

functioning during adolescence on disordered eating behaviors. These results suggest that healthcare providers should educate adolescents and their family members about weight stigma, its harmful health consequences, and the vital role family members play both in creating a supportive home environment and in communication about weight-related health.

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21.

EFFECT OF GENDER AFFIRMING HORMONE THERAPY ON ATHLETIC PERFORMANCE: A FOUR YEAR FOLLOW UP STUDY

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Purpose: The effects of gender affirming hormone therapy (GAHT) on athletic performance past 24 months of treatment have not been quantifiably demonstrated. Identification of expected trends in performance is significant for transgender individuals' participation in competitive sport. World Athletics and the International Olympic Committee guidelines require female athletes to demonstrate testosterone levels of less than 5 -10 nmol/L respectively for 12 months preceding competition; only limited data have been gathered to demonstrate performance changes past this timeframe. Recent policy changes in the United States military allowing transgender members to serve presents an opportunity to evaluate longer term outcomes.

Methods: The Department of the Air Force uses a centralized clinical approach to gender transition. Air Force transgender patients were identified using the Air Force's multi-disciplinary care team database. GAHT initiation date was recorded, as well as comparison values for the Air Force Physical Fitness Test (PFT) components prior to and up to four years following GAHT initiation. Scores were categorized by year after GAHT initiation. The Air Force PFT performance measures are maximum number of push-ups and maximum number of sit-ups in 1 minute, and a 1.5 mile run time. Pre- and post-GAHT scores were compared by one-sample T-test to mean scores of Air Force wide cisgender averages for servicemembers aged 20-30 with $p < 0.05$.

Results: The sample included 374 patients, 146 transgender men and 228 transgender women with a mean age of 26 at GAHT initiation. Forty-three patients completed follow up to at least 36 months. Prior to GAHT, transgender males demonstrated better performance compared to cisgender females in push-ups, sit-ups, and run times ($p < 0.001$). Compared with cisgender males, they performed worse in all events ($p < 0.001$). Following initiation of GAHT, transgender men approached statistical equivalence with cisgender men in the sit up event at 1 year, while push-ups and run times took 3 years to equilibrate. Before GAHT, transgender females demonstrated worse performance in push-ups compared to cisgender males ($p < 0.001$) but were not significantly different in sit ups or run times. Compared with cisgender females, they demonstrated better performance in all events ($p < 0.001$). Following initiation of GAHT, transgender women performed significantly better than cisgender women at 1 year in all tested events ($p < 0.001$). Transwomen's performance approached

statistical equivalence with cisgender women at 2 years of GAHT in run times ($p = 0.07$), sit-ups at 3 years ($p = 0.34$), and were not equivalent in push-ups at the study's 4-year endpoint ($p = 0.02$).

Conclusions: In a sample of Air Force adult transgender patients, athletic performance measures change heterogeneously with respect to affirmed gender following GAHT. This highlights the need for continued study into transgender athletic performance and suggests that current guidelines may be incomplete.

Sources of Support: Roberts TA et al. Effect of gender affirming hormones on athletic performance in transwomen and transmen: implications for sporting organizations and legislators. *British Journal of Sports Medicine*, 2021 Wiik A et al. Muscle strength, size and composition.

22.

VACCINES FOR TEENS: ATTITUDES ACROSS THE PANDEMIC ON ROUTINE AND COVID-19 VACCINES

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Purpose: Given the increase in vaccine hesitancy, Unity Consortium surveyed adolescents and parents of adolescents across three time points during the Pandemic to evaluate factors associated with vaccine attitudes and acceptance of COVID-19 vaccines prior to its availability, after availability for adults, and after availability for adolescents ages 12+.

Methods: A third-party market research company conducted 15-minute, online surveys of teens ages 13-18 and parents/guardians of teens ages 13-18 from nationally representative panels. The surveys were conducted in three waves: 8/2020, 2/2021, and 6/2021. Waves 1, 2, and 3 included 300 teens each and 593/531/500 parents, respectively. The main topics included: experiences with COVID-19; ratings of importance of adolescent vaccines; and intentions regarding COVID-19 vaccination. Data were analyzed for differences across waves and demographic variables. Statistical analyses included frequencies and analysis of variance (ANOVA) and t-tests/z-tests.

Results: Parent ratings of the importance of teen vaccines were high across survey waves – 83-85% for Tdap, 80-84% for MenACWY/MenB and 74-78% for HPV. Ratings for COVID-19 ranged from 66-74%. Urban and suburban respondents showed stronger agreement than rural respondents with the importance of vaccines. The proportion of parents reporting concerns about vaccine safety rose from Wave 1 (52%) to Wave 2 (63%, $p < 0.05$). Over half of teens and approximately 50% of parents reported increasing concern across survey waves about vaccine safety due to what they have read on social media. By Wave 3, 56% of parents and 58% teens had received COVID-19 vaccine with pharmacy as the most common vaccination site. Self/family protection was consistently the leading motivation for getting the COVID-19 vaccine, and concern about side effects was the leading reason for not getting the vaccine, rising significantly across waves to approximately 6 in 10 of both parents and teens. Of parents whose teen was not yet vaccinated against COVID-19, 33% said they do not plan to do so. Within this group of parents, non-Hispanic (35% v. 26% Hispanic, $p < 0.05$) and rural (46% v. 26% urban, $p < 0.05$) parents were more likely to not vaccinate their teen. Demographic factors significantly associated with teens being vaccinated by Wave 3 included being from an urban community, Asian race, higher household income and living in the Northeast. Hispanic ethnicity and age of the

teen (median age 15 years) were not associated. Of note, 70% of parents were willing to vaccinate their teen with other vaccines at the same time as Covid-19 vaccine; the most common reason for not doing so was that the teen was already up-to-date.

