hypothesize that younger youth and multiple forms of bullying (i.e., verbal, physical, cyber) increase one's odds of reporting current suicidality.

Methods: We analyzed data collected between June 2013 and February 2018 from 12,001 adolescent patients in an urban, pediatric ED who self-administered the Behavioral Health Screen-Emergency Department (BHS-ED). The BHS-ED is a computerized, self-administered assessment for adolescents in nonpsychiatric medical settings that evaluates depression, suicide, post-traumatic stress, violence, traumatic exposure, bullying, and substance use. BHS-ED screening is standard of care within this ED for all adolescent patients between ages 14 and 18. The sample identified primarily as female (65.1%) and African American (53%). Participants were, on average, 15.66 years old (SD = 1.27). We used multiple logistic regression to estimate the odds and 95% confidence interval (CI) of current suicidality associated with age and number of bullying incidences (verbal, physical, and/or cyber) after controlling for gender and depression—factors considered to be robust predictors for adolescent suicide and bullying.

Results: Twenty-eight percent (n = 3, 458) of participants reported being verbally, physically, or cyber bullied one or more times in their lifetime. Twenty-six percent (n = 3,129) of adolescents reported being verbally bullied, 7.5% (n = 899) reported being physically bullied, and 7.6% (n = 908) reported experiencing cyber bullying. Fifteen percent (n = 1,765) of adolescents reported a history of suicidality compared to 6.5% (n = 775) who reported current suicidality. Controlling for gender and depression, younger age (OR = 0.79, 95% CI=0.74-0.85) and more types of bullying increased the odds of reporting current suicidality (OR = 1.21; 95% CI=1.10-1.33).

Conclusions: Study findings suggest that younger age and experiencing multiple types of bullying (i.e., verbal, physical, and cyber) may serve as important clinical indicators of possible suicidality in adolescent patients presenting to EDs. It is important that emergency clinicians hold an awareness of the association between bullying and suicidality within adolescent patients so that they can promptly respond to such patients with appropriate and effective interventions and referrals.

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139.

YOUTHS AND POOR EMOTIONAL WELL-BEING, IS IT JUST A MATTER OF STRESS?

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Purpose: The aim of our study was to assess factors influencing emotional well-being among youths over a two-year period.

Methods: Data were obtained from the T1 and T3 waves of the GenerationFRee study during the 2015-16 and 2017-18 school years. Students aged 15 to 24 years in post-mandatory education were invited to participate in a web-based self-administered anonymous questionnaire aiming to assess their lifestyles. Using the WHO-Five Well-Being Index with a result < 13/25 indicating a poor emotional well-being (WB), the sample (N=1311) was divided into four groups according to the evolution of their WB: (1) good at T1 and T3 (GT1T3 : 67.94%), (2) good at T1 and poor at T3 (GT1PT3 : 13.21%), (3) poor at T1 and good at T3 (PT1GT3 : 8.44%), (4) poor at T1 and T3 (PT1T3 : 10.41%). Groups were compared on gender, age, chronic condition, academic track, socioeconomic status, family structure, perceived health status, stress level, relationships with their parents, and academic success. Significant ($p<0.5$) variables at the bivariate level were included in a multinomial regression analysis using GT1T3 as the reference category. Results are given as relative risks ratios (RRR).

Results: At the bivariate level, groups differed in gender, age, family structure, perceived health status, reporting a chronic condition, advanced puberty, socioeconomic status, stress level and relationship with parents. In the multivariate analysis, youths in the GT1PT3 group, compared to GT1T3, were more likely to report a chronic condition (RRR 2.15), more stress at T3 (RRR 1.44) and poor perceived health status at T3 (RRR 5.87). No differences were found at T1. Those in the PT1GT3 group were older (RRR 1.15), had a poorer relationship with their mother at T1 (RRR 0.74) (no difference at T3), and reported stress at T1 (RRR 1.36). Finally, those in the PT1T3 were less likely to report a disrupted family structure (RRR 0.44), but more likely to report a worse relationship with their father at T1 (RRR 0.81), more stress at T1 (RRR 1.34) and T3 (RRR 1.43), as well as poor perceived health status at T1 (RRR 5.84) and T3 (RRR 8.33).

