

Larimer County Sexual Health Needs Assessment



Extended Report: Sexual and Reproductive Health

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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 interconnection 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 provide, 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 LGBTQ, 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, fliers, 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 identify 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

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

Racial identity	White only	321	91.2%
	Black, Indigenous, People of Color	31	8.8%
	Total	352	100.0%
Annual household income	Less than \$10k	30	8.4%
	\$10-14k	34	9.5%
	\$15-24k	52	14.5%
	\$25-34k	53	14.8%
	\$35-49k	52	14.5%
	\$50-74k	63	17.6%
	\$75-99k	20	5.6%
	\$100k or more	33	9.2%
	Decline to answer	8	2.2%
	I don't know	13	3.6%
	Total	358	100.0%
Education level	Less than high school /no diploma	3	0.8%
	High school graduate, GED, or equivalent	33	9.2%
	Some college credit / no degree	111	31.1%
	Trade / Technical / Vocational training	20	5.6%
	2-year college / associate's degree	30	8.4%
	4-year college / bachelor's degree	96	26.9%
	Master's degree	53	14.8%
	Professional degree	3	0.8%
	Doctoral degree	5	1.4%
	Decline to answer	3	0.8%
Total	357	100.0%	
Unemployed	No	258	76.1%
	Yes	81	23.9%
	Total	339	100.0%
Current/past homelessness	No	283	79.7%
	Yes	72	20.3%
	Total	355	100.0%
		Mean	Std. Dev.
Age in years		31	10

Table 2. General health characteristics

	Count	%
General health rating	Poor	4.4%
	Fair	20.1%
	Good	45.3%
	Very good	22.5%
	Excellent	6.0%
	I don't know	1.6%
	Total	100.0%

Mental health rating	Poor	78	21.4%
	Fair	125	34.3%
	Good	94	25.8%
	Very good	49	13.5%
	Excellent	14	3.8%
	I don't know	4	1.1%
	Total	364	100.0%
Activities limited because of physical, mental, or emotional problems	No	211	58.9%
	Yes	147	41.1%
	Total	358	100.0%
Difficulty doing errands alone because of physical, mental, or emotional problems	No	266	74.3%
	Yes	92	25.7%
	Total	358	100.0%
Has healthcare coverage	No	55	15.5%
	Yes	294	83.1%
	I don't know	5	1.4%
	Total	354	100.0%
Saw a primary healthcare provider in the last year	No	95	20.9%
	Yes, in Larimer County	326	71.8%
	Yes, but not in Larimer County	32	7.0%
	I don't know	1	0.2%
	Total	454	100.0%
Received a physical or general wellness exam in the last year	No	133	29.4%
	Yes, in Larimer County	286	63.1%
	Yes, but not in Larimer County	30	6.6%
	I don't know	4	0.9%
	Total	453	100.0%
Saw a mental or behavioral health provider in the last year	No	241	53.3%
	Yes, in Larimer County	192	42.5%
	Yes, but not in Larimer County	18	4.0%
	I don't know	1	0.2%
	Total	452	100.0%
Saw any healthcare provider for sexual health services in the last year	No	155	34.1%
	Yes, in Larimer County	264	58.0%
	Yes, but not in Larimer County	34	7.5%
	I don't know	2	0.4%
	Total	455	100.0%

Table 3. Knowledge and Comfort with Sexual and Reproductive Health Care

		Count	%
Knows where to buy/get over the counter contraception (condoms, Plan B, etc.)	Yes	437	95.6%
	No	8	1.8%
	Not applicable	12	2.6%
	Total	457	100.0%

