



SEXUAL HEALTH NEEDS ASSESSMENT

2021-2022

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List of Abbreviations

CDC	Centers for Disease Prevention and Control
HCP	Health Care Provider
HCV	Hepatitis C Virus
HEU	Health Equity Unit
HHS	Health and Human Services
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus Virus
IRB	Institutional Review Board
IT	Information Technology
LGBTQ2S	Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit
ND	North Dakota
NDDOH	North Dakota Department of Health
NDHHS	North Dakota Department of Health and Human Services
NDSU	North Dakota State University
NFI	New American Foreign Born/Immigrant
QR	Quasi-Regular
SSP	Syringe Services Program
STI	Sexually Transmitted Infection
UNAIDS	United Nations Acquired Immunodeficiency Syndrome
UTTC	United Tribes Technical College

Background

The Sexually Transmitted and Bloodborne Diseases Unit and Health Equity Unit (HEU) of the North Dakota Department of Health and Human Services (ND HHS), distributed an online survey questionnaire to identify knowledge around sexually transmitted infections (STIs) and bloodborne diseases, perceptions about receiving prevention and care services, and the unmet needs of individuals living in North Dakota to receiving these services. This online survey, together with key informant interviews among volunteering participants, will help the NDHHS develop a comprehensive plan to end the ongoing endemics associated with HIV, STIs and viral hepatitis. The plan is intended to reduce incidence of new infections, provide care and treatment to people living with and at risk for these infections, allocate resources equitably, and provide education to people in North Dakota on best practices for prevention.

Method

A survey was developed to understand barriers to testing, risk behavior, and opportunities to enhance prevention and diagnosis in those at the highest risk of HIV in North Dakota. The 74-question survey was based on other states' community assessments and North Dakota data. The development and distribution of the online survey were through technical assistance from national organizations such as the Centers for Disease Prevention and Control (CDC) and input from the Division of Sexually Transmitted and Bloodborne Disease Division as well as community input through the HEU boards. The anonymous questionnaire was deployed on September 10, 2021, in both online and paper formats and data was collected through December 2021. The online survey was delivered via Qualtrics® an online survey tool that allows individuals and/or groups to develop and distribute surveys and analyze responses obtained from one convenient online location.

To facilitate the process of providing incentives for participants, a contract was executed with a partner university, specifically, the Department of Public Health at North Dakota State University (NDSU). As an incentive for participation, individuals had the option to receive a \$25 Wal-Mart gift card either electronically via their email address or a physical card by providing their full name and mailing address, which was provided by NDSU. While the only requirements for participation were being 18 years of age or older and being a resident of North Dakota, recruitment efforts targeted populations that have been less represented in needs assessment surveys across the state, and those with higher rates of infection, including persons from the Lesbian, Gay, Bisexual, Transgender, Queer/Question and Two-Spirit plus population, also known as the LGBTQ2S+, American Indian, and Black/African American individuals, etc. To this end, United Tribes Technical College (UTTC) was consulted initially to serve as a survey site, given the large

number of American Indian students attending the college. The rigorous Institutional Review Board (IRB) process ensured the survey was appropriate for American Indian populations and that all ethical concerns were addressed prior to seeking IRB approval at additional sites.

Institutional Review Board (IRB) approval was obtained from the United Tribes Technical College (UTTC) on July 29th, 2021. Thereafter, North Dakota Department of Health (NDDoH) waived IRB approval since the survey was considered standard public health practice. Similarly, North Dakota State University also waived IRB approval.

The first survey distribution occurred at the UTTC International Pow wow held in Bismarck from September 10 to 12th 2021. Thereafter, survey recruitment occurred at Pride Events Fargo on August 15 and Grand Forks on August 28th, 2021. Then the NDDoH shared a table with LGBTQ2S+ organizations at these events and distributed the survey via its QR code and the August 12th Back-to-School Event held by Sacred Pipe Resource Center in Bismarck, which targets American Indian individuals. The New American, Foreign born, Immigrant (NFI) advisory board for the Health Equity Unit received the QR code through WhatsApp and was encouraged to share the survey with community partners. Thereafter, recruitment was expanded state-wide through multiple social media sites, including the Custer Public Health Facebook page (November 30 through December 1, 2021) and LGBTQ2S+ leaders posting on social media sites (November 21-22, 2021). Unfortunately, in both cases, the survey had to be removed within 48 hours due to fast successive multiple entries (2000+) that were unrealistic for this survey. Multiple attempts were made to identify which responses were legitimate, such as geo-locating the IP address of respondents and reviewing time spent to taking survey to determine if it was appropriate for the responses obtained. This validation process resulted in nearly all the responses being discarded during these two distinct 48-hour time periods. Efforts were then made by the then NDDOH IT department and Qualtrics to secure the survey; the link was changed, and the survey was available again until December 2021.

Results

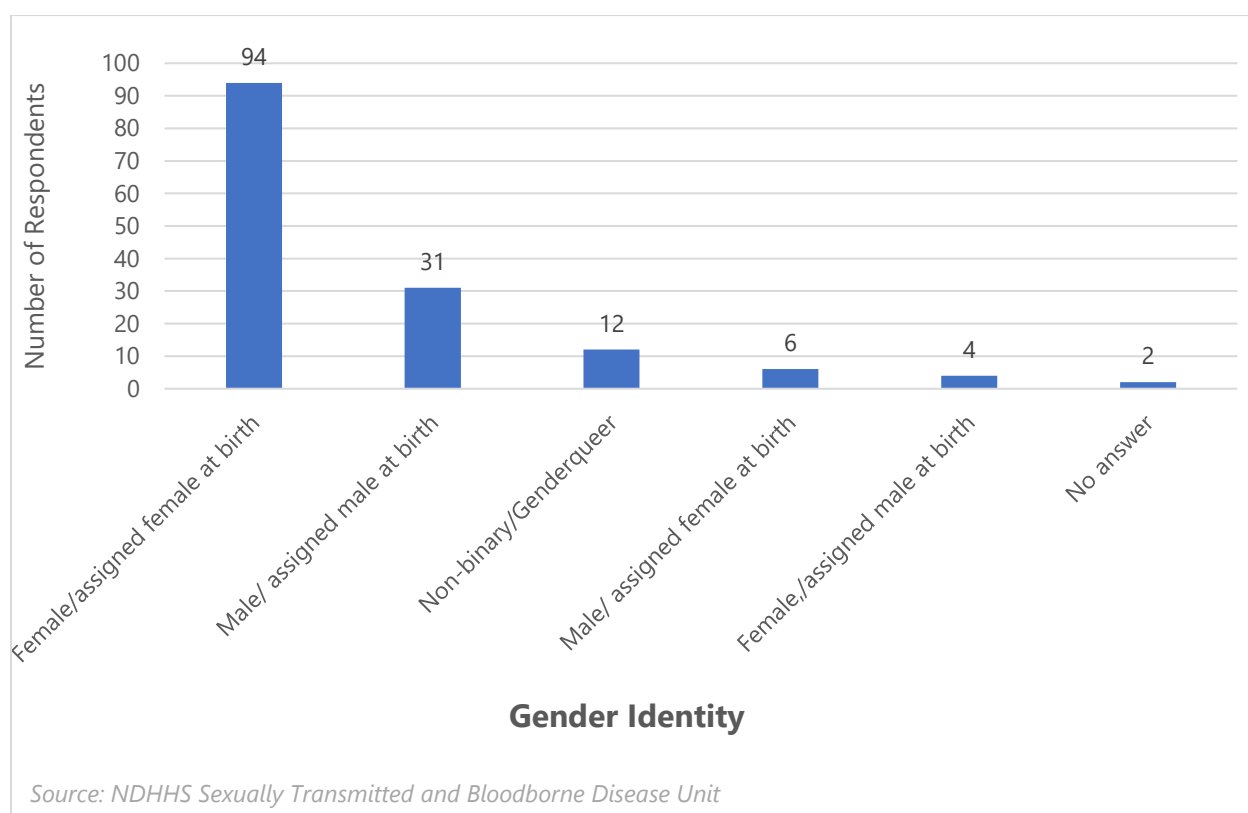
Demographics

One hundred and seventy-one (171) residents of North Dakota participated in the survey. However, twenty-two (22) were unable to be analyzed because of incomplete responses to the survey questions, and one hundred and forty-nine (149) responses remained.

Gender Identity

Gender identity is one's own, internal, personal sense of being a male, female, a blend of both or neither binary gender. This can be different or the same as someone's assigned sex at birth. Of the participants, 63 percent (94) currently identified as female and assigned female at birth, 21 percent (31) identified as male and assigned male at birth, 8 percent (12) participants were non-binary or genderqueer, 4 percent (6) identified as male but were assigned female at birth, 3 percent (4) identified as female but were assigned male at birth, 0.6 percent (2) opted to self-describe their gender as shown in figure 1).

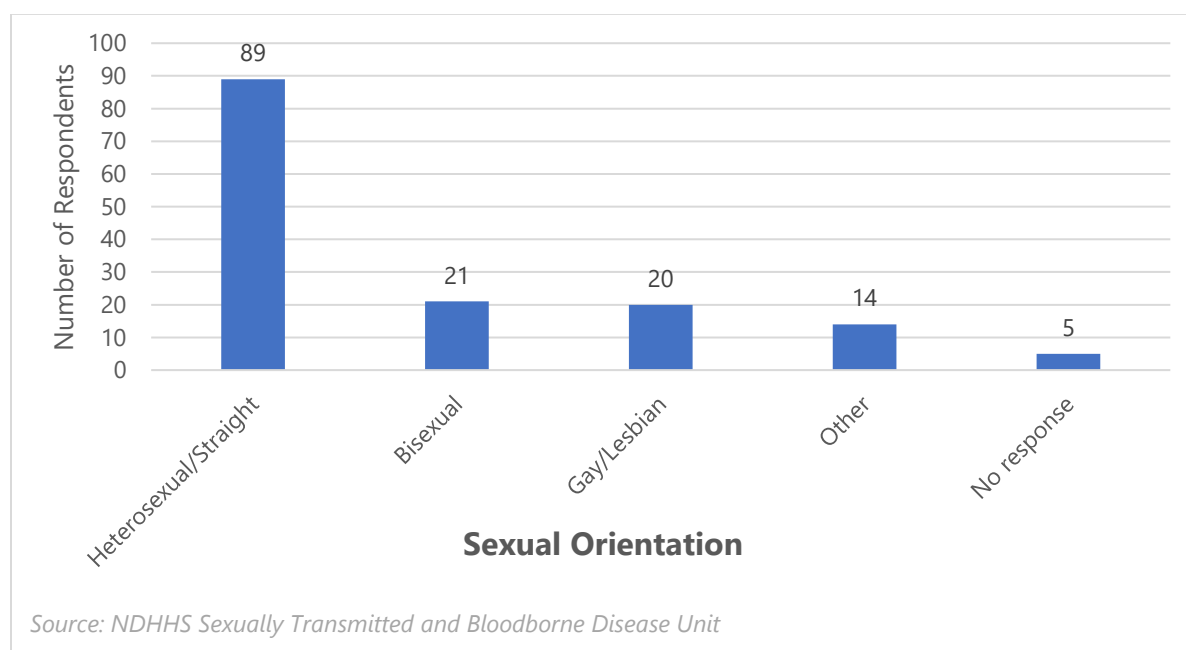
FIGURE 1: REPORTED GENDER IDENTITY OF SURVEY RESPONDENTS, SEXUAL HEALTH SURVEY, 2021



Sexual Orientation

Sexual orientation describes a person's enduring physical, romantic, and/or emotional attraction to another person (for example: straight, gay, lesbian, bisexual). 60 percent (89) of participants were heterosexual (straight). 14 percent (21) of participants were bisexual. 13 percent (20) of participants were either gay or lesbian 9 percent (14) self-described their sexual orientation such as panromantic/demisexual, queer, asexual, or just queer while 2 percent (3) preferred not to answer this question (figure 2).

