

**Conclusions:** This study demonstrates the ongoing need for health services during the COVID-19 pandemic and the overall willingness of AYA to utilize telemedicine. Given the sexual health disparities faced by AYA, optimizing telehealth services for AYA is essential and consistent with new laws expanding telehealth use. Further efforts should be geared at exploring potential barriers and use of hybrid services to ensure comprehensive care delivery.

**Sources of Support:** CDC: zNU50MN000004; NIH: R01NR013507, 1R01MD011770, R21HD090498; and Unrestricted Funds–Hologic, Inc.

## RESEARCH POSTER PRESENTATION II: HEALTH EQUITY/PRIMARY CARE/COVID

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### FOREGONE HEALTH CARE AMONG U.S. ADOLESCENTS AND CHILDREN DURING THE COVID-19 PANDEMIC— COVID EXPERIENCES SURVEYS, WAVE 2, MARCH–MAY, 2021

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**Purpose:** The COVID-19 pandemic resulted in disruptions to the U.S. health care system, which may contribute to foregoing health care (i.e., needed care that was not sought after or received). We describe the impact of the pandemic on adolescent and pediatric foregone health care by sociodemographic characteristics and experiences of racism.

**Methods:** Data were from the second wave (March–May 2021) of the COVID Experiences Surveys (CovEx) and captured experiences of adolescents ages 13–19 directly ( $n = 569$ ) and children ages 5–12 via parent report ( $n = 1287$ ) using a probability-based sample representative of the U.S. household population. An item assessing health care that was foregone for any reason was included in the adolescent (i.e., thinking you should have sought health care but did not) and parent surveys (i.e., having any health care visits delayed, missed, or not scheduled for the child) since the first wave of CovEx (i.e., approximately a 6-month recall period). Participants who reported this experience were asked to categorize the type of health care foregone (e.g., well-child visit, STD testing or treatment). We report the prevalence of foregone health care and test for differences by age, sex, race/ethnicity, insurance status, and experiences of racism for both adolescents and children and differences by sexual identity among adolescents only, reporting prevalence by subgroup when  $p < 0.05$ .

**Results:** The prevalence of foregone health care among adolescents ages 13–19 years was 20.4% (95% CI: 16.4%, 25.2%). Female, 16- to 19-year-old, and lesbian, gay, or bisexual adolescents were more likely to report foregone health care compared to male (26.8% vs. 14.1%), 13- to 15-year-old (26.3% vs. 12.9%), and heterosexual adolescents (48.2% vs. 15.1%), respectively. Among adolescents experiencing foregone care, the three most prevalent types of care were mental health services (37.9%), sickness (26.9%), and a check-up or sports physical (22.1%). Based on parent report, the prevalence of foregone health care among children ages 5–12 was 16.3% (95% CI: 14.2%, 18.7%). Parent report of their child foregoing health care differed by child's race/ethnicity at 21.6% among non-Hispanic other/multiracial, 21.0% among Hispanic, 14.8% among non-Hispanic Black, and 13.2% among non-Hispanic White children. Parents who reported their child had experienced racism were more likely to report foregone health care for their child than parents who did not (43.3% vs. 14.5%). Among

children experiencing foregone care, the three most prevalent types of care were well-child check-up or sports physical (64.0%), immunizations (19.8%), and sick child visits (14.3%).

**Conclusions:** Approximately a fifth of adolescents and children had foregone needed health care over an approximate 6-month recall period in 2021, with disparities by age, sex, race, sexual identity, and experiences of racism. Although foregone health care may have been attributable to closures in medical offices early in the pandemic, the current data were collected after most stay-at-home orders were lifted and public health recommendations stressed seeking routine health care. Increasing availability and accessibility of health care to U.S. youth, particularly populations disproportionately more likely to forego health care is needed to eliminate documented disparities in unmet health care needs.

**Sources of Support:** N/A.

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### PATIENTS WITH SOMATIC SYMPTOMS AND RELATED DISORDERS (SSRD) IN A TERTIARY CARE PEDIATRIC HOSPITAL CENTER: THE NEED FOR A STRUCTURED APPROACH TO LIMIT THE COVID-19 PANDEMICS' IMPACTS ON MEDICAL CARE

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**Purpose:** During Covid-19 pandemics, a drop of 39% of all visits was observed through all Quebec pediatric emergency rooms for adolescents from 12 to 17 years old. Meanwhile, consultation for mental health problems showed a rise after waves 1 and 2. Adolescents were heavily impacted by the pandemic, SSRD being one expression of their difficulties. In 2019, a need for a dedicated clinic for somatisation was recognized through a survey in our Pediatric University Center. SSRD were identified in most specialities. They represented 10% of all patients and clinicians reported that they were sometimes uncomfortable with SSRD patients. These results are still relevant as the pandemic is ongoing. An increase of SSRD patients is expected as students will be returning to their classrooms this fall. The main objective of this paper is to describe the development and content of a structured program for adolescent patients with somatic disorder in a Pediatric University Center during the Covid-19 pandemic.

**Methods:** An extensive literature review was done on SSRD treatment programs for adolescents. An international group of experts met monthly through a teleconsultation platform; this group includes specialists in Adolescent Medicine in Canada, England and France, psychiatrists, pediatricians, nurses, and psychotherapists. Sessions were 90-minutes long and were held between May 2020 and July 2021. Two leaders structured the task force and dispatched the tasks to favor collaboration between the pediatric and psychiatric team members.

**Results:** The literature review shows that health professional teams have developed unique models, contingent upon local resources and experiences of the actors involved. Our model is unique and inspired by existing ones. It consists of different paths and levels of treatment and includes: - Centralized access with a structured process for referral classification from minor cases (light functional impacts) to complex ones (severe functional impacts/ chronic condition/ multiple medical investigations, denial of non-organic causes, etc.). -