

Hispanic young adult (18–26 years) males are medically high risk and are an underserved group. This population is less likely to have a usual place for healthcare, have a doctor's visit in the past year, have a well check-up, and have the highest delay in care. This lack of healthcare utilization makes it difficult to intervene in their health and offer solutions. Successfully identifying and engaging this high-risk group in an intervention that is socially and culturally adapted in preventive healthcare remains a problem.

Methods: We conducted an exploratory cross-sectional study during a two-week period to characterize the health of Hispanic young adult males along the US-Mexico border. Participants completed a survey in one of five community settings. Validated survey metrics assessed participants' physical activity levels, smoking and alcohol history, insurance status, health care access, perceptions of weight and health, interest in weight and health management resources, presence of chronic illness, and family history of chronic disease. Anthropometrics were also measured.

Results: A total of 244 participants completed the survey and measurements. The mean respondent age was 21.4 (1 y) years. A total of 107 (43.9%) respondents were overweight (BMI 25.0–29.9 kg/m²) and 66 (27.0%) were obese (BMI ≥ 30.0 kg/m²). Over 36.9% (n = 90) participants were either at an intermediate (≥94 and < 102 cm) or high-risk (≥102.0 cm) category waist circumference; 52 (21.3%) were current smokers and 48 (19.7%) self-reported heavy drinking. 108 (44.3%) participants tried to lose weight in the past 12 months. The top three methods of weight loss were: exercising 38.9% (95), eating less junk food 20.5% (50), and eating less calories 18.9% (46). Approximately 136 (55.0%) respondents had no form of health insurance and 111 (45.5%) reported having no routine health exam in over a year.

Conclusions: The prevalence of overweight and obesity were found to be higher in this high risk Hispanic population in comparison to the national and state average (25.2 % overweight and 16.7% obese) and (21.5 % overweight and 22.4% obese) respectively. Additionally, the number of uninsured were higher than national (16.1%) and state (16.0%) averages. These patients also reported high rates of behaviors that may lead to increasing the onset of disease. There is a significant deficit in the amount of literature which addresses our target population and a lack of applicable interventions to provide support. This data identifies a need for intervention strategies and messaging that are socially and culturally tailored to address the needs of Hispanic young adult males.

Sources of Support: U.S. Census Bureau. American FactFinder - 2015 American Community Survey 1-Year Supplemental Estimates. CDC Nutrition, Physical Activity, and Obesity: Data, Trends and Maps. Kirzinger WK, Cohen RA, Gindi RM. Health Care Access and Utilization Among Young Adults Aged 19–25: Early Release of Estimates From the National Health Interview Survey, January–September 2011.

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DEPRESSION SCREENING IN A SCHOOL BASED POPULATION IN PORT-AU-PRINCE, HAITI: A DESCRIPTIVE STUDY TAYLOR ARGO, MD, EVAN KOURTJIAN, BS, JERI KESSENICH, MD HELEN DEVOS CHILDREN'S HOSPITAL GRAND RAPIDS, MI, USA

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Purpose: The country of Haiti is just 700 miles south of Miami, yet is the poorest country in the Western Hemisphere. Over 80% of its population lives in poverty, 60% are unemployed and the incidence of HIV/AIDs is one of the highest in the world. Further, 50% of the

population is under the age of 20, leaving adolescents to bear the majority of the burden. While the poor health of Haiti's population is well documented, there is limited data on the prevalence of mental health disorders, especially in children and adolescents. With the country's widespread violence, gang activity, rape and death, it is fair to assume mental illnesses, such as depression, are likely to be prevalent. However a 2003 WHO report noted only 10 psychiatrists working in the public sector, demonstrating Haiti's severe lack of resources. In 2010, the non-profit organization Power of Education (PEF) School was founded in Port-au-Prince, Haiti serving 300 students in K-9th grade. Semiannually, medical teams from Helen DeVos Children's Hospital travel to PEF and provide care to all students. Over the years, clinicians have suspected a high prevalence of mental health disorders among the students. In response to this concern, the PHQ-9 depression questionnaire was distributed to all 6th-9th grade students in April 2017. With this information, we hope to determine the prevalence of depression and implement strategies to better care for this population in a culturally sensitive manner.

Methods: Descriptive, cross-sectional study. After translation into Haitian Creole, the PHQ-9 questionnaire was distributed to students in 6th-9th grade with completion assistance by Haitian interpreters. The PHQ-9 scores were analyzed using the t-test, one-way ANOVA and the Pearson's Correlation coefficient. Significance was assessed at $p < .05$.

Results: A total of 83 PHQ-9 questionnaires were completed with an average score of 9.3 ± 4.7 (mean + SD) and a range of 1–20. Individuals categorized as mild to moderate depression represented 67.5%, and those categorized as moderately severe to severe depression represented 15.7%. There was a statistically significant difference in PHQ-9 scores between grades: 5th (5.6 ± 4.1), 7th (10.4 ± 4.1) and 8th (12.1 ± 4.3). On average, females (10.2 ± 4.3) scored significantly higher than males (8.2 ± 4.7). Over half of the students, 57.8% (48/83) felt down, depressed or hopeless and 54.1% (26/48) felt this way nearly every day. Twenty-four of 83 (28.9%) endorsed thoughts of suicide or self-harm and 45.8% (11/24) had these thoughts nearly every day. There was a significant inverse relationship between hemoglobin levels and PHQ-9 scores ($p = .023$) but there was no significant relationship between growth, systolic or diastolic blood pressures and PHQ-9 scores.

Conclusions: The prevalence of depression is significant in this population as over half the students were categorized with mild to severe depression, and 3 in 10 students had thoughts of self-harm and suicide. Managing mental health is necessary in order to optimize educational success and the care of acute and chronic illnesses. Our results underscore the need for more mental health resources and the opportunity to implement programming that supports children and adolescents struggling with depression.

Sources of Support: None.

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MEDICAL COMPLEXITY AND CONCURRENT DISORDERS IN ADOLESCENTS

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Purpose: Medical complexity is most often used to describe paediatric and adult patients with complex chronic medical illness and