Larimer County Sexual Health Needs Assessment

Comfort buying/getting over the counter contraception (condoms, Plan B, etc.)	Not comfortable at all	3	0.7%
	Not really comfortable	49	10.7%
	Neutral	41	9.0%
	Somewhat comfortable	109	23.9%
	Very comfortable	236	51.6%
	Not applicable	19	4.2%
	Total	457	100.0%
Knows where to buy/get prescription contraception methods	Yes	404	88.4%
	No	16	3.5%
	Not applicable	37	8.1%
	Total	457	100.0%
Comfort buying/getting prescription contraception methods	Not comfortable at all	4	0.9%
	Not really comfortable	22	4.8%
	Neutral	23	5.0%
	Somewhat comfortable	76	16.7%
	Very comfortable	272	59.6%
	Not applicable	59	12.9%
	Total	456	100.0%
Knows where to get STI/HIV testing	Yes	396	86.8%
	No	51	11.2%
	Not applicable	9	2.0%
	Total	456	100.0%
Comfort getting STI/HIV testing	Not comfortable at all	23	5.0%
	Not really comfortable	65	14.3%
	Neutral	67	14.7%
	Somewhat comfortable	128	28.1%
	Very comfortable	146	32.0%
	Not applicable	27	5.9%
	Total	456	100.0%
Knows where to get STI/HIV treatment	Yes	366	80.1%
	No	73	16.0%
	Not applicable	18	3.9%
	Total	457	100.0%
Comfort getting STI/HIV treatment	Not comfortable at all	25	5.5%
	Not really comfortable	58	12.7%
	Neutral	80	17.5%
	Somewhat comfortable	116	25.4%
	Very comfortable	129	28.2%
	Not applicable	49	10.7%
	Total	457	100.0%
Knows where to get pregnancy and birth services*	Yes	369	81.1%
	No	42	9.2%
	Not applicable	44	9.7%
	Total	455	100.0%
Knows where to get abortion procedure services	Yes	279	61.2%
	No	123	27.0%
	Not applicable	54	11.8%
	Total	456	100.0%

Comfort getting abortion procedure services	Not comfortable at all	43	9.4%
	Not really comfortable	72	15.8%
	Neutral	81	17.8%
	Somewhat comfortable	70	15.4%
	Very comfortable	78	17.1%
	Not applicable	112	24.6%
	Total	456	100.0%
Knows where to get sexual violence services (SANE exam, counseling, etc.)	Yes	233	51.1%
	No	209	45.8%
	Not applicable	14	3.1%
	Total	456	100.0%
Comfort getting sexual violence services (SANE exam, counseling, etc.)	Not comfortable at all	33	7.2%
	Not really comfortable	79	17.3%
	Neutral	117	25.6%
	Somewhat comfortable	87	19.0%
	Very comfortable	81	17.7%
	Not applicable	60	13.1%
	Total	457	100.0%

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

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

		Count	%
STI testing	No	90	35.0%
	Yes	167	65.0%
	Total	257	100.0%
STI treatment	No	212	82.5%
	Yes	45	17.5%
	Total	257	100.0%
HIV test	No	158	61.5%
	Yes	99	38.5%
	Total	257	100.0%
HIV treatment	No	247	96.5%
	Yes	9	3.5%
	Total	256	100.0%
Expedited Partner Therapy	No	252	98.1%
	Yes	5	1.9%
	Total	257	100.0%
Hormonal birth control	No	88	34.4%
	Yes	168	65.6%
	Total	256	100.0%
Pap smear	No	82	31.9%
	Yes	175	68.1%
	Total	257	100.0%
Prostate screening	No	250	98.4%
	Yes	4	1.6%
	Total	254	100.0%

Larimer County Sexual Health Needs Assessment

Pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP)	No	245	95.3%
	Yes	12	4.7%
	Total	257	100.0%
Hepatitis B Vaccine	No	218	84.8%
	Yes	39	15.2%
	Total	257	100.0%
Human Papillomavirus (HPV) Vaccine	No	207	80.5%
	Yes	50	19.5%
	Total	257	100.0%
Sexual Assault Nurse Examiner (SANE) exam	No	245	95.7%
	Yes	11	4.3%
	Total	256	100.0%
		Mean	Std. Dev.
Satisfaction receiving this service (1-100)		79	21

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

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

Asked Name	Yes	225	87.9%
	No	27	10.5%
	Not applicable	4	1.6%
	Total	256	100.0%
My healthcare provider(s) in Larimer County is/are knowledgeable about LGBTQ+ sexual healthcare	Strongly Disagree	9	2.0%
	Disagree	25	5.6%
	Neither agree nor disagree	235	52.7%
	Agree	127	28.5%
	Strongly Agree	50	11.2%
	Total	446	100.0%
My healthcare provider(s) in Larimer County is/are competent with LGBTQ+ sexual healthcare	Strongly Disagree	10	2.2%
	Disagree	25	5.6%
	Neither agree nor disagree	253	56.7%
	Agree	110	24.7%
	Strongly Agree	48	10.8%
	Total	446	100.0%
The sexual healthcare services I received were inclusive and affirming of my sexual orientation	Strongly Disagree	24	5.4%
	Disagree	18	4.0%
	Neither agree nor disagree	128	28.7%
	Agree	174	39.0%
	Strongly Agree	102	22.9%
	Total	446	100.0%

