Larimer County
Sexual Health Needs Assessment

Extended Report: Sexual and Reproductive Health

Rose Grace Grose, PhD
Brianna Robles, MPH
Behavior Change Theories MPH Students
The Colorado School of Public Health
July 2022
Acknowledgments
Rocky Mountain Public Health Training Center generously provided financial support for this project. We would like to thank Kelli Curl at the Larimer County Department of Health and Environment, the dedicated members of the Comprehensive Sex Education Alliance, and community partners who aided in recruitment. The CH509 Behavior Change Theories course students were Veronica Adams, Nicole Bicknell, Rosie Glaser, Kristel Gonzalez Terrazas, Gina Heinsohn, Amelia Lee, Sheri McCaskill, Payton Pohlman, Aurora Rousseau, Alex Sandoval, and Michelle Stocker.
Table of Contents

Acknowledgments ....................................................................................................................... 2
Definitions* ................................................................................................................................... 5
Executive Summary ...................................................................................................................... 7
Project Purpose .............................................................................................................................. 8
Method .......................................................................................................................................... 8
Participants ................................................................................................................................... 9
Results .......................................................................................................................................... 10
Overall Health & Use of Services .............................................................................................. 10
Reproductive & Sexual Healthcare ............................................................................................ 10
  Knowledge & Comfort .................................................................................................................. 10
  Services & Satisfaction ................................................................................................................ 10
  LGBTQ+ Competent Care .......................................................................................................... 11
Access Barriers .............................................................................................................................. 11
Sexual & Partner Violence .......................................................................................................... 13
  Knowledge of Sexual Violence Services .................................................................................... 13
  Violence Perceptions & Experiences .......................................................................................... 13
  Sexual Violence Reporting ........................................................................................................ 14
Sexual Behaviors & Practices ...................................................................................................... 14
Transgender & Nonbinary Experiences ...................................................................................... 15
Recommendations ....................................................................................................................... 16
  Knowledge, Comfort, & Access .................................................................................................. 16
  Create community-level sexual health awareness campaigns .................................................. 16
  Support comprehensive sexual education ................................................................................ 17
  Improve affordability ................................................................................................................... 17
Sexual Violence Response ........................................................................................................... 17
  Conduct a capacity assessment of community- and university-based resources ....................... 18
  Create awareness campaigns for sexual violence services ....................................................... 18
  Fund and expand existing healthy relationships and violence prevention programming .......... 17
  Implement sexual violence and LGBTQ+ sensitivity training for law-enforcement .................. 18
Inclusive & Affirming Care .......................................................................................................... 18
  Raise awareness of existing LGBTQ-friendly sexual health community resources .................. 18
  Highlight LGBTQ+ sexual health champions and scale-up best practices ............................... 18
Adopt best practices for welcoming environments ................................................................. 19
Reduce stigma and judgment through provider training .......................................................... 19
Create a system for reporting discrimination and/or denial of care ........................................ 19

Future Research ................................................................................................................. 19
Collect needs assessment data from diverse samples ............................................................... 19
Ask questions about sexual health salience and conduct group-based analyses ...................... 20
Ask questions about sexual violence service utilization and quality ....................................... 20
Revise sexual violence experience questions ......................................................................... 20

Study Limitations .............................................................................................................. 20

Conclusion ......................................................................................................................... 20

Data Tables ......................................................................................................................... 22
Table 1. Sociodemographic characteristics ......................................................................... 22
Table 2. General health characteristics ................................................................................. 23
Table 3. Knowledge and Comfort with Sexual and Reproductive Health Care ...................... 24
Table 4. Sexual and Reproductive Health Care Offered in Larimer County ............................ 26
Table 5. Affirming Sexual and Reproductive Health Care in Larimer County ....................... 27
Table 6. Barriers to Sexual and Reproductive Health Care in Larimer County ...................... 28
Table 7. Violence Perceptions and Experiences .................................................................... 29
Table 8. Sexual Assault Response in Larimer County ............................................................ 30
Table 9. Sexual Behaviors & Practices .................................................................................. 31
Table 10. Contraception Use* ............................................................................................... 32
Table 11. Comfort Disclosing Transgender or Non-Binary Identities* .................................. 33
Table 12. Transgender and Non-Binary Sexual Health Care in Larimer County* .................. 35

References .......................................................................................................................... 37
Definitions*
*from National Center for Health Statistics unless otherwise noted.

**Assigned sex at birth** (noun) – The sex (male or female) assigned to a child at birth, most often based on the child’s external anatomy. Also referred to as birth sex, natal sex, biological sex, or sex.

**Bisexual** (noun) – A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.

**Cisgender** (adj.) – A person whose gender identity and assigned sex at birth correspond (i.e., a person who is not transgender).

**Comprehensive Sex Education Alliance (CSEA)** (noun) – CSEA is a coalition based in Northern Colorado whose goal is to promote and educate about sexual wellness, public health, and the right to access equitable and inclusive services through progressive outreach and action in our community (CSEA, 2020).

**Gay** (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity, but is more commonly used to describe men.

**Gender affirming surgery (GAS)** (noun) – Surgeries used to modify one’s body to be more congruent with one’s gender identity. Also referred to as sex reassignment surgery (SRS) or gender confirming surgery (GCS).

**Gender binary** (noun) – The idea that there are only two genders, male and female, and that a person must strictly fit into one category or the other.

**Gender identity** (noun) – A person’s internal sense of being man/male, woman/female, both, neither, or another gender.

**Gender nonconforming** (adj.) – Describes a gender expression that differs from a given society’s norms for males and females.

**Genderqueer** (adj.) – Describes a person whose gender identity falls outside the traditional gender binary. Other terms include gender variant, gender expansive, etc.

**Heteronormativity** (noun) – The assumption that everyone is heterosexual, and that heterosexuality is superior to all other sexualities.

**Heterosexual (straight)** (adj.) – A sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.

**Intersectionality** (noun) – The idea that identities are influenced and shaped by race, class, ethnicity, sexuality/sexual orientation, gender/gender identity, physical disability, national origin, etc., as well as by the interconnectedness of all of those characteristics.

**Intersex** (noun) – Group of rare conditions where the reproductive organs and genitals do not develop as expected. Some prefer to use the term disorders (or differences) of sex development. Intersex is also used as an identity term by some community members and advocacy groups.

**Larimer County Department of Health and Environment (LCDHE)** (noun) – A local health department located in Larimer County, Colorado dedicated to community health services, environmental health services, health education, communication and planning, and clinical services (LCDHE, 2020a).

**Lesbian** (adj., noun) – A sexual orientation that describes a woman who is emotionally and sexually attracted to other women.

**LGBTQ+** (noun) – an acronym for lesbian, gay, bisexual, transgender, queer or questioning, and other. These terms are used to describe a person’s sexual orientation or gender identity.

**LGBTQ-competent care** (adj.) – Care that addresses the unique experiences of LGBTQ people and implements practices that affirm and respect them.
Minority Stress (noun) – Chronic stress faced by members of stigmatized minority groups. Minority stress is caused by external, objective events and conditions, expectations of such events, the internalization of societal attitudes, and/or concealment of one’s sexual orientation.

Queer (adj.) – An umbrella term used by some to describe people who think of their sexual orientation or gender identity as outside of societal norms. Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity. Due to its history as a derogatory term, the term queer is not embraced or used by all members of the LGBT community.

Questioning (adj.) – Describes an individual who is unsure about or is exploring their own sexual orientation and/or gender identity.

Sexual healthcare (noun) - a range of services such as birth control management, gynecology exams, sexually transmitted infection (STI) testing and treatment services, pregnancy and fertility services, gender affirming care like hormone therapy, and reproductive health screenings and wellness exams.

Sexual orientation/sexual identity (noun) – How a person characterizes their emotional and sexual attraction to others.

Transgender (adj.) – Describes a person whose gender identity and assigned sex at birth do not correspond. Also used as an umbrella term to include gender identities outside of male and female. Sometimes abbreviated as trans.
Executive Summary

Purpose & Context
Larimer County Department of Health and Environment conducted a community needs assessment in Spring 2020 to provide the first overview of residents’ perceptions and experiences receiving sexual healthcare in Larimer County. Topics included: experiences with sexual healthcare; barriers to accessing quality sexual healthcare; experiences with sexual violence; sexual behaviors; and demographic questions. Additional topics for transgender or gender nonbinary residents were negative experiences with providers and perceptions about inclusiveness. This study was conducted in partnership with the Colorado School of Public Health at the University of Northern Colorado, the Comprehensive Sex Education Alliance (CSEA) partner organizations (i.e., a local health network, Sexual Assault Victims Advocacy Center Planned Parenthood of the Rockies), and other community partners (i.e., NoCo Equality, Pride Resource Center, Estes Valley Crisis Center, Salud Family Health). The results of this study will assist LCDHE and community partners in identifying ways to improve access, quality, and inclusiveness of sexual health services in Larimer County.

There were 466 respondents included in this analysis (ages 18-64). Most identified as cisgender female (79%) or cisgender male (12%), with 43 (9%) identifying as transgender or nonbinary. Almost half (48%) self-identified along the LGBTQ+ spectrum. The vast majority of (91%) identified as White.

Selected Recommendations

- Create community-level sexual health awareness campaigns
- Support comprehensive sexual education
- Improve affordability
- Conduct a capacity assessment of community- and university-based sexual violence resources
- Create awareness campaigns for sexual violence services
- Fund and expand existing healthy relationships and violence prevention programming
- Implement sexual violence and LGBTQ+ sensitivity training for law-enforcement
- Raise awareness of existing LGBTQ+-friendly sexual health community resources
- Highlight LGBTQ+ sexual health champions and scale-up best practices
- Adopt best practices for welcoming environments
- Reduce stigma and judgment through provider training
- Create a system for reporting discrimination and/or denial of care

Improving the state of sexual healthcare for Larimer County residents will go beyond the scope of the health department and will require community partners to help disseminate resources and information in a way that is accessible and affordable. This report should be shared with community organizations including, but not limited to the Larimer County Police Department, Department of Education, primary care providers, and sexual health resource centers serving Larimer County residents.
Project Purpose
Larimer County Department of Health and Environment (LCDHE), with support from the Comprehensive Sex Education Alliance (CSEA), conducted a community needs assessment related to sexual healthcare in Larimer County in Spring 2020. The primary purpose of this assessment was to provide the first overview of residents’ perceptions and experiences receiving sexual healthcare. The results of this study will assist LCDHE and community partners in identifying ways to improve access, quality, and inclusiveness of sexual health services in Larimer County.

The second purpose of this needs assessment is to better understand the sexual healthcare experiences of lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) residents and the availability of LGBTQ-competent sexual healthcare in Larimer County. Health disparities are prevalent among LGBTQ+ populations, often because of stigma, discrimination and denial of civil rights and legal protections based on sexual orientation and/or gender identity (Institutes of Medicine, 2011). The needs of LGBTQ+ individuals should be included public health initiatives to reduce health disparities and improve the quality of life for everyone, according to the Centers for Disease Control and Prevention (NCHHSTP, 2014).

