

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)

Romina Barral, MD MsCR¹, Kim Pina, MPH², Anna Keahey, MD³, Corrie Hays, MD⁴, Kathy Goggin, PhD², Emily Hurley, MPH, PhD², Allison Green⁵, Melissa Miller, MD MsCR³

¹Division of Adolescent Medicine, Children's Mercy Hospital Kansas City; ²Health Services and Outcomes Research, Children's Mercy Kansas City; ³Emergency Medicine, Children's Mercy Hospital and Clinics, Kansas City; ⁴Children's Mercy Kansas City; ⁵UMKC.

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

Deepa L. Sekhar, MD, MSc¹, Erich Batra, MD¹, Eric W. Schaefer, MS¹, Leslie R. Walker-Harding, MD², Krista L. Pattison, MS¹, Alissa Molinari, MPH¹, Perri Rosen³, Jennifer L. Kraschewski, MD, MPH¹, James G. Waxmonsky¹

¹Penn State College of Medicine; ²Seattle Children's; ³Garrett Lee Smith Youth Suicide Prevention Grant.

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

screening arm had 7.1 times higher odds (95% CI 5.7–8.8) of being identified as at-risk for suicide, 7.8 times higher odds (95% CI 4.6–13.1) of confirmed follow-up needs, and 4.0 times higher odds (95% CI 2.0–7.9) of initiating mental health treatment. Using a PHQ-8 screen potentially missed 30.2% of at-risk students (positive response to PHQ-9 item #9, but negative on the PHQ-8).

Conclusions: Even with a MDD screening tool, which is not optimized for suicide risk assessment, universal screening increased identification of and treatment initiation for suicide risk among identified adolescents. This both confirms the value of this approach and suggests a suicide-specific risk assessment may have even greater impact on treatment engagement of at-risk youth.

Sources of Support: Research reported in this publication was funded through a Patient-Centered Outcomes Research Institute® (PCORI®) Award (AD-2017C3-8752). The views presented in this publication are solely the responsibility of the author(s) and do not necessarily represent.

PLATFORM RESEARCH PRESENTATION II: CHARLES E. IRWIN JR. NEW INVESTIGATORS

25.

MOLECULAR BACTERIAL VAGINOSIS AND PROSPECTIVE RISK OF CERVICOVAGINAL CHLAMYDIA TRACHOMATIS INFECTION IN ADOLESCENTS

Luke Thomas Carlson, MD, MA¹, Mykhaylo Usyk, MD, MA², Nicola Schlecht, PhD³, Robert Burk²

¹Icahn School of Medicine at Mount Sinai; ²Albert Einstein College of Medicine; ³Roswell Park Comprehensive Cancer Center.

Purpose: Adolescents make up only a quarter of the population but account for over half of all incident sexually transmitted infections. Bacterial vaginosis has been associated with cervicovaginal Chlamydia trachomatis (CT), although the mechanisms of their association remain poorly characterized. This study investigated the prospective association between the cervicovaginal microbiome (CVM) and the risk of acquiring CT infection in adolescents.

Methods: We conducted a nested case-control study of CT within an HPV longitudinal cohort study of sexually active adolescents from a large adolescent health center in New York City. Controls were matched to incident (newly diagnosed) CT cases using risk set sampling based on age, date of study enrollment, and prior history of CT infection. For this study, cervicovaginal swab samples collected from three time points were analyzed: approximately six months before CT infection (V1), at the time of CT diagnosis (V2), and six months after infection treatment (V3). Clinical CT was diagnosed using a GEN-PROBE APTIMA assay. The CVM was evaluated using 16SV4 rRNA bacterial gene amplicon next-generation sequencing. Sequence reads were clustered into amplicon sequence variants using DADA2 and taxonomy was assigned using a custom cervicovaginal microbiome specific database employing a Naive Bayesian classifier. We assessed the presence of bacterial vaginosis (BV) using a previously validated molecular score from the 16SV4 reads (molBV) that provides a Nugent-like score on a scale from 0–10. At V1, 232/502 (46.2%) cervicovaginal samples were molBV-BV negative (score 0–3), 79/502 (15.7%) were molBV-BV intermediate (4–6), and 191/502 (38.0%) were molBV-BV positive (7–10). The relative risk (RR) of incident CT based on the molBV-BV score was assessed by comparing participants who were BV positive to those intermediate and negative using

multivariable conditional regression adjusting for patient BMI, number of sexual partners within the last 3 months, and condom use.

Results: 16SV4 rRNA gene amplicon sequencing yielded an average of 33,339±13,280 bacterial reads with no significant differences based on case status (p=0.08). Subclinical detection of BV by the molBV score at V1 significantly predicted risk of CT diagnosis at V2, 6 months later (RR=1.78, 95%CI=1.05–3.03). Adjusted cross-sectional analysis of V2 samples revealed an even stronger association between molBV-BV positive status and clinical detection of CT (RR=2.90, 95%CI=1.74–4.85), whereas following CT treatment (V3) there were no differences between cases and controls in their BV scores (p=0.5).

Conclusions: While it is known that having a clinical diagnosis of BV is associated with cervicovaginal CT, to our knowledge this is the first study to prospectively demonstrate an association between subclinical detection of BV by next-generation molecular sequencing of the CVM and the risk of acquiring a cervicovaginal CT infection.

Sources of Support: This work was supported in part by the National Institute of Allergy and Infectious Diseases (R01AI072204) and the Einstein Cancer Research Center (P30CA013330), and the Einstein-Rockefeller-CUNY Center for AIDS Research funded by the NIAID (P30AI124414).

26.

EXPLORING THE IMPACT OF RACISM ON BLACK YOUTH: A MULTIDIMENSIONAL EXAMINATION OF DISCRIMINATORY EXPERIENCES ACROSS PLACE AND TIME

Tyia Wilson, PhD¹, Alexander Riley, PhD¹, Susheel Khetarpal¹, Paul Abernathy⁴, Jaime Booth¹, Alison Culyba¹

¹University of Pittsburgh; ²University of Pittsburgh; ³University of Pittsburgh; ⁴Neighborhood Resilience Project.

Purpose: Black youth are disproportionately impacted by community violence. Experiences of racism and discrimination may confer additional stress and create greater challenges for youth attempting to recover following violence exposure. We know little about how experiences of violence and discrimination intersect over place and time as well how these intersections relate to changes in stress, post-traumatic stress, and safety. This study linked innovative social network and ecological momentary assessment (EMA) methods to elucidate how perception of racism may influence stress and perceptions of safety among Black youth following a violent event.

Methods: This project engaged 25 Black youth (ages 14–19 years old, 58% female) who had witnessed community violence within the past three months. Using an intensive longitudinal design, we sought to understand how the interrelatedness of people, places, and time may impact youth's recovery following exposure to community violence. Youth were recruited in partnership with community-based youth-serving programs and agencies in Pittsburgh, PA. A baseline survey assessed experiences of discrimination (Experiences of Discrimination Scale), stress (Cohen's global measure of stress), posttraumatic stress symptoms (PTS; Child PTSD Symptom Scale; CPSS-5) and also included an egocentric social network survey to identify key sources of support. Youth were given a cell phone with a mobile app, MetricWire, and were asked to complete EMA app-based surveys three times daily for two weeks about the spaces that they were in, the people they were with, and their current emotional state. EMA surveys prompted youth to report their in-the-moment perceptions of racism, stress, PTS symptoms, safety, and social support. A total of 513 EMAs were completed (49% response rate). Multilevel models