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difficulties accessing healthcare, they have a unique set of unmet needs. In the setting of the COVID-19 pandemic, many healthcare facilities temporarily limited services or converted to virtual visits to ensure safety precautions, further increasing barriers to care for this vulnerable population. However, accessibility and utilization of the telehealth platform by YAEH are not well understood. In this study, we aim to evaluate current healthcare needs and investigate factors that impact healthcare access and telehealth utilization for YAEH in King County, Washington.

**Methods:** We administered an IRB-approved survey to YAEH between the ages of 18-26 who accessed services at young adult shelters and a community resource fair between August 2020 and July 2021. This was a 22-item survey consisting of multiple choice and free-text responses to gather information on participants’ healthcare needs, barriers to healthcare access, and perceptions and accessibility of telehealth. Quantitative survey results were analyzed using descriptive statistics. Free-text responses were evaluated and synthesized for key themes.

**Results:** We surveyed 53 participants experiencing homelessness across 3 unique shelters and 1 resource fair in King County, WA. Approximately half of the participants (50.9%) spent the previous night in an emergency shelter, followed by transitional housing (22.6%). Since the onset of the COVID-19 pandemic in March 2020, 41.5% of participants accessed healthcare, with the majority of these visits through in-person appointments (70.8%). Participants reported several areas of unmet healthcare needs: dental (47.2%), vision (47.2%), routine check-ups (34%), sick visits (24.5%), mental health (22.6%), sexual health (20.8%), and medication refills (15.1%). With the exception of dental and vision services, participants who reported unmet needs were also interested in telehealth, ranging from 17% for sexual health to 35.8% for mental health. Among participants who did not identify as cis-gender, 37.5% reported unmet needs for gender care, with 12.5% reporting interest in accessing these services via telehealth. Participants identified anxiety towards traditional healthcare settings, lack of information to navigate care, transportation issues, and long waitlists as barriers to accessing care. While participants identified several benefits to using telehealth, including safety and efficiency, they also reported several barriers preventing access. Most participants (84.9%) reported having access to equipment for telehealth; however, inconsistent availability of equipment, charging stations, and limited internet access were barriers. Additional reported barriers included lack of information on telehealth, scheduling difficulties, and preference for in-person appointments.

**Conclusions:** While many clinical settings have enhanced telehealth platforms to promote safety and expand access during the COVID-19 pandemic, our findings indicate several areas of unmet healthcare needs and barriers to access and telehealth utilization that persist for YAEH. As we continue to address the healthcare needs of vulnerable adolescents during the pandemic and thereafter, it is crucial that we continue to evaluate and refine strategies to decrease barriers and enhance their access to care.

**Sources of Support:** Health Resources and Services Administration (HRSA), Seattle and King County Public Health.
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 groundwork 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.

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

Javiera P. Monardez Popelka, MD, MPH1, Diego Garcia-Huidobro, MD, PhD2, María V. Svetaz, MD, MPH, FSAHM1, Janna O. Gewirtz O’Brien, MD, MPH, FAAP1, Rachel C. Stoberry, RN-BSN, PHN1

1Hennepin Healthcare; 2Pontificia Universidad Catolica de Chile; 3University of Minnesota

**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 $\chi^2$ 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.

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

Jennifer Yarger, PhD1, Daniëlle Van Liefde, BS1, Astrid Quirarte2, Sarah Elmes, MS1, S. Sei Dojiri, BA1, Andrea V. Jackson, MD, MAS1, Cynthia C. Harper, PhD3

1University of California, San Francisco; 2University of California, Berkeley.

**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 non-binary. 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