A review of current available data on the sexual health status and healthcare experiences of LGBTQ+ Coloradans revealed massive gaps in the literature surrounding LGBTQ+ health in Colorado and Larimer County. One Colorado Education Fund (OCEF) conducted a 2018 survey about the health needs and experiences of more than 2,500 LGBTQ+ Coloradans. Over half of respondents (52%) indicated that they do not have access to LGBTQ+ competent care in Colorado. Further, 34% of transgender respondents reported they have been denied coverage for LGBTQ-specific medical services such as pre-exposure prophylaxis (PrEP) or gender-affirming care (OCEF, 2017). Of note, most respondents lived in the Denver-metro area, so the experiences and barriers to seeking sexual healthcare services for LGBTQ+ individuals in Larimer County are largely unknown. This project seeks to fill these gaps and enrich the research related to the sexual healthcare experiences in Larimer County.

Method
Cross-sectional data were collected through an online community survey that assessed the needs and perceptions of sexual healthcare amongst Larimer County adult residents ages 18 and over. In partnership with the Colorado School of Public Health at the University of Northern Colorado, LCDHE, and CSEA, Brianna Robles developed the sexual health assessment survey through a review of literature and current local available data. CSEA partner organizations (i.e., LCDHE, a local health network, Sexual Assault Victims Advocacy Center (SAVA), Planned Parenthood of the Rocky Mountains), and other community partners (i.e., NoCo Equality, Pride Resource Center, Estes Valley Crisis Center, Salud Family Health) helped with question development.

Participants were recruited via Facebook posts shared by CSEA and other partner organizations (i.e., NoCo Equality, Estes Valley Crisis Center). Initially, the survey was to be posted and advertised via LCDHE’s Facebook; however, due to the Coronavirus (COVID-19) pandemic, LCDHE focused their social media on COVID-19. The boosting and targeting functions on Facebook resulted in the survey reaching over 13,000 people – the post was boosted to reach Larimer County residents and recruit people with ‘LGBTQ+’ and/or ‘Transgender’ interests. The online setting of the survey supported confidentiality and privacy for participants when taking the survey and enabled the reach of the survey to expand to
residents throughout Larimer County, including more rural areas. Participants had the option to enter a drawing for 1 of 10 $50 e-gift cards (Visa).

The online survey was available via Survey Monkey in English and Spanish for two weeks in April 2020 and included 54 questions. Most questions were quantitative in nature (Likert scale or agree/disagree), but there were several questions that were open-ended and/or provided an “other” option where respondents could write in an answer if the given choices did not fit for them. Topics addressed in the survey included: experiences with sexual healthcare; barriers to accessing quality sexual healthcare; experiences with sexual violence, seeking care, and reporting; sexual behaviors; and demographic questions. Additionally, participants who identified as transgender or gender nonbinary (includes intersex, two-spirit, genderqueer, and agender) were asked questions related to their unique barriers and experiences of sexual healthcare including perceptions about inclusiveness of providers and clinics, and negative experiences with providers due to their gender nonconforming identity. An analysis of the transgender and gender nonbinary participants was completed in May 2020 as Brianna Robles’ Capstone Project and are reported in more detail elsewhere.

For this report, all questions were exported into Statistical Package for Social Sciences (SPSS) software for data-cleaning, re-coding, and quantitative analyses utilizing frequencies. Overall, 636 individuals began the survey. We excluded respondents who were not Larimer County residents \( (n = 32) \), who stated no residency information and stopped the survey \( (n = 15) \), who only completed the residency question and no others \( (n = 8) \), who only completed the residency and gender identity question and no others \( (n = 114) \) or whose answers indicated they were not completing the survey in good faith \( (n = 1) \). After this data-cleaning process 466 participants who answered at least some of the survey items were included.

The qualitative analysis of open-ended survey questions was conducted in fall 2021 by graduate students in a Colorado School of Public Health at the University of Northern Colorado course. The 11 students were split into three teams of 3-4 people, supervised by the professor. The analysis was conducted by hand through a multi-step thematic analysis for three main topic areas: sexual health, sexual violence, and transgender and non-binary experiences. In each team, individual researchers read all responses related to their topic and conducted open coding to develop their own initial thematic codes. Axial coding occurred in collaboration with the team for further refinement for themes and to create a single codebook for their topic (codebooks available upon request). Once the codebooks were developed, the researchers double coded the responses in their section. Double coding involved the individual researchers coding the responses on their own then coming together as a team to compare. All discrepancies were resolved through conversation until a consensus was reached within the team (sexual health, sexual violence, or transgender and non-binary experiences).

Participants

Table 1 displays sociodemographic characteristics for the participants in this report. Most respondents (62%) had been Larimer County residents for over 5 years. Respondents ranged in age from 18 to 64 years (Mean = 31). Most identified as cisgender female (79%) or cisgender male (12%), with 43 (9%) identifying as transgender or nonbinary (including intersex, two-spirit, genderqueer, and agender). For sexual orientation, almost half (48%) self-identified along the LGBTQ+ spectrum. The vast majority of respondents (91%) identified as White, with 15% identifying as Hispanic, Latino, or Spanish origin. About two-thirds
(62%) earned $50,000 or less annually, with 17% having an education beyond a bachelor’s degree. Nearly one-quarter (24%) were unemployed, and 20% had experienced homelessness at the time of the survey or in the past.

**Results**

**Overall Health & Use of Services**

Table 2 shows general health characteristics. Recall that this survey was distributed at the beginning of the COVID-19 pandemic and during Larimer County’s Stay-at-Home Order, March 25-April 26th, 2020 (LCDHE, 2020b). Although only 25% reported their general health was fair or poor, 56% indicated that their mental health was fair or poor. Most (83%) had healthcare coverage at the time of the survey. The fact that 41% reported that their activities were limited because of physical, mental, or emotional problems may be inflated due to the pandemic (just 26% said they had difficulty doing errands alone due to those same issues). In terms of service utilization, in the last year 21% had not seen a primary care provider (PCP), 29% had not had a physical or general wellness exam, 53% had not seen a mental or behavioral health provider, and 34% had not seen any healthcare provider for sexual health services.

**Reproductive & Sexual Healthcare Knowledge & Comfort**

Participants were asked about their knowledge and comfort obtaining sexual healthcare services near where they live (Table 3). Knowledge varied by type of service, from 96% knowing where to get contraceptives over the counter to just 51% knowing where to get sexual violence services and only 61% knowing where to get abortion procedure services. Although 87% knew where to get STI/HIV testing, fewer knew where to get treatment (80%). Comfort with specific services typically corresponded with knowledge, the higher the knowledge, the higher the comfort-level. While over 52% were “very comfortable” accessing contraceptives over the counter or by prescription, around 30% were “very comfortable” getting tested or treated for STIs/HIV, and around 17% were “very comfortable” getting abortion or sexual violence services.

Participants were asked for additional feedback on these services in an open-ended question. Responses revealed desire for community-level sexual healthcare knowledge, some discomfort with sexual healthcare, and the relevance of individual sexual practices/conditions in seeking sexual healthcare in Larimer County. As one respondent exclaimed: “There needs to be more education to the general public about these services!!” Like the quantitative data, the qualitative data revealed room for improvement in knowledge and comfort about sexual health services. As one participant said: “I have no idea where to get non over the counter sexual health information that is not from my primary doctor.” Another respondent added: “I haven’t really received information about where to go for abortion and std testing.” Some respondents did not feel comfortable or safe either accessing or discussing their health needs, even with their physician. For example, one respondent elaborated: “I’m lesbian, so don’t need contraceptives, but generally not comfortable purchasing or discussing these things, although I do discuss concerns with my female doctor.” Participant feedback suggests a desire for more sexual healthcare information.

**Services & Satisfaction**

If participants had received sexual health services in Larimer County in the last year, they indicated which services they were offered and their overall satisfaction (Table 4). The services offered reflect the demographics of this sample (68% offered a pap smear versus 2% prostate screening), and the specific needs of patients (e.g., lower percentages for treatment versus testing). Nearly two-thirds (65%) were offered STI testing, whereas just over one-third (39%) were offered HIV testing. STI/HIV testing and HPV vaccination recommendations vary by age
group and sexual risk profile, so it is not possible to assess perfectly whether recommendations were adequate and appropriate without further analysis. Out of 100, the average overall satisfaction was only 79, suggesting room for improvement.

The qualitative data reinforced how sexual health services of importance were specific to individuals. Several respondents shared how some services were not salient or relevant, such as, “Do not use birth control or have an STI” or “I have never had a need for a SANE.” Some sexual health services are only used when the residents see a need for the service or see the importance of the service. Others were concerned about barriers to treatment for specific pre-existing conditions including dyspareunia, as one respondent shared: “I have PCOS, so these concerns are related to long term fertility and overall health issues.” Need for services is likely specific to sexual identities, practices, and pre-existing conditions. As one respondent put it, “I believe I am more aware and comfortable about these things because I have had a baby here in Larimer County and use those doctors as resources.” Personal experiences appear to increase some individual’s comfort-level seeking and receiving sexual healthcare.

LGBTQ+ Competent Care
All participants were asked to rate their level of agreement for several questions about the LGBTQ-competent care and indicated whether a provider asked about certain topics during their last experience getting sexual health services in Larimer County (Table 5). They were told “LGBTQ-competent care addresses the unique experiences of LGBTQ people and implements practices that affirm, accept, and respect them.” Only about one-third agreed or strongly agreed that their sexual health provider in Larimer County was knowledgeable about (40%) or competent with (36%) LGBTQ+ sexual health care. When asked if their sexual healthcare services were inclusive and affirming of their sexual orientation, 62%

agreed or strongly agreed, possibly reflecting the overrepresentation of straight/heterosexual participants.

Best practices for inclusive and affirming care suggest providers should be proactive in communicating with patients across diverse identities and use correct patient pronouns. However, beyond asking about relationship status (74%) and sexual behaviors (69%), it appears that Larimer County providers are not regularly initiating such conversations. Only about one-third were asked about sexual orientation (39%), gender identity (35%), sex assigned at birth (31%), or sexual violence history (34%). Even fewer (20%) were asked for their pronouns. Asking more questions to understand a person’s sexual identity and history is an important step to providing LGBTQ+ competent care.

Access Barriers
The last sexual and reproductive health services questions asked about barriers to accessing sexual healthcare in Larimer County (Table 6). Sexual healthcare was defined as “a range of services such as birth control management, gynecology, HIV/STI testing and treatment services, pregnancy and fertility services, gender affirming care like hormone therapy, and reproductive health screenings and wellness exams.” The top three barriers listed were concern that it may not be covered by health insurance (58% agree/strongly agree), that it was too expensive (47% agree/strongly agree), and about being judged for their reasons to need sexual health services (34% agree/strongly agree). When asked if a barrier was that nearby providers are not well-trained in LGBTQ+ specific sexual health care, most respondents (61%) answered “neither agree nor disagree.” This likely reflects an overrepresentation of straight/heterosexual and cisgender respondents in this sample.

In an open-ended question respondents had an opportunity to describe any other barriers not mentioned previously, although many discussed the listed barriers. The theme of
accessibility arose with several participants mentioning cost and insurance coverage as primary barriers. As one respondent described: “I can't imagine any of these services would be affordable w/out insurance,” and another participant expressed relief for medical coverage: “I am a single mom on Medicaid and it has been [sic] saving grace for all my medical care for years.” This sentiment about cost concerns along with accessibility during the pandemic was echoed by another participant: “The websites are way too confusing. I want to know exactly how much it will cost me before I make an appointment, because if it’s too much then I won’t be able to make an appointment. Planned Parenthood told me I had to cancel my appointment, so I did. I need my implant taken out and replaced but I don’t even know if I can do that right now because of coronavirus.” When a resident cannot afford services, they do not truly have access to sexual healthcare.

