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.
Sources of Support: This study was funded by the U.S. Centers for Disease Control and Prevention's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention [cooperative agreement U38-PS004646]. Additional support was provided by a research infrastructure grant f.

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.
Sources of Support: Grant #FDN154335 from the Canadian Institutes of Health Research.

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

about healthy food, exercise, or lifestyle habits; 9% reported experiencing positive reinforcement about changes to their food habits or weight changes, encouraging their ED behaviors. Additionally, 12% reported unintentional weight loss or gain (e.g., from medication, puberty, or illness) as a trigger for their ED behaviors. Regression analyses showed that for every year younger, patients had 1.30x odds of reporting health education (95%CI 1.02-1.64 [p=0.032]) and 1.25x odds of weight-related teasing (95%CI 1.01-1.56 [p=0.042]) as triggers for their ED behaviors when controlling for amount and time of weight loss. A similar trend was seen with age and physician comments about weight, but this was marginally significant (p=0.059). Patients who were older had 1.45x odds of reporting a preceding unintentional weight change as a trigger for their ED (95%CI 1.11-1.89 [p<0.01]).

Conclusions: Our results suggest that individuals may experience various types of triggers for their ED behaviors, allowing for different targets for the prevention of EDs. Those who are younger may be especially vulnerable to messaging via health education and weight-related teasing. These findings highlight the need to improve public health initiatives to promote body positivity and weight inclusivity in not just social aspects, but also in health education and medical care.

Sources of Support: MCHB T71MC00009 LEAH training grant.

RESEARCH POSTER PRESENTATION I: TRANSGENDER/LGBTQ

42.

"OH MY GOD! HOW DID I MISS THIS?" - BARRIERS TO DISCUSSING PRONOUNS AND GENDER IDENTITY IN PEDIATRIC PRIMARY CARE

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Purpose: Pediatric gender centers have seen a notable increase in demand for gender-affirming care services during the COVID-19 pandemic. This increased need has contributed to delays in youth accessing this time-sensitive care and amplified the importance of primary care providers (PCPs) playing an active role supporting gender diverse youth in the post-pandemic world. To guide interventions to support PCPs in gender-affirming care, we sought to understand how often PCP's see gender diverse youth in primary care and assess PCP comfort facilitating conversations about gender identity in this setting. The objectives of this study were to (1) understand whether PCPs are routinely discussing pronouns and gender identity with adolescents and (2) explore barriers to and the impact of having such discussions in primary care.

Methods: This project integrated data from a needs assessment survey and from semi-structured, qualitative interviews with pediatric PCPs. The 15-item survey was administered to PCPs in a large, hospital-affiliated, pediatric primary care network in the northeastern US to better understand PCPs experiences providing adolescent healthcare. Hour long, semi-structured interviews were conducted with pediatric PCPs in the pacific northwest using an interview guide developed in partnership with two PCP stakeholders. Survey responses were analyzed descriptively. Interviews were transcribed and analyzed by two authors in Dedoose qualitative analysis software via inductive thematic analysis using an iteratively designed codebook that was adjudicated to consensus.

Results: Of the pediatric PCPs surveyed (n=85), the majority were pediatricians (67%) and most had been in practice for more than 5 years (75%). Almost all (92%) PCPs reported caring for at least one gender diverse youth in their practice in the last year. However, PCPs reported discussing pronouns (15%) and gender identity (29%) during annual well visits with adolescent patients much less frequently than discussing mood (98%), motor vehicle safety (77%) and sexuality (61%). Relatedly, gender-affirming care (60%) was the topic most frequently selected by PCPs for additional education. In separate PCP interviews, participants (n=15) indicated that while they felt discussions about pronouns and gender identity were important, they experienced specific structural and interpersonal barriers that prevented these conversations from occurring. These barriers included poor health system infrastructure (like forms and electronic health records), staff concerns, uncertainty around language, lack of awareness and fear. PCPs also discussed that when they asked about pronouns and gender identity, it normalized conversations about gender, helped facilitate family support, created welcoming environments in the health system and allowed for earlier identification of youth in need of support.

Conclusions: Pediatric PCPs recognize the critical role they play in supporting gender-diverse youth and their families, particularly around normalizing conversations about gender identity. However, multiple individual and clinic-level barriers to asking about pronouns and gender identity remain. These results highlight the continued need to provide resources, education and support to PCPs in discussing these topics in the primary care setting to facilitate access to time-sensitive gender-affirming care.

Sources of Support: This project was supported by the Seattle Children's Research Institute Career Development and AHRQ K12HS026393-03 (PI: Sequeira).

43.

THE USE OF DISCRETIONARY POWER OF PARENTS, TEACHERS, PHYSICIANS IN ENACTMENTS OF STRUCTURAL VIOLENCE AGAINST TRANSGENDER AND NONBINARY YOUNG PEOPLE DURING CHILDHOOD AND ADOLESCENCE

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Purpose: Transgender and nonbinary children and adolescents experience complex risks for violence (e.g., physical, sexual, structural) targeting them in all aspects of their social environments (e.g., home, school, healthcare). These risks can be mitigated by affirming parents, teachers, peers, and healthcare professionals. While these risks and mitigating factors for violence are becoming broadly understood, little is known about when these factors develop during childhood and adolescence. This study aimed to explore how violence against transgender and nonbinary young people emerges during their childhood and adolesence and from which areas of their social ecologies.

Methods: Twenty-two transgender and nonbinary young people ages 18-29 participated in two-hour life history interviews describing their experiences of violence and gender development during childhood, adolescence, and young adulthood. Participants were recruited nationally and interviewed via Zoom. Interview transcripts were qualitatively coded using abductive grounded theory to assess for patterns in relation to the study purpose.