

diabetes screening tests (OR: 0.51, 95%CI: 0.32–0.82 per 1-SD increase in burden) and worse/higher HbA1c (+0.31 units, $p < 0.01$). Depressive symptoms were associated with lower odds of receiving the recommended number of HbA1c tests (OR: 0.78, 95%CI: 0.60–0.99 per 1-unit increase on the PHQ-2).

Conclusions: University students with T1D reported high psychosocial distress and mental health concerns and did not meet many professional standards for recommended care and management. Those with high distress or low resilience experience higher HbA1c and are less likely to receive recommended diabetes care. In order to improve the management of YA with T1D, particularly during college, providers should seek to discuss psychosocial concerns and apply interventions aimed at strengthening resilience.

Sources of Support: Boston Children's Hospital Awards Committee Pilot #20140273, Mentored Career Development Award AHRQ K12HS022986

58.

EMOTIONAL SUPPORT FROM SOCIAL MEDIA AND IN-PERSON RELATIONSHIPS: ASSOCIATIONS WITH DEPRESSIVE SYMPTOMS AMONG YOUNG ADULTS

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Purpose: Social support has a profound impact on mental health and health behavior. One key component of social support—emotional support—has been shown to be the most protective against mental health conditions such as depression. Several traditional measures of emotional support exist. However, none of these measures specifically addresses the proliferating use of social media (SM) as a source of support. While SM has the potential to provide unlimited quantity of social connections, it is unclear as to whether these connections offer the same quality of support that influences well-being. Therefore, the objectives of this study were (1) to determine if SM-based emotional support is a distinct construct from in-person emotional support, and (2) to test the independent associations between each type of support and depressive symptoms among a cohort of young adults.

Methods: In March 2018, we collected data from a national sample of 442 young adults ages 18 to 24 using Qualtrics Panel Services. Participants completed an online survey about SM use and mental health outcomes. We assessed in-person emotional support with the brief Patient-Reported Outcomes Measurement Information System (PROMIS) emotional support scale. We assessed SM-based emotional support using a four-item measure adapted from the PROMIS in-person emotional support scale. Depressive symptoms were assessed using the validated nine-item Patient Health Questionnaire (PHQ-9). We performed factor analysis (FA) using the principal-component factor method with promax rotation to determine the underlying factor structure of all items and to develop composite scales. We then used multivariable logistic regression to examine the association between each of the resulting emotional support scales and depressive symptoms. Primary models controlled for age, sex, race/ethnicity, relationship status, living situation, education, adverse childhood events, and time per day spent on SM. We also incorporated survey weights to adjust for potential under- or over- sampling.

Results: FA revealed two distinct constructs—in-person and SM-based emotional support—with eigenvalues of 3.68 and 3.23, respectively. These two factors explained 86% of the variance. In

multivariable models, in-person emotional support was associated with a 36% decrease (AOR = 0.64, 95% CI = 0.49–0.82) in odds of elevated depressive symptoms for each 1-unit increase on the scale. However, SM-based emotional support was not significantly associated with depression (AOR = 1.07, 95% CI = 0.86–1.34).

Conclusions: These data indicate that emotional support derived in-person and emotional support derived via SM are two distinct constructs. Although in-person emotional support was strongly associated with decreased depressive symptomatology, emotional support related to SM was not. The accessibility of SM makes it an inviting option for connecting with others, particularly for individuals who are geographically or socially isolated, mobility-, or time-impaired. However, these findings indicate that in-person and SM connections are not equally valuable in terms of protection against depression risk. Future longitudinal and qualitative studies may help further elucidate these associations.

Sources of Support: The Fine Foundation.

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HOSPITALIZATIONS AMONG PERSONS UNDER 18 YEARS OF AGE WHEN EXPOSED TO THE SEPTEMBER 11, 2001 WORLD TRADE CENTER TERRORIST ATTACK

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Purpose: Much of the literature on hospitalizations post-September 11, 2001 (9/11) focuses on adults. These studies reported that 9/11-exposures and 9/11 post-traumatic stress disorder (PTSD) were associated with increased risk of hospitalization for heart disease, asthma, and drug or alcohol abuse. Previous research among children exposed to 9/11 found that exposures such as being caught in the dust cloud, witnessing horrific events, or having PTSD were associated with asthma, behavior problems, school-functioning, and substance use. The objectives of this study were to describe the patterns of hospitalizations among enrollees in the World Trade Center Health Registry (WTCHR) who were under 18 years of age on 9/11 and to assess whether 9/11-related exposures or PTSD were associated with increased odds of hospitalization.

Methods: Data for enrollees who were under 18 years of age on 9/11 in the WTCHR, a prospective cohort study, were linked to New York State administrative hospitalization data to identify hospitalizations from enrollment (2003–2004) to December 31, 2016. PTSD was defined as parent report of the child having at least six of eight 9/11-specific stress symptoms. Exposure to the dust cloud was defined as parent report of the child being caught in the dust and debris cloud resulting from collapsing buildings. Logistic regression, controlling for age, race/ethnicity, and sex, was used to analyze the associations between hospitalization, 9/11-related exposure, and PTSD. Cochran-Armitage Trend Test was used to examine trends between number of PTSD symptoms and hospitalization.

