THE ROLE OF RESILIENCE IN HEALTHCARE TRANSITIONS AMONG ADOLESCENT AND YOUNG ADULT KIDNEY TRANSPLANT RECIPIENTS
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Purpose: Adolescent and young adult (AYA) kidney transplant (KT) recipients experience high rates of premature allograft loss. The healthcare transition (HCT) process is considered contributory. Yet, most AYA with KT navigate transition to adult care successfully, generating a critical need to identify protective factors associated with stable transition. Resilience is a learned and dynamic process with known positive impact on health outcomes. The purpose of this study is to explore the novel role of resilience as a protective factor in securing stable HCT in AYA with KT.

Methods: This is a retrospective mixed methods multi-center study of AYA with KT transitioning from pediatric to adult nephrology care between 2008-2017. Participants were stratified into stable or unstable HCT groups (unstable = loss-to-follow-up, missing >50% of nephrology visits in the year post-transfer, or unexpected allograft loss within the year post-transfer). Semi-structured interviews were conducted with participants beginning 6 months post-transfer, to explore the role of key resilience constructs (confidence, competence, connection, character, contribution, coping, control) in their HCT. Qualitative analysis used a hypothesis-generating grounded theory approach. Transcripts were double-coded in a blinded and iterative fashion, until thematic saturation was achieved in all subgroups. Triangulation settled coding discrepancies. Final inter-rater reliability was excellent (k=0.95). Analyses between stable/unstable groups included T-tests or Wilcoxon rank-sum tests for continuous variables, and Chi-Square or Fisher’s exact tests for categorical variables. All statistical analyses performed in SAS-9.2.

Results: 32 participants enrolled (17 stable; 15 unstable). Significantly more participants in the stable HCT group were white and more of the unstable group was black (p=0.003). A significantly higher percentage of stable participants’ parents were college- or graduate school-educated (p=0.011). Key themes that emerged from qualitative interviews included: (1) both groups reported knowledge- and skill-based competence in healthcare self-management, (2) both groups endorsed strong connections with adult relatives, (3) where the stable group expressed less confidence in themselves, more confidence in and more connection to healthcare providers, the unstable group expressed the opposite on all accounts.

Conclusions: Our study suggests that minority and under-resourced AYAs with KT were more likely to have had unstable HCT. These AYAs reported higher confidence in their healthcare self-management and lower connections with, and reliance upon, their healthcare provider. In contrast, the largely white and better-resourced group expressed insecurity in self-management and higher comfort with accessing provider support. Both groups reported similar knowledge- and skill-based competencies. This hypothesis-generating study suggests that self-and family-reliance, which is an adaptive strength in the context of marginalization, may hinder the interdependence and reliance on healthcare teams, which is tightly linked to stable post-transplant and post-transition outcomes. Further research should deepen
our insight into these findings and explore strategies to normalize the expectation that reliance on healthcare teams during extreme challenges is not only a necessity, but a sign of strength. In parallel, we must explore how to build stronger connections between providers and minority and under-resourced populations across the pediatric and adult care continuum.

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KNOWLEDGE AND ATTITUDES ABOUT PREP AND NPEP AMONG A 7-CITY SAMPLE OF HOMELESS YOUNG ADULTS
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\textbf{Purpose:} Despite evidence suggesting that they are 16 times more likely to become HIV+ than their housed peers, homeless youth have low rates of uptake and adherence to PrEP or nPEP. Notwithstanding the documented HIV risk and the potential for PrEP and nPEP as feasible prevention strategies, little research has been conducted to determine the knowledge and attitudes regarding PrEP and nPEP among homeless young adults.

\textbf{Methods:} We conducted a cross-sectional survey (2016-2017) among homeless youth 18-25 years old recruited from drop-in centers and shelters in 7 cities in the United States (New York, St. Louis, Denver, Phoenix, Houston, Los Angeles, and San Jose) to assess knowledge and attitudes regarding PrEP and nPEP to inform HIV prevention intervention development.

