the likelihood of developing a substance use disorder. **Results:** Logistic regression analyses revealed the likelihood of developing an alcohol use, cannabis use or other drug use disorder later in life increased as the score on the adverse childhood experience index increased. While religiosity did significantly reduce the risk of developing a substance use disorder, no moderating effects were observed. **Conclusions:** This study underscores the long-term consequences of exposure to childhood adversity, and provides information that can be used to improve prevention and treatment programming.

**Board 32**

**Sentiment toward the HPV Vaccine on Twitter: Implications for Health Behavior Research**

*Buhi ER, Hawks J, Lewis M, Sabzi P, Austin C*

**Background:** Human papillomavirus (HPV) is the most common sexually transmitted infection (STI). However, vaccines have potential to reduce HPV disparities. Social media represent a promising vaccine promotion modality, as young people within the indicated vaccine age-range are heavy social media users. As virtually nothing is known about HPV vaccine-related Twitter posts, we examined tweet content/vaccine sentiment among Twitter users. **Methods:** We collected data via the Twitter streaming API from September-November, 2014, identifying 5,178 tweets using these keywords: HPV and vaccine; Gardasil; and "cervical cancer" and vaccine. We developed a codebook to evaluate tweets for source/message characteristics, including tone. Two researchers independently coded 4,020 characteristics in a nonprobability sample of 96 tweets. Coder disagreement was low (representing excellent interrater reliability [IRR]): 86 disagreements on 42 original tweets (IRR=0.03) and 30 on 54 retweets (IRR=0.02). **Results:** Most tweets came from individuals (n=67); the remainder from organizations. None came from Twitter-verified accounts (represented by blue badges). Overall, tweeters had medium influence, with 3,269 followers and following, on average, 1,240 people. 17.7% of tweets mentioned the vaccine as a cancer prevention tool; 7.3% mentioned it in terms of STI prevention and 5.2% in terms of genital wart prevention. Of 42 original tweets, 27 had positive tones, 13 were neutral, and one each was negative and ambiguous. **Conclusions:** Our preliminary results suggest HPV vaccine sentiment on Twitter is positive, but that tweets exclude critical vaccine information. Limitations include our focus on Twitter, ignoring other platforms, and our use of keywords more likely employed by health professionals. Nonetheless, to our knowledge, this is the first attempt to systematically analyze HPV vaccine Twitter content.

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Our findings provide preliminary support for vaccine (and possibly other sexual health) promotion through Twitter.

**Board 33**

**Using Social Network Analysis to Better Understand Compulsive Exercise among College Women**

*Patterson MS, Goodson P*

**Introduction:** Compulsive exercise, a form of unhealthy exercise often associated with prioritizing exercise over other obligations and feeling guilty when exercise is missed, is a common precursor to and symptom of eating disorders. College-aged women are at high risk of participating in compulsive exercise compared to other subgroups of the population. Previous research points to many precursors to and determinants of compulsive exercise including body dissatisfaction and social relationships. Social network analysis (SNA) is a paradigm and methodology that allows researchers to observe the effect of relational dynamics on behaviors from a systems perspective, and could be particularly useful in the study of compulsive exercise.

**Methods:** Sorority members completed surveys during a regularly scheduled chapter meeting (n=208, 87% White, 39.1% freshmen). SNA was used to assess the relationship between compulsive exercise and body dissatisfaction, physical activity, and network variables. Descriptive statistics were conducted using SPSS, and quadratic assignment procedure (QAP) analyses were conducted using UCINET. **Results:** QAP regression analysis revealed a statistically significant model ( $R^2=.375$ ,  $p<.0001$ ) predicting compulsive exercise behavior. Physical activity ( $\beta=.222$ ,  $p=.001$ ), body dissatisfaction ( $\beta=.520$ ,  $p=.0005$ ), and eigenvector centrality ( $\beta=.190$ ,  $p=.039$ ) were statistically significant predictor variables in the QAP regression model. **Discussion:** This study supports the relationship between compulsive exercise and network characteristics, specifically with eigenvector centrality. Eigenvector centrality measures how connected a node is to the important or popular nodes in a network. Women who are connected to “important” or “powerful” people in their network are likely to have higher compulsive exercise scores. This result could be based on a node’s quest for power or popularity: being connected to important people and compulsively exercising to meet beauty standards that increase likelihood of popularity could possibly go hand in hand. This result provides health care practitioners key target points for intervention within a group of college women.

