advocate for and tailor post-incarceration STI/HIV prevention efforts, which are currently lacking for this high-risk population.

**Sources of Support:** Support provided by the National Institutes of Allergies and Infectious Diseases, to author: Crosby, R. # 5 R01 AI068119.

123.

**MEDIEVAL WENCHES AND OTHER ICKY CONNOTATIONS: HOW YOUNG PEOPLE’S CONSTRUCTIONS OF SEXUALLY TRANSMITTED INFECTIONS DEEPEN OUR UNDERSTANDING OF THEIR SEXUAL HEALTH**

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**Purpose:** Genital chlamydia infection mainly affects young people and can have long term health consequences. Despite Australian guidelines recommending chlamydia screening for all sexually active young people, testing rates remain low and the epidemic continues to grow. This qualitative study involved interviews with participants from a randomized controlled trial and employed Foucauldian discourse analysis to explore in depth how young people understand sexually transmitted infections (STIs) and the subject positions they take in relation to testing, diagnosis and communication with partners.

**Methods:** Young people (16 – 25 years) who completed a randomised controlled trial about a chlamydia testing intervention were invited to take part in a subsequent, qualitative study using in-depth interviews. The interviews were unstructured but guided by topic prompts and explored participants’ views on chlamydia testing and the meanings attributed to STIs. The interviews were audio-recorded and transcribed. Two researchers read and analysed the transcripts in order to describe the discursive fields and subject positions taken by participants when discussing their understandings and experiences of STIs. The study was approved by the relevant ethics committee.

**Results:** Seven young people (5 female, 2 male) participated in in-depth interviews. Sources of knowledge, information seeking and interpersonal communications about STIs were constructed as proximal or distant and these constructs played different roles when coming to terms with STIs. Participants were more comfortable discussing STIs with close friends than with sexual partners and took up a position of caring for others in doing so. The medical consulting room was seen as the most appropriate place to get personal advice but even here proximity and distance played out. STIs were unanimously constructed as negative entities in participants’ lives. However as their proximity to STIs increased, the struggle to resist these negative beliefs led to taking up a new subject position of caring for self. Participants unanimously attributed their negative beliefs about STIs to sexual activity itself. Sexual activity among young people, especially females, was taboo. Within the discourse of shame, participants found ways to resist being positioned in negative ways by carefully choosing others with whom they could discuss STIs, by taking up roles as informal peer educators or by gradually rejecting notions of guilt, shame or immorality. Participants produced subject positions for individual STIs. Not all STIs were equally negative. Different STIs had different meanings including ‘gross’ ‘disgusting’, ‘serious’, ‘scary’, a ‘medieval wench’ and ‘having icky connotations’.

**Conclusions:** By emphasising ‘risks’ associated with sexual activity, health and education professionals could be reinforcing negative discourses about shame. Instead, approaches to STIs could acknowledge the struggle young people face in resisting negative discourses about their own sexual activity. By focusing on positive concepts such as caring for self and caring for others, young people might find safer spaces to seek help and discuss STIs with their partner/s and health care providers.

**Sources of Support:** The study was supported by a grant from the Australian Commonwealth Department of Health and Ageing.

**HEALTH DISPARITIES**

124.

**SOCIO DEMOGRAPHIC DISPARITIES IN PATIENT EXPERIENCE AMONG YOUNG AND OLDER US ADULTS**

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**Purpose:** Experience of healthcare in early adulthood may influence lifelong attitudes to health and health-seeking behaviour. Poor healthcare experience may be a key contributing factor to health disparities. This study investigates disparities in patient experience by household income and race/ethnicity among younger and older American adults.

**Methods:** We used logistic regression to compare the proportion of young/older adults among different sociodemographic groups who reported positive healthcare experience in the Consumer Assessment of Healthcare Providers and Systems survey (CAHPS). Participants: Adults in the Medical Expenditure Panel Survey 2008 (1333 aged 18-24, 11986 aged over 25). Principal variables: Age, household income quintile (derived from ranking the percentage of poverty level for family composition), and race/ethnicity (Hispanic, Black, Asian, Other (including non-Hispanic White)). Covariates: Sex, number of care episodes. Outcomes: A dichotomous outcome was created for overall care rating (0-8 vs. 9-10 on a scale of 0-10). Additionally, participants reported whether, over the previous year, healthcare providers had always: listened, explained clearly, respected them, and spent enough time. Models: Within each age group, unadjusted models compared patient experience by income and race. Adjusted models used all covariates and investigated interactions between age and income/race.

**Results:** Young adults reported poorer patient experience than older adults on all outcomes (Overall Rating 40.6 vs. 49.6% (Odds ratio = 0.60 (95% CI 0.62-0.78), p < .001); Listening 54.8 vs. 59.7% (p = .001); Explaining 52.6 vs. 59.9% (p < .001); Respect 59.3 vs. 62.7% (p = .002); Time 44.3 vs. 49.7% (p < .001)). For each outcome, younger age remained significantly associated with poorer care (p < .05) after adjusting for all covariates. Among young adults, the second poorest quintile reported the worst experience of care, with significantly lower proportions reporting each outcome than the richest quintile (Overall Rating 35.9 vs. 46.7% (p = .02 ); Listening 48.9 vs. 62.4% (p = .003); Explaining 47.3 vs. 62.0% (p = .001); Respect 55.8 vs. 65.8% (p = .02); Time 39.0 vs. 55.8% (p < .001)). These remained significant (p < .02) in the adjusted model. For all outcomes, there was a significant interaction between age and income, with greater disparity in patient experience between income groups among young adults (p < .05). Compared to the ‘Other’ group, young Asian-Americans reported poorer experience on all measures except for Explaining, and these differences remained significant in the adjusted model (p < .03). Differences were also seen between Hispanics and Others but the effect disappeared or was of marginal significance in the adjusted model. For Overall Rating and Respect, the difference between Asians
and Others was greater among young adults than older adults (both p = .03).