FIGURE 2: REPORTED SEXUAL ORIENTATION OF SURVEY RESPONDENTS, SEXUAL HEALTH SURVEY, 2021



Age

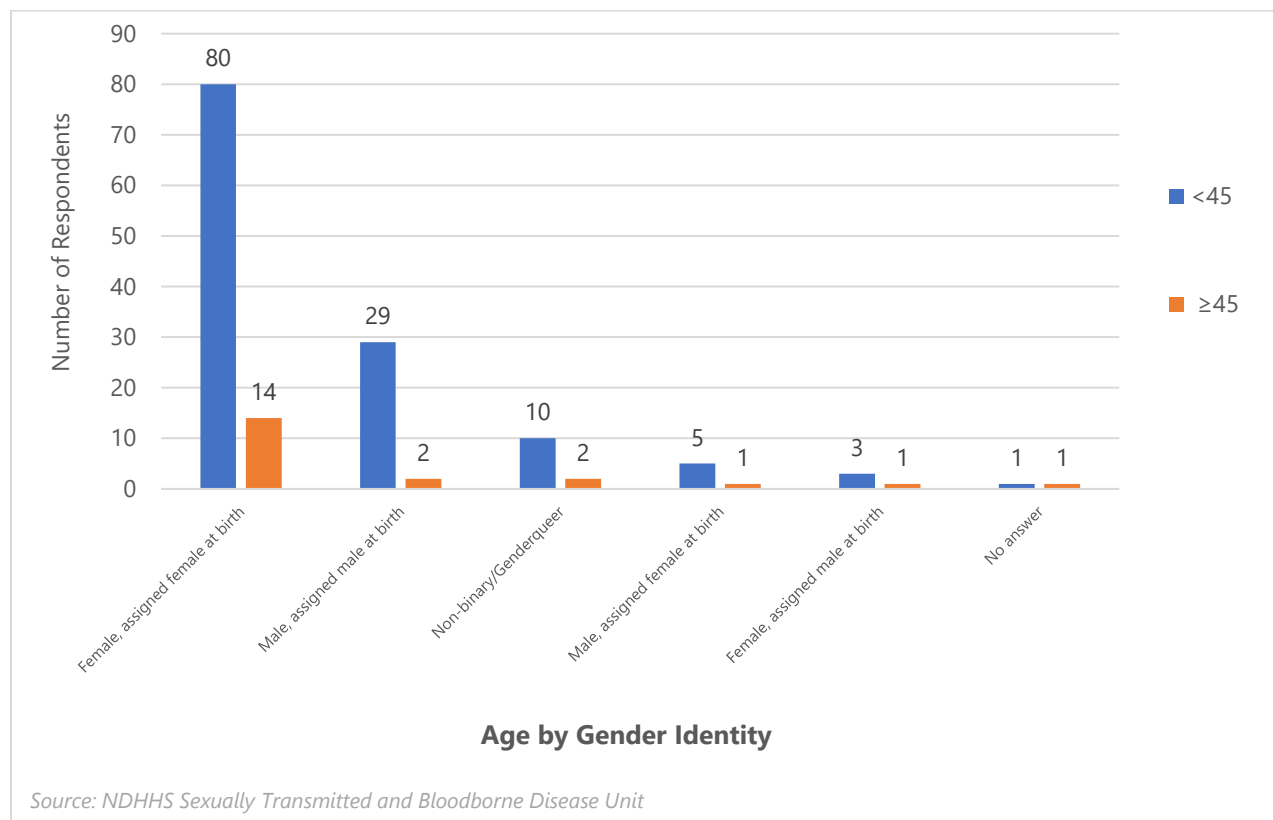
A majority of the participants (45) which represents 30 percent of participants, were between the ages of 25-34 years, with the least number of participants, (2) which represents 1 percent of participants fall within the age groups 0-17 years and 55-64 years. 27 percent (40) of participants fall within the age group 18-24 years, 23 percent (35) of participants fall within the age group 35-44 years, 7 percent (11) of participants fall within the age group 45-54 years, 5 percent (8) of participants fall within the age group 65+ years and 4 percent (6) did not respond to this question. For further simplification, the age groups were combined into two major categories; old age group and young age group: 128 participants under 45 years of age, and 21 participants 45 years and older.

Age By Gender Identity

Age was then stratified by gender identity; one hundred and twenty-eight participants were under 45 years of age (86% of the total participants). Out of these, 80 identified as females and assigned females at birth (62.5%), three were females assigned males at birth (2%), 5 were males assigned females at birth (4%), 29 were males assigned males at birth (23%), 10 were non-binary (8%), and one did not answer the gender identity question (less than 1%). Twenty-one participants were 45 years of age and older (14% of the total participants). Out of those 21, 14 were females and assigned females at birth (67%), one was female assigned male at birth (5%), one was male assigned female at

birth (5%), two were males assigned males at birth (9.5%), two were non-binary (9.5%), and one did not answer the gender identity question (5%) (Figure 3).

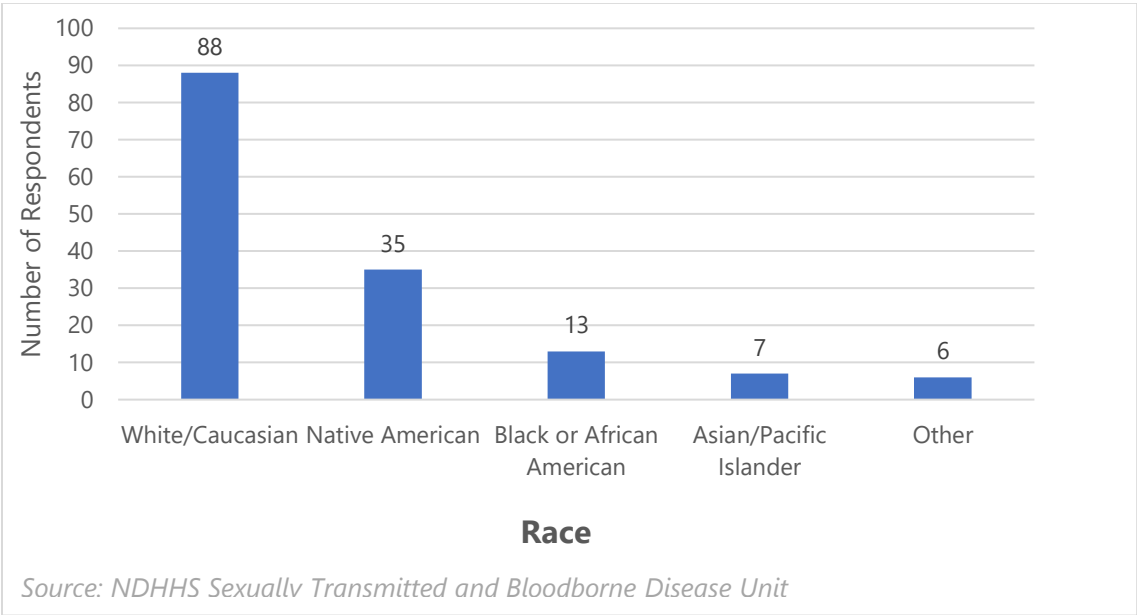
FIGURE 3: REPORTED AGE GROUPS OF SURVEY RESPONDENTS, SEXUAL HEALTH SURVEY



Race

Fifty-eight percent (87) of participants described their race as White, 14 percent (31) as Native American, 7 percent (11) as Black or African American, 5 percent (7) as belonging to two or more races, 4 percent (6) opted to self-describe their race with examples like Mixed, Asian, White, Hispanic, Portuguese, White 1/4 Native American, 3 percent (5) as Asian or Pacific Islander, and 1 percent (2) did not respond to this question on race (Figure 4).

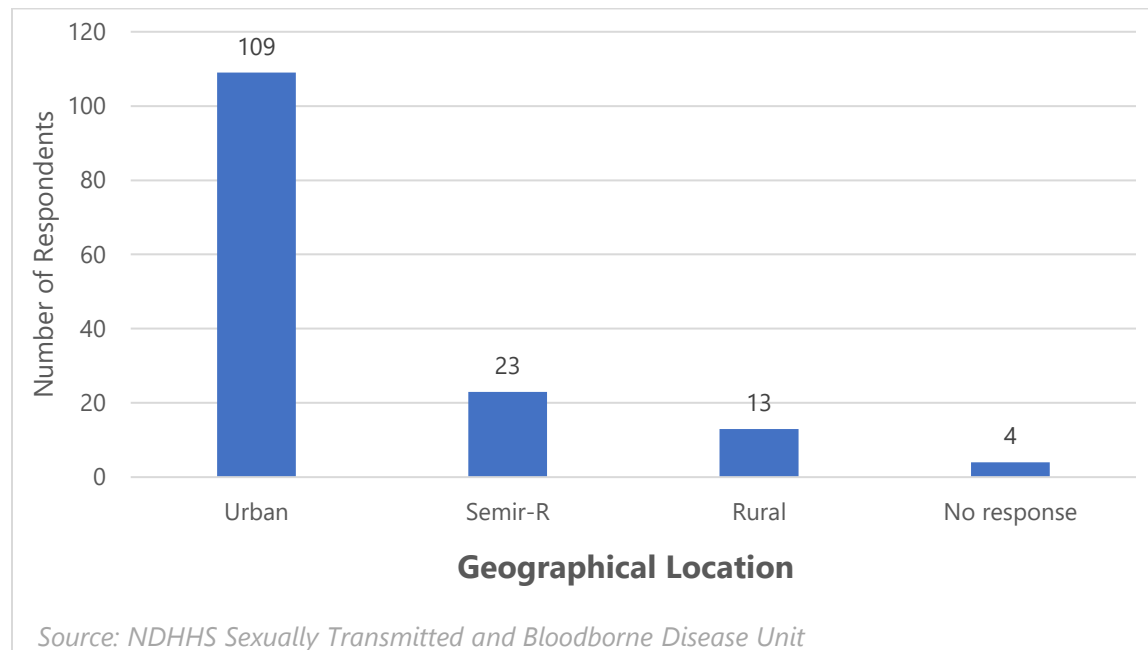
FIGURE 4: REPORTED RACE OF SURVEY RESPONDENTS, SEXUAL HEALTH SURVEY, 2021



Urban-Rural Designation Of Respondents

Overall, 145 out of the total 149 respondents answered this question. 75 percent (109) of participants were from an urban setting, 16 percent (23) were from a semi-rural setting, and 9 percent (13) were from a rural setting (Figure 5). An urban area refers to a metro county with 50,000 or more populace while semi-rural refers to a non-metro county that contains a town or a city with a population between 2,500 and 49,999 people and rural refers to a non-metro county that does not contain a town with people between 2,500 and 49,999.

FIGURE 5: REPORTED COUNT OF RESPONDENTS BY GEOGRAPHICAL LOCATION OF, SEXUAL HEALTH SURVEY, 2021



Barriers to HIV Testing

Sexual Orientation

Barriers exist when accessing various dimensions of health services. For the purposes of making evidence-based decisions about access to HIV testing cross tabulation was computed for barriers to HIV testing with sexual orientation to determine which groups were facing barriers. Statistically, there was no significance to the result of the cross tabulation (p value=0.197, greater than 0.05). About 26.5 percent of those who said they were not at risk for HIV as their barrier were heterosexuals with 73.5 percent did not respond. Also, 16.7 percent of individuals from the LGBTQ2S+ community indicated they did not think they were at risk, while 83.3 percent did not respond to the question.

Age

Age was cross-tabulated with barriers to HIV Testing. Several individuals stated that they do not think they were at risk for HIV (17.7%) as compared to 34.4 percent of the 45 and older category. This cross tab is statistically significant (p value=0.047, less than 0.05). On the other hand, most of the participants did not respond to this question, 65.8 percent were in the older age group category with 82.3 percent being in the younger age group.

Gender Identity

A total of 74 participants (about 50% of the total responders) indicated that they were ever tested for HIV. Out of this group, 46 (62%) were females assigned females at birth, 13 (17.5%) were males assigned males at birth, 10 (2.5%) were non-binary genderqueer, two (3%) were females assigned males at birth, two (3%) did not answer about their gender identity, and one (1%) was male assigned female at birth. Although these results seem very significant and the gender identity seems a barrier to HIV testing, in reality, compared to the distribution of the gender identity of our responders, there is not a significant difference. The majority of the original responders were females assigned females at birth (94 responders), which makes 49 percent of this category were ever tested for HIV. While 42 percent of males assigned males at birth, 83 percent of non-binary genderqueer, 50 percent of females assigned females at birth, 100 percent of the people who did not define their gender, and 20% of males assigned females at birth were tested for HIV. The highest categories tested for HIV from the sample were the self-described and the non-binary genderqueer.

Barriers to STI Testing

Sexual Orientation

Again, the variable sexual orientation was cross tabbed with barriers to STI Testing. Although not statistically significant (p value=0.692, greater than 0.05), several individuals stated that they do not think they were at risk for STI (72.4%) and these were heterosexuals as compared to 27.6% from the LGBTQ2S+ community.

Age

Again, the variable age category was cross-tabbed with barriers to STI Testing. Several individuals stated that they do not think they were at risk for STI (57.6%), and these were from the young age category with 64.5 percent from the old category, which is not statistically significant (p value=0.526, greater than 0.05). On the other hand, most of the young age group participants did not respond to this question (42.4%) while (35.5%) from the old age category failed to respond as well.

Gender Identity

A total of 82 participants (about 55% of the total responders) indicated that they were ever tested for STIs. Out of this group, 49 (60%) were females assigned females at birth, 16 (19.5%) were males assigned males at birth, 9 (11%) were non-binary genderqueer, one (1%) was female assigned male at birth, two (2.5%) did not answer about their gender identity, and five (6%) were males assigned females at birth.

Although these results seem very significant and the gender identity seems a barrier to HIV testing, in reality, compared to the distribution of the gender identity of responders, there is not a significant difference. The majority of the original responders were females assigned females at birth (94 responders), which makes 52 percent of this category were ever tested for STIs. While 52 percent of males assigned males at birth, 75 percent of non-binary genderqueer, 25 percent of females assigned females at birth, 100 percent of the people who did not define their gender, and 100 percent of males assigned females at birth were tested for STIs. The highest categories tested for STIs from the sample were the self-described and males assigned females at birth, then the non-binary genderqueer.

