

weeks with limited resources and additional social and medical challenges. Students completed a pre-simulation and post-simulation survey with free response and 23-items questioning perceptions of socioeconomic barriers (Perceptions), confidence in handling low-income populations (Confidence), and likelihood of addressing poverty (Likelihood). Each category was scored on a numeric scale that was summed together. The difference in scores between pre- and post-simulation survey responses was measured for significance using Wilcoxon and paired t-tests. The virtual simulation scores of 2021 were also compared with in-person scores from 2018 to 2020. Student free responses were then categorized into 10 topics and measured for variation with standard t-tests.

Results: The post-simulation survey results showed increased scores from 2018 through 2021 with an average difference of +1.21 for Perceptions, +1.29 for Confidence, +3.27 for Likelihood. Only Confidence and Likelihood score increases were found to be significant with p-values ranging from 3.66E-17 to 9.95E-05 across all years ($p < 0.05$). The Perceptions category showed no significant difference from 2018-2020, except 2021 which showed a p-value of 1.26E-04 ($p < 0.05$). For in-person versus virtual simulation, there was a significant difference in average sum difference across all categories of 7.31 and Z score of <0.0001 ($p < 0.0001$). Students' free responses commonly focused on the difficulty of budgeting in poverty with no significant variation between years ($p < 0.05$).

Conclusions: A significant improvement was seen in confidence when treating low-income populations and likelihood of addressing poverty in several iterations of a poverty simulation among medical students. This study is limited by variance in student responses, issues with pre- and post-simulation survey matching, and response restriction to numbered scales as opposed to free response. The results of this project encourage the continuation of this simulation among medical students and its expansion to other health professional programs.

Sources of Support: ELS Staff at University of Southern Florida Morsani College of Medicine.

116.

CONDUCTING AN ONLINE SURVEY OF YOUTH EXPERIENCING HOMELESSNESS DURING THE COVID-19 PANDEMIC EMPLOYING YOUTH PARTICIPATORY ACTION RESEARCH: LESSONS LEARNED

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Purpose: Over 4 million unaccompanied minors and youth experience homelessness yearly in the US, yet their voice is largely silent in national surveys. Thus their needs are little accounted for in policy and planning. Research studies of youth experiencing homelessness (YEH) rely primarily on convenience samples in a single geographical area, generally large cities. Youth-engaged methods are needed to ensure the inclusion of a large and diverse population of youth from a broad geographic area. In order to assess the needs of youth in San Francisco and Alameda Counties, we conducted a pilot online survey, the COVID-19 Youth Impact Survey, employing Youth Participatory Action Research (YPAR).

Methods: Undergraduate and graduate students with lived experience of homelessness or extensive experience serving unhoused communities, along with paid community interns with lived experiences were recruited and trained to design, administer and analyze an online survey in English. Respondents were recruited through flyers, social media, youth-to-youth word of mouth, collaboration with multiple nonprofit, governmental and youth collaborators. service providers across the counties, high schools, McKinney Vento providers, youth advisory boards, local community colleges and our university, and SF, Oakland and Alameda County local government. The survey included items to identify bots or repeat survey takers as well as some open-ended questions. We posted resources for vulnerable youth, information about our team and relevant prior publications for participants. We employed the same site to publicly post preliminary data results. The survey initially offered no monetary reimbursement, however an online \$10 reimbursement was added early in the process. The study was approved by the UC Berkeley Committee for the Protection of Human Subjects.

Results: We received 4,487 responses to our English language survey in over two and a half weeks. We had few responses initially when no reimbursement was offered (approximately 30 over 18 weeks). We instituted a \$10 gift card after IRB approval was obtained and received 1720 responses within 48 hours, followed by two rounds of closing the survey and making before closing it. We cleaned the data primarily through analysis of open ended items. Use of a virtual UID, CAPTCHA, and physical location identified few of the invalid responses. After final data cleaning, 386 youth from San Francisco and Alameda counties had responded. The demographics of our sample are reported elsewhere. However, although the sample included primarily respondents from larger cities (Oakland, SF, and Berkeley) we also recruited respondents from surrounding suburban areas and smaller cities.

Conclusions: Engagement of youth through an online platform is challenging due to methodological and reimbursement limitations. Engagement of youth in large-scale surveys will require providing reimbursements that are meaningful to youth while limiting bots and opportunistic respondents.

Sources of Support: This study was funded by the UCLA Life Course Intervention Network, and the UCSF Benioff Homelessness and Housing Initiative.

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COVID-19 YOUTH IMPACT SURVEY: THE EFFECTS OF COVID-19 ON YOUTH EXPERIENCING HOMELESSNESS

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Purpose: Youth experiencing homelessness (YEH) are at greater risk of contracting COVID-19 than their peers, and are more likely to face obstacles related to their developmental success as a result of the pandemic. We conducted a web-based survey to examine COVID-19-related changes in YEH's ability to engage in activities necessary for their successful trajectory to adulthood. We utilized a YPAR model to cultivate the involvement of youth voice and leadership in the research process.