**Board 34**

**Development of an Evidence-Based Sexual Risk Reduction Program for College Students**

*Moore MJ, Barr E, Glassman R*

**Purpose:** The need to improve the sexual health of college students is well documented by national initiatives including Healthy People 2020 and Healthy Campus 2020. College aged persons have some of the highest rates of STI/HIV infection and unintended pregnancies. Efficacious programs to address these issues are important as most students receive little sexuality education in high school. Furthermore, although there are a number of evidence based sexual health programs targeting high school students, very few developed specifically for college students exist. The purpose of this project was to develop and pilot test an evidence-based sexual risk reduction program for college students. **Methods:** The program was developed after a thorough review of the research on adolescent sexual health behaviors, evidence-based programs available for similar target populations, and guidelines for developing effective sexual health programs. The Health Belief Model and the Theory of Planned Behavior also guided the development. This skills-based program has four modules: 1) Introduction; 2) Unintended Pregnancy and Birth Control; 3) STDs/HIV; and 4) Safer Sex. A pre-pilot was conducted to determine feasibility, and audience acceptance and perceived effectiveness using feedback surveys. Overall feedback was positive resulting in only minor content and

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implementation modifications. **Results:** The program was piloted with freshmen living in the dorms during summer 2014. Thirty four students completed the program (baseline survey, intervention, immediate feedback survey, 30-day post survey). Feedback was positive overall with most or all strongly/agreeing: they liked the program (e.g., would recommend, accurate information, enjoyable, comfortable, learned new skills, etc.), the program improved their confidence (e.g., to talk to a partner, say no, use birth control/condoms), and they plan to practice safer use (e.g., talk about, use birth control/condom, etc.). **Conclusions:** Lessons learned regarding recruitment, attendance, collaboration, content and implementation will be discussed. Implications for future programming will also be addressed.

**Board 35**

**Social Network and Social Support among Elderly Asian Immigrants in the United States:  
A Systematic Literature Review**

*Chen X, Talwar D, Ji Q*

**Background:** The immigrant populations in the U.S., especially elderly Asian immigrants, have increased significantly in recent years. With limited English proficiency and health literacy, elderly Asian immigrants are a vulnerable minority group with poor health outcomes, inadequate use of healthcare services, high healthcare costs, and mistrust on the U.S. healthcare system. Receiving support from social ties helps them to better utilize available resources within and beyond their community. **Purpose:** The purpose of this paper is to systematically review the current social support and social network studies among elderly Asian immigrants. **Methods:** We searched five online databases of ERIC, Health Reference Center Academic, MEDLINE, Taylor & Francis, and Scopus with the key terms: social network, social support, social integration, social capital, and older/elderly Asian immigrant. The criteria for article selection were: (1) peer-reviewed journal articles, (2) published in English from 2000 to 2015, and (3) the study participants were among aging population—50 years old and above. We included a total number of 32 studies in this systematic literature review. **Results:** Our findings indicate that they receive emotional support from spouses, friends and neighbors, instrumental support from adult children (e.g. financial help), appraisal support from religious members (e.g. suggestion/feedback), and information support from ethnic communities. However, they have limited social ties and receive inadequate social support. Therefore, we should help them expanding their social networks and operating social skills to improve their wellbeing.

**Board 36**

**Needs Assessment for a Community-Based Social Engagement Program for Family  
Caregivers of Those with ADRD**

*Zhang L, Dye C*

**Purpose:** The purpose of this study was to assess the needs for a small-group, social-model approach to education and stress management for family caregivers (CGs) of those with Alzheimer's disease and related disorders (ADRD). Family caregivers of those with ADRD are at increased risk for developing dementia themselves and part of the increased risk is attributable to the stress of caregiving. There are a variety of support groups or education programs for ADRD caregiver but most do not emphasis social engagement and stress management skill development. Most were also developed with the assumption that caregivers needs to know how to perform their role, but in rare cases where needs assessment were conducted, they did not include investigation of the social engagement needs of CGs. **Methods:** Structured interviews were conducted with a purposive sample of 20 CGs based on the Spearman-Brown Prophecy Formula assuming the agreement obtained is 0.55 and reliability is 98%. All CGs were asked open-ended questions with probes for clarification and additional details. The recorded interviews were transcribed and processed through thematic and coding analyses. Word counts and consensus analysis were used to analyze interview data to