Table 6. Barriers to Sexual and Reproductive Health Care in Larimer County

		Count	%
Too expensive	Strongly Disagree	25	6.2%
	Disagree	77	19.1%
	Neither agree nor disagree	112	27.8%
	Agree	132	32.8%
	Strongly Agree	57	14.1%
	Total	403	100.0%
Concerned it may not be covered by health insurance	Strongly Disagree	35	8.7%
	Disagree	66	16.5%
	Neither agree nor disagree	66	16.5%
	Agree	149	37.2%
	Strongly Agree	85	21.2%
	Total	401	100.0%
Not available near enough	Strongly Disagree	99	24.6%
	Disagree	170	42.3%
	Neither agree nor disagree	86	21.4%
	Agree	38	9.5%
	Strongly Agree	9	2.2%
	Total	402	100.0%

Not available with a provider who is well-trained	Strongly Disagree	92	22.9%
	Disagree	141	35.1%
	Neither agree nor disagree	118	29.4%
	Agree	36	9.0%
	Strongly Agree	15	3.7%
	Total	402	100.0%
Unaware of any local resources or providers who offer these services	Strongly Disagree	112	27.9%
	Disagree	171	42.5%
	Neither agree nor disagree	57	14.2%
	Agree	43	10.7%
	Strongly Agree	19	4.7%
	Total	402	100.0%
Nearby providers are not well-trained in LGBTQ+ specific sexual health care	Strongly Disagree	25	6.3%
	Disagree	67	16.8%
	Neither agree nor disagree	245	61.3%
	Agree	43	10.8%
	Strongly Agree	20	5.0%
	Total	400	100.0%
Concerned about being judged for reasons to need sexual health services	Strongly Disagree	65	16.2%
	Disagree	114	28.4%
	Neither agree nor disagree	84	20.9%
	Agree	98	24.4%
	Strongly Agree	40	10.0%
	Total	401	100.0%
Concerned confidentiality/privacy is at risk	Strongly Disagree	120	29.9%
	Disagree	165	41.0%
	Neither agree nor disagree	56	13.9%
	Agree	43	10.7%
	Strongly Agree	18	4.5%
	Total	402	100.0%
		Mean	Std. Dev
Mean agreement with barriers (out of 5)		2.69	0.77

Table 7. Violence Perceptions and Experiences

		Count	%
School/workplace has policies to prevent sexual violence, assault, and/or harassment	No	45	12.0%
	Yes	255	68.0%
	I don't know	75	20.0%
	Total	375	100.0%
Workplace/school supports and follows through with policies	Never	17	4.5%
	Rarely	33	8.8%
	Sometimes	118	31.4%
	Always	128	34.0%
	Not applicable	80	21.3%
Total	376	100.0%	

Ever experienced physical assault or been afraid of a partner's physical violence	No	127	33.8%
	Yes	249	66.2%
	Total	376	100.0%
Someone threatened with or actually used a knife or gun to scare or hurt	No	254	67.6%
	Yes	122	32.4%
	Total	376	100.0%
Someone was physically aggressive	No	157	41.8%
	Yes	219	58.2%
	Total	376	100.0%
Afraid of being physically hurt by current/former intimate partner	No	221	58.8%
	Yes	155	41.2%
	Total	376	100.0%
Ever experienced sexual harassment or assault	No	123	32.7%
	Yes	253	67.3%
	Total	376	100.0%
Sexually harassed in a school or workplace	No	186	49.5%
	Yes	190	50.5%
	Total	376	100.0%
Physically forced or coerced to have sex	No	182	48.4%
	Yes	194	51.6%
	Total	376	100.0%

Table 8. Sexual Assault Response in Larimer County

		Count	%
Relationship with the person who physically forced or coerced to have sex	Current or former intimate partner	73	37.6%
	Other family member	16	8.2%
	Acquaintance or friend	72	37.1%
	Coworker	3	1.5%
	Stranger	14	7.2%
	Other	16	8.2%
	Total	194	100.0%
Told someone about sexual assault	No	30	15.5%
	Yes	153	78.9%
	Declined to answer	11	5.7%
	Total	194	100.0%
Person they told responded in a positive and supporting way	No	32	20.9%
	Yes	114	74.5%
	Declined to answer	7	4.6%
	Total	153	100.0%
Reported sexual assault to police	No	108	70.6%
	Yes	39	25.5%
	Declined to answer	6	3.9%
	Total	153	100.0%

