

(eTeenQ), 2) to describe the percentage of adolescents who completed the eTeenQ and agreed to have their responses stored in the electronic health record (EHR), and 3) to describe the prevalence of selected risk and protective behaviors reported through the eTeenQ.

Methods: This pilot study was conducted at 3 primary care clinics within a large midwestern integrated health system. The eTeenQ electronic data capture platform was built, tested, and clinic training was completed over a 10-month period. The eTeenQ includes 23 fixed-response questions on safety, physical activity, diet and body image, school, self-harm, gender identity, sexual identity, sexual activity, and substance use. At check-in for a well visit adolescents 12–18 years are handed an electronic tablet with the eTeenQ pre-loaded. After completing the eTeenQ on the tablet, two additional questions display “Do you give permission to use your answers to this questionnaire for research?” and “Do you give permission to save this information in your medical record so that it can be used to take care of you at future medical appointments?” Responses to the eTeenQ are converted to a provider-display and teens and providers review responses together on the tablet during the visit. Responses are stored in a REDCap database, and for patients who agree, responses are transferred from REDCap to an EHR flowsheet. The eTeenQ went live at one pilot site in August 2020 and at two additional pilot sites in January 2021. Responses to selected eTeenQ questions are reported among those consenting to research. This pilot study was reviewed and approved by the HealthPartners Institutional Review Board.

Results: Between 8/17/2020 – 8/26/2021, during the pandemic, 2198 adolescents completed the eTeenQ during an office-based well visit. Of these 86% agreed that their responses could be stored in the EHR. Of 1716 (78%) who agreed for their data to be used for research, 90% reported having one adult they can really talk to, 93% reported feeling safe in their community, yet 24% reported someone they lived with had a gun and 11% reported having had a stressful or scary event that still bothered them. During this period of school disruptions, with most in distance learning, 16% reported missing 7 or more days of school and 12% reported their grades were worse than they used to be. Ten percent reported they were or wondered if they were gay, lesbian, bisexual, pansexual, asexual, or other, 3% reported they were or wondered if they were transgender or gender diverse, and 9% reported they had ever had any kind of sex.

Conclusions: Use of electronic tablets for adolescent screening in primary care is feasible for collecting sensitive information in busy primary care settings, with most adolescents agreeing to have their responses stored in the EHR.

Sources of Support: HealthPartners Institute, Internal Grant.

120.

“CATCH THEM WHILE YOU CAN!” DELIVERING PREVENTIVE SERVICES TO ADOLESCENTS AND YOUNG ADULTS WHILE ADDRESSING TRANSPORTATION BARRIERS

Catherine Silva, MD¹, Maria Trent, MD, MPH², Pamela Matson, MPH, PhD², Kristin Topel², Samrawit Beyene⁴, Tisha James, LGSW⁴

¹Johns Hopkins University School of Medicine; ²Johns Hopkins School of Medicine; ³Johns Hopkins University; ⁴Johns Hopkins Hospital.

Purpose: Adolescent and young adult (AYA) health care access for preventive services allows for screening and treatment of common adolescent comorbidities. AYA living in areas of poverty experience transportation access barriers and health disparities for these common comorbidities. The objective of this study is to explore the relationship between neighborhood poverty and preventive service needs among adolescents who utilized an institutionally sponsored commercial ride sharing service (ISCRSS) before and during the COVID-19 pandemic.

Methods: An ISCRSS using Lyft was launched in an urban academic adolescent clinic as a quality improvement project for 21 months, 10/1/19 – 6/30/21. Collected rider data included demographics, insurance, visit types, visit diagnoses, and pick-up/drop-off locations. 1024 rides were categorized into 6 visit types. We analyzed annual well and acute care visits exclusively (n=537) given the practice philosophy to deliver as many services as possible based on need during visits, particularly during the COVID-19 pandemic. The mean neighborhood poverty rate for pick-up/drop-off locations of 23.7% (S.D. 8.63, median=25.4%) was greater than the 2019 10.5% federal poverty rate. Neighborhoods above the federal poverty rate were subsequently subdivided into low and high poverty categories using the median split. Preventive services received were obtained via secondary chart review and included screening and treatment for STIs, mental health, substance use, obesity, hypertension, family planning, immunizations and female reproductive health. Bivariate analyses assessed patient characteristics, neighborhood poverty level, visit types, and preventive services received for each visit. Linear regression was used to evaluate the number of preventive services received by gender and visit type.

Results: Of the 537 clinical visits, 81.4% were acute care. There was a significant difference between number of preventive services received by visit type with an average of 2.9 (SD 1.3) preventive services per visit for annual visits and 1.5 (SD 1) for acute visits, (p<0.001). Mean age of AYA receiving annual well visits was 18.7 years (SD 2.7) and 20.0 years (SD 2.8) for acute visits, (p<0.001). For both visit types, most AYA were female (78%) and had public insurance (88%). Number of preventive services received also differed by insurance, 78% of publicly insured vs 65% of privately insured received 1–2 preventive services per visit (p=0.031). Of the preventive services offered, obesity (92.45%, p<0.001), mental health (80.32%, p=0.024), and immunizations (81.24%, p=0.001) were greater in acute visits compared to annual well visits. Linear regression models indicated female patients received 0.640 more services [B=0.640, SEB=0.111, p<0.001] than males and acute visits received 1.44 fewer services [B= -1.442, SEB= 0.12, p<0.001] than annual well visits. There was no significant effect for neighborhood poverty level on the type of visit nor the mean number of preventive services received.

Conclusions: This study demonstrates that AYA using an ISCRSS for transportation support to clinical care are leveraging well and acute care visits to obtain preventive services. As the pandemic continues carefully thinking through ways to optimize preventive services while you can, may be critical for youth residing in impoverished communities with low transportation access.

Sources of Support: Johns Hopkins Children’s Center Innovation Grant, NICHD T32HD052459.

RESEARCH POSTER PRESENTATION I: POSITIVE YOUTH AND YOUNG ADULT DEVELOPMENT

121.

EVALUATION OF AN EARLY HIGH SCHOOL STUDENT SCIENCE KICKSTARTER PROGRAM: VIRTUAL GATEWAY TO SCIENCE CURRICULA AND MENTORSHIP DURING THE COVID-19 PANDEMIC
Lauren Wozniak, MD, MPH¹, Alexis Guzman, MD¹, Sheila McLaughlin, MFA¹, Bonnie Halpern-Felsher, PhD¹

¹Stanford University.

Purpose: People from racial and ethnic minority groups, those with disabilities, and those from low-income backgrounds are