Conclusions: Patient experience is consistently poorer, and disparities greater, among younger compared to older adults. This underscores the importance of recent initiatives to address inequity and improve the quality of U.S. healthcare for adolescents and young adults of all racial and ethnic origins.

Sources of Support: DH was supported by The Commonwealth Fund, a private independent foundation based in New York City. The views presented here are those of the author and not necessarily those of the Commonwealth Fund, its directors, officers or staff.

125.

HOW MIGHT RACISM IMPACT AFRICAN AMERICAN CHILDREN'S THOUGHTS AND PLANS FOR THE FUTURE?
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Purpose: Children’s academic investment and future planning are important determinants of educational attainment, socioeconomic status, and future health. Studies have shown that social determinants of health can contribute to health disparities. Few studies have shown how social stigma can impact health through the internalization of negative interpersonal judgments by one’s experience or perception of racism. Among African Americans, community connectedness has been undermined by structurally-embedded stressors and inequities (e.g., poverty; disproportionate incarceration; discrimination), and care givers and community members may embrace or reject academic achievement, a goal that is valued by the larger, dominant The purpose of this study is to examine associations between different facets of African American racial identity (community connectedness, embedded achievement, awareness of racism) and children’s uncertainty about the future and academic investment.

Methods: Study participants (n = 46 families) were African American caregivers and children aged 8–12 years (M = 10.3, SD = 1.4), recruited from an urban elementary school in the Midwest. The majority of caregivers (95.7%) and 21 children (45.7%) were female. The experience of being African American was assessed through Oyserman and colleagues’ (2007) Racial Identity Scales: Connectedness, the extent to which the child feels a positive sense of connection to the African American community; Embedded achievement, the extent to which family members believe that the child’s achievement is valued by the African American community; Awareness of racism, the extent to which family members perceive that others view the child through a lens of low, negative expectations. Children’s uncertainty about the future was assessed through items developed by Bolland and colleagues (2001). Children’s academic investment was assessed through items developed by the National Center for School Engagement (2006). Analyses examined the distribution of study variables and correlations between variables, adjusting for child’s age and gender.

Results: When caregivers reported greater embedded achievement (r = .32), children reported less connectedness to the African American community. Caregivers’ report of racism was additionally associated with children’s intent to graduate from high school and attend college (r = .32). While children reported greater connectedness to the African American community and also reported greater overall academic investment (r = .45).

Conclusions: Awareness of racism among African American families may impact children in different ways. Children may feel less connected to their community, potentially due to stigmatization, and less certain about what the future holds; they may also address racism through becoming more academically invested. Associations involving embedded achievement suggest that caregivers and children may define the African American community in different ways. Open dialogue about African American racial identity within families, communities, and our broader society may foster resilience among children and promote their well-being and future success across the lifespan.

Sources of Support: Source of Support: University of Minnesota Medical School, Program in Health Disparities Research.

126.

PHYSICAL ACTIVITY COMPARISONS AMONG ADOLESCENTS OF SOMALI, OTHER NON-HISPANIC BLACK AND WHITE RACE
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Purpose: African American adolescents, particularly girls, are less active than their non-Hispanic white peers. However, little is known about how the physical activity levels and behaviors of ethnic sub-populations of non-Hispanic black adolescents, such as the Somali population, compare to their peers. A greater understanding of Somali adolescents’ physical activity is important to inform culturally tailored clinical care and interventions. The purpose of this study was to compare moderate-to-vigorous physical activity (MVPA), as well as the prevalence and frequency of participating in different types of physical activities among Somali, other non-Hispanic black, and non-Hispanic white adolescents.

Methods: The current study includes a subsample of 1,268 participants (mean age = 14.6, SD = 2.1; 51% female) who participated in EAT 2010 (Eating and Activity in Teens), representing Somali (9%), other non-Hispanic black (not Somali or Ethiopian) (51%), and non-Hispanic white (40%) adolescents. Participants were middle and high school students at Minneapolis/St. Paul, MN, public schools and completed survey assessments of overall leisure-time MVPA and participation in 26 different types of physical activities. Linear and logistic regressions were used to examine disparities in MVPA and participation in each type of physical activity among the three race groups. All analyses were stratified by gender, and controlled for age, socioeconomic status, nativity, and BMI.

Results: There were no significant differences in MVPA (mean = 7.4 h/w) among Somali, black, and white adolescent boys. White girls reported significantly higher MVPA levels (6.2 h/w) than black (5.1 h/w, p < 0.001) or Somali (3.9 h/w, p = .02) girls. Of the 26 physical activities, there were significant differences between Somalis and the other races groups for 9 activities among the boys, and 7 activities among the girls. For example, Somali boys participated in more dance compared to white boys, and less walking for transportation compared to black and white boys. Somali girls participated in more soccer compared to black girls, and less running compared to white girls. Among the adolescents participating in each physical activity, there were few significant differences in the number of hours of participation for the three race groups.

Conclusions: There are similarities and differences of MVPA and physical activity participation among Somali, other non-Hispanic