Title

90. “I Didn't Know Before that You Can Get Birth Control this Way”: Developing a Tool to Teach Young People About Telehealth for Contraception

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Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

with telehealth utilization. Individuals who used telemedicine services had significantly more positive attitudes towards telehealth than those who did not, as assessed by a questionnaire of beliefs and attitudes about telehealth, $d = .50$, $p < .001$.

Conclusions: Utilization of telehealth is affected by attitudes towards telehealth. Minimizing concerns for privacy, improving patient experience and comfort with using technology, and addressing negative attitudes towards the lack of physical contact may improve utilization. These findings will lay ground-work for subsequent research focused on action-oriented steps to develop innovative interventions that will improve health care access for STI-related outcomes, and health equity among AYA.

Sources of Support: Baylor College of Medicine, Office of the President Health Disparity Grant.

89.

TELEMEDICINE: IS IT THE BEST SOLUTION FOR TEENAGERS LOOKING FOR REPRODUCTIVE HEALTH SERVICES?

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Purpose: During the COVID-19 pandemic, telemedicine emerged as an alternative option for preventive care for adolescents and young adults (AYAs) when in-person care was not safe or feasible. Yet, it is unclear how the quality of virtual services might differ from in-person. In this quality assessment of Between Us Program data, we compared receipt of recommended reproductive health services (RHS) and human papillomavirus (HPV) vaccination during in-person and telemedicine preventive encounters among AYAs in the Hennepin Healthcare System (HHS) throughout the COVID-19 pandemic.

Methods: We conducted a retrospective cohort study including adolescents (ages 10-18) and young adults (YAs, ages 19-26) receiving preventive care at HHS, between January 1st and December 31st, 2020. Patients receiving orders for RHS (contraceptive prescriptions, sexually transmitted infection [STI] screenings) and HPV vaccination were followed to determine if they received the recommended procedures. The rate of ordered procedures (patients receiving order/total patients attending a preventive visit) and completed orders (completed order/patients receiving order) were compared between in-person preventive visits and telemedicine visits using χ^2 tests. Stratified analyses were conducted comparing adolescents and YAs. P-values < 0.05 were considered statistically significant.

Results: A total of 3,677 adolescents and 1,119 YAs received a preventive visit during 2020. Among them, 4,666 (97.8%) were in-person and 106 (2.2%) were virtual. During these visits, 7.7% of AYAs received orders for contraception (n=368); 10.9%, STI screening (n=521), and 36.0%, HPV vaccinations (n=1,720). Contraceptive prescriptions and STI screening orders were similar between in-person and telemedicine visits (7.7% vs. 11.3%, p=0.2982 for contraceptive prescriptions; 11.2% vs. 11.3%, p=0.9601 for STI screenings), whereas in-person had higher rates of HPV vaccination orders compared to telemedicine (36.6% vs. 10.4%, p<0.0001). The vast majority of STI screening (86.3%) and vaccination orders (95.8%) were completed, though we were unable to assess contraception order completion. There was a similar rate of STI screenings completed and a higher rate of HPV vaccinations completed during in person visits, when compared to telemedicine (86.2% vs. 91.7%, p=0.5847 for STI screenings, and 95.9% vs 81.8%, p=0.0201 for HPV vaccinations). Stratified analyses revealed no differences in rates of orders or orders completed comparing adolescents and YAs.

Conclusions: Telemedicine allowed AYAs who were unable to be seen in-person to receive preventive care during the COVID-19 pandemic. During telemedicine visits, there were similar rates of contraceptive prescriptions and STI screening orders, suggesting that telemedicine may be a viable option for AYA preventive care and should be promoted as an alternative for those with barriers to accessing in-person care during and after the pandemic. Notably, HPV vaccination orders were lower when compared to in-person visits, suggesting that virtual care could lead to gaps in vaccination status. Innovative solutions to ensure vaccine access, such as mobile vaccine outreach, could be paired with telemedicine to help navigate these challenges and were implemented at HHS. Future directions include more comprehensive analyses of recommended preventive services during routine adolescent preventive care.

Sources of Support: The Between Us program is funded by the Family Planning Special Projects of the Minnesota Department of Health.

90.

"I DIDN'T KNOW BEFORE THAT YOU CAN GET BIRTH CONTROL THIS WAY": DEVELOPING A TOOL TO TEACH YOUNG PEOPLE ABOUT TELEHEALTH FOR CONTRACEPTION

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Purpose: The COVID-19 pandemic has led to widespread expansion of telehealth services for adolescent and young adult patients, including contraceptive care. However, many young people lack awareness of telehealth services or how to use them. Our aim was to develop and conduct formative testing of an educational tool to increase young people's knowledge of telehealth for contraception.

Methods: We developed a youth-friendly visual tool on how to access contraception through video and phone visits and online birth control platforms. In July 2021, we recruited 35 young people aged 18-25 of all gender identities in California through social media and outreach at community colleges to inform tool development. Participants completed pre and post surveys after reviewing the tool, and we measured changes in telehealth knowledge using McNemar's statistical testing. We also conducted semi-structured interviews to understand the survey responses, their perceptions of the educational tool, and their experiences and challenges using telehealth for contraception. We used a modified form of grounded theory to analyze the interview data.