Respondents articulated community-level stigma, fear of judgment, and negative societal beliefs about sexual healthcare in the region. One person said, “While I feel comfortable doing those things myself, I do feel that Larimer County as a whole has a lot of reservation and judgement in regards to these topics, so many I know do not, and I understand why.” Another resident linked their perception of lack of acceptance to discomfort getting care: “These topics carry certain social stigmas that tend to cause a person to feel uncomfortable.” As another participant described: “This is a very conservative community which makes it difficult to take care of sexual health needs outside the ‘norms’ of ‘married’ sex.” A desire for more community-level education was also connected to perceived negative beliefs. One respondent said, “Sex education needs to be taught more and in more depth. The judgement when attempting to pick up condoms, birth control, or the morning after pill is intense.” The qualitative data showed many residents felt that they would be judged by other residents for discussing or using sexual health services.

Judgment also arose in several participants’ concerns about accessing services due to protestors’ behavior. Although Planned Parenthood was mentioned as a consistent and positive resource in the community, there were negative emotions and perceptions of protests at the site: “I am concerned about protestors preventing me from gaining access to sexual healthcare.” Another person added: “Larimer County needs to work harder to provide safe access to legal abortions. Anti-abortion protestors try every day to make Larimer County residents uncomfortable when accessing sexual healthcare.”

Residents’ prior experiences impacted their attitudes and behaviors around sexual healthcare and sometimes created barriers. Participants reported a range of good and bad experiences. Many had good experiences with Planned Parenthood: “Planned Parenthood has helped me with most of not all of the aforementioned issues,” “Planned Parenthood in Fort Collins is an essential resource for the community, and I hope they continue to provide for the community.” However, past negative experiences included examples of harassment by healthcare providers: “I am concerned about the boundaries my doctor has crossed.” In another example, a sexual assault survivor was told by a police officer: “a faggot like you had to be asking for it.” Negative experiences were not just about overt harassment: “I feel comfortable getting tested/getting treatment, but my past experiences at a certain place were very uncomfortable/not empathetic.” Provider knowledge was also of concern, as one respondent stated: “Intersex, doctors just don’t know much about.” Another respondent said, “It’s hard to know if they will be educated/knowledgeable about the topic and I don’t want to have to educate them.” Safe and open access to sexual healthcare for all residents of Larimer County needs to be addressed if barriers are to be eliminated.
Sexual & Partner Violence

Knowledge of Sexual Violence Services
Participants were asked about exposure to violence and experiences reporting or seeking care in Larimer County. First, they were asked an open-ended question: “What services are you aware of, if any, in Larimer County that supports people who have experienced sexual violence?” When providing names of sexual violence support organizations and services, many participants listed community organizations such as “SAVA,” “Crossroads Safehouse,” “Alternatives to Violence,” “Safe2Tell”, and “Estes Valley Crisis Advocates.” Community organizations were the most common support type listed, and a majority of those included Sexual Assault Victim Advocate Center (SAVA) Center, a local advocacy organization. University services were the next most frequent types of services mentioned, including, “CSU gender and woman advocacy has a hotline” and “Colorado State University, Women Gender and Advocacy Center.” Fewer responses indicated awareness of resources provided by medical organizations, for example: “Planned Parenthood” and “SANE.” Legal/law enforcement services were mentioned least often, including “The police” and “Victim’s assistance team.”

Another theme was a lack of knowledge or uncertainty around support resources in Larimer County. Within the overall dataset, just 51% selected “yes” for “knows where to get sexual violence services” (Table 3), and about one-quarter of open-ended responses indicated no knowledge of sexual violence support resources. There were examples of respondents who had some knowledge of support resources and services but appeared to be uncertain if their information was correct or complete. For instance, respondents said: “I think they have a SANE examiner service at UC Health? And we have at least one place for women to go to escape sexual violence…not sure” and “I think there’s an emergency call center but I’m not sure and wouldn’t know the number.”

Still, examples of self-efficacy did emerge, in which respondents indicated they felt confident they could find and use services if needed, despite a lack of knowledge around specific services. Some examples include, “Couldn’t recall the name but if I needed the info I could google it or reach out on Facebook groups,” “I don’t know any off the top of my head, but Google is just a click away,” and “I do not know. I would go to Planned Parenthood for help if I was in that situation.” These responses suggest more education about accessing sexual violence services is needed.

Violence Perceptions & Experiences
Participants were also asked about workplace and school policies on sexual violence and personal experiences with violence (Table 7). Two-thirds (68%) indicated that their school or workplace had policies to prevent sexual violence, assault, or harassment. However, only 34% reported that the school or workplace “always” follows through with the policies. Violence experiences were not rare in this sample. Two-thirds (66%) reported ever experiencing one or more types of physical assault or fear of a partner’s physical violence. Over half (58%) reported experiencing physical aggression like being kicked, shocked, slapped, grabbed, or punched, whereas 32% reported having been threatened with or having someone use a knife or gun to scare or hurt them, and 41.2% reported being afraid of being physical hurt by an intimate partner. Two-thirds (67%) had experienced sexual harassment and/or assault at some point in their life. Specifically, half reported being sexually harassed at school or work (51%) and half reported being physically coerced or forced to have sex (52%).

If a respondent had experienced forced sex, they indicated their relationship to the perpetrator (Table 8). Consistent with other sexual violence data, 38% were assaulted by a current or former partner, 37% by an
acquaintance or friend, and 7% by a stranger. If they chose “other,” they were asked to elaborate. Consistent with the quantitative results, the qualitative data suggest the most common relationship between the survivor and the perpetrator was a familiar one. Most indicated that the perpetrator was someone in a prior relationship, whether it was romantic, an acquaintance, or caregiver. Responses that reflected the theme of current or former partner/romantic affiliation included: “ex-boyfriend,” “former partners,” “ex bf”. It is worth noting that these responses explicitly specify a past-tense relationship with the perpetrator(s) and may indicate that the respondent did not see the “former” part of the provided “current or former partner” option on the predetermined list. Additionally, several respondents indicated encounters with more than one perpetrator, for example, “there is more than one person: one who was a former partner, and one who was a former coworker” and “ex-boyfriend, grandparent, sibling, stranger, acquaintance.” These data specified multiple connections between the respondent and perpetrators but contain a common theme of an ex-partner.

One theme surfaced within the open-ended responses that did not fit in the list provided. It reflected perpetrator(s) having a non-familial, but caregiving relationship to the respondent. Examples of this theme include, “camp counselor” and “babysitter.” This theme was the least common among respondents; however, these responses are still important to consider for Larimer County, as it may help to inform target audiences for sexual violence prevention programming.

Sexual Violence Reporting
Respondents with violence experiences answered a series of questions about disclosure, including police and medical response (Table 8). Most (79%) had told someone about the sexual assault. Of those who did disclose, 75% reported a positive and supportive response. Only 26% of survivors said that they had reported their assault to police. Importantly, of those who reported, the majority (87%) reported that they were uncomfortable (21%) or very uncomfortable (67%) throughout the process. Only 28% reported seeking medical care in Larimer County after their assault, with 55% saying they were uncomfortable or very uncomfortable during the process. Thus, both the qualitative and quantitative data paint a picture of discomfort with Larimer County law enforcement being a support system for sexual violence and assault.

Sexual Behaviors & Practices
To better understand the needs of Larimer County residents, respondents were asked about their sexual partner, behaviors, and safer sex practices (i.e., use of barrier methods; Tables 9 and 10). Most (91%) respondents had partnered sexual activity in the past year, indicating a need for sexual health services. As seen in Table 9, the most frequently reported behavior was penile-vaginal sex (60%) and least frequent was group sex (7%). Of individuals who reported having ever exchanged sex for food, shelter, money, drugs, or other resources (7%), nearly one-third (31%) did not have or were unsure if they had had the power to consent in the situation.

Participants with penile-vaginal intercourse experience answered questions about their use of contraception in the past year. These data only provide information on use (multiple selections possible), not about why or how individuals made their choices about pregnancy and/or STI protection. The most common forms used were condoms (34%), intrauterine devices (34%), birth control pills (26%), and the withdrawal/pull-out method (17%). Participants were asked how often they used condoms during penetrative sex (anal and/or vaginal), with 23% reporting half the time or more and 19% reporting sometimes. Condom use during anal sex was also low, with 23% reporting half the time or more and 10% reporting sometimes.
Transgender & Nonbinary Experiences
This project was designed to delve into the experiences of transgender and nonbinary residents in more depth, so individuals who identified as transgender and/or nonbinary were asked a series of unique questions.\(^1\) Participants answered questions about their comfort sharing their gender identity with people in their life, including health care providers (Table 11). Respondents were most comfortable with sharing their identity with LGBTQ+ friends (95% said comfortable/very comfortable), followed by non-LGBTQ+ friends (54% comfortable/very comfortable). Most relevant to this assessment was that just 47% were comfortable/very comfortable sharing their identity with a sexual health care provider, which was higher than sharing it with a PCP (40% comfortable/very comfortable). These data indicate room for improvement across health care fields in increasing comfort with identity disclosure, as it might be relevant to services received.

Some discomfort may be related to negative reactions from providers. Trans/nonbinary participants were asked about fear of negative reactions upon coming out as trans/nonbinary and actual negative reactions upon coming out as trans/nonbinary with sexual healthcare providers in Larimer County (Table 12). Fear of negative reactions was reported by 61% with another 12% saying they somewhat feared this. In terms of actual negative responses, 12% said yes and another 9% said somewhat.

Bias and negative reactions from providers was a common theme in the qualitative data, especially disrespect, improper care, and denial of care in Larimer County. One respondent described an issue of disrespect in which they received rude looks from staff and “had the doctors use the wrong name and pronouns even after I’ve corrected them.” This is consistent with finding that most providers are not asking about pronouns. Other individuals described times they received improper care. For example, one stated, “the gynecologist was very cruel and refuses to treat me properly.” Such experiences of disrespect and improper care could deter transgender and non-binary residents from seeking sexual healthcare or transgender-related care for fear of a similar reaction. Some respondents were completely denied treatment due to their identity. One respondent was denied care outright, stating: “I was denied care after I was raped. . . . was never treated and I was forced to seek help outside of the state.”

Participants also indicated fear of experiencing such negative reactions as a barrier to seeking or receiving sexual healthcare in Larimer County. Responses indicated that this fear could be either fear of being treated unprofessionally, or fear for safety. One person stated that finding a new PCP is “daunting” and another says, “the fear…is always present.” Other respondents expressed fear associated with physical and bodily harm. Their fear may be based on hearing of other’s experiences or on their own previous negative experiences. One individual stated, “I’m scared what a doctor would do to my body were I unconscious and needed some emergency surgery.” One respondent stated, “No trans person in Northern Colorado feels safe.”

