

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.

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8.

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

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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

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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.

Results: Of 11,063 posts made during the study dates, 1,305 (11.7%) posts were COVID-related, with an average of 9.2 COVID-related posts per influencer. Each influencer's combined COVID-related content had an average of 44.4 million views and over 8 million likes. Most (81.5%, $n=1,064$) posts contained behaviors that could be coded for CDC guidelines. Of these posts, 79.4% solely demonstrated behavior following CDC guidelines, with the most frequent being staying at home ($n=805$) and handwashing ($n=50$). 7.1% of posts solely demonstrated behavior that did not follow CDC guidelines, with the most frequent being not wearing face cover in public ($n=41$) or having contact with others outside the household ($n=33$). Posts that contained a combination of behaviors that followed or did not follow the guidelines comprised 10.3% of the sample. The COVID facts banner was only present in 3% of COVID-related posts.

Conclusions: At the beginning of the pandemic, AYA were felt to be at low risk for severe COVID-19 disease, but were encouraged to follow infection control measures to protect at-risk populations like the elderly. We found that the most popular US TikTok influencers created COVID-related content that reached millions of users on a platform mainly used by AYA. This content usually demonstrated adherence to public health guidance at the time, suggesting positive implications for future health messaging on social media platforms.

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10.

SCREEN TIME AND MODERATE-TO-VIGOROUS INTENSITY PHYSICAL ACTIVITY AMONG ADOLESCENTS DURING THE COVID-19 PANDEMIC: FINDINGS FROM THE ADOLESCENT BRAIN COGNITIVE DEVELOPMENT STUDY

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Purpose: The novel coronavirus 2019 (COVID-19) pandemic and subsequent stay-at-home mandates, remote learning, and social distancing requirements led to changes in nearly all facets of adolescents' lives; however, the pandemic's effect on adolescent screen time and physical activity has not been characterized using national data from the U.S. The aim of this study was to evaluate adolescents' screen use and moderate-to-vigorous intensity physical activity (MVPA) during the COVID-19 pandemic by sociodemographic characteristics, and to determine mental health and resiliency factors associated with screen use and MVPA.

Methods: Data from the Year 1 (2017-2019) and May 2020 COVID-19 survey of the Adolescent Brain Cognitive Development (ABCD) Study, a national prospective cohort study in the U.S., were analyzed. Average hours per day spent on six forms of screen time were summed to calculate a total daily screen time measure, excluding hours spent on school-related work. MVPA was quantified as the product of reported duration and frequency (hours per week; $h \cdot wk^{-1}$), which was further summarized as the proportion meeting age-appropriate 2018 Physical Activity Guidelines for Americans (i.e., 60 minutes per day). Mental health and resiliency measures were also collected. Regression models examined associations between mental health or resiliency measures and screen time or MVPA during the pandemic.

Results: The sample consisted of 5,153 adolescents predominantly ages 12-13 years, with 50.6% female and 39.5% racial/ethnic minorities. During the pandemic, adolescents reported an average of 7.70 hours of screen use per day, mostly spent on watching/streaming videos, movies, or television shows (2.42 hours), multi-player gaming (1.44 hours), and single-player gaming (1.17 hours). Median MVPA was 2 hours per week (IQR 0, 6) during the pandemic. Overall, the percentage of the cohort meeting MVPA guidelines decreased from 16.1% (pre-pandemic) to 8.9% during the pandemic. Racial/ethnic minorities and adolescents from lower socioeconomic backgrounds reported higher daily screen use and were significantly less likely to meet MVPA guidelines during the pandemic. In adjusted regression models, poorer mental health and greater perceived stress were associated with higher total screen use. Poorer emotional well-being, COVID-related worry, and stress were associated with lower MVPA. More social support and coping behaviors were associated with lower total screen use and higher MVPA during the pandemic.

Conclusions: In this large, national sample of adolescents, we found that average total daily recreational screen use was 7.7 hours per day, representing a doubling of pre-pandemic estimates from the same cohort (3.8 hours). The proportion of those meeting MVPA Guidelines was lower during the COVID-19 pandemic, with significant disparities by race and class. Disparities across racial/ethnic and income groups in adolescents may be due to structural and systemic factors (e.g., built or neighborhood environment, access to resources) – all of which have been amplified in the COVID-19 pandemic. Interventions to promote social support and coping behaviors may reduce screen use and improve MVPA levels among adolescents during and post-pandemic.

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11.

CHANGES IN ADOLESCENT AND YOUNG ADULT (AYA) RELATIONSHIP STATUS DURING COVID19: DATA FROM A 30 COUNTRY SEXUAL AND REPRODUCTIVE HEALTH STUDY

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Purpose: Important milestones - including romantic/sexual relationship development - were impacted by COVID19 mitigation measures. We examined self-reported change in relationship status before, during and after COVID among AYA who participated in a 30-country survey.

Methods: Data were drawn from the International Sexual Health And REproductive Health Survey (I-SHARE-1), a multi-country, cross-sectional, online study conducted to assess the impact of the pandemic on adult sexual health across the globe. Participants were recruited through local, regional, and national networks (e.g. listservs of professional organizations and international health organizations, social media, etc.) of each country's research team. We drew a subsample of AYA ($N=7527$ 18-26 years; 32.3% of the total sample; 60.1% female, 86.1% cisgender, 77.1% heterosexual). We examined 5