

teen (median age 15 years) were not associated. Of note, 70% of parents were willing to vaccinate their teen with other vaccines at the same time as Covid-19 vaccine; the most common reason for not doing so was that the teen was already up-to-date.

Conclusions: Across the time course of the pandemic, concerns related to vaccine safety in general and the safety of COVID-19 vaccine increased, and parents and teens increasingly acknowledge a negative influence of social media on their opinions about vaccine safety. Over half of parents and teens have received the vaccine, and parents are willing to accept concomitant vaccines for their teen. It will be important to address issues of inequity manifested by demographic differences in COVID-19 vaccine uptake among teens.

Sources of Support: The survey is funded by Unity members including vaccine manufacturers.

23.

A PILOT INTERVENTION TO REDUCE ADOLESCENT SEXUAL AND MENTAL HEALTH DISPARITIES BY INCREASING ACCESS TO TELEMEDICINE AND MOBILE CARE (ACCESSKCTEEN)

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Purpose: In the wake of the COVID-19 pandemic, marginalized adolescents face new and exacerbated barriers to accessing sexual and reproductive health (SRH) and mental health (MH) care. While telemedicine has adapted to increase access to SRH/MH services, it is less likely to be used by those with limited familiarity or no previous connection to care. We assessed the impact of a novel intervention (AccessKCTeen) that leverages peer outreach leaders and community events on confidence in accessing SRH/MH care and telemedicine.

Methods: We engaged and trained teen peer leaders to stimulate healthcare-seeking behaviors by sharing SRH/MH information from our virtual toolkit and mobilizing their peer networks to attend our AccessKCTeen health outreach events. We partnered with community organizations to host events where we demonstrated telemedicine via a mobile van, shared local resources for SRH/MH care, and distributed free over-the-counter emergency contraception (EC), condoms, and pregnancy tests. All services were offered in English and Spanish. Teens completed three surveys: (1) prior to the engaging with AccessKCTeen (demographics, healthcare needs and trust and confidence to access care); (2) immediately post-intervention (health service uptake [e.g., EC, condoms, pregnancy test], satisfaction, healthcare trust, confidence to access care); and (3) one-month after the event (follow-up SRH/MH care utilization). Study staff documented teen engagement and feedback via field notes.

Results: We trained five peer leaders. During three community health events, we enrolled 63 teens (mean age 15.9 years; 67% female at birth, 27% Genderfluid/Non-Binary/Trans, 27% Hispanic, 30% Black, 45% White, 38% heterosexual). Most (68%) reported no previous vaginal/penile sex. In past week, the majority reported 1 or more days feeling anxious (62%)/depressed (50%)/lonely (59%)/hopeful (71%). Many (44%) had forgone needed care in the previous year, and few (32%) had previously used telemedicine. Most reported improved understanding of telemedicine after the demonstration. Teens reported these benefits of telemedicine: privacy, ease of use, and increased access to SRH and

MH care. Participants felt MH care is “desperately needed” but carries stigma and had friends or classmates with MH concerns. Participants voiced they “need facts” and accurate information on SRH, that education on “abstinence is not enough”, and frequently did not know that EC was available without prescription or the timeframe of effectiveness. Most teens discussed the SRH items directly with the AccessKCTeen. Post-intervention: 82% were satisfied with the intervention and 86% would recommend it to friend. Compared to baseline, more participants reported confidence to access telemedicine (58% vs. 78%) and in-person care: (67% vs. 72%) and trusted “doctors and nurses completely” (70% vs. 79%). Many accepted condoms (27%), pregnancy tests (16%) and EC (27%, 4 of whom were male). Recruitment and follow-up with participants and peer leaders is ongoing.

Conclusions: As COVID-19 continues to negatively impact SRH/MH care-seeking, the AccessKCTeen pilot offers critical insight on novel methods to increase access to SRH/MH care for marginalized adolescents.

Sources of Support: O.5506 (CARES Act Funds), Berkley-Patton (PI), Jackson County, MO [Our Healthy KC Eastside (OHKCE): Addressing COVID-19 and Social Determinants on KC Eastside].

24.

THE COMPARATIVE EFFECTIVENESS OF SUICIDE RISK SCREENING AMONG ADOLESCENTS: A SECONDARY ANALYSIS OF THE SHIELD RANDOMIZED CLINICAL TRIAL

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Purpose: Suicide is the second leading cause of death among US adolescents, with rates increasing by over 50% in the past decade. The SHIELD randomized clinical trial evaluated the effectiveness of school-based major depressive disorder (MDD) screening. This secondary analysis focused on suicide risk assessment to increase initiation of mental health treatment. MDD screening in SHIELD utilized the Patient Health Questionnaire-9 (PHQ-9). Though not a formal suicide risk assessment tool, PHQ-9 item #9 considers suicide risk. During the SHIELD trial, positive responses to item #9 placed the greatest burden on schools for urgent/emergent evaluation. Our objective was to determine whether the PHQ-9 increased identification of and treatment initiation for increase suicide risk.

Methods: Students in 14 Pennsylvania high schools were randomized by grade to either: 1) usual school practice of targeted referral for behaviors prompting concern for suicide risk or 2) universal screening using the PHQ-9 with any response >0 to item #9 regarding suicide risk considered positive. Students identified in either arm were referred to the Student Assistance Program (SAP), mandated in all Pennsylvania schools. SAP includes trained professionals that utilize a team process to gather and review referral data. SAP determined follow-up recommendations. Study groups were compared using mixed effects logistic regression. To simulate use of a PHQ-8, which excludes item #9, responses on item #9 were compared to positive scores on the PHQ-8.

Results: Participants included 12,909 students with 6,473 (50.1%) randomized to universal screening. Students were 46% female and 43% Hispanic or non-Hispanic Black. Seven of 14 schools were urban with a median size of 370 students. Adolescents in the universal