These incidences of bias are unethical and amoral; but they are also, in some cases, blatantly illegal. An inability for transgender and nonbinary people to receive proper emergency services, such as sexual assault medical care, is not only a risk to individuals’ health, but their lives as well. Fear may prevent an individual from seeking healthcare at all, which can be detrimental to their long-term health and wellness. Lacking a safe environment to receive sexual healthcare not only creates a future barrier to care, but also can result in mental and physical harm today. The overt bias from providers, especially in

\(^1\) A comparative analysis of LGBQ, transgender/non-binary, and all respondents can be found in the May 2020 report.
providing improper care or denying it all together is an extreme health risk to trans/nonbinary people in Larimer County.

The trans/nonbinary specific section also covered perceptions about inclusive and affirming transgender and sexual health services and use of gender-affirming and sexual health services in Larimer County (Table 12). Less than half of the trans/nonbinary participants agreed/strongly agreed that they could receive transgender health services near where they live (44%) and that they were comfortable getting those services (40%). About half agreed/strongly agreed that their sexual healthcare provider is affirming and inclusive (49%) with a welcoming office (49%) and about half disagreed/strongly disagreed that their sexual healthcare provider is uncomfortable with transgender or nonbinary patients (51%). Just 38% agreed/strongly agreed that their sexual health provider has inclusive policies and forms. In terms of being offered affirming services, about half (52%) were offered hormone therapy by a sexual health provider in Larimer County.

Trans/nonbinary participants had an open-ended opportunity to elaborate and “provide feedback on the questions above.” Two recurring themes revolved around the location of services for trans/nonbinary individuals and the resources available in Larimer County for them. Some participants did express having received positive care in Larimer County, as evidenced by one participant who said, “Family medicine center and UC Health is really great with trans care … [I] was treated well by a doctor I never saw before at UC Health urgent care in Loveland.” However, that sentiment was not widely shared, reinforcing the quantitative data showing general lack of access and comfort in Larimer County (Table 12). The reputation of Larimer County is not one that is friendly to the queer community, especially compared to Denver. As one participant stated, “FoCo and Loveland are the most transphobic places in the state.” Not everyone shared the intensity of that individual’s feelings, but many do not perceive their identities to be welcome in Larimer County.

Trans/nonbinary individuals in Larimer County either do not seek sexual healthcare or seek it outside of Larimer County. Lack of available resources, or a lack of knowledge that affirming resources exist, was a major contributing factor to this. Resources like LGBTQ-friendly providers, clinics, hormone-replacement therapy (HRT), and gender-affirming surgery and care, were all cited as either unavailable or difficult to find within Larimer County. Many participants shared similar sentiments to a participant who stated, “I go to Denver for my regular healthcare needs (HRT, surgery).” One respondent was unable to find providers due to cost, only recently being able to afford their deductible, a similar response to the 47% of all participants who indicated cost being a barrier to sexual healthcare (Table 6). Another respondent said, “We could definitely use more resources for gender affirming surgeries in the area. If they are present, I am unaware of them.” These responses indicate an overall lack of resources for both finding LGBTQ-friendly providers and affording proper care. Regardless of whether gender-affirming healthcare is present in Larimer County, the perception is that such care does not exist. As a result, residents of Larimer County are more likely to go outside of the county for care, if not leave all together.

**Recommendations**

Several recommendations emerged from the data. Below they are split into 1) knowledge, comfort, and access, 2) sexual violence response, 3) inclusive and affirming care, and 4) future research.

**Knowledge, Comfort, & Access**

Create community-level sexual health awareness campaigns

Larimer County should provide information to their residents to help promote healthy sexual behavior and utilization of and
comfort with sexual healthcare services. County level informational campaigns aimed at building perceived salience and personal agency for accessing services could benefit the community. Research supports the positive public health impacts of comprehensive community education of sexual health resources and interventions (Hogben et al., 2015). Information about local sexual health services can be delivered in numerous ways, such as local advertising on billboards, on social media, postal services, flyers, or by hosting educational classes.

Support comprehensive sexual education
Larimer County must support comprehensive sexual health education in schools and public service institutions, with inclusive, equity focused, and culturally specific information to capture the individual needs of the diverse racial, ethnic, gender, and sexual identity groups of Larimer County (Brown et al., 2021). The data showed that when residents have more knowledge about sexual healthcare services, they feel more comfort. Respondents are concerned about judgement and stigma from other community members. Efforts to change perceived norms around sexual health services through strategic social support interventions led by community stakeholders including, but not limited to, LGBTQ+ leaders, sexual health educators, and health care providers are needed. Special attention should be given to abortion and sexual health services, as those were areas about which residents reported the least knowledge and comfort.

Improve affordability
At a policy level, provision of all sexual healthcare services and materials at little to no cost to community members is recommended. Larimer County needs to ensure that sexual healthcare services are easily accessible for residents by reducing the cost or finding ways to supplement insurance coverage. Creating a guide or brochure about existing affordable options could be a good starting point.

Sexual Violence Response
Create awareness campaigns for sexual violence services
Larimer County should create directed educational messaging about sexual violence support services so residents can be more knowledgeable about available resources before they need them. Uncertainty and lack of knowledge in these data show there needs to be more effort and funding for advertising sexual violence support services and how to use them. Existing partnerships between sexual violence organizations, medical providers, and law enforcement agencies should be enhanced, so these partners may fully inform survivors of their support service options. Awareness of advocacy services is particularly important, given the discomfort with reporting processes expressed by many survivors in this survey.

Sexual assault and abuse healthcare providers should pay special attention to the comment from one transgender participant who was refused care after being raped. Ensuring LGBTQ+ individuals know about safe places to receive sexual assault healthcare and emergency services is necessary to prevent denial of care and further trauma. Increasing awareness of support services and organizations, so that people know exactly what the support services are and what they do, may change how survivors of sexual violence and assault seek support in the future. LGBTQ+ organizations and sexual assault organizations can help this effort.

Fund and expand existing healthy relationships and violence prevention programming
These results indicate a need for programming around healthy relationships and intimate partner violence in Larimer County. SAVA Center provides three
programs aimed at preventing sexual violence by teaching youth about healthy relationships and facilitating discussions around the root causes of sexual violence. One of these programs is called “SART Peers” and utilizes a peer-model of information dissemination to educate adolescents aged 12-18 about sexual violence (SAVA Center, 2019). By encouraging young people to engage in these types of programs where they reflect on the root causes of sexual violence, define consent, and understand the importance of healthy relationships before entering serious relationships, Larimer County will hopefully see a decrease in the number of current or former partner perpetrators. Larimer County may want to create additional directed educational messaging around sexual violence perpetrators, so that residents are aware that strangers are not responsible for most incidences of sexual violence.

Implement sexual violence and LGBTQ+ sensitivity trainings for law-enforcement
The lack of awareness and comfort around utilizing law-enforcement as a resource for sexual violence shows a need for trust to be built between law enforcement and sexual violence survivors in the community. Sensitivity training around sexual violence in general and about LGBTQ+ identities in particular could improve the relationship between law enforcement and individuals seeking support for sexual violence experiences. Education on sexual trauma and appropriate response is essential, and the statistics about comfort during the reporting process should be a wake-up call. There are existing, effective partnerships between sexual violence support organizations, law enforcement, and medical providers in Larimer County. These collaborations could be models for further enhancing referral processes and access to advocacy and support services.

Continually monitor community- and university-based resource capacity
Continuous monitoring of community- and university-based resources is needed to ensure the most cited services are equipped to support Larimer County residents. It is important to regularly take stock of actual and potential resource availability and quality, and what gaps need to be filled (Gilmore, 2010). For example, SAVA Center and Planned Parenthood were referenced most frequently, so it is important to know whether their resources and funding are adequate for Larimer County’s needs.

Inclusive & Affirming Care
Raise awareness of existing LGBTQ-friendly sexual health community resources
While many respondents mentioned lack of resources, the underlying issue seems to be a lack of knowledge about the resources available to LGBTQ+ individuals in Larimer County. It would be helpful for LCDHE to create an awareness campaign or website highlighting available resources and how to access them using community partners to extend the reach of the messaging. The creation of such a website could greatly improve the lives of individuals like the respondent who said finding a new PCP is “daunting” or the individuals who stated they did not know where to get resources on LGBTQ+ care. If patients know of safe providers, they may feel less trepidation when trying to access sexual healthcare and may more frequently choose to seek care in Larimer County.

Highlight LGBTQ+ sexual health champions and scale-up best practices
LCDHE and partners should find a way to highlight areas that Larimer County residents see as strong in LGBTQ+ care. UC Health in Loveland was mentioned as a supportive resource. Working with UC Health and getting the message out that they are a trans-friendly facility could bring awareness to a great resource as well as help to create future
programs using their best practices as a starting point. Additionally, Larimer County should identify other providers and programs to highlight. In general, it is important to seek feedback from the trans/nonbinary community as changes are made and new initiatives started. Working with the community is one way to ensure the practices are more likely to be well received.

**Adopt best practices for welcoming environments**

LCDHE should take the lead and encourage sexual health providers in Larimer County to adopt best practices for creating more welcoming environments. Intake forms should be standardized to include more gender and sex options and room to indicate preferred names and pronouns, pamphlets that discuss LGBTQ+ issues should be displayed, and other signs or visual aids that show support for the LGBTQ+ community should be included within the physical area of the practice (Gay and Lesbian Medical Association, 2006). These actions may help individuals feel more welcome and may reduce fear for transgender/nonbinary individuals.

**Reduce stigma and judgment through provider training**

LCDHE should implement an LGBTQ+ health training or certification program for providers to obtain and display to patients upon completion. Training to increase LGBTQ+ related knowledge and reduce bias with providers should be adopted across Larimer County in public, nonprofit and private practice institutions (Morris et al., 2019). Trainings should be broad in scope and reach, giving all sexual healthcare providers a foundation for quality care. Many respondents discussed needing to leave Larimer County to find proper sexual healthcare, so a top priority needs to be making Larimer County sexual health care providers knowledgeable and open to transgender and nonbinary patients. LGBTQ+ patients want to know that their providers have received comprehensive trainings about how to treat them and their unique needs, and they should not be burdened with having to educate them.

**Create a system for reporting discrimination and/or denial of care**

The above recommendations may help create a welcome environment for healthcare providers who want to proactively welcome transgender and nonbinary patients, but something also must be done to address the improper care and denial of care to trans/nonbinary residents. Larimer County should consider creating a website or other resource with which individuals can report providers or organizations that have denied care or been outright discriminatory. This information should be available when LGBTQ+ residents are seeking sexual healthcare, so they know who to avoid. Having a mechanism to report malpractice or discrimination for transgender and nonbinary individuals specifically can help to identify healthcare providers who could be a threat to the mental and physical health of LGBTQ+ patients. Other communities have created “Bad Encounter” lines for reporting denial of care to marginalized groups by services and institutions (Young Women’s Empowerment Project, 2012). Follow through on discrimination claims will be important, and Larimer County should strengthen and/or develop more anti-discrimination policies and ensure the policies are being enforced. The key to improve on the issues highlighted in this study is to continue listening to the community and acting on their concerns.

**Future Research**

**Collect needs assessment data from diverse samples**

Future needs assessments should strive to increase sample diversity. Further data collection specific to population demographics less represented here is needed, as many qualitative responses were
contributed by white females.

