

Purpose: Sexual minority adolescents experience higher prevalence of alcohol and other drug use than their heterosexual peers. While there is a fair amount of research on school- and family-focused protective factors linked to lower odds of substance use behaviours among lesbian, gay, bisexual and mostly heterosexual (LGB+) adolescents, there is limited research exploring structural and community-level protective factors related to substance use behaviors, above and beyond school contexts. As well, such studies are primarily from the USA. Our study examined the potential contribution of community-level factors in protecting against substance use behaviors among LGB+ adolescents using representative school-based and community-level environmental index data from communities across western Canada, which has a longer history of human rights laws and social norms supporting sexual minority people.

Methods: As part of the multi-site Project RESPEQT, a cross-sectional study of community environments and sexual minority youth well-being, we analyzed data from 2,684 LGB+ adolescents (68% girls) from grades 8–12 in 276 schools and surrounding communities in British Columbia, on the west coast of Canada. We combined student-level data (the British Columbia Adolescent Health Survey) and community-level data on LGBTQ events such as Pride and Transgender Day of Remembrance, supportive community programs, school supports (e.g., GSAs), and progressive political climate as % voting New Democrat Party (the LGBTQ-Supportive Environments Inventory). In multilevel logistic regression models, we calculated odds of lifetime substance use for alcohol, tobacco, marijuana, nonmedical use of prescription drugs, and illegal drugs predicted by measures of community and school supportiveness, separately for boys and girls.

Results: After controlling for student characteristics such as age and immigrant status, LGB+ adolescents living in communities with more LGBTQ community supports had lower odds of lifetime drug use (boys: aOR=0.88, 95% CI, 0.78–0.99; girls: aOR=0.92, 95% CI 0.86–0.99), lower odds of marijuana use but only among girls (aOR=0.82, 95% CI 0.75–0.89), and lower odds of cigarette smoking only among girls (aOR=0.88, 95% CI 0.82–0.96); prescription drug use was not related to any predictors.

Conclusions: The availability and visibility of LGBTQ-supportive community organizations, events, and programs may serve as protective factors against substance use among sexual minority adolescents. Supportive community factors varied in their relationship to different substances among sexual minority boys and girls, which suggests we may need to consider additional gender-focused approaches to substance use prevention among LGB+ youth, above and beyond enhancing community support through services, policies, and organizations that advance the visibility and rights of LGBTQ people.

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ADOLESCENTS' SELF-REPORTED SEXUAL ORIENTATION IDENTITY AND SEXUAL ATTRACTION IN CANADA: STABILITY AND CHANGE OVER THREE YEARS

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Purpose: The development of sexual orientation is a complex and long process, with most changes taking place during adolescence. To understand identity development, sexual orientation and sexual attraction should be studied as closely related but separate

components. Furthermore, the range of identities for sexual orientation should be considered along a spectrum, rather than a few discrete categories. The present study examines the motility of sexual orientation over three years in adolescents, examining their orientation and attractions, in Canada.

Methods: Data were from a survey administered three times annually to students attending an ethnically diverse urban high school in western Canada. In the first year, adolescents were in grades 8 to 10 (N=497; 50.5% girls; Mage at Time 1=14.15; SD=.94). Students completed measures of sexual orientation and sexual attraction. The magnitude and direction of change in sexual orientation across years was calculated by counting the shifts across five response options between years. We also examined changes from and to "questioning" and/or no attractions responses across years. Chi-square analyses were used to assess changes between years.

Results: Three-quarters of participants reported being completely heterosexual every year, and fewer than 2% reported identifying as mostly or completely gay or lesbian. The analyses of scores for changes in reported orientation between years showed that most participants remained stable across all 3 years (329, 66.2%), 98 (19.7%) changed once, and 44 (8.9%) changed twice. Of the 44 who changed orientations twice, almost two-thirds (29, 65.9%) changed back to their initial response. Those who reported changes between years shifted on average slightly over one step away from their initial response, ± 1.16 step from year 1 to 2 and ± 1.33 from year 2 to 3. More participants shifted from heterosexual towards gay or lesbian than the other way around. Most participants who identified as heterosexual or bisexual did not report changes for their identity in subsequent years, whereas most participants who identified as lesbian or gay, questioning, or no attractions shifted at least once. The number of participants reporting no attractions dropped from 5.8% in the first year to 1.4% in the third year. As expected, those who reported questioning their orientation had the highest rates of change (5.6% between years 1 and 2, 4.2% between 2 and 3). A small but significant proportion of participants reported no attractions, but reported a sexual orientation identity.

Conclusions: This study is one of the few studies examining both sexual orientation and attraction across more than two times of measurement during early and middle adolescence. The observed motility for self-identified sexual orientation among 29% of participants, increasing attractions, and reduced uncertainty over time are consistent with prior research, and likely reflect variations in developmental timing among young people. Health professionals should recognize that sexual orientation emerges most often during adolescence, and slight shifts in identity are not uncommon. Anticipatory guidance for adolescents and their parents that recognizes the diversity of sexual orientation development may be helpful in supporting youth development.