Results: Participants included diverse sexual orientations, with 51% straight, 26% bisexual and 18% gay/lesbian or queer. 80% were sexually active and 63% wanted birth control. Most of the participants (86%) identified as a woman, 11% man, and 3% genderqueer/gender nonbinary. Participants largely identified as Latinx (57%), with 14% Asian, 14% White, 11% Mideastern, and 9% Black. Telehealth knowledge increased universally after viewing the educational tool. The percentage who knew what telehealth is increased from 60% to 100% (p< 0.001), and knowledge of how to get contraception without going to a

clinic in person increased from 37% to 97% ($p< 0.001$). After viewing the telehealth information, most participants correctly identified which contraceptive methods are available through telemedicine visits, including the pill (100%), patch (100%), vaginal ring (86%), and emergency contraception (86%). Acceptability was high, with all participants agreeing that the tool was useful, taught them new things, and that they would share the information with friends. One participant commented, "I liked seeing what methods you can get through telehealth." The interview data revealed areas where participants need additional education about telehealth for contraception. Many participants shared concerns about the cost and insurance coverage of telehealth services, confidentiality, and the safety and legitimacy of online birth control prescription companies. Many were unsure how to find a health center that offers telemedicine visits. Most participants wanted to know more about birth control methods available through telehealth, such as their effectiveness and how to use them.

Conclusions: This youth-friendly tool helped to improve young people's knowledge of telehealth for contraception. The next stage will involve community advisory board review and testing a revised version with a larger and more representative sample to ensure acceptability and effectiveness among all young people. As the use of telehealth continues to grow, educational materials are necessary to help address the low levels of telehealth knowledge and barriers to health care among young people.

Sources of Support: The JPB Foundation, The William and Flora Hewlett Foundation.

91.

COVID-19 IMPACTS AND VIDEOCONFERENCE HEALTHCARE PREFERENCES IN RELATION TO DEPRESSION AND SEXUAL RISK BEHAVIORS AMONG FEMALE YOUNG ADULTS SEEKING SEXUAL AND REPRODUCTIVE HEALTH CARE

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Purpose: The COVID-19 pandemic may disproportionately affect young women with depression, who are at increased risk of adverse sexual and reproductive health (SRH) outcomes. We sought to characterize 1) pandemic impacts on mood and healthcare access, and 2) experience and comfort with videoconference healthcare among young women seeking SRH care. We then determined associations of pandemic impacts and videoconference healthcare preferences with depression and SRH risk.

Methods: We recruited patients from Planned Parenthood of Wisconsin (PPWI) health centers to take an anonymous online survey in preparation for a behavioral intervention trial (May-September 2021). Eligible patients were 21-24 years old, were biologically able to become pregnant, and had visited a PPWI health center in the past two years (N=98). Questions included demographic information, past-2-week depressive symptoms [Patient Health Questionnaire (PHQ)-8, depression defined as score $\geq$10]; past-3-month SRH risk [inconsistent/no condom use, sex within two hours after substance use, low-effectiveness contraception, >1 partner, sexually transmitted infection treatment]; impact of the COVID-19 pandemic on mood and on ease of getting healthcare; experience with videoconference healthcare; and comfort with videoconference healthcare (experienced or hypothetically), including technological aspects, talking with a provider, and privacy to discuss sensitive topics. Nonparametric bivariate tests examined associations of pandemic impacts and videoconference healthcare responses with depression and SRH risk.

Results: Most respondents identified as White (66%) or Black/African American (17%); 30% identified as Hispanic/ Latinx. Twenty-nine percent had depression by PHQ-8 score. Of those reporting sex in the past 3 months (89%), 87% reported $\geq$1 SRH risk. Respondents endorsing $\geq$1 recent SRH risk were more likely to have depression than those with no recent SRH risk (34% vs. 9%, $p<.022$). Most respondents reported that the COVID-19 pandemic had worsened their mood (a little worse, 47%; a lot worse, 29%), which was associated with depression (in 17% of those reporting mood better; 20%, mood a little worse; 57%, mood a lot worse; $p<.003$). Nearly 9 out of 10 whose mood was a little worse due to the pandemic (89%) reported $\geq$1 recent SRH risk vs. 75% of those whose mood was a lot worse and 67% of those whose mood was better ($p=.171$). Thirty percent reported difficulty getting healthcare due to the pandemic. There was no difference in difficulty getting healthcare due to the pandemic by depression or SRH risk. Almost one-half (44%) had participated in videoconference healthcare. Most reported comfort with videoconference healthcare (experienced or hypothetical), including technological aspects (61%), talking with a provider (55%), and privacy to discuss sensitive topics (57%). There were no differences in receipt of or comfort with videoconference healthcare according to depression or SRH risk.

Conclusions: The COVID-19 pandemic resulted in worse mood and difficulty getting healthcare for some young women, which may increase their SRH care needs associated with depressive symptoms and risk behaviors. Videoconferencing may be an acceptable means of addressing unmet SRH care needs for young women regardless of depressive symptoms.

Sources of Support: Department of Health and Human Services Office of Population Affairs (Grant Number 1 TP2AH000076-01-00).

RESEARCH POSTER PRESENTATION I: REPRODUCTIVE HEALTH

92.

EVALUATION OF YOUR MOVE, A MODIFICATION OF THE EVIDENCE-BASED INTERVENTION SEVENTEEN DAYS REVISED FOR DELIVERY IN GROUP SETTINGS

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Purpose: To evaluate the efficacy of Your Move, a multi-session group-delivered blended learning sexual health education program for females ages 14 to 19. This program is a modification of the evidence-based intervention Seventeen Days, which was designed to be delivered individually via interactive video. The modified program embeds all the original content from Seventeen Days. Core components include: 1)individual "personal reflection" activities leveraged from Seventeen Days to allow participants to engage privately with core personalized decision-making opportunities and 2)group activities to reinforce lessons and engage adolescents further in the material.

Methods: A sample comprising 104 randomized groups with 808 females aged 14-19 years was enrolled and completed the baseline survey before being randomly assigned to receive Your Move (n=58 groups, 412 participants) or an attention control program called Eat