

searches. There was a strong positive association between the number of Tweets showing negative ($r = .711, p = .024$) and positive attitude ($r = .703, p = .026$) and time in years.

Conclusions: Over one-third of Nexplanon-related Tweets reported perceived side effects reportedly associated with Nexplanon which may be of concern AYA patients. While Tweets regarding Nexplanon positively may become more popular, displays of both positive and negative attitudes toward the implant increase over time. Future studies should include social media content analyses of AYA experiences with other FDA-approved devices and large-scale surveys about concerning devices.

Sources of Support: This project was completed without funding support.

RESEARCH POSTER PRESENTATION I: ADVERSE CHILDHOOD EVENTS

110.

THE ASSOCIATION OF SUBJECTIVE SOCIAL STATUS WITH ADVERSE CHILDHOOD EXPERIENCES AND SOCIOECONOMIC STATUS AMONG HISPANIC ADOLESCENTS

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Purpose: Subjective Social Status (SSS), or one's self-perceived rank on the social ladder, is a strong contributor to adolescent health and psychosocial wellbeing. Among adolescents, low SSS has been associated with increased risk for obesity, depression, and future substance use. SSS is often assessed in the context of one's community or society, and is paired with traditional measures of socioeconomic status (SES) to capture objective status and subjective perceptions regarding one's trajectory and opportunities in life. However, little is known about the determinants of SSS, particularly the influence of childhood adversity. Adverse Childhood Experiences (ACEs) have lasting effects on physical and mental health in youth, and include experiences of abuse, neglect, and household dysfunction. This study examines the association of society/community SSS with ACEs and SES measures of household income, parental education, and food insecurity.

Methods: Hispanic adolescents ($n=133$; age 15-21; 60.2% female) were recruited via flyers and word-of-mouth. To assess SSS, participants completed validated MacArthur scales through self-ranking on a 10-rung ladder representing their individual position relative to their community, and their family's position relative to society. The number of ACEs were assessed using the Modified ACE Questionnaire, expanded to include experiences such as physical bullying and cyber bullying. SES was measured through self-reported questionnaires that assessed household income, parental education, and food insecurity. Univariate analysis was used to explore participant characteristics, and bivariate Pearson's correlations were used to assess associations of SSS with ACEs and SES measures.

Results: The majority (87.2%) of participants experienced at least 1 ACE, and 28.6% of participants experienced 4 or more ACEs. Roughly a fourth (25.6%) of participants experienced food insecurity. We found that society and community SSS, respectively, were each associated with ACEs ($r = -0.219, p = 0.011$; $r = -0.176, p = 0.042$), food insecurity ($r = -0.228, p = 0.008$; $r = -0.278, p = 0.001$), and household income

($r = 0.224, p = 0.009$; $r = 0.204, p = 0.019$). Society nor community SSS were associated with parental education.

Conclusions: To our knowledge, this is the first study to examine the relationship between SSS and ACEs. We found that higher number of ACEs were associated with poor SSS among Hispanic adolescents. While several explanations for the pathway from ACEs to health risks have previously been proposed in adults, there is little consensus in literature and for youth. Here, we suggest SSS may be a mechanism through which ACEs contribute to these outcomes. In this study, we also found that SSS was associated with food insecurity and household income, but not parental education, which is consistent with prior research. Given that SSS is a strong predictor of health and psychosocial outcomes, characterizing the factors that drive the development of SSS among youth may help identify important clinical targets.

Sources of Support: None.

111.

CHART REVIEW OF LATINX YOUTH PATIENTS IN AQUI PARA TI: PARENTAL SEPARATION AND ADOLESCENT HEALTH AND WELL-BEING

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Purpose: In the US, 1 in 4 Latinx children belongs to a family with mixed immigration status; at least one parent being undocumented – meaning a significant portion of these children may be separated from a caregiver due to deportation. In 2017, with the increase in anti-immigrant policies and rhetoric, Aqui Para Ti/Here for You (APT), a clinic-based youth development program for Latinx youth and their families, found an increase in both anxiety and parental separation in its patient population. The purpose of this study is to describe qualitatively immigration journey and deportation related familial separation experiences via manual review of narrative notes in electronic health records.

Methods: This is a retrospective study using chart review of patient's clinic notes. We included notes from all patients in Aqui Para Ti aged 10-24 between April 1, 2016 – December 31, 2019, who marked that they had been separated from at least 1 parent on the amplified Guidelines for Adolescent Preventive Services (GAPS) questionnaire. We then trained coders to review clinic notes among adolescents who reported separation to identify different forms of separation and record any information provided about the effect of the separation on the patient. Data analysis includes descriptive statistics to examine prevalence of each form of separation among this patient population. In addition, we will examine bivariate and multivariate associations between specific forms of separation and mental and psychosocial health among all APT patients in this window. Research was determined to be exempt by the Hennepin Healthcare Research Institute IRB.