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specifically identify aspects of a social engagement program and quantify them for discovering patterns and degree of agreement/disagreement among CGs. **Results:** The major finding is that CGs' needs vary by the status of their care recipients. The CGs who articulated higher needs for a social engagement program were more likely to be either those with less experience and knowledge in caring for ADRD, or those with more severe ADRD patients and perceived a bigger burden. Among important factors indicated by CGs that will affect their participation in a social engagement program are helpful information they will obtain, convenient time for them and their care recipients (CRs), CRs under watch while they are in the program, etc..

**Conclusions:** There are a variety of programs to support the role of family caregivers of those with ADRD, but many programs did not conduct a specific needs assessment before implementation. Our study has shown that tailored approaches are needed to address different needs of family CGs for patients with ADRD. It is especially critical to identify CGs with high perceived stress burden and recruit them to social engagement programs offered on a large scale.

**Board 37**

**Aim High, Do Less: An Examination of the Minimal Level of Adherence Needed to Reach Weight Loss**

*Link BA, Hernandez DC, Moreno JP, Foreyt JP, Johnston CA*

**Purpose:** Weight loss has been associated with high levels of adherence in interventions; however, less attention has been given to the minimal level of adherence needed to reach clinically significant weight loss. This study examined the level of adherence associated with a 5% or 10% weight loss in a community-based, intensive behavioral counseling program, Weight Watchers PointsPlus® (WW), that included three modes of access: 1) 24 weekly meetings over 6 months, 2) daily logins to WW website usage, and 3) self-reported usage of WW mobile application usage. **Methods:** A total of 292 participants were randomized to a WW (n=147) or a self-help (SH) condition (n=145). In order to assess the impact of adherence, only participants in the WW condition were included in the following analyses. Adherence was defined as use of the three modes of access. Measured heights and weights were obtained at baseline and 6 months. Receiver Operating Characteristic Curve analyses were conducted to determine the minimal level of adherence associated with clinically significant weight loss. **Results:** Increased likelihood of achieving a weight loss of 5% was associated with attending two-thirds of meetings (i.e. 15.5 of the 24 weekly meetings or 65% of meetings), website usage of at least 4 days a week (57% of the days), and mobile application usage of at least 2 days a week (29% of the days). A similar level of adherence was needed to achieve a 10% weight loss with the exception of an extra day of website usage. When comparing the three modes of access, meeting attendance was the strongest predictor of a 5% weight loss at 6 months. **Conclusion:** Relatively minimal levels of adherence were needed to achieve clinically significant weight loss. Results are important to help patients and treatment providers set realistic goals for participation in treatment.

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**Board 38**

**Novel Methods to Examine Content and Stance of HPV Vaccine Communication on Twitter**

*Massey P, Leader A, Budenz A, Fisher K, Yom-Tov E, Klassen A*

**Background:** Growing evidence using social media for public health research and practice, coupled with the composition of Twitter users, supports the extension of this research into the area of human papillomavirus (HPV) vaccination. The purpose of this study is to describe the results of using a novel computer software program to improve the collection and analysis of Twitter data. **Methodology:** Using data mining software, we collected 181,293 unique tweets between August 2014 and June 2015 related to HPV vaccination. Using an adapted codebook previously used to analyze print material, our study team coded 500 tweets for content (resource, personal story, parody, other) and stance (positive, negative, neutral, no mention). The 500 coded tweets were used to develop classification models to code the remaining 180,793 tweets. Trend analysis was used to describe changes in tweet content and stance of the entire 181,293 sample over the 11-month period, and chi-square analysis examined variations in content and stance by number of followers. **Results:** The 11-month period averaged 16,481 tweets per month, with spikes in HPV vaccine communication in September (21,047), February (28,248), and April (22,889). Positive sentiment consistently outweighed negative sentiment, while there was great fluctuation in content by month. Tweets with a greater number of followers were significantly more likely to be positive than negative ( $p < 0.01$ ), and were more likely to contain resource information compared to personal story ( $p < 0.01$ ). The top 3 HPV vaccine tweets by number of followers were by TIME Magazine, Huffington Post, and Forbes. **Conclusion:** As HPV vaccination campaigns continue to utilize social media platforms, it is important to understand trends in social media communication, particularly across media platforms. Understanding effective dissemination channels will help connect campaigns with "elite" users and media who have many followers, and consequently may lead to a wider reach of message.