\textbf{Results:} Participants (n=1427) were primarily youth of color (37% Black, 17% Hispanic, 16% mixed, 11% other), 32% LGBTQ, male (58%), female (35%), or transgender (5%), with a mean age of 20.9 years. Regarding PrEP, 4% of the sample had talked with their provider about PrEP; while 71% had low to no knowledge of PrEP. Despite no/low knowledge, 59% reported they were likely or extremely likely to take PrEP if recommended by their doctor. Significant knowledge differences were found by gender identity and location; transgender youth reported higher knowledge than cisgender males or females (f=26.48, p<0.01), and youth in Los Angeles and New York reported the highest PrEP knowledge (f=19.45, p<0.01). Transgender youth also reported significantly more interest in PrEP than cisgender males or females (f=12.15, p<0.01), though interest was high in the total sample. Access to free PrEP (55%), HIV testing (72%), healthcare (68%), one-on-one counseling on PrEP use (62%), and text messaging support (57%) were all rated as very important or extremely important for PrEP uptake and adherence among participants. Youth had low rates of post-sexual assault healthcare seeking behaviors when nPEP may be indicated for HIV prevention; 71% of youth did not seek post-assault examination despite 24% of youth being sexually assaulted since becoming homeless. Barriers to post-sexual assault examination included not wanting to involve the legal system (21%), not thinking it was important (17%), not knowing what a post-sexual assault exam was (12%), not having health insurance (11%), or being unable to safely leave the situation (9%).

\textbf{Conclusions:} Results of this study suggest several missed opportunities to prevent new HIV infections among homeless youth. Despite the high risk for HIV among this vulnerable population, PrEP knowledge remains low. Though, once informed, interest in PrEP uptake is high. Efforts to increase PrEP uptake and adherence among homeless youth should consider provider and systems level interventions to decrease PrEP associated healthcare costs, improve access to PrEP providers, and provide both in-person and text
messaging support. Further, interventions to address the importance of and reduce system and individual-level barriers to sexual assault examinations can improve HIV prevention efforts among homeless youth. Further research is needed to design and test the efficacy of HIV prevention interventions on PrEP and nPEP uptake and adherence among homeless youth.

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**DISORDERED EATING BEHAVIORS AMONG OVERWEIGHT/OBESE YOUNG ADULTS AND FUTURE CARDIOMETABOLIC RISK IN THE NATIONAL LONGITUDINAL STUDY OF ADOLESCENT TO ADULT HEALTH**

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**Purpose:** Previous studies limited to single-center, clinical samples suggest that disordered eating behaviors (DEBs) may be under recognized among overweight/obese adolescents and young adults. The objectives of this study were to determine the prevalence of DEBs and eating disorders (EDs) and to identify their association with cardiometabolic risk at seven-year follow-up using a nationally representative sample of overweight/obese young adults.

**Methods:** We used longitudinal cohort data from Wave III (18-24 years old) and Wave IV (24-32 years old) of the National Longitudinal Study of Adolescent to Adult Health (Add Health). We analyzed anthropometric data (height, weight, BMI), ED (ED diagnosis by a doctor), and DEB (self-reported binge eating and unhealthy weight control behavior including vomiting, fasting/skipping meals, or laxative/diuretic use to lose weight) data at Wave III to estimate the prevalence of EDs/DEBs in young adulthood by BMI weight classification. We used anthropometric and laboratory (hemoglobin A1c) data at Wave IV to determine cardiometabolic risk at seven-year follow-up. Multivariate regression analyses were used to determine the association between unhealthy weight control behaviors and BMI change (linear regression) and incident diabetes (logistic regression) at seven-year follow-up, adjusting for race/ethnicity, sex, age, and household income.