Comfort throughout police reporting	Very comfortable	1	2.6%
	Comfortable	2	5.1%
	Somewhat comfortable	2	5.1%
	Uncomfortable	8	20.5%
	Very uncomfortable	26	66.7%
	Total	39	100.0%
Sought medical care in Larimer County for sexual assault	No	27	69.2%
	Yes	11	28.2%
	Declined to answer	1	2.6%
	Total	39	100.0%
Comfort with medical care for sexual assault	Very comfortable	1	9.1%
	Comfortable	2	18.2%
	Somewhat comfortable	2	18.2%
	Uncomfortable	2	18.2%
	Very uncomfortable	4	36.4%
	Total	11	100.0%

Table 9. Sexual Behaviors & Practices

		Count	%
Had partnered sexual activity in the past year	No	30	8.0%
	Yes	342	91.4%
	Decline to answer	2	0.5%
	Total	374	100.0%
Received oral sex on a vagina in the past year	No	212	45.5%
	Yes	254	54.5%
	Total	466	100.0%
Gave oral sex on a vagina in the past year	No	387	83.0%
	Yes	79	17.0%
	Total	466	100.0%
Received oral sex on a penis (i.e., head) in the past year	No	418	89.7%
	Yes	48	10.3%
	Total	466	100.0%
Gave oral sex on a penis (i.e., head) in the past year	No	208	44.6%
	Yes	258	55.4%
	Total	466	100.0%
Received oral sex on an anus (i.e., rimming) in the past year	No	383	82.2%
	Yes	83	17.8%
	Total	466	100.0%
Gave oral sex on an anus (i.e., rimming) in the past year	No	419	89.9%
	Yes	47	10.1%
	Total	466	100.0%
Had penile-vaginal sex in the past year	No	185	39.7%
	Yes	281	60.3%
	Total	466	100.0%
Had anal sex in the past year	No	358	76.8%
	Yes	108	23.2%
	Total	466	100.0%

Had group sex (3+ people) in the past year	No	435	93.3%
	Yes	31	6.7%
	Total	466	100.0%
Used sex toys in the past year	No	245	52.6%
	Yes	221	47.4%
	Total	466	100.0%
Ever received food, shelter, money, drugs, etc. in exchange for sex	No	327	92.6%
	Yes	26	7.4%
	Total	353	100.0%
Had power to consent in the exchange situation	No	5	19.2%
	Unsure	3	11.5%
	Yes	18	69.2%
	Total	26	100.0%
		Mean	Std. Dev.
Age of sexual onset		16.6	2.9

Table 10. Contraception Use*

		Count	%
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	No	276	98.2%
	Yes	5	1.8%
	Total	281	100.0%
Used birth control sponge during vaginal sex in the last year	No	280	99.6%
	Yes	1	0.4%
	Total	281	100.0%
Past year condom frequency during penetrative sex	Never	174	58.8%
	Sometimes	55	18.6%
	About half the time	11	3.7%
	Almost all the time	27	9.1%
	Every time	29	9.8%
	Total	296	100.0%
Past year condom frequency during anal sex	Never	71	66.4%
	Sometimes	11	10.3%
	About half the time	4	3.7%
	Almost all the time	7	6.5%
	Every time	14	13.1%
	Total	107	100.0%

*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*

	Count	%	
Comfort with transgender/non-binary identity with LGBTQ+ friends	Very uncomfortable	0	0.0%
	Uncomfortable	1	2.3%
	Neutral	1	2.3%
	Comfortable	2	4.7%
	Very comfortable	39	90.7%
	Not applicable	0	0.0%
	Total	43	100.0%
Comfort with transgender/non-binary identity with non-LGBTQ+ friends	Very uncomfortable	3	7.0%
	Uncomfortable	6	14.0%
	Neutral	10	23.3%
	Comfortable	12	27.9%
	Very comfortable	11	25.6%
	Not applicable	1	2.3%
	Total	43	100.0%
Comfort with transgender/non-binary identity with parents/caregivers	Very uncomfortable	8	18.6%
	Uncomfortable	11	25.6%
	Neutral	7	16.3%
	Comfortable	12	27.9%
	Very comfortable	4	9.3%
	Not applicable	1	2.3%
	Total	43	100.0%