Barriers to Hepatitis C Testing

Sexual Orientation

The variable sexual orientation was cross-tabulated with barriers to Hepatitis C testing. Although not statistically significant (p value=0.819, greater than 0.05), several individuals stated that they do not think they were at risk for Hepatitis C (70%) and were heterosexuals as compared to 30 percent from the L+ community.

Age

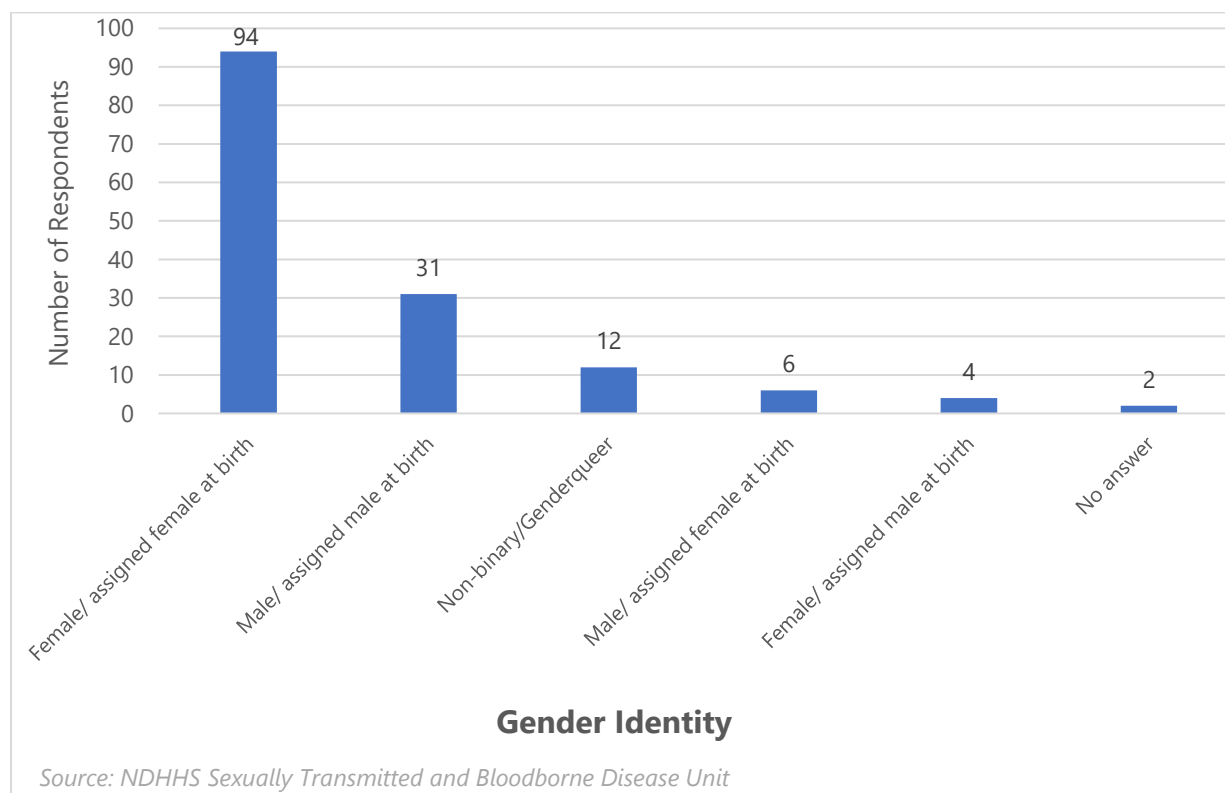
Furthermore, the variable age category was cross-tabbed with barriers to Hepatitis C Testing. Several individuals stated that they do not think they were at risk for Hepatitis C (47.7%), and these were from the young age category with 35.3 percent being from the old age category, which is statistically insignificant (p value=0.237, greater than 0.05). On the other hand, most of the non-response (52.3%) were from the young age group while a few (64.7%) were from the old age category.

Gender Identity

A total of 51 participants (about 34% of the total responders) indicated that they were ever tested for HCV. Out of this group, 32 (63%) were females assigned females at birth, eight (16%) were males assigned males at birth, nine (18%) were non-binary genderqueer, zero (0%) were females assigned males at birth, two (4%) were self-described, and zero (0%) were males assigned females at birth (Figure 6). Although these results seem very significant and the gender identity seems a barrier to HCV testing compared to the distribution of the gender identity of our responders, there is not a significant difference. The majority of the original responders were females

assigned females at birth (94 responders), which makes 34 percent of this category were ever tested for HCV. While 26 percent of males assigned males at birth, 75 percent of non-binary genderqueer, 0% of females assigned females at birth, 100 percent of self-described, and 0% of males assigned females at birth were tested for HCV. The highest categories tested for HCV from the sample were the self-described and the non-binary genderqueer.

FIGURE 6: REPORTED SURVEY RESPONDENTS EVER TESTED FOR HCV BY GENDER IDENTITY, SEXUAL HEALTH SURVEY, 2021



Level Of Risk

In ascertaining the level of risk for STIs/HIV/Hep C based on the sexual behaviors of participants, the response options to three questions were transformed from a categorical variable into numerical variables and combined. The resulting single value which ranged from 0-10 was an addition of the individual numbers assigned to each response option for each question and transformed back to a categorical variable. This was further, categorized into three main levels as low, medium, and high-risk levels as shown in the table below. These questions are sexual activity in the last 12 months, number of sexual partners and use of condom for sexual activity. Overall, 145

participants responded to this question. Responses were stratified by age, race, and sexual orientation (Table 1).

TABLE 1: REPORTED SURVEY RESPONDENTS RESPONSES STRATIFIED BY AGE, RACE, AND SEXUAL ORIENTATION

Level of Risk	
Low	<p>No sexual activity and partner in the last 12 months,</p> <p>1 sexual partner but no sexual activity in the last 12 months,</p> <p>1 sexual partner but no sexual activity in the last 12 months and uses condom always,</p> <p>1 sexual partner, but no sexual activity in the last 12 months and uses condom most of the time</p>
Medium	<p>2-5 sexual partners, and uses condom always,</p> <p>2-5 sexual partners and uses condom most of the time,</p> <p>2-5 sexual partners, sexually active in the last 12 months and uses condom half of the time</p>
High	<p>2-5 sexual, sexually activity in the last 12 months and uses condom not that often</p> <p>2-5 sexual partners, sexually activities in the last 12 months and never used condom,</p> <p>More than 5 sexual partners sexually active in the last 12 months and never used condom</p>

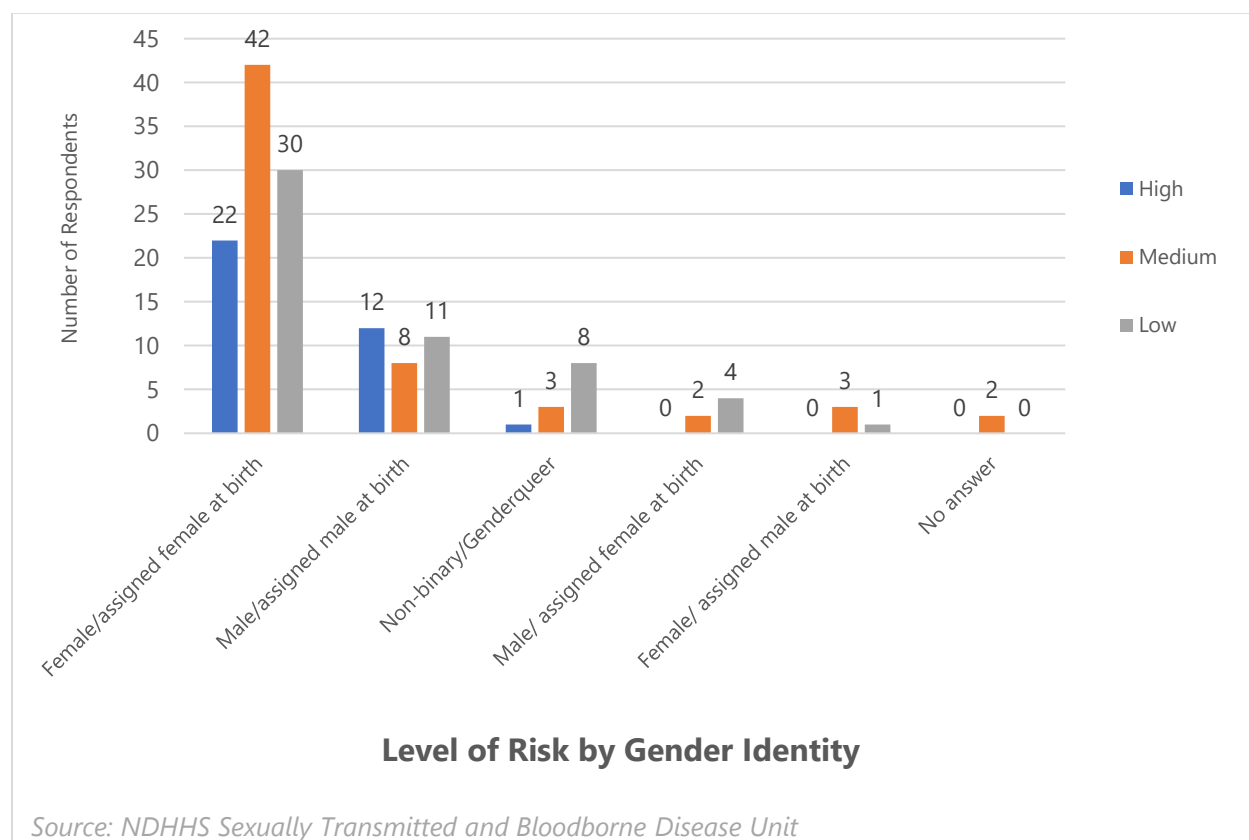
Sexual Orientation

To ascertain if risk varied by sexual orientation, cross-tabulations were computed. There was no statistical difference; p value=0.72, p -value greater than 0.05, the survey suggested that several heterosexuals who responded to both questions seemed to be engaging in some risk-related activities which placed their level of risk as high (25.8%) followed by medium risk (39.3%) and low risk (34.8%). On the other hand, a majority of members from the LGBTQ2S+ community (38.2%) were at low risk followed by medium risk (41.8%) and high-risk 20 percent. For the purposes of this survey, LGBTQ2S+ comprised of gay, lesbian, non-binary/genderqueer, pan-sexual, demisexual, and asexual.

Gender Identity

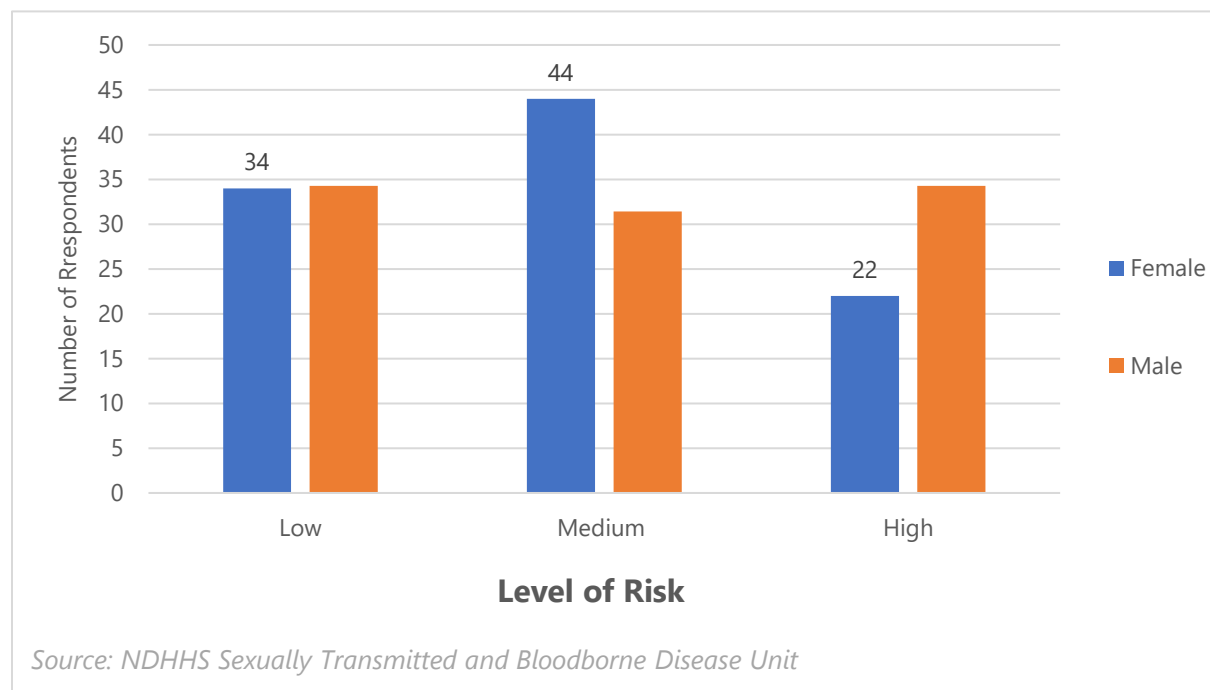
The level of risk was looked at by gender identity as identified by the responders. The proportions were almost the same for the level of risk by each gender identity as shown in the graph below (Figure 7).

