Investigation of Quality (QIQ) 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.

Sources of Support: Stoneleigh Foundation, Leadership Education in Adolescent Health.

48.

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.

Sources of Support: Stoneleigh Foundation, Leadership Education in Adolescent Health.

49.

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.

Methods: This study was conducted at the Odessa Brown Children's Clinic (OBCC) which is the only pediatric primary care clinic affiliated with Seattle Children's Hospital in Seattle, Washington. An 18-item open-ended investigator derived survey asking providers to recall their interactions with TGDY at OBCC from January 2019 - January 2021 was created using catalyst software and distributed to all OBCC providers via an anonymous email link.
Results: A total of 20 participants completed the survey including 11 medical providers, 4 dental providers, 4 mental health providers, and 1 clinic staff. Participants reported approximately 90 TGDY of all races and ethnicities were seen at OBCC in the last two years. To avoid redundancy, only responses of medical providers were included in the results. Black patients made up only 25% of all TGDY seen at OBCC, despite making up 40% of the 9,000 total patients seen at the clinic yearly. Respondents reported Black TGDY were "out" to their caregivers at a rate of 65%, compared to 90% among non-Black TGDY. Among patients seen, providers estimated 8% of Black TGDY and 27% of non-Black TGDY were receiving gender affirming hormones (defined as estrogen, testosterone, or puberty blockers). Additionally, providers reported 57% of Black TGDY had a desire to only socially transition compared to 39% of non-Black TGDY. Reported barriers to accessing care at large pediatric gender centers included a lack of caregiver support, dysfunctional referral processes, concerns of racism and bias, and a desire to obtain gender affirming care solely with patient's PCP.
Conclusions: Our data suggest goals related to social transition, gender affirming medication utilization, and barriers to accessing care may differ between Black and non-Black TGDY. Our findings also indicate the provision of gender affirming care in the primary care setting may help TGDY overcome existing barriers to care and improve access. To ensure providers are meeting the needs of Black TGDY, further research must be conducted to better understand their gender affirming care goals and barriers to accessing care.
Sources of Support: 1. Office of Disease Prevention and Health Promotion. Access to Health Services. Accessed at https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed Sept 1, 2021.

50.

TRANSGENDER HEALTH PROVIDER CONSENT PRACTICES

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Purpose: Recommendations from the Endocrine Society and the World Professional Association for Transgender Health (WPATH) provide guidance on how and when to prescribe pubertal suppression (PS) and/or gender affirming hormones (GAH) to transgender (TG) minors seeking medical interventions. These guidelines emphasize the importance of mental health professional (MHP) involvement and parental consent but fail to address scenarios that may complicate the informed consent process e.g., MHP letters may be difficult to obtain, parents may not always be supportive, and adolescents may have variable decision-making capacity. This study sought to identify prescriber behaviors and attitudes surrounding the consent process for TG minors seeking medical interventions (PS and GAHs).
Methods: An online survey was distributed to providers involved in gender-related care of minors. The survey contained multiple choice and Likert-style ranking questions assessing provider behaviors and attitudes. Descriptive statistics were calculated, and free-text responses were coded and thematically analyzed.
Results: 79 providers (physicians (70%), therapists (12%), nurse practitioners (5.5%), social workers (5.5%)) responded. The majority specialized in adolescent medicine (72.5%), but pediatrics (10%) and endocrine (6%) were also included. Of providers who have prescribed pubertal suppression (N=26), 62% have prescribed without an MHP letter, 42% have prescribed without support from both parents, and 4% have prescribed without any parental permission. For providers of gender affirming hormones (N=36), 50% have prescribed without an MHP letter, 53% have prescribed without support from both parents and 16% have prescribed without any parental permission. Youth assent and parental permission had the highest median ranking of informed consent elements while the MHP letter had the lowest median for both pubertal suppression and GAH. Finally, themes illuminated by free-text responses include (1) there is variation in provider understanding of the purpose of MHP letters, (2) legal concerns and fear of lawsuits influence provider behavior, (3) reversibility and risk assumptions influence provider behavior.
Conclusions: Our data suggests that there is variability among provider behaviors and attitudes towards the informed consent process for transgender minors seeking PS and/or GAH, especially in cases where adolescents are seeking treatment without an MHP letter or without parental approval. Participants identified legal concerns, treatment reversibility, and the risk of potential harms to youth as factors that impact provider decision making. Current guidelines emphasize the value of an MHP letter prior to initiating treatment, but respondents consistently ranked this letter as "least important" when compared to other informed consent elements. Although the sample size is small, this study is the first to describe the behaviors and attitudes of providers toward elements of the informed consent process for minors seeking pubertal suppression and/or gender affirming hormones.
Sources of Support: This research was supported by the University of Virginia Department of Pediatrics.

51.

FEASIBILITY, ACCEPTABILITY, AND PRELIMINARY EFFICACY OF AFFRMED (AID FOR FERTILITY-RELATED MEDICAL DECISIONS), A WEB-BASED FERTILITY DECISION AID FOR TRANSGENDER AND NON-BINARY YOUTH AND THEIR PARENTS

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Purpose: Fertility preservation (FP) offers transgender and non-binary (TNB) youth the option to freeze gametes for future use. Decisions about FP are complex because: (1) there is limited and conflicting research on the effects of gender-affirming medical interventions on fertility, (2) pediatric FP options and assisted reproductive technologies are rapidly evolving, (3) TNB youth must consider parenting desires during a developmental stage at which they may not be ready to engage in family building discussions, and (4) impaired fertility affects future quality of life rather than current functioning. To support informed decision-making, we developed a patient-centered Aid For Fertility-Related Medical Decisions (AFFRMED), a web-based fertility decision aid for TNB youth facing