

testing youth only if accompanied by a parent or in the case of a sexual assault. Five UCC provided PAP/HPV tests to youth, and only two offered HPV vaccination. Four UCC offered emergency contraception to youth, 7 referred patients, and 7 did not offer them at all. Two UCC offered youth long-acting contraception for the 1st month only or a script, then referred youth to a primary health care provider (PHCP). Most UCC referred patients to health departments (HD) or a primary health care provider (PHCP) for services that may require repeat visits or follow-up. All UCC required some form of payment for services, with STI testing ranging between \$100 and \$500, not including visit fees. Several UCCs mentioned that youth were often reluctant to use insurance if they were on their parent's policy. Youth unable to pay cash or use insurance for services were referred to the HD.

**Conclusions:** Varying protocols around parental permission, treatment options (onsite testing, but referred treatment) and costs limits UCC accessibility and use for some youth, especially those with limited economic resources. UCC can serve as an option for STI and reproductive services for youth, offering the ability to access many services confidentially. Interventions to facilitate or deepen UCC partnerships and referrals to collaborating providers might help reduce patient point-of-care costs and link them to other care sources to expand the safety net of STI and reproductive health services for youth.

**Sources of Support:** Research conducted as part of work duties.

### 3.

#### IMPACT OF PARENT-ADOLESCENT RELATIONSHIP QUALITY AND SEXUAL HEALTH COMMUNICATION ON PARENTAL WILLINGNESS TO SUPPORT ADOLESCENT USE OF PRE-EXPOSURE PROPHYLAXIS FOR HIV: LESSONS FOR POST-PANDEMIC SEXUAL HEALTH INTERVENTIONS

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**Purpose:** Pre-exposure prophylaxis (PrEP) is a safe and highly effective method of HIV prevention, yet PrEP use among US adolescents at risk for HIV has been low. Sexual health communication between parents and adolescents has been shown to decrease teen pregnancy and increase condom use, but data are scarce on the impact of communication on PrEP use. We wanted to understand parents' perspectives on PrEP and the role of parent-adolescent relationship quality and sexual health communication on parents' willingness to support their adolescent using PrEP ("PrEP willingness"), to inform post-pandemic interventions to improve PrEP uptake among adolescents at risk for HIV.

**Methods:** We conducted N=34 in-depth interviews (IDIs) with parents of adolescents recruited from clinical sites in four US cities (Tampa, FL; Baltimore, MD; Chicago, IL; Denver, CO) as part of a larger, multi-center study on adolescents' and parents' involvement in HIV prevention research. IDIs were conducted by research staff using a semi-structured interview guide. IDIs were recorded, transcribed, and de-identified. A coding structure was developed using a step-wise iterative process as follows: 1) Initial codes were generated from interview guide topics; 2) literature review was used to provide theoretical foundations for codes on "relationship quality" and

"sexual health communication"; 3) three authors (JR, RAS, AK) independently applied initial codes to two transcripts, iteratively discussing coding conceptualizations and discrepancies, and revised the coding structure accordingly; 4) the first author trained the fourth author using four transcripts, discussing coding discrepancies and revising coding structure. Preliminary themes were identified using applied thematic analysis, a rigorous and inductive process of identifying and examining themes from textual data.

**Results:** Parents were almost universally supportive of PrEP as a theoretical HIV prevention method for all populations. Two groups of parents emerged: "low" and "high" willingness to support their own adolescent using PrEP. Low willingness parents tended to either 1) not be aware of their child's sexual experiences, and/or 2) perceive their child as being at low risk for HIV transmission. High willingness parents expressed more open and specific sexual health communication with their child and used supportive and engaged language when describing their relationship with their child. Few parents in either the low or high willingness groups reported concerns about the efficacy or safety of PrEP, but those who did cited side effects more often than other concerns. Parents were supportive of clinic and school-based supports for parents and adolescents to improve sexual health communication and HIV prevention efforts.

**Conclusions:** Parents were largely supportive of PrEP as a general approach to HIV prevention, and largely willing to have their own adolescent use it. Parents with more engaged and supportive relationships, and those with more specific and open sexual health communication tended to express more PrEP willingness. Future work should focus on incorporating parents into PrEP uptake interventions given their key roles in adolescents' sexual health, while acknowledging pandemic-related changes to parents' and adolescents' relationships and contexts.

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### 4.

#### "WHO ELSE HAS THAT OPPORTUNITY BUT US?": ACUTE HOSPITALIZATION AS AN OPPORTUNITY TO ENGAGE YOUNG PEOPLE WHO INJECT DRUGS INTO TREATMENT

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**Purpose:** Hospitalized young people who inject drugs (YPWID) suffer from high hospital readmission rates, recurrent infections, and repeat surgical interventions, all of which contribute to high mortality and long-term disability. As hospitalization presents an opportunity to engage YPWID into treatment, there is an urgent need to identify strategies to engage and retain this vulnerable population into treatment. Our study examines barriers and facilitators to OUD treatment engagement among hospitalized YPWID.

**Methods:** We recruited 26 participants representing key stakeholder groups (hospitalized YPWID ages 18-30 years [n=6], hospital social workers [n=7], and nurses and other clinicians [n=13]). Participants were identified using purposive sampling. They completed 20-75 minute semi-structured interviews asking about barriers and facilitators for engaging YPWID into treatment. The interview guide was