Conclusions: Across the time course of the pandemic, concerns related to vaccine safety in general and the safety of COVID-19 vaccine increased, and parents and teens increasingly acknowledge a negative influence of social media on their opinions about vaccine safety. Over half of parents and teens have received the vaccine, and parents are willing to accept concomitant vaccines for their teen. It will be important to address issues of inequity manifested by demographic differences in COVID-19 vaccine uptake among teens.

Sources of Support: The survey is funded by Unity members including vaccine manufacturers.

23.

A PILOT INTERVENTION TO REDUCE ADOLESCENT SEXUAL AND MENTAL HEALTH DISPARITIES BY INCREASING ACCESS TO TELEMEDICINE AND MOBILE CARE (ACCESSKCTEEN)

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Purpose: In the wake of the COVID-19 pandemic, marginalized adolescents face new and exacerbated barriers to accessing sexual and reproductive health (SRH) and mental health (MH) care. While telemedicine has adapted to increase access to SRH/MH services, it is less likely to be used by those with limited familiarity or no previous connection to care. We assessed the impact of a novel intervention (AccessKCTeen) that leverages peer outreach leaders and community events on confidence in accessing SRH/MH care and telemedicine.

Methods: We engaged and trained teen peer leaders to stimulate healthcare-seeking behaviors by sharing SRH/MH information from our virtual toolkit and mobilizing their peer networks to attend our AccessKCTeen health outreach events. We partnered with community organizations to host events where we demonstrated telemedicine via a mobile van, shared local resources for SRH/MH care, and distributed free over-the-counter emergency contraception (EC), condoms, and pregnancy tests. All services were offered in English and Spanish. Teens completed three surveys: (1) prior to the engaging with AccessKCTeen (demographics, healthcare needs and trust and confidence to access care); (2) immediately post-intervention (health service uptake [e.g., EC, condoms, pregnancy test], satisfaction, healthcare trust, confidence to access care); and (3) one-month after the event (follow-up SRH/MH care utilization). Study staff documented teen engagement and feedback via field notes.

Results: We trained five peer leaders. During three community health events, we enrolled 63 teens (mean age 15.9 years; 67% female at birth, 27% Genderfluid/Non-Binary/Trans, 27% Hispanic, 30% Black, 45% White, 38% heterosexual). Most (68%) reported no previous vaginal/penile sex. In past week, the majority reported 1 or more days feeling anxious (62%)/depressed (50%)/lonely (59%)/hopeful (71%). Many (44%) had forgone needed care in the previous year, and few (32%) had previously used telemedicine. Most reported improved understanding of telemedicine after the demonstration. Teens reported these benefits of telemedicine: privacy, ease of use, and increased access to SRH and

MH care. Participants felt MH care is “desperately needed” but carries stigma and had friends or classmates with MH concerns. Participants voiced they “need facts” and accurate information on SRH, that education on “abstinence is not enough”, and frequently did not know that EC was available without prescription or the timeframe of effectiveness. Most teens discussed the SRH items directly with the AccessKCTeen. Post-intervention: 82% were satisfied with the intervention and 86% would recommend it to friend. Compared to baseline, more participants reported confidence to access telemedicine (58% vs. 78%) and in-person care: (67% vs. 72%) and trusted “doctors and nurses completely” (70% vs. 79%). Many accepted condoms (27%), pregnancy tests (16%) and EC (27%, 4 of whom were male). Recruitment and follow-up with participants and peer leaders is ongoing.

Conclusions: As COVID-19 continues to negatively impact SRH/MH care-seeking, the AccessKCTeen pilot offers critical insight on novel methods to increase access to SRH/MH care for marginalized adolescents.

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24.

THE COMPARATIVE EFFECTIVENESS OF SUICIDE RISK SCREENING AMONG ADOLESCENTS: A SECONDARY ANALYSIS OF THE SHIELD RANDOMIZED CLINICAL TRIAL

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Purpose: Suicide is the second leading cause of death among US adolescents, with rates increasing by over 50% in the past decade. The SHIELD randomized clinical trial evaluated the effectiveness of school-based major depressive disorder (MDD) screening. This secondary analysis focused on suicide risk assessment to increase initiation of mental health treatment. MDD screening in SHIELD utilized the Patient Health Questionnaire-9 (PHQ-9). Though not a formal suicide risk assessment tool, PHQ-9 item #9 considers suicide risk. During the SHIELD trial, positive responses to item #9 placed the greatest burden on schools for urgent/emergent evaluation. Our objective was to determine whether the PHQ-9 increased identification of and treatment initiation for increase suicide risk.

Methods: Students in 14 Pennsylvania high schools were randomized by grade to either: 1) usual school practice of targeted referral for behaviors prompting concern for suicide risk or 2) universal screening using the PHQ-9 with any response >0 to item #9 regarding suicide risk considered positive. Students identified in either arm were referred to the Student Assistance Program (SAP), mandated in all Pennsylvania schools. SAP includes trained professionals that utilize a team process to gather and review referral data. SAP determined follow-up recommendations. Study groups were compared using mixed effects logistic regression. To simulate use of a PHQ-8, which excludes item #9, responses on item #9 were compared to positive scores on the PHQ-8.

Results: Participants included 12,909 students with 6,473 (50.1%) randomized to universal screening. Students were 46% female and 43% Hispanic or non-Hispanic Black. Seven of 14 schools were urban with a median size of 370 students. Adolescents in the universal