

Investigation of Quality (IQI) framework. These included: (1) a mystery shopping site assessment tool and (2) a facility audit tool. The mystery shopping site assessment tool was originally developed to assess LGBTQ+ competency in HIV testing and counseling services for young men who have sex with men. The facility audit tool has been used to address quality and access in other populations experiencing similar barriers to care. Nominal group technique was used to prioritize items for inclusion. The five focus groups were recorded and transcribed, and the research team used thematic analysis to identify the most salient themes and incorporate participant feedback into the development of the tools.

**Results:** Researcher, provider, and youth experts (n=21) expressed overall support of using these tools to evaluate HIV prevention services and made several valuable suggestions to tailor them to the needs of YTW. Research and provider experts made several content-based suggestions, such as adding items to address the behavior of other clients in the waiting room, presence of trans-specific symbols and materials in the facility, ADA and Spanish language-speaking accommodations, and diversity and inclusion training for staff. Youth experts were more likely to offer suggestions that improved the overall clarity, conciseness, and readability of items, such as removing repetitive items and rephrasing confusing questions. Feedback that was not incorporated directly into the tools was included in training materials developed for the youth quality evaluators.

**Conclusions:** By leveraging input from a diverse group of researcher, provider, and youth experts in transgender health, we adapted and developed two tools that take an intersectional approach to measuring the quality of HIV prevention services for young transgender women. Next steps are to recruit and hire youth quality evaluators to pilot and validate these tools with agencies that provide HIV prevention services in a large urban area.

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#### HOSPITALIZATION FOR SUICIDE ATTEMPT AND SELF-HARM AMONG YOUTH DIAGNOSED WITH GENDER DYSPHORIA

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**Purpose:** Transgender and gender non-conforming (TGNC) youth experience severe discrimination which has been linked to adverse mental health outcomes, including an increased prevalence of suicidality and self-harm. Few epidemiological studies have examined this relationship; thus, we studied the relationship between hospitalization for suicidality, self-harm and gender dysphoria in a large, nationally representative database.

**Methods:** We used the 2016 Kids' Inpatient Database to identify a subset of TGNC youth < 21 years of age captured by the database (using ICD-10 gender dysphoria-related codes). We identified suicidal ideation or suicide attempt using either explicit "suicidality" codes, or one of 355 distinct self-harm codes. Using descriptive statistics, prevalence of suicidality and self-harm was compared between youth with and without gender dysphoria. A multivariable logistic regression model adjusting for individual, admission and

hospital-level variables was constructed looking for association between gender dysphoria and suicidality.

**Results:** The cohort included 3,115,589 subjects, of whom 1,980 (64 per 100,000 admissions) had gender dysphoria. Analysis of demographic variables revealed the gender dysphoria diagnosis group was comprised of a disproportionately lower proportion of non-white, publicly insured, and low median income young adults compared to the entire cohort. Prevalence of suicidal ideation and suicide attempt in the entire cohort was 2%, compared to 35.3% in young people with gender dysphoria. Using the expanded definition of self-harm and attempted suicide, prevalence increased to 44.1%. After adjusting for individual, admission and hospital-level variables, subjects with gender dysphoria had 7.89 increased odds of attempted suicide or suicidal ideation (95%CI: 7.09-8.79).

**Conclusions:** Using a large and representative database, we found significantly higher prevalence of suicide attempt and self-harm in hospitalized youth with a gender dysphoria-related diagnosis. For youth hospitalized after suicide attempt or self-harm, gender-affirming care and inclusive language is essential to reduce psychological stress secondary to physician-mediated interpersonal discrimination. Importantly, this study only captured TGNC youth with a formal gender dysphoria diagnosis, and not all youth who identify as TGNC have a diagnosis or disclose their identity; thus, the results should not be generalized to the entire population of TGNC youth. Furthermore, there were fewer non-white, publicly insured, and low median income youth with a gender dysphoria diagnosis compared to the entire cohort, which suggests inequities in accessing gender-affirming care among racial minority and economically disadvantaged youth. The results of this study highlight the need for structural interventions and policies to reduce discrimination and improve access to gender-affirming care in order to prevent these adverse outcomes.

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#### EXPLORING PROVIDER'S PERSPECTIVES OF BLACK TRANSGENDER AND GENDER DIVERSE YOUTH'S GENDER AFFIRMATION GOALS AND BARRIERS TO ACCESSING CARE

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**Purpose:** Black transgender and gender diverse youth (TGDY) often face barriers and inequities in accessing gender affirming medical care, even before factoring in intersectionality and community stigma. Pediatric gender care is often provided in large multi-disciplinary gender clinics, which can present barriers for Black TGDY as they often include long wait times, prioritization of patients seeking gender affirming medications (as opposed to social transition only), and a lack of diversity among gender clinic providers and staff. It is known that having a primary care physician (PCP) is associated with greater trust, better patient-provider communication, and an increased likelihood that patients will receive appropriate care (1). Little is known about the gender affirmation goals among Black TGDY compared to those of other races and ethnicities, and how PCPs can be utilized to improve access to care. The purpose of this study was to understand provider's perspectives of their Black TGDY's gender affirmation goals and barriers to care.