FIGURE 7: REPORTED COUNT OF RESPONDENTS BY GENDER IDENTITY AND LEVEL OF RISK, SURVEY RESPONDENTS, SEXUAL HEALTH SURVEY, 2021



Then, responders were split by gender identity at birth if given, then the level of risk was calculated by each gender. For the females at birth, 34 percent have a low level of risk, 44 percent have a medium level of risk, and 22 percent have a high level of risk. While for the males at birth, 34% have a low level of risk, 31.5 percent have a medium level of risk, and 34 percent have a high level of risk (Figure 8). From these results, the percentage of high level of risk is higher among males at birth than females at birth.

FIGURE 8: REPORTED COUNT OF MALE AND FEMALE RESPONDENTS AT BIRTH BY LEVEL OF RISK, SEXUAL HEALTH SURVEY, 2021



Race

The variable Race/Ethnicity was created from a combination of responses to survey items on race and ethnicity. After which races with the corresponding ethnicity as non-Hispanic specifically White or Caucasian, and Native American were left as it is while all other races with corresponding ethnicity as Hispanic were categorized as "Other" such as Mixed race, Black or African. The resulting variable was cross tabulated with the level of risk. Although the analysis had no statistical significance (p value= 0.727, greater than 0.05), there were some significant observations. Majority of participants with high risk (27.7%) was non-Hispanic White or Caucasian, followed by the remaining being non-Hispanic Native American and Other races with percentages 16.1 percent and 21.9 percent respectively. Also, for participants that had medium risk, 36.1 percent were non-Hispanic White or Caucasian while 45.2 percent were non-Hispanic Native American and another 43.8 percent were Other races.

Age

The variable age category was cross tabulated with level of risk. A large portion of participants with a medium level of risk (45.9%) was from the young age category as compared to 27.9 percent, from the old age category. Also, a majority (48.4%) from the old age group category were at high risk with about 18 percent of the young age category having high risk as well. This analysis had no statistical significance (p value=0.068, greater than 0.05).

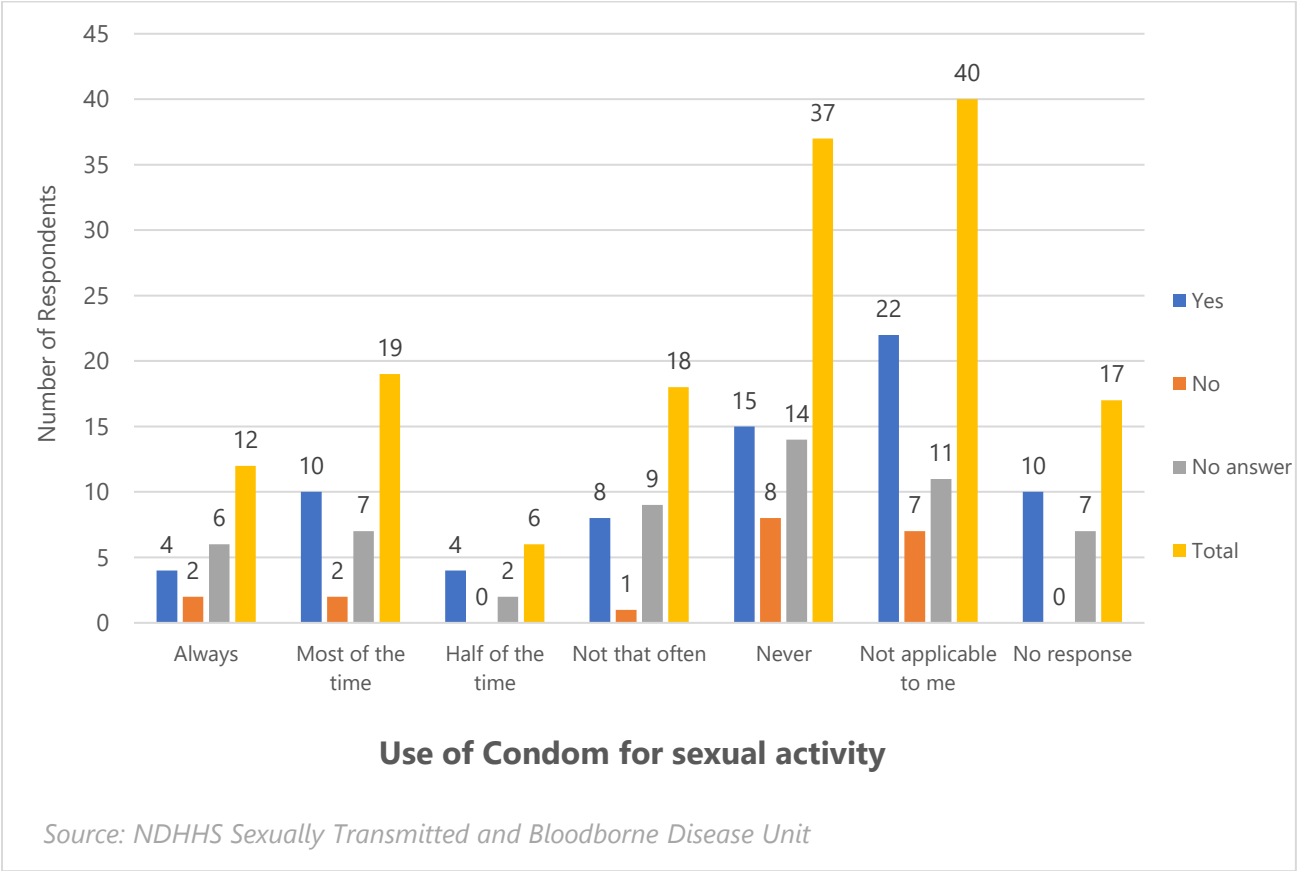
Condom Use

For the question “how often do you use condoms for sexual activity”, 40 responders (27%) indicated that it is not applicable to their sexual activity, 37 (25%) indicated that they never use condoms, 19 (13%) indicated that they use them most of the time, 18 (12%) indicated that do not use it often, 17 (11%) did not respond to that question, 12 (8%) indicated that they always use condoms, and six (4%) indicated that they use condoms half of the time.

When asked if they would utilize a program that provides free condoms and other health supplies if available, there was a significance in responses. Out of the responders who indicated that the condom use was not applicable in their sexual activity, 22 (55%) said that they will utilize the free condoms program. Out of those who indicated that they never use condoms in their sexual activity, 15 (40.5%) said that they will utilize the free condom program. From of the responders who indicated that they do not often use condoms in their sexual activity, eight (44.5%) said that they will utilize a free condom program, and from the responders who indicated that they use condoms half of the time, four (67%) said that they will utilize a free condom program. Out of the participants who did not respond to the condom use question, 10 (59%) said that they will utilize a free condom program if available (Figure 9).

These results clearly show that about half of the people in each category will utilize a free condom program if available for them, which will definitely increase the condom use among people at different risk levels and prevent transmission of sexually transmitted diseases.

FIGURE 9: REPORTED COUNT OF RESPONDENTS BY CONDOM USE FOR SEXUAL ACTIVITY AND UTILIZING THE FREE CONDOMS IF THERE WAS SUCH A PROGRAM IN ND, SEXUAL HEALTH SURVEY, 2021

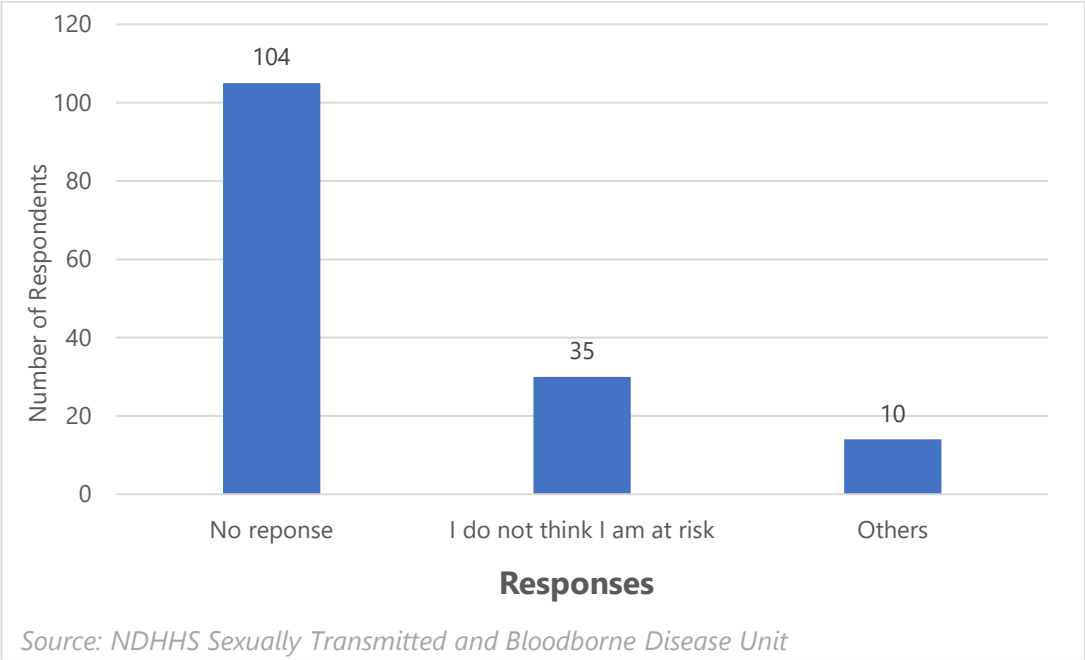


Barriers To Testing

Survey participants were asked to describe what their self-perceived barriers to HIV, STI, and Hepatitis C testing were and allowed to multi-select. The majority of the participants stated exclusively across all three-test services that they do not think they were at risk. On the other hand, some participants had multiple barriers with some of these barriers being inclusive of “I do not think I am at risk” as one of their barriers to testing. Because cell size was small across several responses, they were collapsed into three unique response variables. The response variable “I do not think I am at risk” comprises of all responses that contained this phrase while “Other” comprises of all responses without “I do not think I am at risk”.

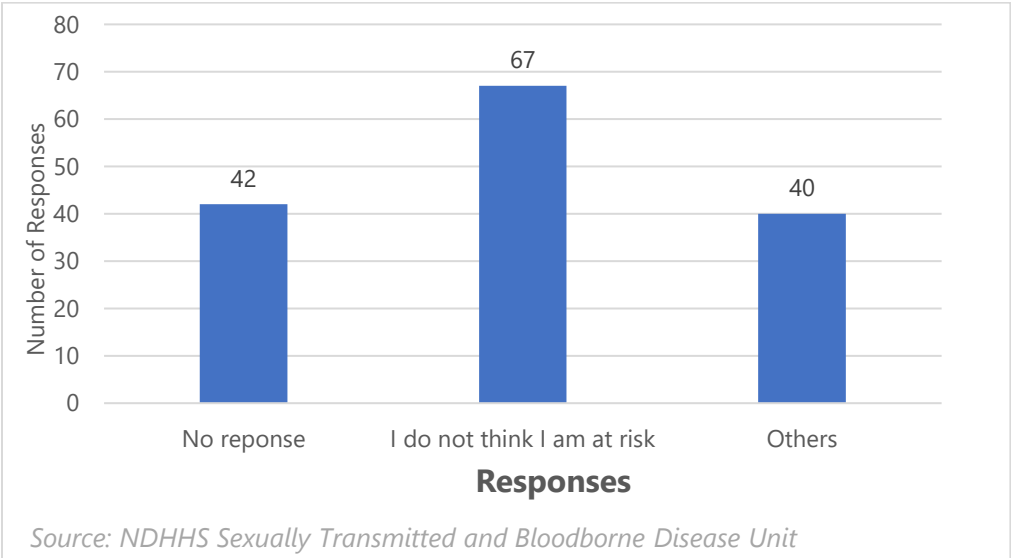
Out of the 149 responses, 35 participants think they were not at risk and so did not need testing for HIV while 10 had multiple barriers to HIV testing such as being afraid to discuss sexuality with provider, hard time getting or making an appointment, did not have a way to get there, uncomfortable having blood taken for the test (Figure 10).

