Results: Of 205 adolescents enrolled, 106 (52%) were female with a median age of 14 years (IQR = [13, 15]). Those enrolled most frequently reported using SM several times a day (n=78, 38%) or 3 to < 4 hours a day (n=41, 20%). They utilized YouTube (n=152, 74%), TikTok (n=149, 73%), Instagram (n=126, 61%), and Snapchat (n=117, 57%) most frequently. The majority (n=134, 65%) of adolescents knew what a SMC was, had seen one online (n=118, 58%), and 24 (12%) had participated in a SMC. More adolescents joined in a risky challenge than a dance challenge (9.8% vs. 7.3%), and the most common risky challenges were the cinnamon challenge (n=8, 3.9%), one chip challenge (n=6, 2.9%), and the milk crate challenge (n=4, 2.0%). Four of the 24 SMC participators (17%) reported injuries including lacerations, bruises, an eye injury, burns, and choking. None required admission to the hospital.

Conclusions: Social media challenges are commonly known and seen among young adolescents in the United States. Though participation rates are lower than prior international studies, the rate of injury was relatively high for those who did participate. Video based SM platforms such as YouTube and TikTok were most used in this population, lending to the transmission of SMC content.

Sources of Support: The presented study was funded by the Nationwide Children's Hospital Division of Emergency Medicine.

77.

SICKLE CELL TUNAWEZA: APPLYING YOUTH PARTICIPATORY ARTS-BASED METHODS TO CO-DESIGN THE HEALTHCARE TRANSITION IN TANZANIA

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Purpose: The purpose of this study was to partner with youth and community members to identify and address key components of the healthcare transition (HCT) for adolescents living with sickle cell disease (SCD) in a high-burden population in Tanzania. Caring for adolescents with SCD is an emerging challenge in Tanzania's Lake Zone, which has one of the world's highest rates of SCD. As early identification and treatment improves in this region, more patients are surviving to adolescence and young adulthood, necessitating health system and community-level interventions to address HCT, which is a period of increased morbidity and mortality for adolescents with SCD. This study addresses a critical gap in the literature of understanding the healthcare transition for SCD in low-middle income countries (LMIC).

This study is based on a multidisciplinary clinical-academic-community partnership and applies the principles of Youth Participatory Action Research (YPAR) through arts-based qualitative methods. Engaging youth is critical for research that affects their lives. Visual art can be an effective mode of communication in youth-engaged qualitative research.

Methods: In partnership with a local patient advocacy organization and a SCD specialty clinic, we recruited 30 adolescents 12–18 years with SCD in Tanzania's Lake Zone. In alignment with YPAR principles, peer-nominated youth leaders co-led the study sessions and helped refine the study focus and interview guide. Participants created artwork (painting, drawing, collage) in response to prompts and discussed them individually or in groups, on topics including healthcare experiences, support systems, and access to care. Participants completed open-ended surveys describing their experiences taking part in the study.

Artwork, in-depth interviews, and focus group discussions were analyzed using thematic analysis. Participants presented their artwork in a culminating exhibition at the referral hospital to an audience of community and health system stakeholders. Study protocol was IRB-approved in participating countries.

Results: Participants effectively engaged in identifying core elements of a transition intervention and reported overall positive experiences with the study process. Results identify and discuss key factors, strategies and activities of a successful transition (e.g., continued collaboration between families and clinicians, community-based education and outreach, ensuring access to care, and addressing stigma) as designed by participants, lessons learned from the YPAR process, and insights from the clinical-academic-community partnership. Participants also reported many benefits associated with their participation in the study, including making friends/community, gaining knowledge and insight into the disease process, and feeling empowered.

Conclusions: This study provides insights into the HCT for adolescents with SCD in a high-burden LMIC setting and demonstrates the feasibility of arts-based methodology and YPAR in partnership with a community-based patient advocacy organization. These findings are critical to the future development of a transition intervention to bridge gaps in care and improve long-term outcomes for adolescents with SCD globally.

Sources of Support: Dr. Byron was supported by a US Fulbright Scholar award with additional study funding from Weill Cornell Center for Global Health.

RESEARCH POSTER PRESENTATIONS: ADOLESCENT & YOUNG ADULT CLINICAL TRAINING & EDUCATION

78.

INCREASING HPV VACCINATIONS IN AN ADOLESCENT MEDICINE SUBSPECIALTY CLINIC: A QUALITY IMPROVEMENT PROJECT

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Purpose: Human papilloma virus (HPV) is the most common sexually transmitted infection in the United States and the leading cause of cervical cancer. Recent data show that only 61% of adolescents 13-17 years old are vaccinated. We conducted a quality improvement (QI) project in our Adolescent Medicine (AM) subspecialty clinic from September 2024 through June 2025. Our aims were to 1) increase HPV vaccine administration to at least 15 vaccinations in the 9-month study period, and 2) assess provider knowledge and comfort of vaccination guidelines, and reported barriers to vaccination.

Methods: Baseline HPV vaccination data from 2018 to 2024 was retrospectively collected from the electronic health record (EHR). In a pre-intervention survey, AM providers reported baseline knowledge, awareness of HPV vaccination guidelines, and perceived barriers. For Intervention 1, providers participated in an educational session that presented the current HPV vaccine guidelines, EHR note template modifications and vaccine ordering instructions. For Intervention 2, to facilitate vaccinations, the QI team notified