**Results:** Of the 15,197 young adults aged 18-24 years old, 48.6% were overweight or obese. Although 20.8% of overweight/obese young adults reported DEBs, only 1.4% were diagnosed with an ED. Multivariate logistic regression analyses demonstrated that female sex (adjusted odds ratio [AOR] 2.45, 95% confidence interval [CI] 2.02-2.96), identifying as homosexual or bisexual (AOR 1.78, 95% CI 1.13-2.81), and higher BMI (AOR 1.02, 95% CI 1.00-1.03) were associated with an ED or DEB among overweight/obese young adults. Overweight/obese young adults with EDs/DEBs had higher BMI (35.24 vs 33.36 kg/m2, p<0.001) and greater weight gain (7.39 vs 6.51 kg, p<0.001) at seven-year follow-up than those without EDs/DEBs. In multivariate regression models, unhealthy weight control behavior in young adulthood was associated with incident diabetes (AOR 1.32, 95% CI 1.01-1.71) and greater BMI (B=0.48, p<0.001) at seven-year follow-up, adjusting for age, sex, race/ethnicity, and household income. The AOR for the association between unhealthy weight control behavior and incident diabetes...
decreased from 1.32 to 1.17 after accounting for BMI change, suggesting that the relationship may be mediated by BMI.

**Conclusions:** Over one fifth of overweight/obese young adults reported DEBs and were largely undiagnosed. The striking under-detection of ED psychopathology in overweight/obese young adults is cause for concern, particularly as the non-detection of these behaviors portends demonstrably greater diabetes risk at seven-year follow-up, a risk that may be explained by weight gain. The significantly higher risk for increased BMI and diabetes incidence in these young adults underscores the need to screen for EDs/DEBs in this population and provide referrals and tailored interventions as appropriate.

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‘HAVING A CHILD MEANT I HAD A REAL LIFE’: CHILDBEARING MOTIVATIONS AND REPRODUCTIVE COERCION AMONG URBAN SOCIOECONOMICALLY DISADVANTAGED BLACK YOUNG MEN

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**Purpose:** Childbearing is a joyous milestone for many individuals in society, including socioeconomically disadvantaged youth. Evidence suggests these youth desire parenthood at younger ages and might have more children compared to middle class youth. Unfortunately, pregnancies can have harmful effects on health (exposures to sexually transmitted infections and HIV) and social determinants (poor prospects for future education and economic security). Motivations for pregnancy and parenting among socioeconomically disadvantaged Black men are poorly understood, particularly in the context of reproductive coercion (RC). RC, strategic behaviors to promote pregnancy often occurring in unhealthy and/or violent relationships, is a complex phenomenon exclusively studied among women. Black women, most likely to partner with Black men, report the highest rates but there are few studies from the perspectives of men. In this study, we aimed to describe childbearing motivations and perceptions of reproductive coercion behaviors among young, socioeconomically disadvantaged Black men.

**Methods:** All study procedures were approved by an institutional review board. A convenience sample of young men ages 18 to 25 (N=25) were recruited from three youth development centers. Data were collected using semi-structured 60 to 90 minute audio-recorded interviews and transcribed verbatim. Participants completed a demographic survey following the interview. The demographic survey included six items to assess RC. Miller’s Traits-Desires-Intentions-Behaviors (TDIB) framework guided the study’s analytic strategy and data were managed in Dedoose\(^8\), a qualitative software program. Four study team members developed a codebook, analyzed transcripts using content analysis, compared data patterns across transcripts, and reconciled discrepancies. Field notes and a member checking procedure enhanced the trustworthiness of the data analysis process.
Results: A majority of participants reported having a sexual relationship with one person (74%; n=17) and almost half (48%; n=12) were biological fathers. Defined by Miller’s framework, motivations for pregnancy were influenced by needs to: 1) create personal legacies; 2) bond with partners and/or future children; and 3) escape or correct traumatic family histories. Childbearing desires were influenced by: 1) feelings of love; 2) social norms for family formation during young adulthood; and 3) satisfying physical sexual needs. Childbearing intentions were influenced by: 1) resistance to medical interventions; 2) limited educational and economic opportunities; and 3) incarceration. Six young men reported a history of using RC toward an intimate partner while three participants reported experiencing these behaviors from a female partner. Three themes emerged regarding perceived women partner motivations for childbearing including: 1) trapping; 2) wanting a child; and 3) status.

