positive use of e-cigarettes ranged from 8% at baseline to 12.5 % during the intervention period. Education on the harms of e-cigarette use improved to 44% after PDSA1 and to 100% at the end of the last PDSA showing special cause variation. The data on patients who reported e-cigarette use and were provided with resources showed sustained improvement at 100% after week 12. The data for those who reported e-cigarette use and were provided with a follow-up showed some improvement but without any special cause variation.
Conclusions: Modifying the screening model and training physicians on screening for substance use increased the rate of positive use. Embedding smart phrases in our EPIC note templates significantly improved education, presentation of cessation resources, and follow-up plans.
Sources of Support: None.

178.

SCHOOL CONNECTEDNESS AND E-CIGARETTE SUSCEPTIBILITY AND USE IN A DIVERSE URBAN ADOLESCENT SAMPLE

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Purpose: Adolescent school connectedness, particularly positive relationships with teachers, generally protects from health risk behaviors such as tobacco use, yet how this relates to adolescent e-cigarette use has not yet been described. This study examines the relationship between school connectedness and e-cigarette susceptibility and use in a diverse adolescent longitudinal sample.
Methods: This is a secondary analysis of a school-based intervention including ten public schools in one urban school district. We surveyed 661 middle (66.6% eighth grade) and high school (33.4% eleventh grade) student participants at three time points between spring 2019 and spring 2020. The 2020 surveys were completed early in the COVID-19 pandemic, prior to the transition to remote learning. Respondents had a mean age of 14.1 years, were 53% female, and 28% identified as non-Hispanic white,15.6% as Hispanic, 23.8% as Black, 29.8% as Asian, and 2.9% as American Indian/Alaska Native. Ordinal logistic regression models examined unadjusted and adjusted associations between school connectedness (both baseline and concurrent) and an ordinal measure of e-cigarette susceptibility (any vs. none) and use (any vs. no past 30-day use) at all three time points. Covariates in the adjusted models included grade, intervention condition, English language learner status, gender, race/ethnicity, baseline use of any tobacco, and baseline weighted grade point average.
Results: Levels of any tobacco use were low in the spring of 2019 (3.8%), e-cigarettes represented the predominant form of tobacco use (2.4%), and most respondents reported no e-cigarette susceptibility (69%). E-cigarette susceptibility and use remained relatively stable during the follow-up period. Higher levels of baseline school connectedness were consistently associated with lower odds of e-cigarette susceptibility/use in spring 2019 (OR: 0.37, 95% CI: 0.26, 0.53), fall 2019 (OR: 0.51, 95% CI: 0.35, 0.74), and spring 2020 (OR: 0.47, 95% CI: 0.30, 0.73). Higher levels of concurrent school connectedness were also associated with lower odds of e-cigarette susceptibility/use over time: spring 2019 (OR: 0.36, 95% CI: 0.25, 0.51), fall 2019 (OR: 0.48, 95% CI: 0.34, 0.66), and spring 2020 (OR: 0.65, 95% CI: 0.42, 0.99). Findings were similar for eighth and eleventh graders and did not differ significantly both before and after adjusting for other covariates.
Conclusions: Both adolescents' baseline levels of connection to their schools and their connectedness over time appear to serve as protective factors for e-cigarette susceptibility and use. These findings highlight the importance of promoting positive school experiences and strong teacher-student relationships as a mechanism of reducing adolescent risk behaviors such as e-cigarette use among diverse adolescent populations.
Sources of Support: This project was funded by a grant from the National Institute of Minority Health and Health Disparities (NIMHD) grant number R01MD010586 (PI: Allen).

179.

IT'S A HURDLE WE HAVE TO CROSS, BUT IT'S JUST NOT A PRIORITY… WE HAVE TO DEAL WITH RIGHT NOW." PROVIDER PERSPECTIVES ON TOBACCO CESSATION FOR YOUNG ADULTS WITH HIV WHO CO-USE TOBACCO AND CANNABIS

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Purpose: Health conditions related to tobacco use are the leading cause of morbidity among people with HIV (PWH). Twenty to 40% of PWH aged 18-24 use some form of tobacco; more than 50% of daily tobacco-using PWH aged 18-24 also smoke cannabis. Cannabis use can lead to challenges with tobacco cessation and even tobacco re-initiation. This study sought to explore provider perspectives about barriers and facilitators to approaching tobacco cessation in PWH 18-24 years old who co-use tobacco and cannabis.
Methods: The study was grounded in Social Cognitive Theory. Virtual in-depth interviews were conducted among physicians, nurse practitioners, and physician assistants who care for PWH 18-24 years old in three states- Washington (legalized cannabis), Massachusetts (legalized cannabis), and Alabama (cannabis not legal). Interviews were transcribed and analyzed using a deductive and exploratory, thematic approach. Thematic analysis was organized using NVivo 12 Plus.
Results: Twelve providers completed interviews- eight from Alabama, three from Massachusetts, and one from Washington. Eighty-three percent were physicians of whom 67% were infectious disease specialists and 16% were either adolescent medicine or family medicine HIV subspecialists. Cross-cutting themes included 1) provider and client prioritization of HIV and substances other than tobacco and cannabis' (e.g. cocaine and opioids) impact on provider ability to discuss tobacco; 2) healthcare structural barriers (e.g., time and siloed disciplines (psychology, social work, nutrition) that are crucial in addressing tobacco cessation); 3) provider-level barriers including knowledge about tobacco cessation and how vaping and cannabis impact tobacco cessation; 4) client-level barriers include priority given to addressing social determinates of health (e.g., safe housing and reliable employment) that impact clients' HIV management and associated mental health comorbidities; 5) clients and providers alike place lower health prioritization on cannabis use, regardless of the legal status of cannabis; and 6) optimization of continuing