Results: Initial data show that of the 315 APT patients identified during our study time period, 83 experienced parental separation verified after chart review. On initial review, 45% of patients had been separated from both at parents at some time, 54% of patients had only been separated from their father, and 1% of patients had only been separated from their mother. Of those who experienced separation, over 28% of patients experienced separation as a result of deportation

or detention related to immigration of one or both parents at some time. Additional analyses will examine associations between deportation or detention related separation and GAPS measures (ie mental health, psycho-social well-being), versus those with another form of separation, and those with no separation.

Conclusions: Over a quarter of patients in this clinic setting had experienced separation from at least one parent, with immigration-related deportation/detention accounting for over a quarter of those separations. Given our current billing system, it is difficult to document the type of separation a patient experiences, which is compounded by the fact that there is no ICD-10 code that can indicate separation due to immigration or deportation. Being able to obtain and document this information is both wrought with concern about confidentiality as well as essential for communicating how it effects to the well-being of patients and families.

Sources of Support: LEM's work is supported through the HRSA of HHS under National Research Service Award in Primary Medical Care grant number T32HP22239 (PI: Borowsky), Bureau of Health Workforce.

112.

AGE OF IMMIGRATION AND DEPRESSIVE SYMPTOMS AMONG LATINX YOUNG ADULTS WHO ARRIVED IN THE US AS CHILDREN: A TEST OF MEDIATIONAL MODELS

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Purpose: Immigration to the US at younger age is associated with a higher risk of developing depression. Several theories provide possible explanations for this relationship, but none of have been empirically tested. Cultural Stress Theory suggests that individuals who immigrate at an earlier age will undergo more cumulative stress as they acculturate to the US, eventually leading to depression. The Healthy Migrant Hypothesis posits that only those individuals who are mentally and physically well will make the decision to immigrate; however, many children cannot make this decision for themselves, leading to increased migration of younger individuals who may be predisposed to depression. According to Child Development Perspectives, individuals who immigrate early in life will undergo fundamental developmental tasks, such as identity development, within two cultures, and individuals who aren't able to develop competence in both cultures may experience negative mental health outcomes. The purpose of this study was to 1) determine the relationship between age of immigration to the US and depressive symptoms among a cohort of Latinx young adults living in a new immigrant destination in the Southeast US; and 2) identify mediators of this relationship.

Methods: We conducted a secondary analysis of baseline data from a longitudinal, community-engaged study of Latinx immigrant young adults in the Research Triangle of North Carolina. Baseline psychosocial self-report data were collected from 2018–2020. Individuals who immigrated to the US before the age of 19 were included in the analysis (N=157). Valid and reliable measures were used to determine if acculturative stress, a decision to immigrate that was motivated by others, or biculturalism were mediators of the relationship

between age of arrival and depressive symptoms. We tested mediation using product of coefficients analysis in Mplus.

Results: Most participants were female (n=110, 70%) and of Mexican origin (n=91; 58%). On average, they were 12 years old (SD=5.6) when they immigrated to the US and had lived in the US for 16.8 years (SD=6.4). We found a negative relationship between age of arrival and depressive symptoms (b=-0.19, SE=0.08, p=0.015) and a positive relationship between acculturative stress and depressive symptoms (b=0.46, SE=0.06, p<0.001). No significant mediation effects were found.

Conclusions: Our results extend the findings of previous research by demonstrating that a younger age of immigration was associated with higher depressive symptoms among a sample of young adult Latinx immigrants living in a new immigrant destination in the Southeast US during a hostile sociopolitical climate. Future research should address the limitations of our study by using more precise measures of mediator variables in order to further identify malleable mechanisms of action. Despite the lack of significant mediation effects, our findings have clinical implications. Given the relationships between age of arrival, acculturative stress, and depressive symptoms, community programs should be developed and promoted by clinicians to support immigrant youth as they navigate acculturation to the US.

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113.

UNDERSTANDING THE RELATIONSHIP BETWEEN ADVERSE CHILDHOOD EXPERIENCES AND DEPRESSION IN ADOLESCENTS: A PILOT STUDY

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Purpose: Adverse Childhood Experiences (ACEs) are defined as potentially traumatic events occurring prior to age eighteen. In adults, a higher number of ACEs are associated with depression and suicide risk. There is limited research on the relationship of ACEs and adolescent depression and on concordance of adolescents' self-report with parents' report of adolescent ACEs. We hypothesized that scores on an adolescent ACE questionnaire would be positively correlated with depression in adolescents and that parents and adolescents would report similar adolescent ACE scores.

Methods: We recruited English or Spanish-speaking adolescents aged 12 - 21 years and their parents in an urban, publicly insured adolescent clinic during annual well visits. Adolescents and parents separately completed the 19-item ACE questionnaires from the Center for Youth Wellness (CYW ACE-Q Teen SR (self-report) and CYW ACE-Q Teen, respectively). Scoring is divided in two sections. Section 1 measures exposure to 10 traditional ACEs, 3 Abuse, 2 Neglect & 5 Household Dysfunction. Section 2 measures exposure to 9 additional early life stressors of youth including Foster Care, Death of a Parent, Deportation, Bullying and others. Depression severity was measured using a validated screening tool, the PHQ-9 that is