Ask questions about sexual health salience and conduct group-based analyses
Additional questions exploring why residents find certain sexual health services relevant and salient could be added to future assessments. Reasons for perceived relevance of services would help Larimer County develop education and sexual healthcare that may be missing and of more salience to residents. Asking additional questions about contraception would illuminate whether there is an unmet need in Larimer County and/or lack of education about pregnancy and STI prevention options. Also, group-based analyses will be important to better understand service provision. Whether or not individuals are offered specific services depends on their experiences and identities, and more fine-tuned analyses will be needed to understand if current provider recommendations are adequate.

Ask questions about sexual violence service utilization and quality
Larimer County should ask about the use of sexual violence support services and the barriers to accessing these services, like questions for other sexual and reproductive health care services. They should further explore why some services are more successful and widely known than others. It is important for the community to have knowledge about sexual violence support services and resources, but it is also important to ensure there is adequate and inclusive care and support to the survivors of sexual violence. It would be valuable to ask an open-ended question about experienced barriers to receiving sexual violence-based support and what can be done to improve services. Discomfort with police and medical responses was evident, but more research is needed to understand the reasons for discomfort. There is still more to be learned about the experiences of those who have used those services, and about what may be preventing more survivors from using these services, to ensure survivors of sexual violence are receiving meaningful and inclusive support in Larimer County.

Revise sexual violence experience questions
If this survey were to be implemented again, it would be beneficial to use the plural form of the word “perpetrator” to account for the experiences of people that have had more than one perpetrator and hold more than one type of relationship to the perpetrator(s). This question could produce valuable insights into ways that Larimer County can continue to improve support and resources for survivors.

Study Limitations
The COVID-19 pandemic impacted this assessment. The recruitment plan was re-strategized due to the incapacity of LCDHE to promote the survey. The survey was limited in its ability to reach residents in Larimer County who do not have access to technology, Facebook, or wireless internet connection. Individuals with limited access to technology or social media likely have different sexual healthcare needs and perceptions, and these needs are not represented here. We used targeted marketing to reach our population, but it is possible that those within certain online networks were more likely to see the survey. This study could overrepresent the perspectives of some networks. Finally, our sample of trans/non-binary individuals was small, so caution should be used when generalizing from this group to all trans/non-binary residents.

Conclusion
With 58% of participants seeing a provider for sexual health in the last year, this assessment indicates Larimer County citizens need and are using sexual health services. Residents value these services and believe they are beneficial to public health. Knowledge and comfort varied by type of service, and the qualitative data reinforced that many residents feel
uncomfortable about sexual healthcare in Larimer County. Other barriers included insurance coverage, cost of care, and perceptions of stigma and judgement. These barriers limit access to sexual health services. Efforts to increase knowledge about available sexual health services, improve comfort, and increase affordability are essential.

Three main takeaways about sexual violence are that the majority of support resources and services listed were community organizations, that there is a lack of knowledge or uncertainty for many respondents in their knowledge of these support services, and that most survivors of sexual assault/violence knew their perpetrator to at least some degree of familiarity. There are steps Larimer County can begin to take now to educate its residents about sexual violence perpetrators and the support services available locally.

Another main conclusion is that Larimer County has a negative reputation when it comes to sexual healthcare for trans/nonbinary individuals, indicating a need to build trust through action. Only about one-third of residents reported best practices and there is a perception that Larimer County providers are not competent with LGBTQ+ sexual healthcare provision. Furthermore, trans/nonbinary residents do not all feel safe or welcome. This may be due to hearing stories of discrimination and/or personally experiencing discrimination by providers in Larimer County. The level of discrimination ranges from rude looks and mistreatment to outright denial of care. In addition to a perceived negativity towards trans/nonbinary individuals, there is also evidence of a perceived lack of resources for them in general. All of this contributes to a lack of trust in Larimer County sexual health providers by the LGBTQ+ community. While negative experiences may not have necessarily occurred in Larimer County, they are valid concerns present in the United States and should be explicitly addressed by Larimer County to reassure its residents.

Improving the state of sexual healthcare for trans/nonbinary individuals in Larimer County will go beyond the scope of the health department and will require community partners to help disseminate resources and information to the county in a way that is accessible and affordable. This report should be shared with community organizations including, but not limited to the Larimer County Police Department, Department of Education, primary care providers, and sexual health resource centers serving Larimer County residents. In such, we hope trans/nonbinary folks will not face the same safety and health concerns in the future as they have shared in this survey.

Left unaddressed, these issues and negative perceptions could lead to an exodus of trans/nonbinary individuals from Larimer County, potential lawsuits being brought against the county or big named businesses in the county, which could lead to negative publicity. All of these could have harmful impacts on the economic prosperity of Larimer County through lower revenues in taxes and fewer jobs due to a decrease in resident population and businesses deciding to locate elsewhere to avoid association. Additionally, the lack of trust in sexual health providers could lead to barriers in successfully implementing other public health initiatives, such as vaccine campaigns against COVID-19 or contraceptive promotion to prevent STIs. It is not too late to implement changes and redeem the reputation of Larimer County as LGBTQ-friendly.
## Data Tables

### Table 1. Sociodemographic characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length of residency in Larimer County</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than a year</td>
<td>20</td>
<td>4.3%</td>
</tr>
<tr>
<td>1-5 years</td>
<td>159</td>
<td>34.2%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>78</td>
<td>16.8%</td>
</tr>
<tr>
<td>11-15 years</td>
<td>34</td>
<td>7.3%</td>
</tr>
<tr>
<td>16-20 years</td>
<td>49</td>
<td>10.5%</td>
</tr>
<tr>
<td>&gt;20 years</td>
<td>125</td>
<td>26.9%</td>
</tr>
<tr>
<td>Total</td>
<td>465</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Gender Identity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female / cisgender female / non-transgender woman</td>
<td>368</td>
<td>79.0%</td>
</tr>
<tr>
<td>Male / cisgender male / non-transgender man</td>
<td>54</td>
<td>11.6%</td>
</tr>
<tr>
<td>Genderqueer / gender fluid / non-binary</td>
<td>18</td>
<td>3.9%</td>
</tr>
<tr>
<td>Transgender female / woman</td>
<td>8</td>
<td>1.7%</td>
</tr>
<tr>
<td>Transgender male / man</td>
<td>13</td>
<td>2.8%</td>
</tr>
<tr>
<td>Two-spirit</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Intersex</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Agender</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Total</td>
<td>466</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Sexual orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay</td>
<td>21</td>
<td>5.9%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>19</td>
<td>5.3%</td>
</tr>
<tr>
<td>Queer</td>
<td>20</td>
<td>5.6%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>66</td>
<td>18.4%</td>
</tr>
<tr>
<td>Straight/heterosexual</td>
<td>187</td>
<td>52.2%</td>
</tr>
<tr>
<td>Pansexual</td>
<td>32</td>
<td>8.9%</td>
</tr>
<tr>
<td>Asexual</td>
<td>7</td>
<td>2.0%</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>1.7%</td>
</tr>
<tr>
<td>Total</td>
<td>358</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Current relationship status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single / never married</td>
<td>93</td>
<td>24.9%</td>
</tr>
<tr>
<td>Married / Civil Union / Engaged</td>
<td>128</td>
<td>34.2%</td>
</tr>
<tr>
<td>Domestic partnership / living with a partner / cohabiting</td>
<td>80</td>
<td>21.4%</td>
</tr>
<tr>
<td>Divorced / Separated / Widowed</td>
<td>21</td>
<td>5.6%</td>
</tr>
<tr>
<td>Partnered / not living together</td>
<td>40</td>
<td>10.7%</td>
</tr>
<tr>
<td>Polyamorous / non-monogamous</td>
<td>11</td>
<td>2.9%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Total</td>
<td>373</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Currently partnered</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>114</td>
<td>30.6%</td>
</tr>
<tr>
<td>Yes</td>
<td>259</td>
<td>69.4%</td>
</tr>
<tr>
<td>Total</td>
<td>373</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Any Hispanic, Latino, or Spanish origin</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>303</td>
<td>84.6%</td>
</tr>
<tr>
<td>Yes</td>
<td>55</td>
<td>15.4%</td>
</tr>
<tr>
<td>Total</td>
<td>358</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
### Racial identity

<table>
<thead>
<tr>
<th>Identity</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White only</td>
<td>321</td>
<td>91.2%</td>
</tr>
<tr>
<td>Black, Indigenous, People of Color</td>
<td>31</td>
<td>8.8%</td>
</tr>
<tr>
<td>Total</td>
<td>352</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Annual household income

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $10k</td>
<td>30</td>
<td>8.4%</td>
</tr>
<tr>
<td>$10-14k</td>
<td>34</td>
<td>9.5%</td>
</tr>
<tr>
<td>$15-24k</td>
<td>52</td>
<td>14.5%</td>
</tr>
<tr>
<td>$25-34k</td>
<td>53</td>
<td>14.8%</td>
</tr>
<tr>
<td>$35-49k</td>
<td>52</td>
<td>14.5%</td>
</tr>
<tr>
<td>$50-74k</td>
<td>63</td>
<td>17.6%</td>
</tr>
<tr>
<td>$75-99k</td>
<td>20</td>
<td>5.6%</td>
</tr>
<tr>
<td>$100k or more</td>
<td>33</td>
<td>9.2%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>8</td>
<td>2.2%</td>
</tr>
<tr>
<td>I don't know</td>
<td>13</td>
<td>3.6%</td>
</tr>
<tr>
<td>Total</td>
<td>358</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Education level

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school / no diploma</td>
<td>3</td>
<td>0.8%</td>
</tr>
<tr>
<td>High school graduate, GED, or equivalent</td>
<td>33</td>
<td>9.2%</td>
</tr>
<tr>
<td>Some college credit / no degree</td>
<td>111</td>
<td>31.1%</td>
</tr>
<tr>
<td>Trade / Technical / Vocational training</td>
<td>20</td>
<td>5.6%</td>
</tr>
<tr>
<td>2-year college / associate's degree</td>
<td>30</td>
<td>8.4%</td>
</tr>
<tr>
<td>4-year college / bachelor’s degree</td>
<td>96</td>
<td>26.9%</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>53</td>
<td>14.8%</td>
</tr>
<tr>
<td>Professional degree</td>
<td>3</td>
<td>0.8%</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>5</td>
<td>1.4%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>3</td>
<td>0.8%</td>
</tr>
<tr>
<td>Total</td>
<td>357</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Unemployed

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>258</td>
<td>76.1%</td>
</tr>
<tr>
<td>Yes</td>
<td>81</td>
<td>23.9%</td>
</tr>
<tr>
<td>Total</td>
<td>339</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Current/past homelessness

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>283</td>
<td>79.7%</td>
</tr>
<tr>
<td>Yes</td>
<td>72</td>
<td>20.3%</td>
</tr>
<tr>
<td>Total</td>
<td>355</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Age in years

<table>
<thead>
<tr>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>10</td>
</tr>
</tbody>
</table>

### Table 2. General health characteristics

<table>
<thead>
<tr>
<th>General health rating</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>16</td>
<td>4.4%</td>
</tr>
<tr>
<td>Fair</td>
<td>73</td>
<td>20.1%</td>
</tr>
<tr>
<td>Good</td>
<td>165</td>
<td>45.3%</td>
</tr>
<tr>
<td>Very good</td>
<td>82</td>
<td>22.5%</td>
</tr>
<tr>
<td>Excellent</td>
<td>22</td>
<td>6.0%</td>
</tr>
<tr>
<td>I don't know</td>
<td>6</td>
<td>1.6%</td>
</tr>
<tr>
<td>Total</td>
<td>364</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Table 3. Knowledge and Comfort with Sexual and Reproductive Health Care

