Message

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Sent: 12/21/2023 8:05:58 PM
To: Green, Dan, DOH [dan.green@doh.nm.gov]
Subject: Two CSTE Abstracts

Hi Dan,

I just remembered you said you'd be out for two weeks. I'm attaching two CSTE abstract drafts. The AWSM one I just finished a fairly rough version and sent to Courtney for review/comments, but the homeless one includes feedback/corrections from Hayley and Nora.

Abstracts are due January 4th. Obviously - any improvements/corrections are welcome, but also let me know if I can forward these to Rachel and up for review/approval.

Be well,

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Title: Social Media Use and Mental Health Outcomes Among School-aged Children – Results of The Adolescent Wellness and Social Media (AWSM) Survey

Authors: Courtney Fitzgerald, Dylan Pell, Jeremy Gonzales

Background: Mental health concerns among school-aged children are a public health concern. In 2023, the U.S. Surgeon General issued a health advisory on Social Media and Youth Mental Health declaring the risk of social media harms to youth mental health. Existing surveillance systems of behavior and health such as the Youth Risk Behavior Surveillance System (YRBSS) have not meaningfully measured social media use leaving a gap in an important behavioral domain. Development of survey instruments that includes detailed measures of types of social media use as well as reasons for social media use among adolescents can improve understanding of social media and mental health.

Methods: A survey instrument, the Adolescent Wellness and Social Media survey (AWSM), was developed to measure social media use and mental health outcomes among middle school and high school students. The survey was pilot tested in a **public charter school in a metro area of New Mexico.** The survey instrument was administered in the school via REDCap. Descriptive statistics were analyzed in Stata 18 and differences were marked as significant based on 95% confidence intervals.

Results: The pilot of the AWSM survey instrument included 304 middle school and high school students. 79% of students answered yes to a question about ever using social media, however, when asked about using specific social media platforms 99% of students used at least one form of social media platform. The majority of students created content on social media platforms (52%) or shared social media content (68%). Sharing or creating content on at least one platform was associated with nonsuicidal self-injury. Any use of TikTok was significantly associated with increased suicide attempts. Students who used social media to forget about personal problems were significantly more likely to have a positive depression screening, a positive anxiety screening, to engage in nonsuicidal self-harm, or to attempt suicide.

Conclusions: Social media use is a major aspect of youth life. Results from this pilot study indicate that different forms of social media and reasons for use of social media can reveal important relationships with mental health concerns among middle school and high school youth. A major limitation of this study is that the school sampled does not provide representative data to the larger population. Including additional social media measures in existing surveillance systems or utilizing specific social media surveillance tools to represent youth populations may be an important strategy in responding to the youth mental health crisis.

Title: Estimating the Count and Health Outcomes of Unhoused Persons - New Mexico Syndromic Surveillance Program, 2019 to 2022

Authors: Dylan Pell, Hayley Peterson, Nora Holzinger, Malinda Gowin

Background: Unhoused Persons are at higher risk of poor health outcomes than housed persons. Defining and counting unhoused persons in public health surveillance is challenging. Estimated counts of unhoused persons typically rely on volunteer efforts administered at a single point in time and struggle with substantial undercounting. A standard process to identify unhoused persons in existing health surveillance data may provide a more representative count as well as enable new strategies for reporting health outcomes in this population.

Methods: Visit records from the New Mexico Syndromic Surveillance Program were examined to identify patients with evidence of homelessness. An initial subset of data for the years 2019 to 2022 was created including all patients who had an ICD-10-CM code for "homelessness" (Z59.0). A list of the most frequently entered address fields for patients with this code was recorded. Addresses were grouped into categories such as shelters or homeless serving agencies. A final subset of the New Mexico Syndromic Surveillance Program data was created including the previously identified address fields in addition to the homelessness ICD-10-CM code. The Link King program in SAS was used to aggregate visit records for each identified individual in the sample. Descriptive statistics were produced to characterize the population and health outcomes.

Results: The sample of patients with evidence of homelessness included 83,510 visits and 22,034 unique persons. Compared to the 2019 to 2022 New Mexico Point-in-Time Count estimates, there were two to three times more unique patients counted in the sample during each of the four years. Evidence of homelessness was most often identified via the address field with 70% of the sample only having an indication in the address but no diagnosis of homelessness. Diagnoses including alcohol-related disorders, stimulant-related disorders, musculoskeletal pain, exposure to infectious disease, suicide ideation, or schizophrenia were frequently present in visit records.

Conclusions: Using the ICD-10-CM diagnosis for homelessness to identify related addresses is a promising strategy to identify unhoused persons and describe their health outcomes. This approach allows for analysis of demographics and geographic areas that were not previously included in other estimates of unhoused persons. Additional work conducting reliability and validity testing of this strategy is needed as well as clear standardized surveillance definitions of unhoused persons. The patient address field may provide an opportunity to identify more unhoused persons than the diagnosis field alone and may support a better-informed public health approach to the needs of this population.