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Comfort with transgender/non-binary identity with siblings	Very uncomfortable	4	9.3%
	Uncomfortable	9	20.9%
	Neutral	11	25.6%
	Comfortable	10	23.3%
	Very comfortable	5	11.6%
	Not applicable	4	9.3%
	Total	43	100.0%
Comfort with transgender/non-binary identity with your children	Very uncomfortable	0	0.0%
	Uncomfortable	1	2.3%
	Neutral	3	7.0%
	Comfortable	3	7.0%
	Very comfortable	4	9.3%
	Not applicable	32	74.4%
	Total	43	100.0%
Comfort with transgender/non-binary identity with co-workers	Very uncomfortable	0	0.0%
	Uncomfortable	19	44.2%
	Neutral	6	14.0%
	Comfortable	11	25.6%
	Very comfortable	5	11.6%
	Not applicable	2	4.7%
	Total	43	100.0%
Comfort with transgender/non-binary identity with work supervisors	Very uncomfortable	6	14.0%
	Uncomfortable	13	30.2%
	Neutral	7	16.3%
	Comfortable	10	23.3%
	Very comfortable	5	11.6%
	Not applicable	2	4.7%
	Total	43	100.0%
Comfort with transgender/non-binary identity with primary healthcare providers	Very uncomfortable	1	2.3%
	Uncomfortable	14	32.6%
	Neutral	8	18.6%
	Comfortable	14	32.6%
	Very comfortable	3	7.0%
	Not applicable	3	7.0%
	Total	43	100.0%
Comfort with transgender/non-binary identity with sexual healthcare providers	Very uncomfortable	2	4.7%
	Uncomfortable	7	16.3%
	Neutral	11	25.6%
	Comfortable	15	34.9%
	Very comfortable	5	11.6%
	Not applicable	3	7.0%
	Total	43	100.0%

*only for those identifying as trans/non-binary

Table 12. Transgender and Non-Binary Sexual Health Care in Larimer County*

		Count	%
Feared a negative reaction from a sexual healthcare provider in Larimer County if came out as transgender/non-binary	Yes	26	60.5%
	Somewhat	5	11.6%
	No	12	27.9%
	I don't know	0	0.0%
	Not applicable	0	0.0%
	Total	43	100.0%
A sexual healthcare provider in Larimer County has had a negative reaction when they learned that you are transgender/non-binary	Yes	5	11.6%
	Somewhat	4	9.3%
	No	23	53.5%
	I don't know	4	9.3%
	Not applicable	7	16.3%
	Total	43	100.0%
Can receive transgender health services near where I live	Strongly Disagree	4	9.3%
	Disagree	7	16.3%
	Neither agree nor disagree	13	30.2%
	Agree	15	34.9%
	Strongly Agree	4	9.3%
	Total	43	100.0%
I am comfortable getting transgender health services near where I live	Strongly Disagree	4	9.3%
	Disagree	7	16.3%
	Neither agree nor disagree	15	34.9%
	Agree	13	30.2%
	Strongly Agree	4	9.3%
	Total	43	100.0%
My sexual health provider is uncomfortable with transgender or non-binary patients	Strongly Agree	1	2.3%
	Agree	3	7.0%
	Neither agree nor disagree	17	39.5%
	Disagree	14	32.6%
	Strongly Disagree	8	18.6%
	Total	43	100.0%
My sexual health provider is affirming and inclusive of transgender/non-binary patients	Strongly Disagree	2	4.7%
	Disagree	3	7.0%
	Neither agree nor disagree	17	39.5%
	Agree	14	32.6%
	Strongly Agree	7	16.3%
	Total	43	100.0%
My sexual health provider's office is welcoming to transgender/non-binary patients	Strongly Disagree	2	4.7%
	Disagree	6	14.0%
	Neither agree nor disagree	14	32.6%
	Agree	14	32.6%
	Strongly Agree	7	16.3%
	Total	43	100.0%
My sexual health provider has	Strongly Disagree	3	7.1%

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

*Only for those identifying as trans/non-binary

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