Purpose: Homeless young women ages 18-23 years are the most vulnerable of unstably-housed youth. They are prone to sexually transmitted infections, unplanned pregnancies, and substance use/abuse. The study aim was to determine feasibility and preliminary efficacy of a 4-session intervention delivered at a drop-in site. We wanted to explore differences in indicators of psychological capital between participants in the intervention and those in an attention control group immediately following the intervention and 4 weeks later.

Methods: Following IRB approval and written informed consent, 43 eligible homeless young women enrolled in the study (26 intervention and 18 control group; average age = 21.2 years; 45.5% White, lived away from home approximately 57 days). The intervention and control condition were led by two sets of female group facilitators (one nursing student and one social work student) trained by the investigators to follow a manual with content and strategies to enhance psychological capital (intervention) and street health resources (control). Data were collected using valid scales (Cronbach’s alpha = .78-.96) by two other students at three times: prior to start-up of either group, immediately following the completion of the 4 sessions, and at a follow-up date 4 weeks later. Following the 4 sessions, participants in both intervention and control groups were each given a cell phone to use for the 4-week period between the second and third data collections. The purpose was to encourage those in the intervention to meet their goals and to remind those in the control group that we would collect data one more time. Each participant received a total of $45 for providing data at all three collections.

Results: A statistically significant time effect was found in measures of hope (p < .001), resilience (p = .016), future time perspective (p = .025), safer sex behaviors (p < .043), and psychological capital (p = .034), over time, with intervention group participants showing significant improvement in hope (p = .012) and social connectedness (p = .028), and non-significant, but improved, self-efficacy to negotiate safe sex (p = .066). Although scores on self-efficacy to refuse alcohol also increased from baseline to times 2 and 3, a statistically significant time effect was not found. A time by group effect was found for resilience (p = .062) and optimism (p = .081), approaching significance.

Conclusions: To our knowledge, this is the first intervention for homeless youth based on a Positive Psychology paradigm. The significant preliminary intervention findings, despite the small sample size, are encouraging because they indicate that a brief group intervention delivered in a drop-in center may influence young women to enhance their psychological capital. Positive changes in psychological capital that include positive attitudes about the future can contribute to future healthy behaviors and quality of life.

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adaptive changes, and provide a better future for themselves and their children. Future research in this area is warranted. 

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26.

BEHAVIORAL AND STRUCTURAL DETERMINANTS OF HIV INFECTION AMONG STREET BOYS IN KISUMU, KENYA

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Purpose: Street children and youth (SCY) are at increased risk for HIV infection in developed countries and in South America, but there little research exists from East Africa about the prevalence and risk factors for HIV infection in this often neglected population. We examined the risk factors for HIV infection among SCY in Kisumu, Kenya.

Methods: A sample of SCY stratified by age was recruited by street outreach over a two-week period. Participants were eligible if they were 13-21 y.o. and living and working on the street. SCY completed a computer-assisted, interviewer-administered survey, followed by voluntary HIV counseling and testing. Survey items included demographics, homelessness history, survival activities, sexual behavior and substance use. Analyses were performed using STATA SE/12.1. Fisher exact tests were used to determine bivariate associations of predictor variables with HIV status. A p-value <0.1 was considered significant. The association between significant predictor variables and HIV status was explored by logistic regression controlling for age.

Results: The sample of 296 males was 28% 13-15 y.o., 38% 16-18 y.o., and 34% 19-21 y.o., and was 68% of Luo ethnicity, 27% Luhya and 5% other. 72% had been on the street for at least one year. Survival activities included garbage picking (56%), helping market vendors (55%), begging (17%), being a porter (47%), being a houseboy (4%), and other survival activities (23%). 80% of participants reported ever having vaginal sex. 6% of participants reported ever having insertive anal sex and 8% reported ever having receptive anal sex. 8% of the sample reported transactional sex. 50% of participants reported at least weekly use of alcohol, 45% glue, 34% marijuana, and 5% fuel.12 (4.04% CI 2.32-6.92) participants tested positive for HIV. Of participants who tested HIV positive, all had been on the street for at least one year (p = 0.077) and had engaged in vaginal sex (p = 0.135). Both engaging in insertive anal sex (OR = 11.70, p = 0.000) and receptive anal sex (OR = 4.89, p = 0.030) were associated with HIV infection, as was inhaling fuel weekly or more (OR = 4.70, p = 0.070). Helping vendors in the market (OR = 8.07, p = 0.048) and working as a houseboy (OR 6.68, p = 0.029) were significantly associated with HIV infection.

Conclusions: Among SCY in Kisumu, structural factors including length of time on the street and certain survival activities such as helping market vendors and working as a houseboy, are associated with testing positive for HIV. Risk behaviors associated with HIV infection include frequent fuel inhalation, vaginal sex, and both receptive and insertive anal sex. These findings offer opportunities for structural and behavioral interventions to prevent HIV infection of SCY in Kenya.

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27.

RATES OF CARDIOVASCULAR RISK FACTORS AND OTHER CHRONIC HEALTH OUTCOMES AMONG YOUNG ADULTS FORMERLY IN FOSTER CARE IN COMPARISON TO ECONOMICALLY INSECURE AND SECURE GENERAL POPULATION YOUNG ADULTS

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Purpose: Foster youth are known to have high rates of chronic and/or untreated health conditions upon entrance into the foster system, as well as during their stays in out-of-home care. However little work has been done to determine whether young adults who emancipate from foster care are vulnerable to increased health problems once they transition to adulthood. Our objective was to evaluate rates of several cardiovascular risk factors and other chronic conditions among young adults formerly in foster care in comparison to two groups of general population peers – those who were exposed and non-exposed to economic insecurity.

Methods: We examined data from two time-points (baseline at late adolescence, and follow-up at age 25-26 years) in two longitudinal cohort studies: 1) the Midwest Evaluation of the Adult Functioning of Former Foster Youth, and 2) an age-matched sample from the National Longitudinal Study of Adolescent Health (Add Health). Analyses compared self-reports of cardiovascular risk factors (dyslipidemia, hypertension, diabetes, and smoker) and chronic health conditions (Attention Deficit Hyperactivity Disorder, asthma, and seizures) between the foster care sample (N = 596), and those of the Add Health sample with (N = 456) and without (N = 1461) baseline economic insecurity. Multiple regression models were created, and all analyses controlled for potential confounders, including gender, race and ethnicity, age, educational attainment, and follow-up self-report of economic insecurity. The economically secure group was treated as the reference group.

Results: Young adults formerly in foster care had higher rates of all conditions except dyslipidemia when compared to the economically secure reference group (significant ORs ranged from 3.41-30.57). The relationship with diabetes was borderline (p = 0.06); we were also unable to evaluate the relative odds of seizures due to the fact that there were no reports of this condition in the economically secure category. In contrast, the economically insecure group had only two outcomes for which odds were significant when compared to the reference group (having asthma and being a smoker; ORs 2.32 95% CI [1.11, 4.83] and 1.81 95% CI [1.40, 2.34], respectively). Overall, except for dyslipidemia a consistent pattern emerged of higher odds ratios in the former foster youth group than in the economically insecure group, when both were compared to the reference group.

Conclusions: Youth in foster care appear to be at higher risk of cardiovascular risk factors and other health conditions, above and beyond that which is afforded by exposure to economic security. Young adults who have emancipated from foster care should be a high priority group when state and federal governing bodies are considering the implementation of policies to extend medical care/