

Christine M. Markham, PhD<sup>3</sup>, Casey P. Durand, PhD<sup>3</sup>,  
Kalyani B. Sonawane, PhD<sup>3</sup>, Constance M. Wiemann, PhD<sup>1</sup>

<sup>1</sup>Baylor College of Medicine; <sup>2</sup>Texas Children's Hospital; <sup>3</sup>University of Texas Health Science Center of Houston.

**Purpose:** Adolescents and Emerging Adults with Special Healthcare Needs (AEASHCN) must develop self-management skills in preparation for transition to adult-based care. However, AEASHCN are not being adequately prepared for transition, resulting in poor health outcomes for some AEASHCN during the transfer period. These poor health outcomes are greater for AEASHCN who are underinsured (public insurance or self-pay). The purpose of this study is to qualitatively explore the role of insurance in the preparation, transfer, and engagement stages of transition for AEASHCN from three subspecialty services at a large, urban children's hospital.

**Methods:** This study included a convenience sample of participants from a cohort of 137 AEASHCN from the Gastroenterology, Rheumatology, and Renal clinical services who participated in a randomized control trial (RCT) designed to promote health self-management. Participants were 18–25 years of age. All genders and race/ethnic groups were included. One-to-one qualitative interviews were performed using open-ended, semi-structured questions to elicit the participant's experience with preparation for and experience with transition from pediatric- to adult-based care. Interviews were conducted until saturation was reached. Interviews were audio-taped, transcribed, and verified for accuracy. Demographic characteristics were summarized using descriptive statistics. Qualitative responses were analyzed using the Framework Method. All authors reviewed a subset of the transcripts to generate initial codes for repeated phrases and topics, which were applied to transcripts until no new codes were identified. Transcripts were read and coded independently by pairs of coders. Discrepant codes were discussed until consensus was reached. Using Atlas.ti, the codes were indexed and sorted into larger subthemes and final themes. All coded quotes were reviewed by the coders, and overarching themes were agreed upon.

**Results:** Twenty-eight AEASHCN participated in the study. Preliminary results indicate that underinsured AEASHCN were less satisfied with adult-based care than privately insured AEASHCN. Regardless of insurance status, AEASHCN discussed difficulties with affording adult-based care. Many AEASHCN who were underinsured described suddenly aging out of Medicaid and did not know how to obtain alternative insurance. AEASHCN did not report having discussions about insurance during the preparation to transition. When asked how the transition process could be improved, AEASHCN wanted recommendations for adult providers or assistance with transferring medical records, but did not cite needing better insurance information.

**Conclusions:** Regardless of insurance status, AEASHCN were surprised by the complexity and limitations of their insurance, and did not understand the role of insurance in transition challenges. Both insured and underinsured AEASHCN experienced financial barriers to receiving adult-based care. Being underinsured resulted in AEASHCN forgoing or being unable to secure adequate adult-based care. Insurance was perceived by AEASHCN as outside of their influence or locus of control; therefore, discussions about insurance prior to transfer should be facilitated by and assigned to key members of the clinic staff, such as social workers and pediatric providers. Materials to help AEASHCN better understand insurance as it applies to their specific adult-based care would benefit from a developmental lens

that focuses on AEASHCN motivations and empowerment to transition to adult-based care.

**Sources of Support:** Health Resources and Services Administration (R40MC30764).

## PLATFORM RESEARCH PRESENTATION I: BEHAVIORAL IMPACT OF COVID-19 PANDEMIC

7.

### MENTAL HEALTH AND SUICIDE RISK DISPARITIES AMONG SEXUAL AND GENDER MINORITY ADOLESCENTS DURING THE COVID-19 PANDEMIC: FINDINGS FROM CDC'S NATIONALLY-REPRESENTATIVE COVID EXPERIENCES SURVEYS

Christopher Hansen, MA<sup>1</sup>, Melissa Heim Viox, MPH<sup>1</sup>, Erin Fordyce<sup>1</sup>,  
Deja Robinson<sup>1</sup>, Stuart Michaels, PhD<sup>1</sup>, Marci Hertz<sup>2</sup>,  
Michelle M. Johns, PhD, MPH<sup>2</sup>

<sup>1</sup>NORC at the University of Chicago; <sup>2</sup>Centers for Disease Control and Prevention.