FIGURE 10: REPORTED COUNT OF RESPONDENTS FOR BARRIERS AGAINST HIV TESTING, SEXUAL HEALTH SURVEY, 2021



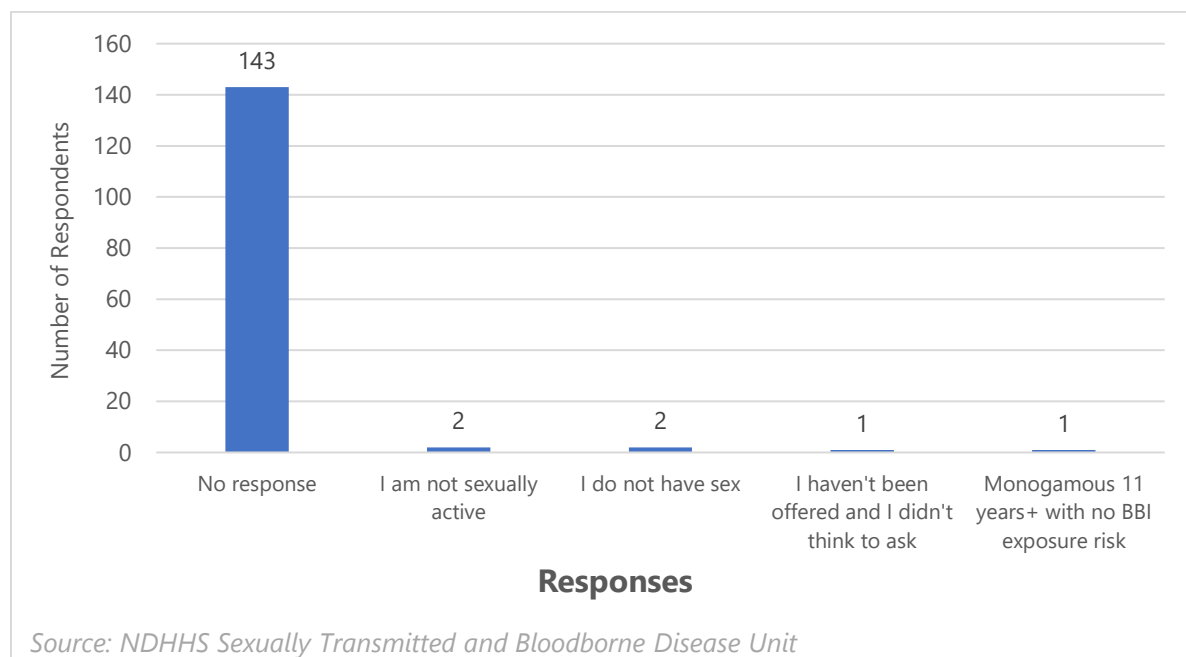
Again, out of the 149 responses, 76 respondents think they were not at risk and so did not need testing for HIV while 31 had multiple barriers to HIV testing such as the high cost of getting tested, uncomfortable talking with their doctor about this, I am afraid I may be positive and I am not ready for those results, etc. (Figure 11).

FIGURE 11: REPORTED COUNT OF RESPONDENTS FOR BARRIERS AGAINST STI TESTING, SEXUAL HEALTH SURVEY, 2021



Also, out of the 149 responses 59 survey participants think they were not at risk and so did not need testing for HIV while 24 had multiple barriers to HIV testing such as being afraid to discuss sexuality with provider, hard time getting or making an appointment, did not have a way to get there, uncomfortable having blood taken for the test, etc (Figure 12).

FIGURE 12: REPORTED COUNT OF RESPONDENTS FOR BARRIERS AGAINST HEP C TESTING, SEXUAL HEALTH SURVEY, 2021

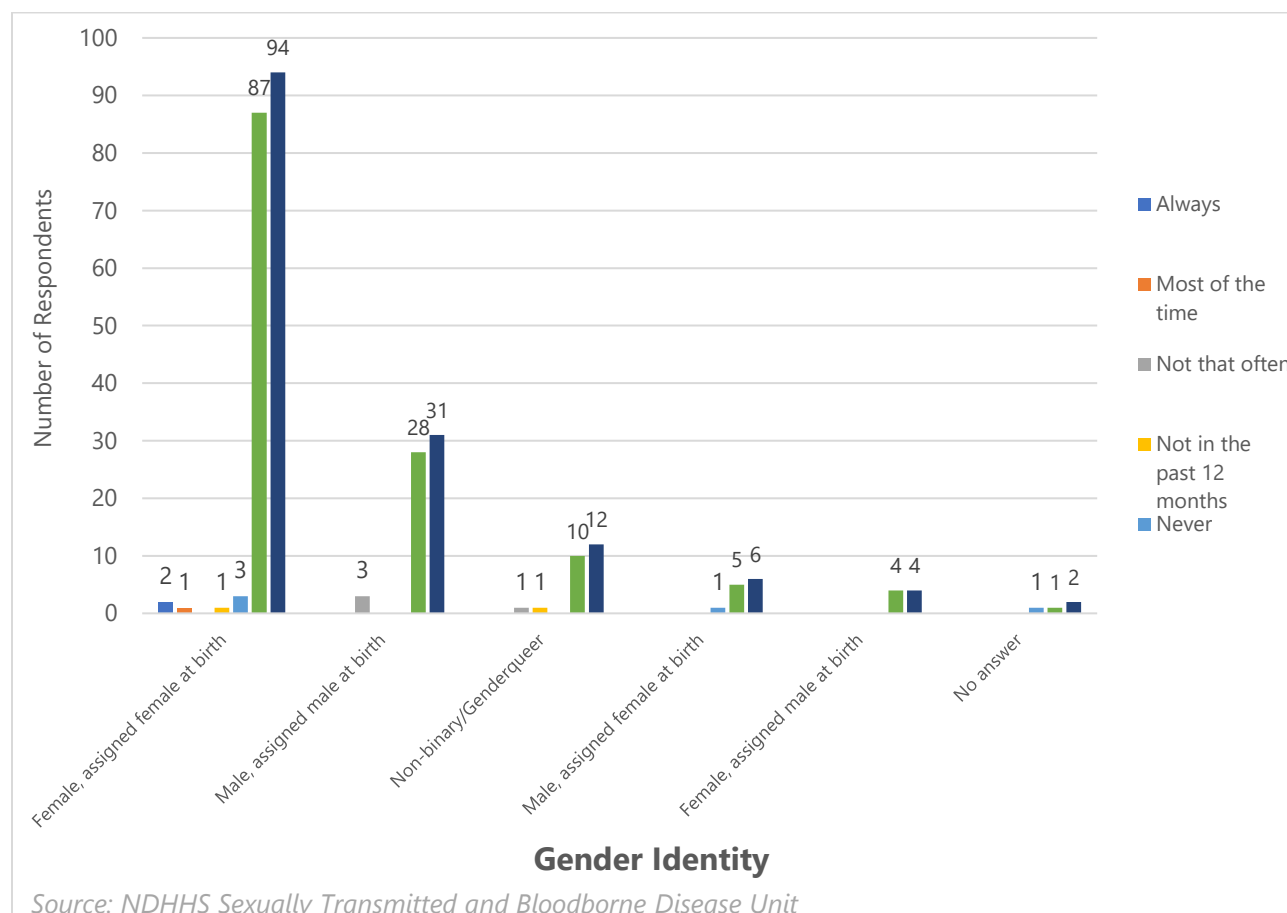


Syringe Service Program

Injecting Drugs And Sharing Needles

In order to evaluate the Syringe Service Program (SSP), it is important to look at the amount of people who inject drugs and share syringes, needles, or other injecting equipment with others in the past year. Injecting drugs and sharing needles in the past year was stratified by gender identity. Only 14 responders (9%) answered the question "If you have injected drugs in the last 12 months, how often do you share your needles/syringes or other injecting equipment with others?" and five of these indicated that they did not inject drugs in the past 12 months and five indicated that they never shared needles. From the gender female assigned female at birth a total of three responders shared needles always and most of the time, while one from the non-binary genderqueer indicated that they did not share needles that often (Figure 13).

FIGURE 13: REPORTED COUNT OF RESPONDENTS BY GENDER IDENTITY AND IF THEY INJECTED DRUGS AND SHARED NEEDLES, SEXUAL HEALTH SURVEY, 2021



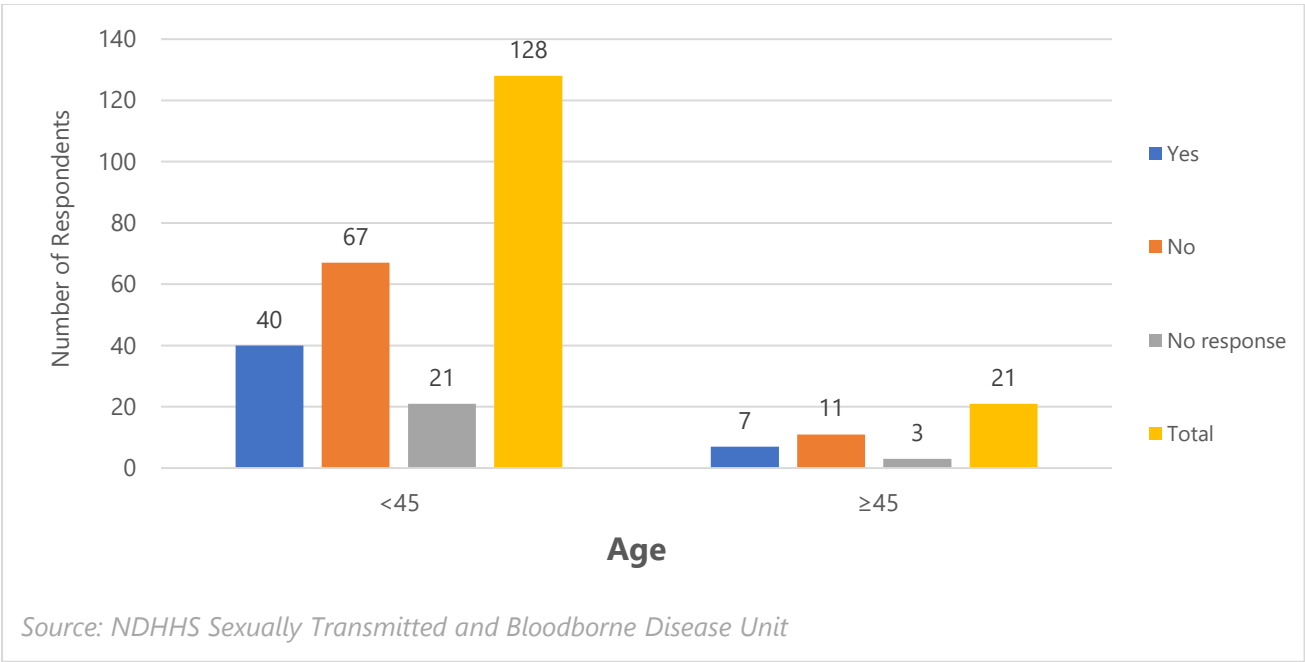
Knowledge Of Syringe Service Program

Syringe Service Program (SSP) is a program where free syringes get distributed to people who inject drugs to minimize the risk of disease transmission by sharing needles. In order to address the risk of sharing needles and providing SSPs in different areas and for different communities, it was important to look if people know that North Dakota has a SSP. This knowledge was stratified by many variables.

Age

In the group of responders who are under 45 years of age, only 40 (37%) heard that North Dakota has an SSP, while the rest did not. Similarly, from the group of people who are 45 years and older, seven (about 39%) heard of the availability of that program in North Dakota (Figure 14). These results are important when assessing public health services and advertising for them to make sure they reach all the people from different age groups.

FIGURE 14: REPORTED COUNT OF RESPONDENTS BY AGE GROUP AND IF THEY KNEW ND HAS SSP, SEXUAL HEALTH SURVEY, 2021



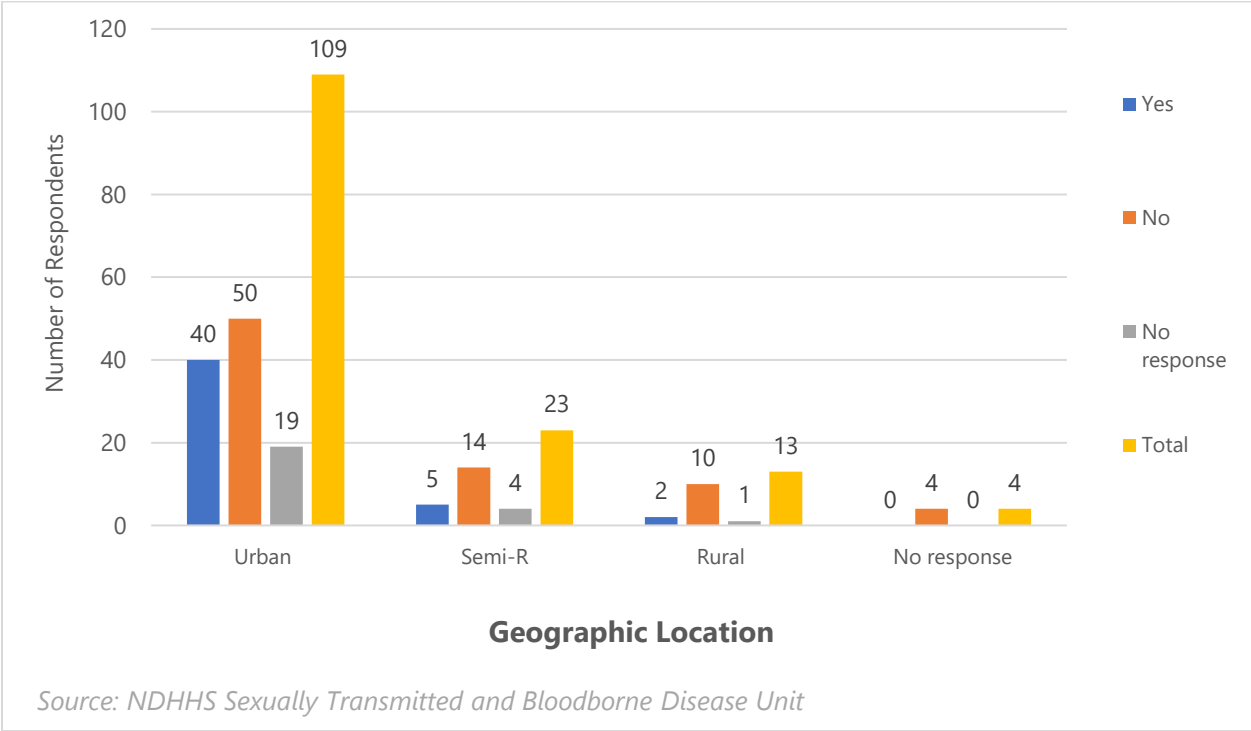
Geographic Location

Similarly, to the age group variable, the knowledge about SSP in North Dakota was low in all the geographical locations. Over half of the responders in every location did not know that North Dakota provides such program. That also indicated that education about availability of SSP programs and how to access them is important in every location in North Dakota.