Conclusions: Youths' emotional well-being is complex and can be influenced by multiple factors. Using a longitudinal approach, we have highlighted that the level of stress is considerable, especially among those who continue to report a poor well-being over time. Moreover, stress seems to be independent from gender or academic success. Additionally, reporting a poor health perception is also associated to poorer levels of emotional well-being (at T3). Finally, our results also underline the importance of the relationship with parents. Inquiring about stress could be a good proxy for emotional well-being. This approach could be especially useful among males who usually tend to underestimate their emotional worries.

Sources of Support: The GenerationFRee study was financed by the Programme Intercantonal de Lutte contre la Dépendance au Jeu (PILDJ) and the canton of Fribourg.U

140.

PREVALENCE AND EARLY LIFE FACTORS ASSOCIATED WITH RISK BEHAVIORS IN ADOLESCENCE: A POPULATION-BASED COHORT STUDY

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Purpose: Risk behaviors in adolescence affect the health status, well-being and the healthy development of individuals' personality. Understanding the early-life determinants of such risk behaviors is therefore extremely important for prevention. This study evaluates the extent to which maternal behavior during pregnancy, birth outcomes and perinatal health status affect risk behavior in adolescents at age 11.

Methods: A population-based birth cohort (n=4231) in Pelotas, Brazil, was followed-up in several occasions from birth to 11 years. Prevalence of outcomes with their respective confident intervals were described. Logistic regression was used to study the associations between early variables and risk behavior in adolescents, adjusting for demographic factors.

Results: The prevalence of main variables related to aggressive behavior, physical inactivity, depressive behavior and substance and tobacco experimentation/use was: involvement in fights 14.0%, CI95% 12.9-15.2; involvement in fights with the use of any kind of gun 7.8%,

CI95%5.7-10.7; physical inactivity 87.4%, CI95%86.3-88.5; depressive episode 0.7%, CI95% 0.4-1.0; alcohol experimentation 8.0%, CI95%7.1-8.9; recent alcohol use 19.3%, CI95%14.9-24.4 and recent binge drinking episode 5.5% (among those who already had consumed alcohol), CI95% 3.3-8.9; tobacco experimentation 1.4%, CI95%1.0-1.8; and recent use of tobacco 24.4% (among those who already had consumed tobacco), CI95%13.7-39.6. Multiple risk behavior, which was considered as 2 or more risk behaviors, was found in 18.9%, CI95%17.6-20.2 of the sample. Maternal smoking during pregnancy, partner low support during pregnancy and adolescent's hospitalization during the first year of life were associated with involvement in fights at age 11 (OR 1.73, CI95%1.40-2.16; OR 1.44, CI95%1.12-1.85 and OR 1.33, CI95%1.04-1.70, respectively). Maternal smoking during pregnancy was associated with involvement in fights with gun (OR 2.66, CI95%1.31-5.39). Maternal depression during pregnancy and hospitalization in the first year of life were associated with adolescent's tobacco experimentation (OR 1.86, CI95% 1.03-3.35 and OR 2.74, CI95%1.52-4.94, respectively). Low birth weight was associated with adolescent's recent tobacco use (OR 16.23, CI95%2.01-131.10). Partner low support during pregnancy, breastfeeding duration and hospitalization in the first year of life were associated with depressive episode at age 11 (OR 2.39, CI95%1.00-5.70; OR 2.96, CI95%1.28-6.86 and OR 2.46, CI95%1.03-5.87, respectively). Maternal depression during pregnancy was associated with adolescent's physical inactivity (OR 1.35, CI95%1.04-1.75). Maternal smoking, depression, partner low support and adolescent's previous hospitalization were associated with multiple risk behavior at age 11 (OR 1.47, CI95%1.21-1.79; OR 1.23, CI95%1.01-1.50; OR 1.41, CI95%1.12-1.76 and OR 1.29 CI95%1.04-1.61, respectively). Other early factors such as maternal consumption of alcohol during pregnancy, difficulties in breastfeeding and colostrum intake were tested, however, they showed no significant associations with any risk behavior. All results were adjusted for maternal age, maternal schooling and adolescent's sex.