Conclusions: These findings describe young men’s motivations, desires, and intentions regarding childbearing that are grounded in their life experiences. The influence of social determinants on behavioral motivations was particularly poignant in the young men’s discussions. While some perceptions and behavior patterns aligned with previous studies, the findings provide a nuanced understanding of socioeconomically disadvantaged Black young men’s experiences and lays a foundation for provision of clinical care for men and their sexual partners using health equity frameworks. Future research could examine intersections between these phenomena to understand potential determinants of RC and propose contextually-relevant prevention interventions.

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INEQUALITIES IN ADOLESCENT AND YOUNG ADULT HEALTH INSURANCE COVERAGE AND ACCESS TO HEALTH CARE POST-FEDERAL HEALTH REFORM
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Purpose: Uninsurance has hit an all-time low due to the Affordable Care Act (ACA). However, certain ACA provisions (e.g., dependent coverage expansion) may not be equally beneficial for all adolescents and young adults (AYA). Further, insurance coverage is necessary but not sufficient to ensure access to quality care and coverage may not fully protect against a high cost burden. We sought to investigate inequalities in AYA’s insurance coverage and access to care pre- and post-health reform, among a nationally representative sample.

Methods: Data are from 366,386 AYA ages 13-30 interviewed for the National Health Interview Survey between 2000 and 2015. A difference-in-differences estimator (controlling for sociodemographics) was used to determine the effects of the ACA (compared to pre-reform) for eligible AYA (19-25 y) compared to younger (ages 13-18) and older (ages 26-30) counterparts; triple-difference estimators quantified differential policy effects by sociodemographics.

Results: Over the study period, the proportion of AYA with full-year insurance increased 10 percentage points from 2000 to 2015 (p<.0001), representing 7.24 million newly-insured AYA; correspondingly, there were precipitous drops in full-year uninsured (16.0% in 2000 to 9.6% in 2015, p<.0001) and partial-
year coverage (13.5% in 2000 to 10.0% in 2015, p<.0001). Of note, uninsurance for all AYA peaked during the recession (18.6% in 2009-2010), and those aged 21-25 were most likely to be uninsured overall (23.3% from 2000-2010). Just over 5% of privately insured AYA obtained coverage through the Health Insurance Exchanges in 2015, up from 3% in 2014. Overall, the ACA was associated with a 76% increase (p<.0001) in the adjusted odds of full-year coverage for 19-25 yos compared to older counterparts, with a corresponding 48% and 39% reduction in partial-year coverage and full-year uninsurance, respectively (both p<.0001). Coverage gains for 19-25 yos were driven by increases in employer-sponsored private insurance; 13-18 yos saw larger gains in public coverage. Males saw greater improvements in full-year insurance than females, but several subgroups experienced significantly smaller (i.e., less beneficial) policy effects, including: lower socioeconomic status, non-US citizens, those whose primary language was not English, and several minority groups (Black non-Hispanic; Mexican/Mexican-American; and other Hispanic). Multivariable analyses revealed that, for both 13-18 and 19-25 yos compared to older counterparts, the ACA was significantly associated with: decreases in the report of delayed/forgone care due to cost; improvements in reported health; improved access to both an appropriate usual source of preventive and sick care; and decreases in the inability to afford prescription medication, eyeglasses, and dental care. Access to specialty health services varied by age and insurance type.

Conclusions: We find evidence that macro-economic trends (i.e., the recession) and health policy significantly impacted AYA insurance coverage and access to care. Despite important gains in insurance coverage and improvements in reported affordability resulting from the ACA, these gains were not universally observed for all AYA. As such, more work needs to be done to ensure optimal and equitable access to high quality, affordable care for all AYA.

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