Sexual Orientation

People with different sexual activities might have different knowledge about public health programs. It was important to look if these groups have different levels of knowledge about the availability of SSP in North Dakota. The results were similar to the previous studies variables, when more than half of the responders of the majority of the sexual groups did not have any knowledge about the program. Only the group of Gays/Lesbians had 83 percent who heard of the availability of SSP in North Dakota (Figure 15).

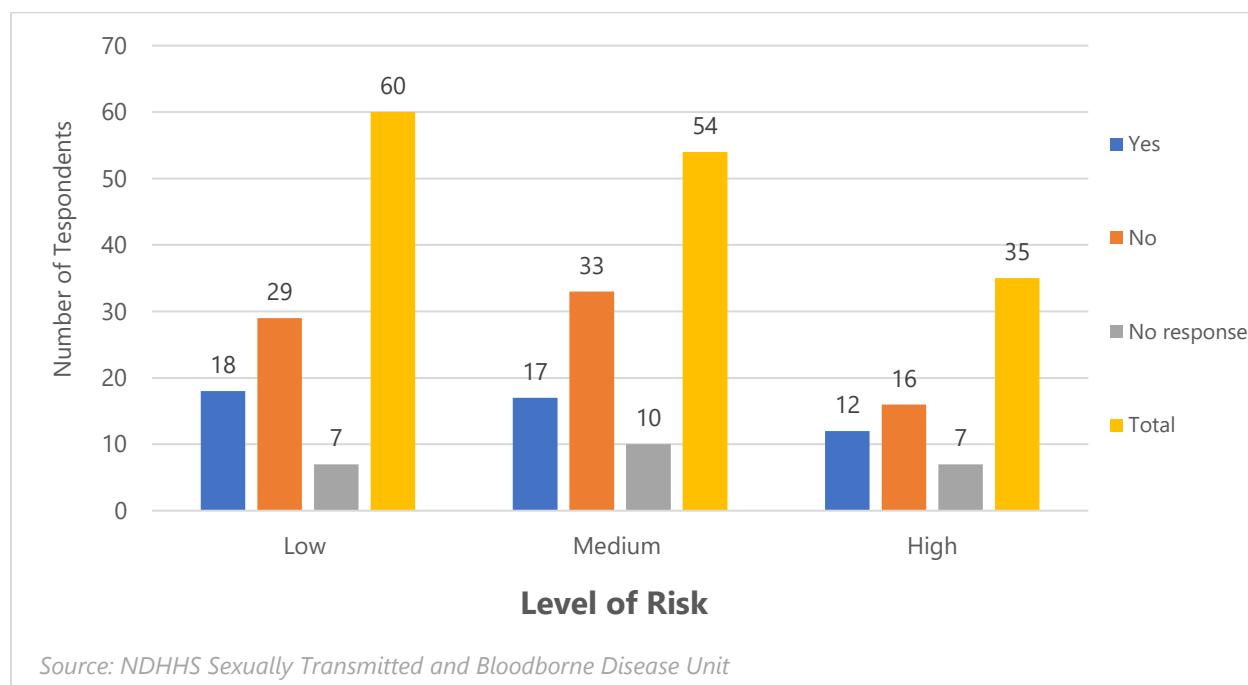
FIGURE 15: REPORTED COUNT OF RESPONDENTS BY GEOGRAPHICAL LOCATION AND IF THEY KNEW THAT THEY HAD SSP, SEXUAL HEALTH SURVEY, 2021



Level Of Risk

Although the level of risk was based on the sexual activity only without considering the injection drug use, it was worth to look at the knowledge of the availability of SSP in ND by level of risk. It did not show any difference from the results gotten from the previous variables. There is over half of responders from all three risk levels who do not know that North Dakota has a SSP (Figure 16).

FIGURE 16: REPORTED COUNT OF RESPONDENTS LEVEL OF RISK AND IF THEY KNEW THAT ND HAD SSP, SEXUAL HEALTH SURVEY, 2021



All these results can clearly shine on the importance of the education and advertisement of public health programs especially the Syringe Service Program and their availability in the state of North Dakota along with providing the maps and places where such programs are available. This education and these programs should be made available with large geographic distribution coverage as well as a wider population reach.

Pre-Exposure Prophylaxis

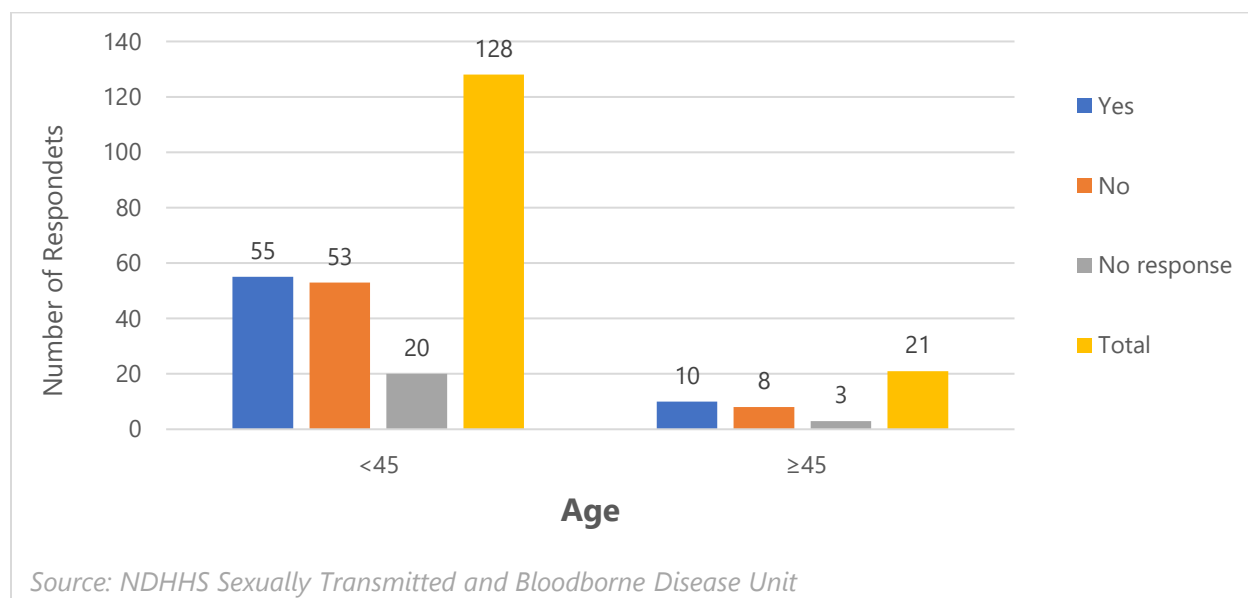
Pre-Exposure Prophylaxis (PrEP) is a treatment given to people who are at high risk for contracting HIV before being exposed whether through sexual relationship or through sharing needles. This treatment is to protect these people from becoming infected with HIV.

In this survey, people were asked if they heard about PrEP. The results of this variable were stratified by age of responders, geographic locations, sexual orientation, and their level of risk.

Age

In both age groups, the level of knowledge about PrEP was very similar. About half of the responders from each of the younger and older groups have not heard of PrEP (Figure 17). That indicated that more education about the availability of the HIV protection treatment for all people from all ages.

FIGURE 17: REPORTED COUNT OF RESPONDENTS BY AGE GROUP AND IF THEY HEARD OF HIV PREP, SEXUAL HEALTH SURVEY, 2021

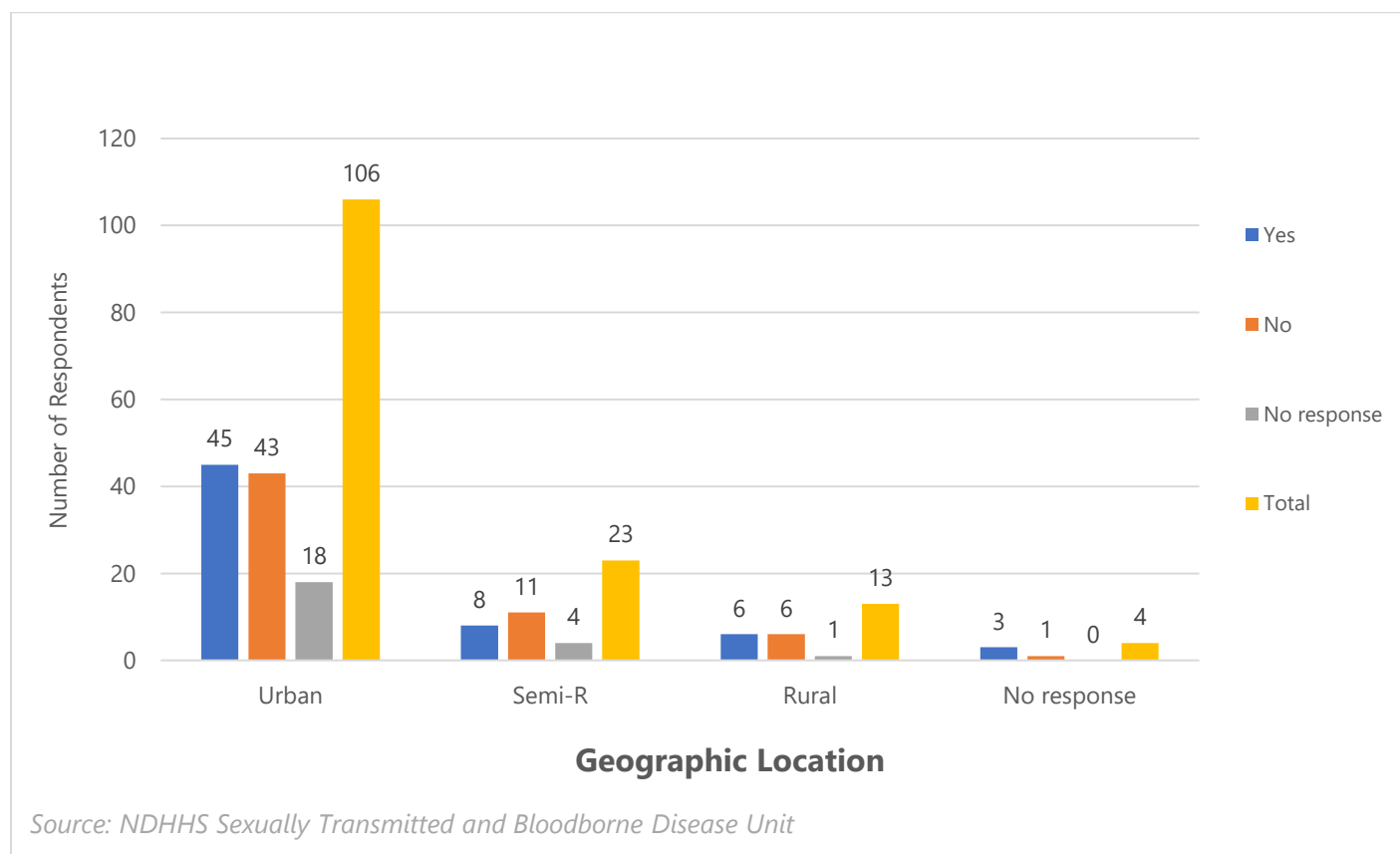


Geographic Location

In order to ascertain if there is any difference in the availability or distribution of HIV PrEP between regions, or to identify the regions needing more focus on education and distribution of HIV PrEP, the answers of the responders about if they heard of HIV PrEP were stratified by geographical locations. The results were similar to what was seen in the different age groups. About half of the responders in every geographical location

have not heard of PrEP. Although this shows that there is not a difference in education between locations, it also shows that there is a lack of education everywhere (Figure 18). People in different regions need to know what PrEP is, how to access it, when and how to use it.