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USE OF SOCIAL MEDIA FOR THE RECRUITMENT AND ENGAGEMENT OF ADOLESCENT SEXUAL AND GENDER MINORITIES IN HIV RESEARCH STUDIES

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Purpose: To describe the design, implementation, and outcomes of a social media (SM) campaign to recruit 14–17 year-old sexual and

gender minorities for an HIV-focused research study. The Consent 2.0 study recruits 14-17 year-olds who may be at risk for sexually-acquired HIV infection, and whose HIV status is negative or unknown. Research sites are located in Baltimore, MD; Chicago, IL; Denver, CO; Tampa, FL. Enrolled participants attend a 60-minute, in person visit assessing their willingness to participate in hypothetical biomedical HIV prevention trials, within the context of different degrees of parental involvement in the enrollment process. We initially recruited in-person in health care settings, at youth-focused community events and organizations, as well as printed fliers. These methods proved difficult for timely recruitment of teens assigned male sex at birth who identified as either sexual or gender minorities, so we developed a social media campaign to recruit them.

Methods: Advertisements were designed with input from adolescent focus groups at two study sites—Baltimore and Tampa—who selected the most engaging ad components. Site-specific ads were designed using this feedback. The paid SM recruitment campaign employed Facebook's automatic algorithm to place ads in various formats within Facebook and Instagram. Ads were broadly targeted to 14-17 year olds within 25 miles of the four research sites and detailed targeting was used to further refine our reach to those adolescents who indicated interests that are common among sexual and gender minority adolescents (e.g. Queer Eye, LGBT Culture). Here we use descriptive statistics to examine the campaign's reach, adolescent engagement (indicated by clicks on ads), and the ad's effect on screening rates, identification of eligible adolescents, and study enrollment. We compare these indicators to the recruitment period prior to initiation of the SM ad campaign.

Results: Between mid-March and mid-August 2019 the recruitment campaign was viewed at least once by 242,686 people and received 7,868 unique link clicks directing users to the online study screener. In the 5 months prior to initiating SM recruitment, 63 natal males screened both in-person and online, 21 were found eligible, and 16 enrolled and completed study visits. By comparison, in the 5 months after launching the SM campaign, approximately 646 people completed screening, 59 were eligible, and 29 enrolled, representing a 925%, 181%, and 81% increase in these recruitment indicators, respectively. Facebook ads resulted in more clicks than Instagram ads by a ratio of 3:1. The proportion of Black, White, and Hispanic/Latino participants enrolled through SM ads was very similar to participants enrolled prior to campaign initiation.

Conclusions: SM advertising improved screening and enrollment of young sexual and gender minorities for an HIV research study. While Instagram is a popular SM platform among youth, our data indicate sexual and gender minority adolescents are more effectively engaged via Facebook than Instagram.

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EMOTIONAL WELLBEING IN YOUTH LIVING WITH CHRONIC DISEASE

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Purpose: America's youth under age eighteen are experiencing unprecedented rates of anxiety, depression and suicide; with nearly fifty per cent suffering at least one adverse childhood experience (ACE) such as abuse, maltreatment, violence, or living with chronic disease. Nearly thirteen million youth in the United States are living with two or more chronic diseases (YLWCD). The American Pediatric Association has called for a paradigm shift from a medical model of healthcare delivery to one embracing EW for America's youth in the same year that five centers and institutes across the National Institutes of Health (NIH) named EW a concept of national importance and a high research priority. The scientific literature on EW that informs clinical practice is predominantly in adult populations, lacks consensus on one singular operational definition, and may not be inclusive of developmentally appropriate conceptual elements from which interventional research can be adequately informed. Longitudinal studies of adults demonstrate a clear correlation between higher levels of emotional wellbeing (EW) and positive patient and health system outcomes across diseases and comorbidities, yet the meaning of EW in YLWCD is not sufficiently described in the scientific literature in this vulnerable at-risk population. The purpose of this novel study is to better understand the meaning of EW in YLWCD from the extant qualitative scientific literature.

Methods: A systematic metasynthesis of the qualitative literature was performed aimed at answering the question "What is the meaning of emotional wellbeing in youth living with chronic disease?" Qualitative studies of adolescents with chronic illness or disease were eligible for inclusion in this metasynthesis. Studies focused on only parents as participants, quantitative in design, and/or did not address EW, psychological wellbeing, or psychological wellness in YLWCD in the title or abstract were excluded. The search was not limited by time to provide a comprehensive review of available evidence.

Results: A final sample of 7 primarily qualitative studies met inclusion criteria and were critically analyzed and synthesized using a team-based reciprocal translation approach.

Conclusions: The meaning of EW in YLWCD in the extant literature is having safe, stable, nurturing relationships that ease loss, foster hope and resilience, and promote self-efficacy, and self-actualization. The role of spirituality in EW in YLWCD is not well described and informs questions for future research. Importantly, this metasynthesis adds to the body of knowledge on this emerging concept of national importance, and serves to inform future biopsychosocial theoretical and empirical research in this at-risk population.

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REPRODUCTIVE COERCION AND LONG-ACTING REVERSIBLE CONTRACEPTIVE USE AMONG ADOLESCENT AND YOUNG ADULT WOMEN EXPOSED TO INTIMATE PARTNER VIOLENCE

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Purpose: Unintended pregnancies disproportionately affects adolescents and young adult (AYA) women experiencing intimate partner violence (IPV) and reproductive coercion (RC). RC affects 12% to 37% of AYA women. Long-acting reversible contraceptives (LARC) are methods that prevent pregnancy but only used by 4.3% of AYA women in the U.S. The current study examined prevalence of RC and