Conclusions: Results demonstrated that maternal smoking and depression during pregnancy, partner low support during pregnancy and hospitalization in the first year of life, were the early determinants most associated with several risk behaviors. Thus, public policies should focus on reducing maternal smoking and depression, encouraging partner support and preventing causes of early life hospitalization. Differently from the existing literature, maternal alcohol consumption during pregnancy was not associated with risk behaviors in adolescence.

Sources of Support: CAPES scholarship

141.

SCHOOL CONNECTEDNESS PROTECTIVE AGAINST BULLYING IN A RURAL COMMUNITY

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Purpose: Bullying has long-term detrimental effects on the mental and physical health of early adolescents. Rural adolescents may be at particular risk because their communities have fewer resources to combat bullying. For these adolescents, schools may be an important resource. We examine the influence of parent and school connectedness on experiences of bullying among middle school students in a rural Midwestern county.

Methods: Sixth to eighth grade students completed surveys in health classes in a rural Midwestern, low-to-middle income school district. Outcome measures included: (1) social bullying (3-items, e.g., "Have you been excluded from a group or completely ignored?", α=0.786), (2) physical bullying (1-item, e.g., "Has someone hurt you physically?") and, (3) electronic bullying (2-items; e.g., "Had anyone used your username or screen-name to spread rumors or lies about someone else?"). All bullying items had a 5-point response scale ranging from never-several times/week. Predictor variables included: gender, race/ethnicity, sexual orientation (heterosexual/sexual minority), grade level (6th/7th/8th), parent connectedness (5-items, range: 0-20, α=.922, e.g., "How close do you feel to …?") and school connectedness (5-items, range: 5-20, α= .799, e.g., "I feel close to people at my school"). Three ordinal logistic regressions were used to estimate the effect of parent- and school-connectedness on experiencing the different types of bullying, controlling for gender, sexual orientation and grade level (SPSS, 25.0). The study was IRB approved.

Results: We recruited 1319 participants, 51% male, 8.3% sexual minority, 52% Latinx, 37% White, 11% other or mixed race, and mean(SD) age = 12.5 (SD1.0). Social bullying was most commonly reported by students (50%), followed by physical (24%) and electronic bullying (15%). Social bullying was more common with female students (OR=2.58, CI=2.04-3.26) and less common among Latinx students (OR=0.60, CI=0.47-0.76), 7th (OR=0.72, CI=0.54-0.96) and 8th graders (OR=0.73, CI=0.55-0.97), and among students who reported higher school connectedness (OR=0.85, CI=0.81-0.88). Sexual orientation and parent connectedness were not significant. Physical bullying was less common among Latinx students (OR=0.70, CI=0.51-0.97) and lower with increased parent (OR=0.95, CI=0.92-0.98) and school connectedness (OR=0.89, CI=0.85-0.94). Gender, sexual orientation and grade were not significant. Electronic bullying was more common among female (OR=3.08, CI=2.25-4.21) and sexual minority students (OR=1.74, CI=1.06-2.86), and less common among students who reported higher school connectedness (OR=0.84, CI=0.80-0.88). Grade and parent connectedness were not significant.

Conclusions: Bullying was common among rural middle school youth. School connectedness was protective against all bullying types, whereas parent connectedness was only protective against physical bullying. Higher rates of social and electronic bullying among girls and sexual minority youth are consistent with known patterns; however, the protective effects of Latinx ethnicity in this rural context deserves further exploration. These data emphasize the importance of creating safe and supportive learning environments for diverse youth.

Sources of Support: Office of Adolescent Health, AH-TP1-15-002 Teen Pregnancy Prevention Program CFDA 93.297.

RESEARCH POSTER PRESENTATION I: PHYSICAL ACTIVITY/NUTRITION

142.

ASSESSING COMPLIANCE WITH THE 5-2-1-0 MESSAGE IN THE OVERWEIGHT AND OBESE CHILD AND ADOLESCENT POPULATION

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