Results: Of 3,248 total enrollees under 18 years of age there were 457 enrollees with one or more hospitalizations (14.1%). There were 326 (71.3%) enrollees who had at more than 1 hospitalization. Among the 2,194 hospitalizations, 188 (8.6%) were for respiratory conditions, including asthma, sinusitis, and laryngitis, and 212 (9.7%) were for mental health or substance use conditions. Exposure to the dust cloud was associated with hospitalization for respiratory conditions (adjusted odds ratio (AOR): 1.5, 95% confidence interval (CI): 1.0–2.2). PTSD was significantly associated with hospitalization for mental

health or substance use conditions (AOR: 2.8, 95% CI: 1.1–7.1). There was a significant trend in the relationship between number of PTSD symptoms and respiratory conditions ($p=0.0001$) and mental health/substance use ($p=0.0003$) hospitalizations.

Conclusions: Dust cloud exposure on 9/11 and PTSD are potentially associated with respiratory and mental health/substance use hospitalizations among those exposed to 9/11 as children. Continued monitoring of this population will be important to understanding the long-term effects of 9/11-exposure.

Sources of Support: This research was supported by Cooperative Agreement Number 2U50/OH009739 and 5U50/OH009739 from the National Institute for Occupational Safety and Health of the Centers for Disease Control and Prevention (CDC); U50/ATU272750 from the Agency for Toxic Sub

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PSYCHOLOGICAL PATHWAY FROM OBESITY-RELATED STIGMA TO DEPRESSION VIA INTERNALIZED STIGMA AND SELF-ESTEEM AMONG ADOLESCENTS IN TAIWAN

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Purpose: Weight-related stigma is the most prevalent type of discrimination in adolescents in Taiwan. However, studies that examined how public stigma is internalized in adolescents were rarely conducted in an Asian context. The objective of this research was to examine the pathway from public stigma, perceived stigma to depression in adolescents via internalized stigma and self-esteem.

Methods: Adolescents in grade 7 through 9 from a junior high school in Changhua County in Taiwan completed self-administered surveys during March to July in 2018. Adolescents were asked regarding depressive symptoms, obesity-related perceived stigma and internalized stigma. Social network data was retrieved by asking adolescents to report a maximum of five best friends from a student roster of the whole school, and was used to calculate the level of public stigma for each adolescent. Structural equation modeling was used to fit the pathway model. The pathway was first analyzed with the full sample and then stratified by actual and perceived weight status.

Results: Our final analytic sample consisted of 457 adolescents. The pathway model suggested an acceptable model fit (TLI=0.98, CFI=1.00, RMSEA=0.03). Public stigma was not significantly associated with perceived stigma. Significant pathways from perceived stigma to internalized stigma ($b=0.68$, $p<.05$) and to self-esteem ($b=-0.19$, $p<.05$) emerged. Self-esteem was significantly linked to depression ($b=-0.61$, $p<.05$), but the link between internalized stigma and depression did not exist. Gender differences of the pathway were not observed.

Conclusions: Self-esteem is a more prominent mediator than internalized stigma in the pathway from perceived weight stigma to depression in our adolescent sample. Although weight-related discrimination may not affect depression via internalized obesity stigma, it impeded overall self-esteem for adolescents and in turn, led to depression. Interventions that aim to improve depressive symptom in adolescents suffers from obesity-related stigma should seek to improve their overall self-esteem.

Sources of Support: Self-esteem is a more prominent mediator than internalized stigma in the pathway from perceived weight stigma to

depression in our adolescent sample. Although weight-related discrimination may not affect depression via internalized obesity stigma, it impe

61.

ADOLESCENT DEVELOPMENTAL ASSETS AND LONGITUDINAL PHYSICAL AND PSYCHOSOCIAL HEALTH OUTCOMES: ANALYSIS FROM A TAIWANESE COHORT STUDY

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Purpose: Developmental asset-based youth development has been proposed to predict health behaviors and psychological well-being in adolescents. This study aims to extend the current knowledge regarding the effects of positive youth development on physical and psychosocial health outcomes in an Asian population using a large longitudinal sample.

Methods: Four waves of data were retrieved from the Taiwan Youth Project that comprised a longitudinal cohort of adolescents ($N = 2688$) surveyed at grades 6, 7, 9, and 12. We used principal component analysis to validate a set of youth developmental assets that was constructed using 35 items selected from the relevant questions in the wave 1. Outcomes included standardized scores of body mass index, self-rated health and happiness, depressive symptomology and health behaviors in the subsequent waves. Generalized estimating equation analysis was applied to assess the impact of developmental assets on these repeatedly measured outcome variables.

Results: The factor analysis extracted eight factors of the constructed scale, of which 4 were related to external and the other 4 related to internal assets. As compared to those with the highest quintile level of developmental assets, individual with the lowest quintile level were likely to rate themselves unhealthy ($\beta=0.46$ [0.37, 0.54]) and unhappy (0.51 [0.46, 0.58]) and report more depressive symptomatology (4.55 [3.67, 5.44]) and deviant behaviors (0.61 [0.43, 0.78]). No association was found between and body mass index and developmental asset scores.

Conclusions: The results conclude a longitudinal association between youth developmental assets and psychosocial health outcomes in Taiwanese youth. How positive youth development is related to long-term physical condition requires further research.

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HEALTH-RELATED QUALITY OF LIFE OF EATING DISORDERS IN CHILEAN ADOLESCENTS

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Purpose: The aim of the current study was to investigate psychosocial functioning in different subtypes of eating disorders (ED) ,