improving sex education, promoting condoms through influencers, distributing diverse condom brands in public spaces, and establishing a condom delivery or subscription service.

Conclusions: Our findings highlight the immense potential for improving condom awareness and increasing condom utilization through proper education, distribution of condom discovery kits, and condom exploratory interventions for young MSM living with HIV. The excitement from the young men around learning more about condom and ideas for improving use underscores the power in engaging young adults in their health care and collaborating to identify novel solutions to prevalent health issues.

Sources of Support: Georgia Clinical & Translational Science Alliance.

59.

MENTAL HEALTH CHARACTERISTICS AND TIME-TO-TREATMENT WITH GENDER-AFFIRMING HORMONE THERAPY IN A COHORT OF ADOLESCENTS FOLLOWED AT AN INTERDISCIPLINARY GENDER DIVERSITY CLINIC

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Purpose: To describe the mental health characteristics and the predictors of time-to-receipt of gender-affirming hormone therapy among adolescents followed at a gender diversity clinic.

Methods: This was a retrospective cohort study of all patients who received a prescription for gender-affirming hormone therapy (estrogen or testosterone) while followed at a French language tertiary care gender diversity clinic in Eastern Canada between November 2016 and May 2021. Socio-demographic and mental health characteristics were extracted from medical records by three medical students and entered in a secure database. Time-to-receipt of hormone therapy since first presentation at the clinic was compared based on sex assigned at birth, gender identity (transgender binary or nonbinary/other) and presence or absence of mental health comorbidities at the initial consultation. Mental health comorbidities were divided into four categories: internalizing disorders (e.g., anxiety and mood disorders), externalizing disorders (e.g., substance use and attention deficit hyperactivity disorder (ADHD)), neurodevelopmental disorders (e.g., autism spectrum disorder), and suicidal ideation/attempt and self-harm. Kaplan Meier curves and non-parametric tests (Wilcoxon Rank Sum Tests) were used to compare time-to-receipt of hormone treatment based on gender identity and presence or absence of mental health comorbidities at baseline.

Results: Among the 108 gender-diverse youth included in the study, 76 (70.4%) were assigned female at birth, and 32 (29.6%) assigned male at birth. At initial consultation, most participants reported a transgender binary identity (n=95, 88.0%), 9 participants (8.3%) reported a nonbinary/other identity, and gender identity was unknown for 4 participants (3.7%). Mean age at initial consultation was 15.9 years (range 13-18.3 years). There were high rates of internalizing disorders (n=42, 38.9%) and externalizing disorders (n=62, 57%), notably ADHD (n=28, 25.9%) as well as high rates of suicidal ideation/attempt and/or self-harm (n=66, 61.1%). Six participants (5.6%) reported a diagnosis of autism spectrum disorder. All participants received gender-affirming hormone therapy within 39 months of the initial visit at the clinic. Kaplan Meier curves showed similar time-to-receipt of hormone therapy between transgender binary youth assigned female and male at birth and a trend towards slightly longer times for youth identifying as nonbinary/other. Mean time-to-receipt of hormone therapy from the first visit at the clinic for youth with no mental health comorbidities was 176 days (Standard deviation (SD): 236), similar to youth with internalizing disorders (176 days; SD: 138), externalizing disorders (164 days; SD: 140), neurodevelopmental disorders (176 days; SD: 63) and a history of suicidality/self-harm (188 days; SD: 180). There were no significant differences in time-to-receipt of hormone therapy between youth with and without mental health comorbidities (all p values >0.1).

Conclusions: In our single-center study of youth receiving care at an interdisciplinary gender diversity clinic, rates of mental health comorbidities were high, but these were not associated with delays in access to gender-affirming hormone therapy. More research is needed to replicate this study in other treatment settings and to understand how to best support the mental health of gender-diverse youth during the process of medical transition.

Sources of Support: This project is supported by a career development award from the Fonds de Recherche du Québec - Santé (NC-296442).

60.

ADOLESCENT TRUST IN SEX EDUCATION

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Purpose: Sex education in adolescents covers an ever-increasing array of topics and is ideally given through medically accurate information from multiple sources to achieve the evidence-based comprehensive model, including healthcare providers, school-based educators, parents/guardians, and peers. Over the past decade, there has been a significant reduction in adolescents' receipt of formal sex education despite increases in federal funding. While it is speculated that adolescents' may have turned to non-formal sources for sexual and reproductive health information, it is unknown which sources they perceive are the most accurate and trustworthy.

Methods: A cross-sectional survey amongst adolescents aged 12-19 years old was conducted between March - July 2022. A likert-type scale was used to assess the perception of accuracy and trustworthiness in both formal and non-formal sources of sexual and reproductive health information. Additionally, we assessed whether there was a difference in the trustworthiness of information sought out vs. given to them by each source.

Results: A total of 105 adolescents participated in this study. Middle adolescents (age 15-17) were more likely to perceive the internet or their social media as a trustworthy source for information on sexually transmitted infections than early or late-aged adolescents (28.6% vs. 59.1% vs. 34.6%;P=0.038). Adolescents who identified as queer were less likely than participants who identified as heterosexual to perceive information regarding sexual and reproductive health and sexual identity/orientation from their parent(s)/guardian as trustworthy (72.2% vs. 91.2%;P=0.015, 48.6% vs. 69.8%;P=0.045, respectively). Also, participants who noted they had a parent born outside of the United States were more likely to perceive information regarding sexually transmitted infections from the internet and their social media as trustworthy and less likely from their parent(s)/guardian (56.8% vs. 30.8%;P=0.014, 66.7% vs. 86.8%;P=0.023, respectively).