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knows where to buy/get over the counter contraception (condoms, Plan B, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>437</td>
<td>95.6%</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>1.8%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>12</td>
<td>2.6%</td>
</tr>
<tr>
<td>Total</td>
<td>457</td>
<td>100.0%</td>
</tr>
<tr>
<td>Comfort buying/getting over the counter contraception (condoms, Plan B, etc.)</td>
<td>Not comfortable at all</td>
<td>3</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>------------------------</td>
<td>----</td>
</tr>
<tr>
<td>Not really comfortable</td>
<td>49</td>
<td>10.7%</td>
</tr>
<tr>
<td>Neutral</td>
<td>41</td>
<td>9.0%</td>
</tr>
<tr>
<td>Somewhat comfortable</td>
<td>109</td>
<td>23.9%</td>
</tr>
<tr>
<td>Very comfortable</td>
<td>236</td>
<td>51.6%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>19</td>
<td>4.2%</td>
</tr>
<tr>
<td>Total</td>
<td>457</td>
<td>100.0%</td>
</tr>
<tr>
<td>Knows where to buy/get prescription contraception methods</td>
<td>Yes</td>
<td>404</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>3.5%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>37</td>
<td>8.1%</td>
</tr>
<tr>
<td>Total</td>
<td>457</td>
<td>100.0%</td>
</tr>
<tr>
<td>Comfort buying/getting prescription contraception methods</td>
<td>Not comfortable at all</td>
<td>4</td>
</tr>
<tr>
<td>Not really comfortable</td>
<td>22</td>
<td>4.8%</td>
</tr>
<tr>
<td>Neutral</td>
<td>23</td>
<td>5.0%</td>
</tr>
<tr>
<td>Somewhat comfortable</td>
<td>76</td>
<td>16.7%</td>
</tr>
<tr>
<td>Very comfortable</td>
<td>272</td>
<td>59.6%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>59</td>
<td>12.9%</td>
</tr>
<tr>
<td>Total</td>
<td>456</td>
<td>100.0%</td>
</tr>
<tr>
<td>Knows where to get STI/HIV testing</td>
<td>Yes</td>
<td>396</td>
</tr>
<tr>
<td>No</td>
<td>51</td>
<td>11.2%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>9</td>
<td>2.0%</td>
</tr>
<tr>
<td>Total</td>
<td>456</td>
<td>100.0%</td>
</tr>
<tr>
<td>Comfort getting STI/HIV testing</td>
<td>Not comfortable at all</td>
<td>23</td>
</tr>
<tr>
<td>Not really comfortable</td>
<td>65</td>
<td>14.3%</td>
</tr>
<tr>
<td>Neutral</td>
<td>67</td>
<td>14.7%</td>
</tr>
<tr>
<td>Somewhat comfortable</td>
<td>128</td>
<td>28.1%</td>
</tr>
<tr>
<td>Very comfortable</td>
<td>146</td>
<td>32.0%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>27</td>
<td>5.9%</td>
</tr>
<tr>
<td>Total</td>
<td>456</td>
<td>100.0%</td>
</tr>
<tr>
<td>Knows where to get STI/HIV treatment</td>
<td>Yes</td>
<td>366</td>
</tr>
<tr>
<td>No</td>
<td>73</td>
<td>16.0%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>18</td>
<td>3.9%</td>
</tr>
<tr>
<td>Total</td>
<td>457</td>
<td>100.0%</td>
</tr>
<tr>
<td>Comfort getting STI/HIV treatment</td>
<td>Not comfortable at all</td>
<td>25</td>
</tr>
<tr>
<td>Not really comfortable</td>
<td>58</td>
<td>12.7%</td>
</tr>
<tr>
<td>Neutral</td>
<td>80</td>
<td>17.5%</td>
</tr>
<tr>
<td>Somewhat comfortable</td>
<td>116</td>
<td>25.4%</td>
</tr>
<tr>
<td>Very comfortable</td>
<td>129</td>
<td>28.2%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>49</td>
<td>10.7%</td>
</tr>
<tr>
<td>Total</td>
<td>457</td>
<td>100.0%</td>
</tr>
<tr>
<td>Knows where to get pregnancy and birth services*</td>
<td>Yes</td>
<td>369</td>
</tr>
<tr>
<td>No</td>
<td>42</td>
<td>9.2%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>44</td>
<td>9.7%</td>
</tr>
<tr>
<td>Total</td>
<td>455</td>
<td>100.0%</td>
</tr>
<tr>
<td>Knows where to get abortion procedure services</td>
<td>Yes</td>
<td>279</td>
</tr>
<tr>
<td>No</td>
<td>123</td>
<td>27.0%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>54</td>
<td>11.8%</td>
</tr>
<tr>
<td>Total</td>
<td>456</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Larimer County Sexual Health Needs Assessment

**Comfort getting abortion procedure services**

<table>
<thead>
<tr>
<th>Comfort Level</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not comfortable at all</td>
<td>43</td>
<td>9.4%</td>
</tr>
<tr>
<td>Not really comfortable</td>
<td>72</td>
<td>15.8%</td>
</tr>
<tr>
<td>Neutral</td>
<td>81</td>
<td>17.8%</td>
</tr>
<tr>
<td>Somewhat comfortable</td>
<td>70</td>
<td>15.4%</td>
</tr>
<tr>
<td>Very comfortable</td>
<td>78</td>
<td>17.1%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>112</td>
<td>24.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>456</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

**Knows where to get sexual violence services (SANE exam, counseling, etc.)**

<table>
<thead>
<tr>
<th>Knowledge Level</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>233</td>
<td>51.1%</td>
</tr>
<tr>
<td>No</td>
<td>209</td>
<td>45.8%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>14</td>
<td>3.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>456</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

**Comfort getting sexual violence services (SANE exam, counseling, etc.)**

<table>
<thead>
<tr>
<th>Comfort Level</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not comfortable at all</td>
<td>33</td>
<td>7.2%</td>
</tr>
<tr>
<td>Not really comfortable</td>
<td>79</td>
<td>17.3%</td>
</tr>
<tr>
<td>Neutral</td>
<td>117</td>
<td>25.6%</td>
</tr>
<tr>
<td>Somewhat comfortable</td>
<td>87</td>
<td>19.0%</td>
</tr>
<tr>
<td>Very comfortable</td>
<td>81</td>
<td>17.7%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>60</td>
<td>13.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>457</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Due to a survey error comfort with pregnancy and birth services is missing.*

Table 4. Sexual and Reproductive Health Care Offered in Larimer County

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>STI testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>90</td>
<td>35.0%</td>
</tr>
<tr>
<td>Yes</td>
<td>167</td>
<td>65.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>257</td>
<td>100.0%</td>
</tr>
<tr>
<td>STI treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>212</td>
<td>82.5%</td>
</tr>
<tr>
<td>Yes</td>
<td>45</td>
<td>17.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>257</td>
<td>100.0%</td>
</tr>
<tr>
<td>HIV test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>158</td>
<td>61.5%</td>
</tr>
<tr>
<td>Yes</td>
<td>99</td>
<td>38.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>257</td>
<td>100.0%</td>
</tr>
<tr>
<td>HIV treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>247</td>
<td>96.5%</td>
</tr>
<tr>
<td>Yes</td>
<td>9</td>
<td>3.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>256</td>
<td>100.0%</td>
</tr>
<tr>
<td>Expedited Partner Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>252</td>
<td>98.1%</td>
</tr>
<tr>
<td>Yes</td>
<td>5</td>
<td>1.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>257</td>
<td>100.0%</td>
</tr>
<tr>
<td>Hormonal birth control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>88</td>
<td>34.4%</td>
</tr>
<tr>
<td>Yes</td>
<td>168</td>
<td>65.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>256</td>
<td>100.0%</td>
</tr>
<tr>
<td>Pap smear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>82</td>
<td>31.9%</td>
</tr>
<tr>
<td>Yes</td>
<td>175</td>
<td>68.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>257</td>
<td>100.0%</td>
</tr>
<tr>
<td>Prostate screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>250</td>
<td>98.4%</td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>1.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>254</td>
<td>100.0%</td>
</tr>
<tr>
<td>Service</td>
<td>Count</td>
<td>%</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>Pre-exposure prophylaxis (PrEP) or post-expose prophylaxis (PEP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>245</td>
<td>95.3%</td>
</tr>
<tr>
<td>Yes</td>
<td>12</td>
<td>4.7%</td>
</tr>
<tr>
<td>Total</td>
<td>257</td>
<td>100.0%</td>
</tr>
<tr>
<td>Hepatitis B Vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>218</td>
<td>84.8%</td>
</tr>
<tr>
<td>Yes</td>
<td>39</td>
<td>15.2%</td>
</tr>
<tr>
<td>Total</td>
<td>257</td>
<td>100.0%</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV) Vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>207</td>
<td>80.5%</td>
</tr>
<tr>
<td>Yes</td>
<td>50</td>
<td>19.5%</td>
</tr>
<tr>
<td>Total</td>
<td>257</td>
<td>100.0%</td>
</tr>
<tr>
<td>Sexual Assault Nurse Examiner (SANE) exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>245</td>
<td>95.7%</td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>4.3%</td>
</tr>
<tr>
<td>Total</td>
<td>256</td>
<td>100.0%</td>
</tr>
<tr>
<td>Satisfaction receiving this service (1-100)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>Std. Dev.</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

