

decade. We conducted a sensitivity analysis on a fourth behavior—number of coital acts per partner—and found that a 50% reduction predicted births that closely matched observed data.

**Conclusions:** Reported changes in sexual behavior among adolescents prevented an estimated 630,000 pregnancies and resulted in \$12 billion cost savings over the decade. The LARC contribution was mainly seen among 18-year-olds. Comprehensive sex education should continue to build on existing strengths in terms of delaying age at first sexual intercourse, while further enhancing knowledge and access to contraception for all, and especially for those under 18.

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#### 40.

##### IS IT REALLY GETTING BETTER? CHANGING DISPARITIES IN SEXUAL MINORITY ADOLESCENTS' SPORT PARTICIPATION

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**Purpose:** Physical activity during adolescence is linked to improved physical health, mental health, BMI, academic performance, and motor skill development. Despite such benefits, there is a global decline in sports participation among adolescents. Sexual minority adolescents are particularly vulnerable to disengaging from physical activity, and particularly from organized (coached) sports, likely because they experience a sense of exclusion and lack of safety within high school sports culture. Disparities in regular sports participation have previously been identified between heterosexual and sexual minority adolescents (aged 12–19) in British Columbia, Canada. The current study examined if these disparities persisted following widespread curriculum and policy changes that were designed to create a more inclusive environment for the province's sexual and gender minority students, including specifically within sports. Sexual minority adolescents' participation in organized sports as well as informal sports (such as hiking, skateboarding and cycling) were considered.

**Methods:** Using five waves of the population-level British Columbia Adolescent Health Survey (N = 143,393), the current study examined if disparities in at least weekly participation in extracurricular organized and informal sports which were present between 1998 and 2013 were still evident in 2018, and if so, whether there had been any narrowing of those disparities. The study compared heterosexual boys and girls to their same-gender mostly heterosexual, bisexual and gay/lesbian peers. Gap trends analysis technique was used: age-adjusted logistical regressions over time for trends, between group for disparities (gap), and with interaction terms to test trends in gap.

**Results:** Despite continued declines in heterosexual adolescents' sports participation, heterosexual boys and girls were more likely than their same-gender sexual minority peers to participate in organized and informal sports. For example, heterosexual girls' participation in informal sports declined to 46.2% (from 63.2% in 2003,  $p < .001$ ). However, bisexual girls' participation rate decreased to 38.8% (from 53.6% in 2003,  $p < .001$ ), which was below the participation rate of heterosexual girls in 2018 (AOR=.66, 95% CI=.57–.76,  $p < .001$ ). In 2018, there were also disparities in informal

sports participation between heterosexual boys and mostly heterosexual ( $p < .001$ ), bisexual ( $p < .001$ ), and gay ( $p < .001$ ) boys; and between heterosexual and mostly heterosexual ( $p = .005$ ) girls. Changes to education policy and curriculum were introduced in 2016. Between 2013 and 2018, there was no narrowing of the gap in informal sports participation rates between sexual minority and heterosexual adolescents, or between heterosexual and sexual minority boys in organized sports participation. However, although all sexual minority groups participated in organized sports at lower rates than heterosexual adolescents in 2018, there was a closing of the disparity in participation in organized sports between heterosexual girls and mostly heterosexual (AOR=1.96; 95% CI=1.15–3.34;  $p = .014$ ) and bisexual (AOR=2.07, 95% CI=1.17–3.36,  $p = .012$ ) girls.

**Conclusions:** The findings speak to an urgent need to develop LGBTQ+ sports and exercise promotion and inclusion strategies, and to ensure young people of all sexual orientations and gender identities experience safe, welcoming and positive physical activity environments.

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#### 41.

##### TRIGGERS FOR EATING DISORDERS IN ADOLESCENTS AND YOUNG ADULTS

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**Purpose:** Eating disorders (EDs) are associated with thoughts and emotions leading to disturbances of eating behaviors which can be severe, persistent, and distressing, resulting in psychological and medical complications. We sought to identify common, self-reported triggers for anorexia nervosa (AN) development in adolescents and young adults who are hospitalized for medical stabilization. We also examined socio-demographic and weight-related factors associated with increased risk of certain triggers on this population.

**Methods:** We conducted a retrospective, cross-sectional electronic chart review of youth admitted to Boston Children's Hospital for treatment of the medical complications of AN or Atypical AN. A total of 150 patients, ages 9–19 years were identified between January 2015–February 2020 using ICD-10 billing codes for ED diagnoses or patients who were admitted multiple times during this time period, only their first admission was used for analysis. We reviewed admission notes from medical and psychology clinicians for patient-reported events or triggers for changing their diet/exercise behaviors and/or onset of their eating disorder. Data were coded by two independent reviewers and coding was examined for reliability. We used qualitative thematic analysis to create binary codes for quantitative analyses. We then used binary logistic regression to compare risk factors for triggers.

**Results:** Among 150 patients, 129 (86%) were female, 120 (80%) White, and 138 (92%) non-Hispanic/Latinx. 140 (93%) patients reported at least one trigger. The average age was 14.1 years (SD=2.27). Seven main triggers were identified: 30% of patients reported experiencing environmental changes (e.g., transitioning schools, divorce, or a terminal medical diagnosis in family members); 29% reported others making comments on the way they looked or ate; 29% stated their own internal perception about their weight and body shape; 19% identified weight-related teasing; 17% reported experiencing changes in their physical activity related to sports; 14% said they received health education