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Improving child health and wellness: increasing positive behaviors in children and adolescents

This special section of JFS highlights research on youth health from several graduate students at the UT Health School of Public Health. The Centers for Disease Control and Prevention has identified six priority youth health-risk behaviors that contribute to the leading causes of death and disability for youth and adults¹. These include alcohol and other drug use, tobacco use, unhealthy dietary behaviors, physical inactivity, behaviors that contribute to unintended injuries and violence, and sexual behaviors that contribute to unintended teen pregnancy and sexually transmitted infections (STIs) or HIV. Two of the student papers refer to e-cigarettes, a tobacco product that is epidemic among youth, and the third describes a pregnancy and STI prevention program among high-risk youth on the Texas-Mexico border.

Although e-cigarettes were introduced as a harm reduction strategy for tobacco using adults, the pernicious and predatory advertising and social media directed towards youth has addicted a new generation to nicotine, with serious known and unknown health consequences. While youth tobacco use, namely smoking cigarettes, has fallen to historic lows, the 2020 *National Youth Tobacco Survey* reported 19.6% of high school students (3.02 million) and 4.7% of middle school students (550,000) were current e-cigarette users; of those 38.9% of high school students and 20.0% of middle school students reported using e-cigarettes on 20 or more of the past 30 days; 22.5% of high school users and 9.4% of middle school users reported daily use². The study by Mantey et al. discusses how teens are able to obtain e-cigarettes even though selling, purchasing, and using is restricted for those under age 21, with important policy implications. The authors found retail access in Texas was highly prevalent among adolescent tobacco users. Further, this retail access was associated with increased risk for multiple tobacco product use, even controlling for socio-demographic variables and tobacco marketing exposure. Clearly, greater efforts should be made toward compliance and enforcement of tobacco retail access laws.

In the second e-cigarette report by Pike et al., the authors reported on tobacco products being used by youth along the Texas-Mexico border. The study found that border Mexican youth are not following national declining trends in tobacco use that have been seen in the United States. Further, participants who spoke English, and were born in or educated in the US, were overall more susceptible to use of tobacco products than those who primarily spoke Spanish, or were born in or educated in Mexico. These data indicate a national or cultural protective factor operating that may in part be due to policies in Mexico, that prohibit the manufacturing, advertising, and sales of e-cigarette products.

The report by Wilson et al. on the Peer-to-Peer (P2P) pregnancy program and STI prevention project illustrates the necessity that policymakers need regarding long-term cost benefits and

¹ <https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm>

² <https://www.cdc.gov/mmwr/volumes/69/wr/mm6937e1.htm>

the flexibility of cost analysis methods that can be applied across multiple studies. Unfortunately, the P2P program evaluation on the Texas border was inconclusive and not cost-beneficial. However, using a Monte Carlo simulation method, and results from a large scale meta-analysis, the authors reported that if programs similar to P2P were able to achieve a 10-15% increase in condom usage, a 20-25% increase in oral contraceptive use, or a 25% reduction in unprotected sexual activity, and holds costs down, it is a good investment from a short-term financial perspective.

If there were ever a time to train students and conduct public health research, it is now. In the age of COVID-19, evidence-based investments in prevention research that can demonstrate cost-effectiveness is greatly needed. Schools and community organizations need to understand the underlying risk factors for unhealthy youth behaviors to develop and tailor effective programs for their community. Private organizations and government agencies need cost-benefit evidence before confidently investing in or mandating youth health interventions or changes to public policy. The papers presented here will become part of the scientific literature, and offer evidence that can be built upon by future researchers, and used for investment decision-making.

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