Table 5. Affirming Sexual and Reproductive Health Care in Larimer County

<table>
<thead>
<tr>
<th>Question</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asked about Sexual Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>99</td>
<td>38.5%</td>
</tr>
<tr>
<td>No</td>
<td>151</td>
<td>58.8%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>7</td>
<td>2.7%</td>
</tr>
<tr>
<td>Total</td>
<td>257</td>
<td>100.0%</td>
</tr>
<tr>
<td>Asked about Gender identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>89</td>
<td>34.9%</td>
</tr>
<tr>
<td>No</td>
<td>155</td>
<td>60.8%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>11</td>
<td>4.3%</td>
</tr>
<tr>
<td>Total</td>
<td>255</td>
<td>100.0%</td>
</tr>
<tr>
<td>Asked about Sex Assigned at Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>79</td>
<td>30.7%</td>
</tr>
<tr>
<td>No</td>
<td>161</td>
<td>62.6%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>17</td>
<td>6.6%</td>
</tr>
<tr>
<td>Total</td>
<td>257</td>
<td>100.0%</td>
</tr>
<tr>
<td>Asked about Sexual Behavior / Practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>175</td>
<td>68.6%</td>
</tr>
<tr>
<td>No</td>
<td>78</td>
<td>30.6%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>2</td>
<td>0.8%</td>
</tr>
<tr>
<td>Total</td>
<td>255</td>
<td>100.0%</td>
</tr>
<tr>
<td>Asked about Sexual Violence Experience/History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>88</td>
<td>34.4%</td>
</tr>
<tr>
<td>No</td>
<td>161</td>
<td>62.9%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>7</td>
<td>2.7%</td>
</tr>
<tr>
<td>Total</td>
<td>256</td>
<td>100.0%</td>
</tr>
<tr>
<td>Asked about Relationship status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>189</td>
<td>73.8%</td>
</tr>
<tr>
<td>No</td>
<td>67</td>
<td>26.2%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>256</td>
<td>100.0%</td>
</tr>
<tr>
<td>Asked about Pronouns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>50</td>
<td>19.5%</td>
</tr>
<tr>
<td>No</td>
<td>194</td>
<td>75.5%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>13</td>
<td>5.1%</td>
</tr>
<tr>
<td>Total</td>
<td>257</td>
<td>100.0%</td>
</tr>
<tr>
<td>Asked Name</td>
<td>Yes</td>
<td>225</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>256</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My healthcare provider(s) in Larimer County is/are knowledgeable about LGBTQ+ sexual healthcare</th>
<th>Strongly Disagree</th>
<th>9</th>
<th>2.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disagree</td>
<td>25</td>
<td>5.6%</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>235</td>
<td>52.7%</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>127</td>
<td>28.5%</td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>50</td>
<td>11.2%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>446</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My healthcare provider(s) in Larimer County is/are competent with LGBTQ+ sexual healthcare</th>
<th>Strongly Disagree</th>
<th>10</th>
<th>2.2%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disagree</td>
<td>25</td>
<td>5.6%</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>253</td>
<td>56.7%</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>110</td>
<td>24.7%</td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>48</td>
<td>10.8%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>446</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The sexual healthcare services I received were inclusive and affirming of my sexual orientation</th>
<th>Strongly Disagree</th>
<th>24</th>
<th>5.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disagree</td>
<td>18</td>
<td>4.0%</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>128</td>
<td>28.7%</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>174</td>
<td>39.0%</td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>102</td>
<td>22.9%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>446</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 6. Barriers to Sexual and Reproductive Health Care in Larimer County</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too expensive</td>
<td>Strongly Disagree</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>112</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>132</td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>403</td>
</tr>
<tr>
<td>Concerned it may not be covered by health insurance</td>
<td>Strongly Disagree</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>149</td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>401</td>
</tr>
<tr>
<td>Not available near enough</td>
<td>Strongly Disagree</td>
<td>99</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>170</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>402</td>
</tr>
<tr>
<td>Not available with a provider who is well-trained</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>92</td>
<td>141</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>402</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unaware of any local resources or providers who offer these services</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>112</td>
<td>171</td>
<td>57</td>
<td>43</td>
<td>19</td>
<td>402</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100.0%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.7%</td>
</tr>
<tr>
<td>Total</td>
<td>402</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nearby providers are not well-trained in LGBTQ+ specific sexual health care</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>25</td>
<td>67</td>
<td>245</td>
<td>43</td>
<td>20</td>
<td>400</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16.8%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>61.3%</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.8%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.0%</td>
</tr>
<tr>
<td>Total</td>
<td>400</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Concerned about being judged for reasons to need sexual health services</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>65</td>
<td>114</td>
<td>84</td>
<td>98</td>
<td>40</td>
<td>401</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28.4%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.9%</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>24.4%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.0%</td>
</tr>
<tr>
<td>Total</td>
<td>401</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Concerned confidentiality/privacy is at risk</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>120</td>
<td>165</td>
<td>56</td>
<td>43</td>
<td>18</td>
<td>402</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>29.9%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.9%</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.7%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.5%</td>
</tr>
<tr>
<td>Total</td>
<td>402</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100.0%</td>
</tr>
</tbody>
</table>

| Mean agreement with barriers (out of 5) | 2.69 | 0.77 |

Table 7. Violence Perceptions and Experiences

<table>
<thead>
<tr>
<th>School/workplace has policies to prevent sexual violence, assault, and/or harassment</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>45</td>
<td>12.0%</td>
</tr>
<tr>
<td>Yes</td>
<td>255</td>
<td>68.0%</td>
</tr>
<tr>
<td>I don't know</td>
<td>75</td>
<td>20.0%</td>
</tr>
<tr>
<td>Total</td>
<td>375</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workplace/school supports and follows through with policies</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Always</th>
<th>Not applicable</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>17</td>
<td>33</td>
<td>118</td>
<td>128</td>
<td>80</td>
<td>376</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>4.5%</td>
</tr>
<tr>
<td>33</td>
<td>8.8%</td>
</tr>
<tr>
<td>118</td>
<td>31.4%</td>
</tr>
<tr>
<td>128</td>
<td>34.0%</td>
</tr>
<tr>
<td>80</td>
<td>21.3%</td>
</tr>
<tr>
<td>376</td>
<td>100.0%</td>
</tr>
<tr>
<td></td>
<td>Count</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Ever experienced physical assault or been afraid of a partner's physical violence</strong></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>127</td>
</tr>
<tr>
<td>Yes</td>
<td>249</td>
</tr>
<tr>
<td>Total</td>
<td>376</td>
</tr>
<tr>
<td><strong>Someone threatened with or actually used a knife or gun to scare or hurt</strong></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>254</td>
</tr>
<tr>
<td>Yes</td>
<td>122</td>
</tr>
<tr>
<td>Total</td>
<td>376</td>
</tr>
<tr>
<td><strong>Someone was physically aggressive</strong></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>157</td>
</tr>
<tr>
<td>Yes</td>
<td>219</td>
</tr>
<tr>
<td>Total</td>
<td>376</td>
</tr>
<tr>
<td><strong>Afraid of being physically hurt by current/former intimate partner</strong></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>221</td>
</tr>
<tr>
<td>Yes</td>
<td>155</td>
</tr>
<tr>
<td>Total</td>
<td>376</td>
</tr>
<tr>
<td><strong>Ever experienced sexual harassment or assault</strong></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>123</td>
</tr>
<tr>
<td>Yes</td>
<td>253</td>
</tr>
<tr>
<td>Total</td>
<td>376</td>
</tr>
<tr>
<td><strong>Sexually harassed in a school or workplace</strong></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>186</td>
</tr>
<tr>
<td>Yes</td>
<td>190</td>
</tr>
<tr>
<td>Total</td>
<td>376</td>
</tr>
<tr>
<td><strong>Physically forced or coerced to have sex</strong></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>182</td>
</tr>
<tr>
<td>Yes</td>
<td>194</td>
</tr>
<tr>
<td>Total</td>
<td>376</td>
</tr>
</tbody>
</table>

**Table 8. Sexual Assault Response in Larimer County**

<table>
<thead>
<tr>
<th>Relationship with the person who physically forced or coerced to have sex</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current of former intimate partner</td>
<td>73</td>
<td>37.6%</td>
</tr>
<tr>
<td>Other family member</td>
<td>16</td>
<td>8.2%</td>
</tr>
<tr>
<td>Acquaintance or friend</td>
<td>72</td>
<td>37.1%</td>
</tr>
<tr>
<td>Coworker</td>
<td>3</td>
<td>1.5%</td>
</tr>
<tr>
<td>Stranger</td>
<td>14</td>
<td>7.2%</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>8.2%</td>
</tr>
<tr>
<td>Total</td>
<td>194</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Told someone about sexual assault</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>30</td>
<td>15.5%</td>
</tr>
<tr>
<td>Yes</td>
<td>153</td>
<td>78.9%</td>
</tr>
<tr>
<td>Declined to answer</td>
<td>11</td>
<td>5.7%</td>
</tr>
<tr>
<td>Total</td>
<td>194</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person they told responded in a positive and supporting way</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>32</td>
<td>20.9%</td>
</tr>
<tr>
<td>Yes</td>
<td>114</td>
<td>74.5%</td>
</tr>
<tr>
<td>Declined to answer</td>
<td>7</td>
<td>4.6%</td>
</tr>
<tr>
<td>Total</td>
<td>153</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reported sexual assault to police</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>108</td>
<td>70.6%</td>
</tr>
<tr>
<td>Yes</td>
<td>39</td>
<td>25.5%</td>
</tr>
<tr>
<td>Declined to answer</td>
<td>6</td>
<td>3.9%</td>
</tr>
<tr>
<td>Total</td>
<td>153</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Comfort throughout police reporting

<table>
<thead>
<tr>
<th>Comfort Level</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very comfortable</td>
<td>1</td>
<td>2.6%</td>
</tr>
<tr>
<td>Comfortable</td>
<td>2</td>
<td>5.1%</td>
</tr>
<tr>
<td>Somewhat comfortable</td>
<td>2</td>
<td>5.1%</td>
</tr>
<tr>
<td>Uncomfortable</td>
<td>8</td>
<td>20.5%</td>
</tr>
<tr>
<td>Very uncomfortable</td>
<td>26</td>
<td>66.7%</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Sought medical care in Larimer County for sexual assault

<table>
<thead>
<tr>
<th>Sought Medical Care</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>27</td>
<td>69.2%</td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>28.2%</td>
</tr>
<tr>
<td>Declined to answer</td>
<td>1</td>
<td>2.6%</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Comfort with medical care for sexual assault

<table>
<thead>
<tr>
<th>Comfort Level</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very comfortable</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>Comfortable</td>
<td>2</td>
<td>18.2%</td>
</tr>
<tr>
<td>Somewhat comfortable</td>
<td>2</td>
<td>18.2%</td>
</tr>
<tr>
<td>Uncomfortable</td>
<td>2</td>
<td>18.2%</td>
</tr>
<tr>
<td>Very uncomfortable</td>
<td>4</td>
<td>36.4%</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 9. Sexual Behaviors & Practices

<table>
<thead>
<tr>
<th>Activity</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had partnered sexual activity in the past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>30</td>
<td>8.0%</td>
</tr>
<tr>
<td>Yes</td>
<td>342</td>
<td>91.4%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td>Total</td>
<td>374</td>
<td>100.0%</td>
</tr>
<tr>
<td>Received oral sex on a vagina in the past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>212</td>
<td>45.5%</td>
</tr>
<tr>
<td>Yes</td>
<td>254</td>
<td>54.5%</td>
</tr>
<tr>
<td>Total</td>
<td>466</td>
<td>100.0%</td>
</tr>
<tr>
<td>Gave oral sex on a vagina in the past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>387</td>
<td>83.0%</td>
</tr>
<tr>
<td>Yes</td>
<td>79</td>
<td>17.0%</td>
</tr>
<tr>
<td>Total</td>
<td>466</td>
<td>100.0%</td>
</tr>
<tr>
<td>Received oral sex on a penis (i.e., head) in the past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>418</td>
<td>89.7%</td>
</tr>
<tr>
<td>Yes</td>
<td>48</td>
<td>10.3%</td>
</tr>
<tr>
<td>Total</td>
<td>466</td>
<td>100.0%</td>
</tr>
<tr>
<td>Gave oral sex on a penis (i.e., head) in the past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>208</td>
<td>44.6%</td>
</tr>
<tr>
<td>Yes</td>
<td>258</td>
<td>55.4%</td>
</tr>
<tr>
<td>Total</td>
<td>466</td>
<td>100.0%</td>
</tr>
<tr>
<td>Received oral sex on an anus (i.e., rimming) in the past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>383</td>
<td>82.2%</td>
</tr>
<tr>
<td>Yes</td>
<td>83</td>
<td>17.8%</td>
</tr>
<tr>
<td>Total</td>
<td>466</td>
<td>100.0%</td>
</tr>
<tr>
<td>Gave oral sex on an anus (i.e., rimming) in the past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>419</td>
<td>89.9%</td>
</tr>
<tr>
<td>Yes</td>
<td>47</td>
<td>10.1%</td>
</tr>
<tr>
<td>Total</td>
<td>466</td>
<td>100.0%</td>
</tr>
<tr>
<td>Had penile-vaginal sex in the past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>185</td>
<td>39.7%</td>
</tr>
<tr>
<td>Yes</td>
<td>281</td>
<td>60.3%</td>
</tr>
<tr>
<td>Total</td>
<td>466</td>
<td>100.0%</td>
</tr>
<tr>
<td>Had anal sex in the past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>358</td>
<td>76.8%</td>
</tr>
<tr>
<td>Yes</td>
<td>108</td>
<td>23.2%</td>
</tr>
<tr>
<td>Total</td>
<td>466</td>
<td>100.0%</td>
</tr>
<tr>
<td>Had group sex (3+ people) in the past year</td>
<td>No</td>
<td>435</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>466</td>
</tr>
<tr>
<td>Used sex toys in the past year</td>
<td>No</td>
<td>245</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>221</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>466</td>
</tr>
<tr>
<td>Ever received food, shelter, money, drugs, etc. in exchange for sex</td>
<td>No</td>
<td>327</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>353</td>
</tr>
<tr>
<td>Had power to consent in the exchange situation</td>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Unsure</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>26</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td>16.6</td>
</tr>
<tr>
<td>Std. Dev.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 10. Contraception Use*