**Board 39**

**It's Better Sweating Together: A Peer Mentor Lead Weight Loss Intervention**

*Reesor LM, Hernandez DC, Moreno JP, Johnston CA*

**Purpose:** Low-income Hispanic children are disproportionately at risk for obesity; yet many lack the means for treatment. The use of peers through a school-based obesity program may be an efficacious way to reduce obesity as social support by peers has also been associated with improved quality of life among obese adolescents. This study evaluated the effectiveness of a peer mentor lead weight loss intervention among middle school students attending a primarily Hispanic low socioeconomic status school. **Methods:** Overweight/obese students were recruited from a middle school and randomly assigned to either a 3-month peer mentor intervention (PM,  $n=71$ ) or treatment as usual (TAU,  $n=69$ ). The PM condition received nutrition and lifestyle change education once a week and participated in physical activity 4-days a week. The PM condition was led by program staff and peer mentors trained in the tenets of contingency management, reinforcement, and modeling. The TAU condition received a typical health and physical education class. Height and weight were measured with a standard scale and stadiometer at baseline, 3-months (end of intervention), 6-months (3-months post intervention) and 12-months (9-months post intervention). BMI z-scores and classifications were calculated using age and gender normative data. Repeated Measures ANOVA was used to evaluate differences in child BMI z-scores between the groups at baseline, 3-, 6-, and 12-months. **Results:** On average [Meanage = 12.8 years (SD 0.7); 54.1% female], 41% participants were classified as overweight and 59% obese. Although both conditions had similar BMI z-scores at baseline (PM=1.82, TAU=1.81), at 3 months students in the PM condition significantly reduced their zBMI (1.64) compared to the students in the TAU condition (1.74)

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( $F=5.7$ ,  $p<.05$ ). These findings remained at 3- and 9-months post intervention. **Conclusion:** An integrated health program supported by peer mentors appears to be a promising approach for school-based pediatric obesity prevention among Hispanic children.

#### **Board 40**

#### **Relationship Status Impacts HPV Vaccine Interest and Reasons for Non-Vaccination among Young Adult Women**

*Thompson EL, Vamos CA, Sappenfield WM, Straub DM, Daley EM*

**Introduction:** The HPV vaccine prevents HPV-related cancers and genital warts, which cause significant morbidity and mortality in the US. The vaccine is targeted toward 11-to-12 year old males and females, but is recommended for “catch-up” vaccination until age 26 for females. Young adult females (18-to-26 years) represent a unique group that may face distinct barriers to HPV vaccination, one of which is relationship status. The purpose of this study was to assess how relationship status impacts interest in HPV vaccination and primary reasons for non-vaccination among 18-to-26 year old young adult women. **Methods:** The National Health Interview Survey 2010 was examined among unvaccinated females, 18-to-26 years ( $N=1,457$ ). A survey-weighted logistic regression analysis with conversion to prevalence ratios assessed how interest in the HPV vaccine (yes/no) was influenced by relationship status (married, living with a partner, other, single) among young adult women. A Rao-Scott Chi-Square test examined differences between primary reasons for non-vaccination and relationship status among HPV vaccine uninterested women. **Results:** Among unvaccinated women, 31.4% were interested in the HPV vaccine. Women who were living with a partner ( $PR=1.45$ , 95%CI 1.06-1.90) and single ( $PR=1.42$ , 95%CI 1.11-1.76) were significantly more likely than married women to be interested in the HPV vaccine, while controlling for socio-demographic and other known risk factors. Additionally, primary reasons for non-vaccination differed based on relationship status among uninterested women ( $p<0.01$ ). Women who were married were more likely to cite not needing the vaccine compared to never married women ( $p<0.05$ ). **Conclusion:** Relationship status in young adulthood impacts HPV vaccine interest and decision-making among a national sample of women. Primary reasons for non-interest in the vaccine may be shaped by attitudes and knowledge about the HPV vaccine that differ by relationship status. Future research is needed to elucidate ways to overcome relationship status as a barrier to HPV vaccination.