FIGURE 18: REPORTED COUNT OF RESPONDENTS BY GEOGRAPHICAL LOCATION AND IF THEY HEARD OF HIV PREP, SEXUAL HEALTH SURVEY, 2021

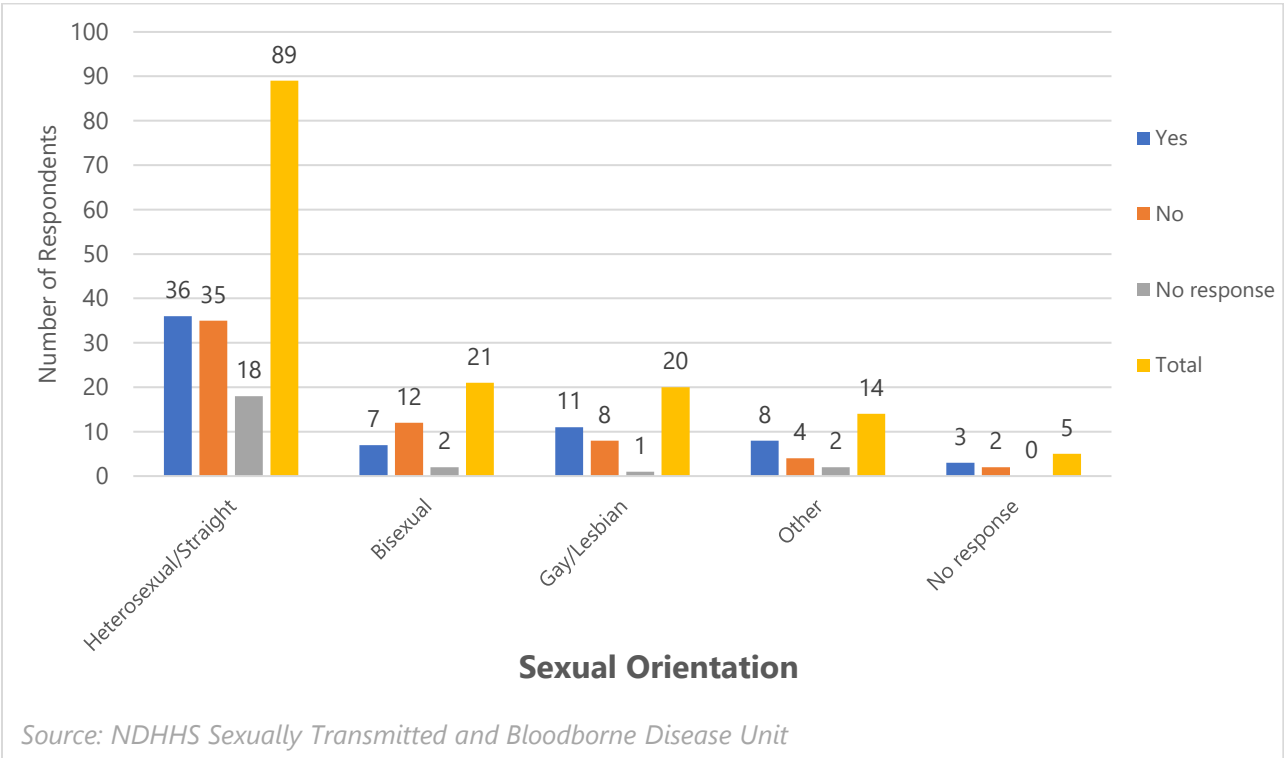


Sexual Orientation

For the same previous reasons, people's knowledge about HIV PrEP was stratified by sexual orientation, especially that some groups might be at higher risk than other groups and should know and be using HIV PrEP.

A very slightly higher knowledge was shown in the gay/lesbian group (58%) compared to heterosexual/straight and the bisexual groups (Figure 19). These results still show the need to educate all sexual groups about the HIV PrEP.

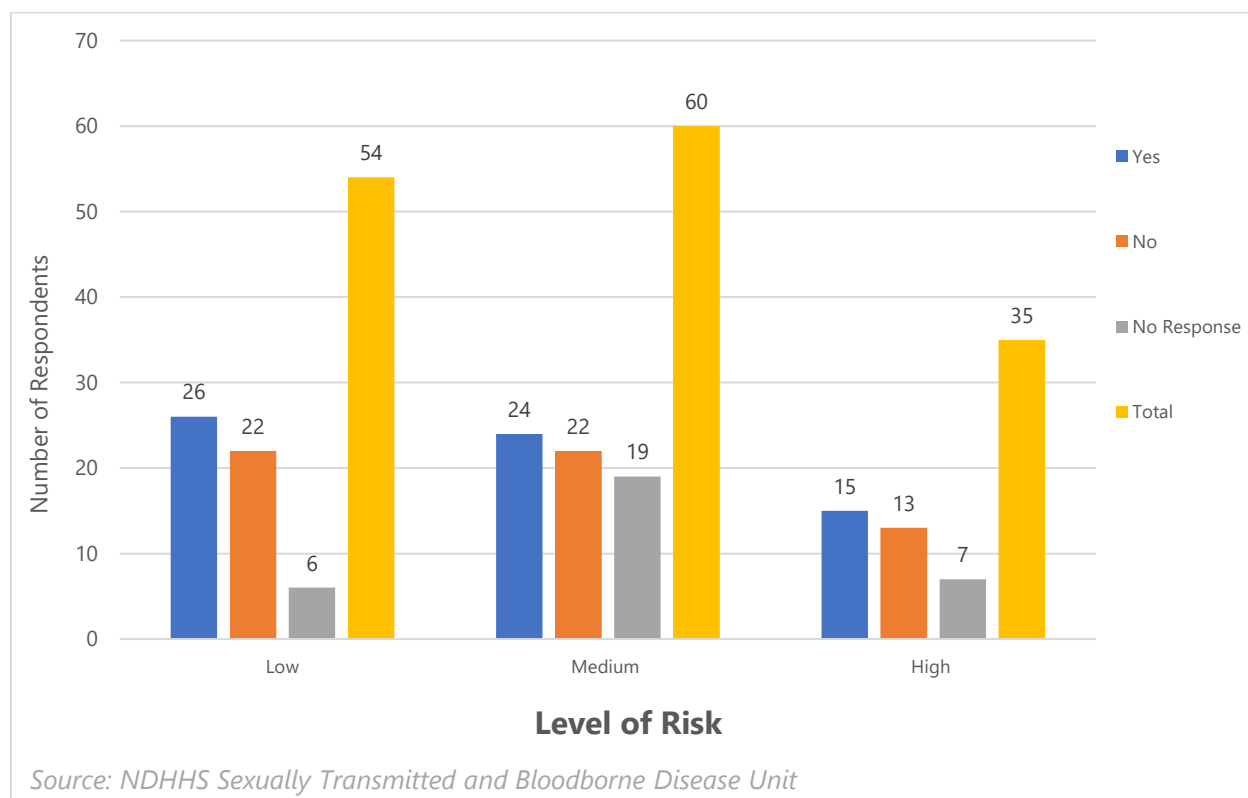
FIGURE 19: REPORTED COUNT OF RESPONDENTS BY SEXUAL ORIENTATION IF THEY HEARD OF HIV PREP, SEXUAL HEALTH SURVEY, 2021



Level Of Risk

People who are at high level of risk should be knowing and using HIV PrEP more than others. But the results from this survey showed that the responders from all risk levels had the same knowledge about HIV PrEP, and about half of the high-risk people did not even hear about PrEP to be using it. Same with the two other groups with low and medium risk levels, about half have not heard of PrEP before (Figure 20). The risk level variable is very important to show that some people who are exposed to HIV and other STDs do not even know about ways of prophylaxis before engaging in risky sexual behaviors, while they should be using it and protecting themselves.

FIGURE 20: REPORTED COUNT OF RESPONDENTS BY LEVEL OF RISK AND IF THEY HEARD OF HIV PREP, SEXUAL HEALTH SURVEY, 2021



Risk Learning And Discussing About HIV And STIs

One of the questions was about the places they first learned about HIV/STIs and sexual health. There was a lot of different places, but the majority of the responders (32 responder) indicated that they first learned about HIV/STIs and sexual health in the K-12 School (21.5%) while the rest were scattered. Only one responder (less than 1%) indicated that they first learned about HIV/STIs and sexual health from a healthcare provider.

When they were asked about the preferred places to learn about HIV/STIs and sexual health, 33 responders (22%) indicated that they prefer to learn these things from a healthcare provider, and none (0%) indicated they would like to learn these things in K-12 schools.

These results show a big gap in the healthcare providers teaching people about HIV/STIs and sexual health when learning from them is the preferred method for the majority of the responders.

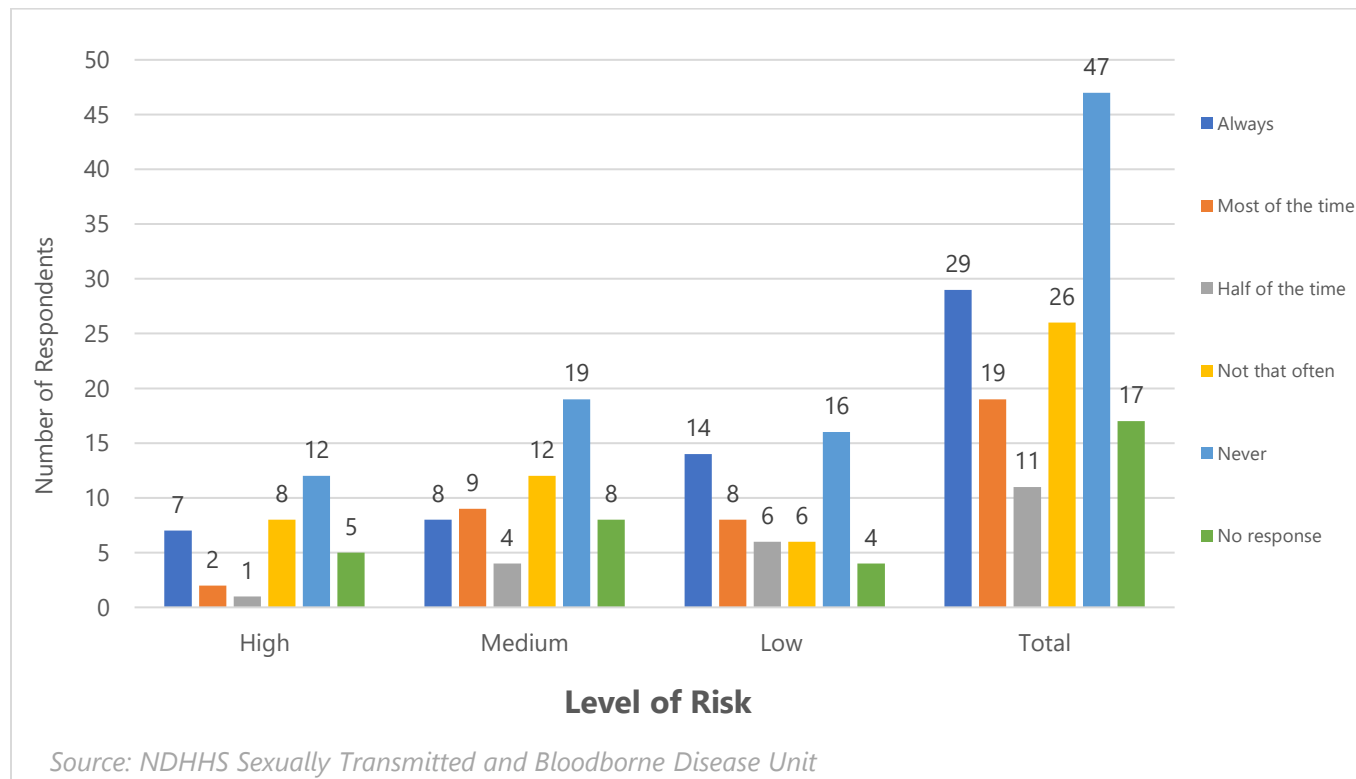
Risk Discussing HIV/STIs And Sexual Health With Partners

When asked if responders discuss HIV/STIs and sexual health with their partners, the majority (31.5%) indicated that they never discuss it with their partners. Out of these, 12

(25.5%) are at high level of risk and 19 (40.5%) are at medium level of risk. Same with the people who indicated that they do not often discuss HIV/STIs and sexual health with their partners, about 31 percent are at high level of risk and 46 percent are at medium level of risk.

When asked about the barriers for discussing such topics with their partners, there was a variety of different answers including being embarrassed, or afraid the partner gets mad. Some answers were "I am in a monogamous relationship". Out of the responders who indicated that they never discuss these topics with their partners, 21 (44.5%) indicated that they were in a monogamous relationship; and 11 (42%) of the people who do not often discuss these topics with their partners were in a monogamous relationship. But these results show some dishonesty in the responses. Out of the 21 people who never discuss HIV/STIs and sexual health with their partners and indicated that they are in a monogamous relationship, eight (38%) are at high level of risk. And out of the 11 people who did not discuss HIV/STIs and sexual health with their partners and indicated that they are in a monogamous relationship, five (45.5%) are at high level of risk (Figure 21) This type of questions is very personal and critical, and the answers show that there was some dishonesty and discontinuation in the answers.