| Used condoms during vaginal sex in the last year | No | 185 | 65.8% |
|                                               | Yes| 96  | 34.2% |
|                                               | Total | 281 | 100.0%|
| Used birth control pills during vaginal sex in the last year | No | 208 | 74.0% |
|                                               | Yes| 73  | 26.0% |
|                                               | Total | 281 | 100.0%|
| Used an IUD during vaginal sex in the last year | No | 186 | 66.2% |
|                                               | Yes| 95  | 33.8% |
|                                               | Total | 281 | 100.0%|
| Used a birth control implant during vaginal sex in the last year | No | 255 | 90.7% |
|                                               | Yes| 26  | 9.3%  |
|                                               | Total | 281 | 100.0%|
| Used a birth control shot during vaginal sex in the last year | No | 273 | 97.2% |
|                                               | Yes| 8   | 2.8%  |
|                                               | Total | 281 | 100.0%|
| Used birth control patches during vaginal sex in the last year | No | 278 | 98.9% |
|                                               | Yes| 3   | 1.1%  |
|                                               | Total | 281 | 100.0%|
| Used birth control rings during vaginal sex in the last year | No | 270 | 96.1% |
|                                               | Yes| 11  | 3.9%  |
|                                               | Total | 281 | 100.0%|
| Used a diaphragm or cervical cap during vaginal sex in the last year | No | 281 | 100.0% |
|                                               | Yes| 0   | 0.0%  |
|                                               | Total | 281 | 100.0%|
| Used the withdrawal/pull-out method during vaginal sex in the last year | No | 232 | 82.6% |
|                                               | Yes| 49  | 17.4% |
|                                               | Total | 281 | 100.0%|
### Used spermicide alone during vaginal sex in the last year

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used spermicide alone during vaginal sex in the last year</td>
<td>276</td>
<td>5</td>
<td>281</td>
</tr>
<tr>
<td></td>
<td>98.2%</td>
<td>1.8%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Used birth control sponge during vaginal sex in the last year

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used birth control sponge during vaginal sex in the last year</td>
<td>280</td>
<td>1</td>
<td>281</td>
</tr>
<tr>
<td></td>
<td>99.6%</td>
<td>0.4%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Past year condom frequency during penetrative sex

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>174</td>
<td>58.8%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>55</td>
<td>18.6%</td>
</tr>
<tr>
<td>About half the time</td>
<td>11</td>
<td>3.7%</td>
</tr>
<tr>
<td>Almost all the time</td>
<td>27</td>
<td>9.1%</td>
</tr>
<tr>
<td>Every time</td>
<td>29</td>
<td>9.8%</td>
</tr>
<tr>
<td>Total</td>
<td>296</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Past year condom frequency during anal sex

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>71</td>
<td>66.4%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>11</td>
<td>10.3%</td>
</tr>
<tr>
<td>About half the time</td>
<td>4</td>
<td>3.7%</td>
</tr>
<tr>
<td>Almost all the time</td>
<td>7</td>
<td>6.5%</td>
</tr>
<tr>
<td>Every time</td>
<td>14</td>
<td>13.1%</td>
</tr>
<tr>
<td>Total</td>
<td>107</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Restricted to those who said yes to vaginal sex, anal sex, or either depending on the item*

### Table 11. Comfort Disclosing Transgender or Non-Binary Identities*

<table>
<thead>
<tr>
<th>Comfort with transgender/non-binary identity with LGBTQ+ friends</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very uncomfortable</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Uncomfortable</td>
<td>1</td>
<td>2.3%</td>
</tr>
<tr>
<td>Neutral</td>
<td>1</td>
<td>2.3%</td>
</tr>
<tr>
<td>Comfortable</td>
<td>2</td>
<td>4.7%</td>
</tr>
<tr>
<td>Very comfortable</td>
<td>39</td>
<td>90.7%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comfort with transgender/non-binary identity with non-LGBTQ+ friends</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very uncomfortable</td>
<td>3</td>
<td>7.0%</td>
</tr>
<tr>
<td>Uncomfortable</td>
<td>6</td>
<td>14.0%</td>
</tr>
<tr>
<td>Neutral</td>
<td>10</td>
<td>23.3%</td>
</tr>
<tr>
<td>Comfortable</td>
<td>12</td>
<td>27.9%</td>
</tr>
<tr>
<td>Very comfortable</td>
<td>11</td>
<td>25.6%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>1</td>
<td>2.3%</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comfort with transgender/non-binary identity with parents/caregivers</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very uncomfortable</td>
<td>8</td>
<td>18.6%</td>
</tr>
<tr>
<td>Uncomfortable</td>
<td>11</td>
<td>25.6%</td>
</tr>
<tr>
<td>Neutral</td>
<td>7</td>
<td>16.3%</td>
</tr>
<tr>
<td>Comfortable</td>
<td>12</td>
<td>27.9%</td>
</tr>
<tr>
<td>Very comfortable</td>
<td>4</td>
<td>9.3%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>1</td>
<td>2.3%</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100.0%</td>
</tr>
<tr>
<td>Comfort with transgender/non-binary identity with siblings</td>
<td>Very uncomfortable</td>
<td>4</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>-------------------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td>Uncomfortable</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Comfortable</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Very comfortable</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comfort with transgender/non-binary identity with your children</th>
<th>Very uncomfortable</th>
<th>0</th>
<th>0.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Uncomfortable</td>
<td>1</td>
<td>2.3%</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
<td>3</td>
<td>7.0%</td>
</tr>
<tr>
<td></td>
<td>Comfortable</td>
<td>3</td>
<td>7.0%</td>
</tr>
<tr>
<td></td>
<td>Very comfortable</td>
<td>4</td>
<td>9.3%</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>32</td>
<td>74.4%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comfort with transgender/non-binary identity with co-workers</th>
<th>Very uncomfortable</th>
<th>0</th>
<th>0.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Uncomfortable</td>
<td>19</td>
<td>44.2%</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
<td>6</td>
<td>14.0%</td>
</tr>
<tr>
<td></td>
<td>Comfortable</td>
<td>11</td>
<td>25.6%</td>
</tr>
<tr>
<td></td>
<td>Very comfortable</td>
<td>5</td>
<td>11.6%</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>2</td>
<td>4.7%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comfort with transgender/non-binary identity with work supervisors</th>
<th>Very uncomfortable</th>
<th>6</th>
<th>14.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Uncomfortable</td>
<td>13</td>
<td>30.2%</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
<td>7</td>
<td>16.3%</td>
</tr>
<tr>
<td></td>
<td>Comfortable</td>
<td>10</td>
<td>23.3%</td>
</tr>
<tr>
<td></td>
<td>Very comfortable</td>
<td>5</td>
<td>11.6%</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>2</td>
<td>4.7%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comfort with transgender/non-binary identity with primary healthcare providers</th>
<th>Very uncomfortable</th>
<th>1</th>
<th>2.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Uncomfortable</td>
<td>14</td>
<td>32.6%</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
<td>8</td>
<td>18.6%</td>
</tr>
<tr>
<td></td>
<td>Comfortable</td>
<td>14</td>
<td>32.6%</td>
</tr>
<tr>
<td></td>
<td>Very comfortable</td>
<td>3</td>
<td>7.0%</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>3</td>
<td>7.0%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comfort with transgender/non-binary identity with sexual healthcare providers</th>
<th>Very uncomfortable</th>
<th>2</th>
<th>4.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Uncomfortable</td>
<td>7</td>
<td>16.3%</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
<td>11</td>
<td>25.6%</td>
</tr>
<tr>
<td></td>
<td>Comfortable</td>
<td>15</td>
<td>34.9%</td>
</tr>
<tr>
<td></td>
<td>Very comfortable</td>
<td>5</td>
<td>11.6%</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>3</td>
<td>7.0%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*only for those identifying as trans/non-binary
<table>
<thead>
<tr>
<th>Table 12. Transgender and Non-Binary Sexual Health Care in Larimer County*</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feared a negative reaction from a sexual healthcare provider in Larimer County if came out as transgender/non-binary</td>
<td>Yes</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Somewhat</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>I don't know</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
</tr>
<tr>
<td>A sexual healthcare provider in Larimer County has had a negative reaction when they learned that you are transgender/non-binary</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Somewhat</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>I don't know</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
</tr>
<tr>
<td>Can receive transgender health services near where I live</td>
<td>Strongly Disagree</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
</tr>
<tr>
<td>I am comfortable getting transgender health services near where I live</td>
<td>Strongly Disagree</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
</tr>
<tr>
<td>My sexual health provider is uncomfortable with transgender or non-binary patients</td>
<td>Strongly Agree</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
</tr>
<tr>
<td>My sexual health provider is affirming and inclusive of transgender/non-binary patients</td>
<td>Strongly Disagree</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
</tr>
<tr>
<td>My sexual health provider’s office is welcoming to transgender/non-binary patients</td>
<td>Strongly Disagree</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
</tr>
<tr>
<td>My sexual health provider has</td>
<td>Strongly Disagree</td>
<td>3</td>
</tr>
</tbody>
</table>
## Larimer County Sexual Health Needs Assessment

<table>
<thead>
<tr>
<th>inclusive policies and forms</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td>21.4%</td>
<td>14</td>
<td>33.3%</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>23.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>14.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A sexual health provider in Larimer County offered hormone therapy in the last year</td>
<td>No</td>
<td>15</td>
<td>34.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>14</td>
<td>32.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>14</td>
<td>32.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A sexual health provider in Larimer County offered gender-affirming surgery in the last year</td>
<td>No</td>
<td>6</td>
<td>14.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>22</td>
<td>51.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>15</td>
<td>34.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A sexual health provider in Larimer County offered a Pap Smear in the last year</td>
<td>No</td>
<td>26</td>
<td>60.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>9</td>
<td>20.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>8</td>
<td>18.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A sexual health provider in Larimer County offered a prostate exam in the last year</td>
<td>No</td>
<td>2</td>
<td>4.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>13</td>
<td>30.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>28</td>
<td>65.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Only for those identifying as trans/non-binary*
References