**Purpose:** Sexual and gender minority (SGM) youth experience more negative mental health conditions, like depression and suicidal ideation, than cisgender and heterosexual youth. However, relatively little data exist on the COVID-19 pandemic's effects on mental health and suicide-related disparities. Factors associated with poor mental health (e.g., physical isolation, increased time at home with parents/caregivers) changed during the pandemic and may differentially impact SGM youth. This presentation describes findings from a recent web-based, longitudinal survey of U.S. adolescents, comparing SGM to non-SGM youth across key mental health and suicide outcomes over two waves of data collected during the pandemic.

**Methods:** CDC's Division of Adolescent and School Health contracted with NORC at the University of Chicago to conduct the longitudinal COVID Experiences Surveys, an assessment of the pandemic's impact on the health and well-being of children and adolescents. Adolescent respondents age 13–19 were recruited using AmeriSpeak®, NORC's probability-based survey panel representative of the U.S. household population (Wave 1: Oct–Dec 2020, n=727; Wave 2: Mar–May 2021, n=569). Respondents reporting their sexual identity as lesbian, gay, bisexual, or something else were categorized as sexual minority. Respondents reporting a gender identity different than their sex assigned at birth (e.g., assigned male at birth/identified as female, assigned female at birth/identified as male), identified as transgender, or identified as not male, female, or transgender were categorized as gender minority. Youth not identified as sexual or gender minority were categorized as non-SGM. Mental health and suicide risk were operationalized with validated measures adapted from state and local Youth Risk Behavior Surveys and the Flint Adolescent Study, including stress, mental health quality of life, symptoms of depression and anxiety, and suicide-related behaviors. Chi-square tests compared mental health and suicide outcomes across SGM status. Odds ratios (OR) and 95% confidence intervals (CI) were estimated.

**Results:** At wave 1, 12.4% adolescents identified as sexual minority and 3.6% as gender minority. Across both waves, SGM youth were more likely than non-SGM youth to report their mental health was not good half or more days in the prior two weeks (Wave 1: OR=3.08, 95% CI:1.68–5.66) (Wave 2: OR=3.20, 95%CI:1.74–5.88). SGM youth were more likely than non-SGM youth to report high or very high

stress at home at wave 1 (OR=3.04, 95%CI:1.62-5.71), and at wave 2, the size of this difference increased (OR=4.57, 95%CI:2.60-8.03). At wave 1, SGM youth were likely than non-SGM youth to seriously consider attempting suicide within the last year (OR=4.62, 95% CI:2.50-8.52), and the size of this difference increased at wave 2 (OR=6.53, 95%CI:3.26-13.08).

**Conclusions:** Findings indicate that the pandemic may have exacerbated mental health and suicide related disparities between SGM and non-SGM youth, especially stress at home and suicidal ideation. Findings provide insight for mental health professionals, educators, and communities regarding the mental health needs of SGM youth during the pandemic and can inform innovative clinic-, school-, and family-level strategies among adolescents.

**Sources of Support:** Funding was provided by CDC under award 200-2019-F-06605.

## 8.

### “IT WAS SUFFOCATING”: A QUALITATIVE STUDY OF MENTAL HEALTH OUTCOMES AMONG ADOLESCENTS AND YOUNG ADULTS ENGAGED IN CARE DURING THE COVID-19 PANDEMIC

Jasmine Reese, MD, MPH<sup>1</sup>, Sachiv Chakravarti, MD, MPH<sup>2</sup>, Catherine Jackson<sup>2</sup>, Evelyn Shiang<sup>2</sup>, Sarah Stromberg, PhD<sup>1</sup>, Hannah McAtee<sup>1</sup>, Janelle Garcia<sup>1</sup>, A.J. Caberto<sup>1</sup>, Jacob Workman<sup>3</sup>, Javier Cepeda<sup>3</sup>

<sup>1</sup>Johns Hopkins All Children’s Hospital; <sup>2</sup>Johns Hopkins University; <sup>3</sup>Johns Hopkins Bloomberg School of Public Health.

**Purpose:** The COVID-19 pandemic has caused a decline in the physical, social, emotional, and mental well-being for many adolescents and young adults (AYA) in the United States. Early research suggests that AYA with existing mental health conditions may be susceptible to adverse mental health effects from pandemic-related disruptions. However, the impact of COVID-19 risk mitigation interventions (e.g., school closures and social gathering restrictions) on mental health outcomes among AYA remains poorly understood. The purpose of this analysis was to qualitatively examine the perspectives of AYA on the impact of COVID-19 disruptions in order to develop strategies for promoting and improving mental health outcomes.