Methods: Undergraduate and graduate students with lived experience of homelessness or extensive experience serving unhoused communities, along with paid community interns with lived

experiences were recruited and trained to design, administer and analyze the online survey. Crowdsourcing techniques were used to distribute the survey, including social media, outreach to community partners, distribution of flyers, and word of mouth. Survey items included youth's experiences with COVID-19, including changes in access to basic needs, education, and wellness, exposure to the virus, ability to shelter in place, access to information, and vaccination status, and open-ended items for youth input. Eligible youth were 15–24 years of age, had experienced homelessness since March 2019, and had spent the prior night in SF or Alameda Counties. Respondents received a \$10 gift certificate. The survey was available in English and in Spanish. The English survey was open from 6/30/21 to 7/17/21.

Results: We report the results of the English language survey. 386 youth (mean age 21; 58.5% cisgender men, 35.5% cisgender women, 1.6% nonbinary/genderqueer, 0.5% transgender women, 3.9% other/unknown; 49.2% White, 32.1% Black/African American, 7.5% Latinx/Hispanic, 4.2% Asian/Pacific Islander, 3.1% American Indian/Alaska Native, 3.4% Mixed Race, 0.5% other; 82.4% heterosexual or straight, 8.5% gay/lesbian, 4.4% bisexual, 1.3% queer, 0.8% pansexual, 0.5% asexual, 0.3% questioning, 1.8% other/unknown) responded. 41.2% reported increased food insecurity and 22% reported decreased access to water during the pandemic. 76.2% reported their housing situation had changed, and 65.8% lost their income or reported a decreased income. Of respondents who were students in March 2019, 19.2% stopped their education for reasons other than graduation. 82.6% of participants were not able to shelter-in-place. 65% of participants found it difficult to find COVID-19 information they needed. 15.5% reported they were vaccinated. 15.9% of respondents lost a close contact to COVID-19. When asked about their greatest strengths during the pandemic, many youth cited relationships with family and friends, as well as hope for the future: "There's so much I want to do. I don't want to die."

Conclusions: In order to protect youth wellbeing and their trajectory to adulthood, as well as to benefit public health, resources are needed to provide youth with basic needs, support them given their losses, and protect them from infection.

Sources of Support: The UCLA Life Course Intervention Network, and the UCSF Benioff Homelessness and Housing Initiative.

RESEARCH POSTER PRESENTATION I: HEALTH EQUITY/PRIMARY CARE

118.

HOW ARE WE DOING? EXAMINING THE PATIENT EXPERIENCE IN OUR CLINIC THROUGH AN EQUITY LENS

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Purpose: A patient's experience in clinic can be impacted by their multiple identities as well as their lived experiences. At our institution, hospital-wide surveys tend to over-represent patients who are white and of higher socioeconomic status. At our diverse clinic we aspire to provide excellent care in a setting where all patients feel valued and understood. Our aim was to assess whether patients of different identities had similar experiences of health care delivery within our clinic. Findings aided in understanding the patient experience, identifying disparities, and increasing patient voice and representation.

Methods: A survey was created by our Division Quality Improvement team, then sent to research faculty, our Division Equity, Diversity and Inclusion Council and adolescents in our Peer Leader program for feedback and revision. The survey encompassed health care delivery and patient identity. Health delivery was assessed via six Likert-scale questions and an open-ended question for general experiences. The Likert-scale questions asked respondents to rate their trust in clinic providers, comfort being themselves, feeling heard in clinic, feeling their providers understand and 'get' them, being respected in clinic and whether their goals for the clinic visit were met. Patient identity and background was based on self-report of race/ethnicity, gender identity, sex at birth, sexual orientation, religion, primary language at home and insurance status. The surveys were handed out by providers and nursing staff and completed anonymously following the visit from a convenience sample of patients. Statistical analysis was undertaken to evaluate for difference of individual questions and composite score along identity lines. Results were shared at open Division-wide meeting for reflection.

Results: 212 surveys were completed over four months. When looking at 'index' group (group expected to benefit from privilege) vs non-index group responses (all others) there were no statistically significant differences in 'topbox' score (i.e. 5 out of 5 on likert-scale) for individual questions or all questions summed together, although Language other than English at home vs English and Christian vs Other Religion were close with p-values of 0.06 when all questions were summed together. White respondents checked the topbox on 86% of questions while all other respondents checked the topbox on 84% of questions (p=0.49). Further stratification by individual racial identity did not demonstrate difference. Public insurance respondents checked the topbox 88% of the time while private insurance respondents checked the topbox 89% of the time (p=0.62.) Patients who identified as heterosexual checked the topbox for 81% of questions while all others checked the topbox for 87% of questions (p=0.07) suggesting a protective effect for patients who did not identify as heterosexual.

Conclusions: There were no statistically significant differences in patient experience in our clinic along the criteria studied in our survey though some approached significance. However, limitations include possible bias in who elected to answer questions, lack of availability of survey in other languages, and distribution of survey by medical team. We plan to re-survey our patients after translating the survey and increasing access to the survey by making it available via QR code scan throughout the clinic.

Sources of Support: LEAH-#T71MC00009.

119.

A PILOT STUDY TO EVALUATE FEASIBILITY, PATIENT PREFERENCES, AND DETECTION OF RISK BEHAVIORS USING AN ELECTRONIC TEEN QUESTIONNAIRE (EETEENQ) IN ADOLESCENTS IN PRIMARY CARE SETTINGS

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Purpose: Screening for risk and protective behaviors is recommended during adolescent well visits. Optimal approaches to screening have not been well described. Aims of this pilot study were: 1) to adapt an existing paper-based screening tool for use as a web-based tool