Conclusions: While formal sources (healthcare providers, school-based educators) of sex education were perceived as medically accurate and trustworthy, focus on including medically accurate information from the internet or social media alongside education and inclusion of parent(s)/guardians may help adolescents receive medically accurate information from trustworthy sources.
Sources of Support: Children's Hospital Colorado Department of Adolescent Medicine.

61.

PREDICTORS AND CORRELATES OF BULLYING PERPETRATION AND VICTIMIZATION AMONG ADOLESCENT BARIATRIC SURGERY CANDIDATES

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Purpose: Adolescents of higher weight are at increased risk of bullying and victimization as compared to healthy weight peers, and body mass index (BMI) is a predictor of non-surgery seeking adolescents' dual status as both a perpetrator and a victim of bullying. Little is known, however, about bullying and victimization of adolescents seeking bariatric surgery. Adolescents pursuing bariatric surgery endorse higher levels of weight bias internalization compared to higher weight adolescents not seeking surgery, and this may uniquely contribute to being both a bully and a victim. Using a sample of adolescents seeking bariatric surgery, the current study 1) explored demographic and anthropometric factors, and internalized weight stigma as predictors of dual bullying and victim status and 2) investigated whether there were differences in the psychosocial functioning of dual status versus single status (i.e., bully or a victim) adolescents.
Methods: Data were collected using retrospective chart review of adolescent bariatric surgery candidates presenting to a tertiary interdisciplinary clinic, ages 11-21 (N = 77; 55.8% female; 45.6% Hispanic; Mage = 17.1; MBMI = 49.8). Bullying and victimization were measured using the Revised Peer Experiences Questionnaire. Demographics (sex, age), anthropometrics (BMI), and the Weight Bias Internalization Scale were included as predictors in a logistic regression predicting dual bully and victim status. Dual status was used to predict the internalizing and externalizing subscales of the Pediatric Symptom Checklist – Youth Report in multiple linear regressions and the total symptom count of the Eating Disorder Diagnostic Scale – DSM-5 in a generalized linear model with a negative binomial distribution. Missing data were handled using listwise deletion.
Results: Approximately 25% of the sample reported being both a bully and a victim. Younger age (OR = .96, 95% CI [.929, .985]), greater weight bias internalization (OR = 2.41, 95% CI [1.21, 4.80]), and being female (OR = 6.28, 95% CI [1.58, 25.04]) were associated with greater odds of being both a perpetrator and victim of bullying. BMI was not associated with odds of bullying status (OR = 1.00, 95% CI [.941, 1.060]). Having status as both a bullying perpetrator and victim was associated with more externalizing behaviors ($b = 2.57$, $p < .001$) and more internalizing behaviors ($b = 1.79$, $p = .017$). Dual status was not associated with attention difficulty ($b = 1.01$, $p = .175$) or eating disorder symptoms (IRR = 1.38, 95% CI [.80, 2.38]).
Conclusions: Among adolescents seeking bariatric surgery, younger age, being female, and greater internalized weight bias increased the likelihood of being both a bully and a victim. Dual status of being a bully and a victim predicted worse psychological functioning compared to being solely either a victim or a bully. Future research should explore the ways in which internalized weight bias may influence bullying behavior, particularly in bariatric surgery-seeking samples. Providers should assess for dual status and refer identified patients to psychological treatment in order to optimize adolescent bariatric surgery outcomes.
Sources of Support: N/A.

62.

THE IMPACT OF TELEMEDICINE ON ACCESS TO GENDER-AFFIRMING CARE FOR RURAL TRANSGENDER AND GENDER DIVERSE YOUTH

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Purpose: Transgender and gender-diverse (TGD) youth are highly susceptible to negative health sequelae including high rates of depression, suicidal ideation, self-harm, and suicide attempts. Rural TGD youth have the added difficulties of living amid people who may hold more negative views toward gender diversity, and a dearth of TGD care, leaving them with far less support than their urban counterparts. The rapid expansion of telemedicine during the initial months of the coronavirus pandemic of 2019 enhanced access to many populations but it is not clear how this has impacted access for rural TGD youth, particularly those living in areas with limited broadband access. As such, the purpose of this research was to explore access to care for TGD youth by determining how telemedicine impacts appointment attendance for rural TGD youth.
Methods: We used a retrospective quantitative design and an encounter-level dataset to evaluate the study purpose. We extracted a secondary data set from the electronic medical record (EMR) of an adolescent and young adult (AYA) clinic that provides gender-affirming (GA) care. The clinic is the only one of its kind in the state, and serves both rural and urban populations. In addition to EMR data, address data was used to develop rurality and distance to care variables. All visits to the clinic from March 2020 through December 2021 were included in the data. Descriptive statistics and bivariate analyses were conducted to characterize the population and multivariate analysis were used to model the association between visit attendance and covariates of interest. Specifically, logistic regression with GEE was implemented to account for repeated measurements and within-patient correlation.
Results: Nearly 3000 unique patients were identified from over 18,000 visits during the study period, with 984 visits (5.5%) identified as related to GA care; 386 (39.2%) of these visits were by patients from rural areas. During the study period 4917 (27.4%) of all encounters were scheduled for telehealth compared with 149 (15.1%) of GH visits. Although the overall no-show rate for the clinic was 10.9%, the rate for GA visits was significantly lower (6.5%; $p<.001$) and the rate for GA visits for patients from rural counties was even lower (5.7%, compared with 8.93% for non-GA rural visits). The NS rate for GA telemedicine visits was 0.0%. In multivariable analysis, GA visits were associated with a 42% reduction in odds of NS after adjusting for