**Methods:** From April – August 2021, we enrolled 19 AYA who were engaged in care at the Johns Hopkins All Children’s Hospital Adolescent Health Specialty Clinic prior to COVID-19. Eligibility criteria included being between the ages of 12-21 and having documented worsening mental health based on medical chart review. In-depth phone interviews were conducted by clinical staff and interview transcripts were auto-generated by Microsoft Teams software. Three research team members listened to the recorded audio files and edited the transcripts for accuracy. An initial coding guide was developed by senior investigators which was piloted and refined. After finalizing the coding guide, research assistant double-coded each transcript using Atlas.ti software. Upon completing the coding, the transcripts were compared to ensure agreement. Discrepancies were resolved through discussion among all the coders until reaching consensus. We then linked and classified the codes across transcripts to identify emergent themes. All study procedures were approved by the Johns Hopkins School of Medicine Institutional Review Board.

**Results:** The study sample was mostly non-Hispanic White (n=13, 68%), female (n=16, 84%), with a median age of 16 (interquartile range: 15-17). Five key themes were identified. AYA consistently described negative mental health changes during the pandemic, including declining or new onset of depression, anxiety, and eating

disorders. Adverse mental health outcomes among AYA were provoked by experiences of loneliness and social isolation, especially due to school closures which disrupted routines, access to educational and social support, and key cultural milestones. AYA reported negative effects to their physical health (e.g., sleep, hygiene, physical activity, and diet) caused by a loss of motivation linked to mental health decline. The increased use of illicit substances was a notable strategy for coping with worsening mental health symptoms among AYA. Given the rapid changes in COVID-19 risk mitigation policy, AYA identified consistent support from parents, teachers, and clinicians as an approach to offset the potentially harmful mental consequences of the pandemic.

**Conclusions:** COVID-19 risk mitigation interventions have precipitated adverse mental health outcomes among AYA. Findings from this study deepen our understanding of the key factors influencing the psychosocial well-being of AYA during the pandemic. Our results may help inform researchers, clinicians, and policymakers to develop guidelines and community-based strategies for mitigating the potentially negative effects of pandemic-related disruptions to mental health among AYA.

**Sources of Support:** Bloomberg American Health Initiative, National Institute on Drug Abuse.

## 9.

### ADHERENCE TO PUBLIC HEALTH RECOMMENDATIONS IN TIKTOK CONTENT DURING THE EARLY DAYS OF THE SARS-COV-2 PANDEMIC

Ellen Selkie, MD, MPH<sup>1</sup>, Danny Teng, MD, MHI<sup>2</sup>, Victoria Adkins, MSW<sup>1</sup>  
<sup>1</sup>University of Wisconsin; <sup>2</sup>Michigan Hospital Medicine Safety Consortium.

**Purpose:** At the beginning of the SARS-CoV-2 pandemic, the Centers for Disease Control and Prevention (CDC) recommended widespread shutdowns of schools, businesses, and other activities. Internet use increased dramatically, with the short-form video social media platform TikTok gaining popularity among adolescents and young adults (AYA). Displays of health behaviors on social media have been shown to impact actual health behaviors in AYA, yet the scope of prevention behaviors related to the current global pandemic is unprecedented. Therefore, the objective of this study was to evaluate adherence to CDC infection prevention guidelines and information about COVID-19 as represented by TikTok content creators, or influencers, at the beginning of the pandemic in the United States.

**Methods:** The study sample included content posted by the 150 most-followed influencers on TikTok between March 1, 2020 and April 27, 2020. Study team members identified and extracted all posts within the specified dates that referenced COVID-19 and/or pandemic precautions (e.g., social distancing, school closures). A codebook was developed based on the CDC Guidelines for COVID-19 prevention as of March 1, 2020 and included displays of behavior that either followed (e.g., staying home, washing hands) or did not follow (e.g., wearing a mask incorrectly) the guidelines at the time. Posts were also coded for the presence or absence of TikTok’s “learn the facts about COVID-19” banner, which had been implemented by the platform to combat misinformation. Rounds of 20-40 posts were used to train coders against a master coder, and coders began reviewing posts independently once agreement was over 80%. We performed descriptive statistics on content metadata and code frequency.