FIGURE 21: REPORTED COUNT OF RESPONDENTS BY HOW OFTEN THEY DISCUSS HIV/STI/SEXUAL HEALTH WITH PARTNERS AND LEVEL OF RISK, SEXUAL HEALTH SURVEY, 2021



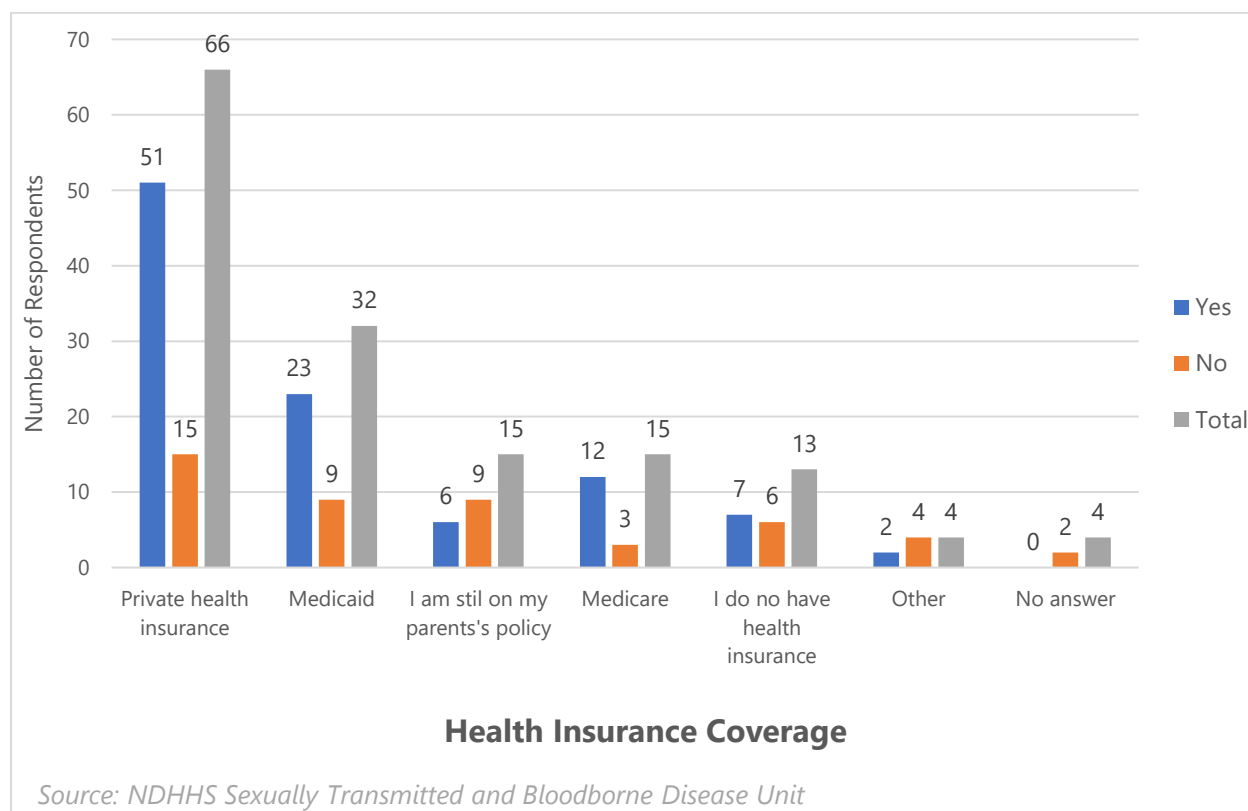
Medical Visits

Responses obtained from participants on whether they had visited a healthcare provider in the past 12 months, were stratified by insurance type. Again, those who did have a medical visit in the past year were asked if they were offered HIV, HCV, or STI testing by the provider or if the provider discussed sexual health with them. These answers were then stratified by insurance type, race, sexual orientation, and geographic location

Risk Insurance Type

People with the majority of health coverage have had a medical visit in the past 12 months (77% for people with private insurance, 71% for people with Medicaid, and 80% for people with Medicare). However, over half of the responders who do not have health insurance, or any type of coverage had a medical visit in the past year (54%). Only the group of responders who are still on their parents' insurance had a less medical visit rate in the past year compared to others (40%) (Figure 22). This might be due to their young age.

FIGURE 22: REPORTED COUNT OF RESPONDENTS BY NUMBER OF MEDICAL VISIT IN THE PAST YEAR TYPE OF HEALTH INSURANCE/ COVERAGE, SEXUAL HEALTH SURVEY, 2021



Responders who did have a medical visit in the past 12 months were asked if they were offered HIV, HCV, or STIs testing by the provider and if the provider discussed sexual health with them.

As seen in the graphs below, less than half of the responders with all types of health coverages were offered HIV, HCV, or STIs testing by the provider. While the majority of responders indicated that the healthcare provider discussed sexual health with them during their visit. It was noticed that there is not a continuation in the answers to these questions. While only 51 people with private health insurance indicated that they had visited a HCP in the past year, 66 said they discussed their sexual health with the provider in the medical visit in the past year (Figure 23, 24). This discontinuation happened over most health coverage groups.

FIGURE 23: REPORTED COUNT OF RESPONDENTS IF THEY OFFERED HIV/HCV/STI TESTING DURING A HEALTHCARE VISIT IN THE PAST YEAR BY TYPE OF INSURANCE/COVERAGE, SEXUAL HEALTH SURVEY, 2021

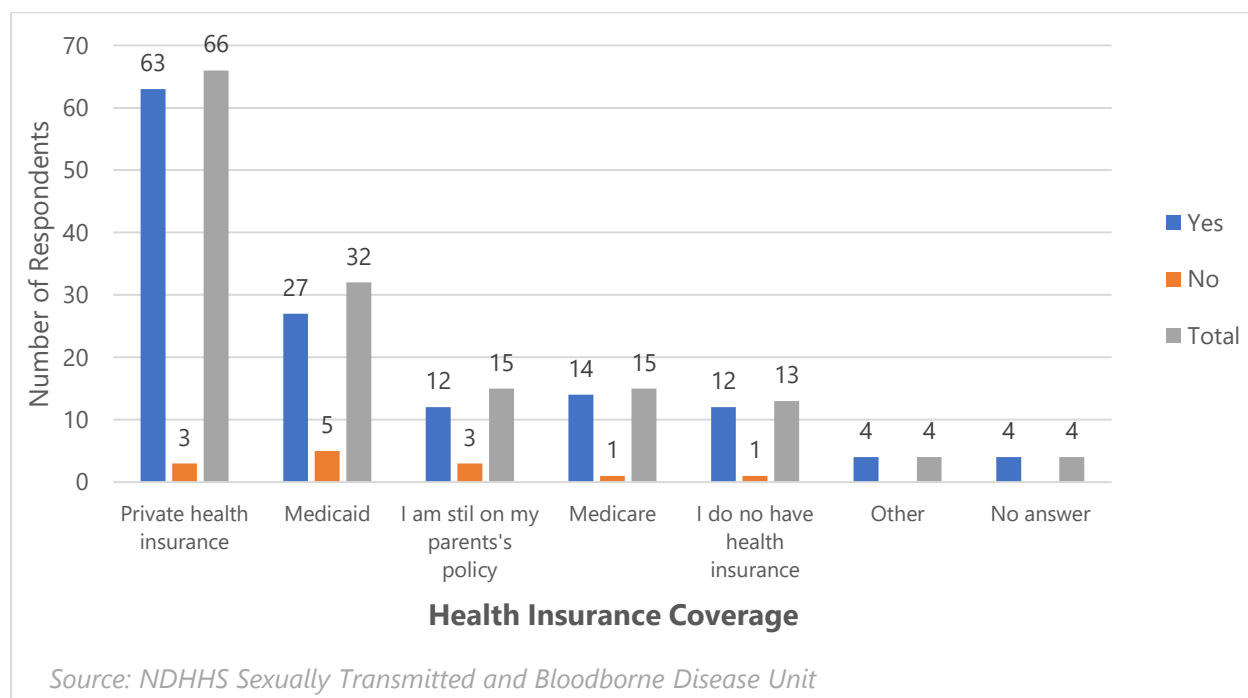
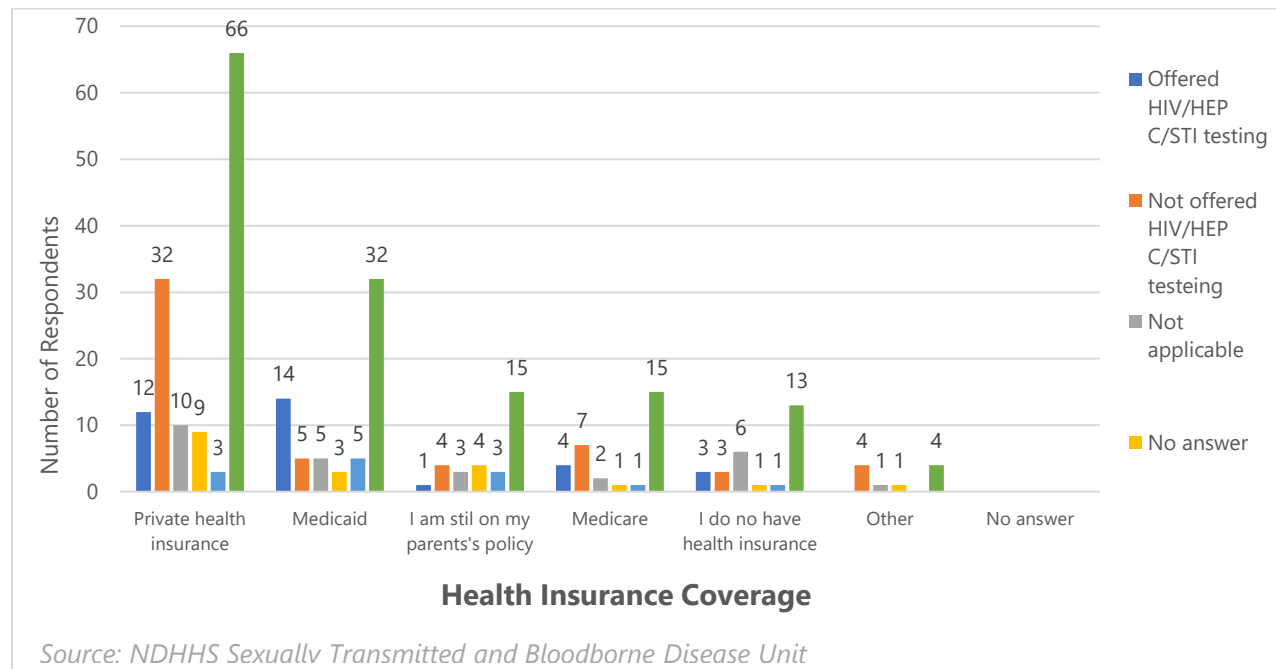


FIGURE 24: REPORTED COUNT OF RESPONDENTS IF AN HCP DISCUSSED SEXUAL HEALTH DURING A HEALTHCARE VISIT IN THE PAST YEAR BY TYPE OF INSURANCE/COVERAGE, SEXUAL HEALTH SURVEY, 2021



Race

Less than half of people from all races were offered HIV, HCV, or STIs testing in their medical visit. While the majority in all racial groups have discussed sexual health with the healthcare provider during their visit in the past year (Figure 25 & 26).

FIGURE 25: REPORTED COUNT OF RESPONDENTS IF THEY OFFERED HIV/HCV/STI TESTING DURING A HEALTHCARE VISIT IN THE PAST YEAR BY RACE, SEXUAL HEALTH SURVEY, 2021

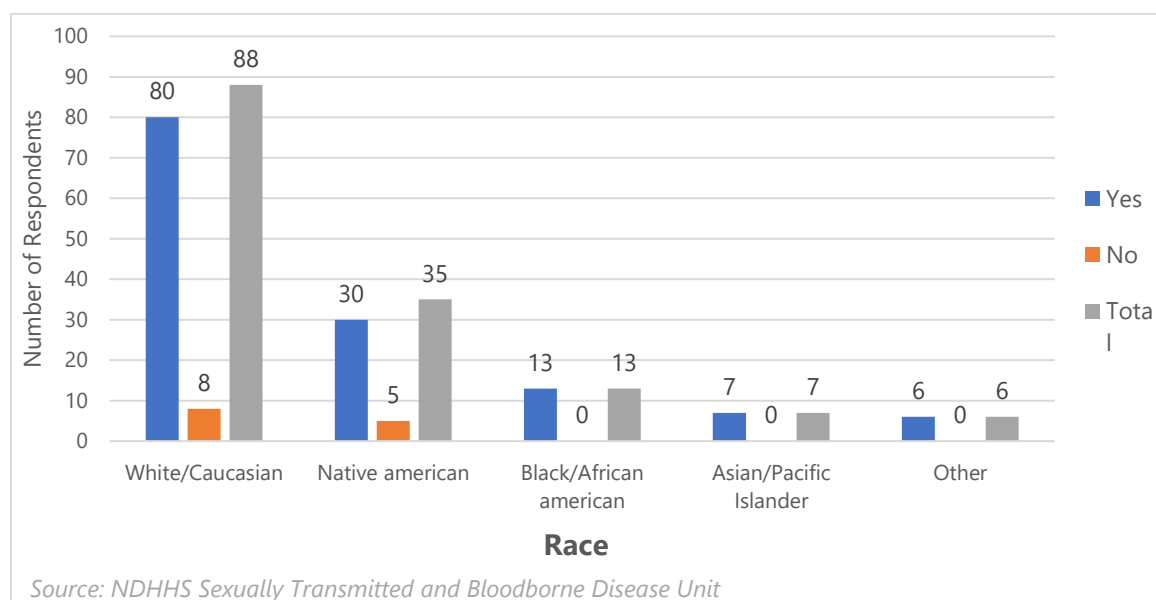
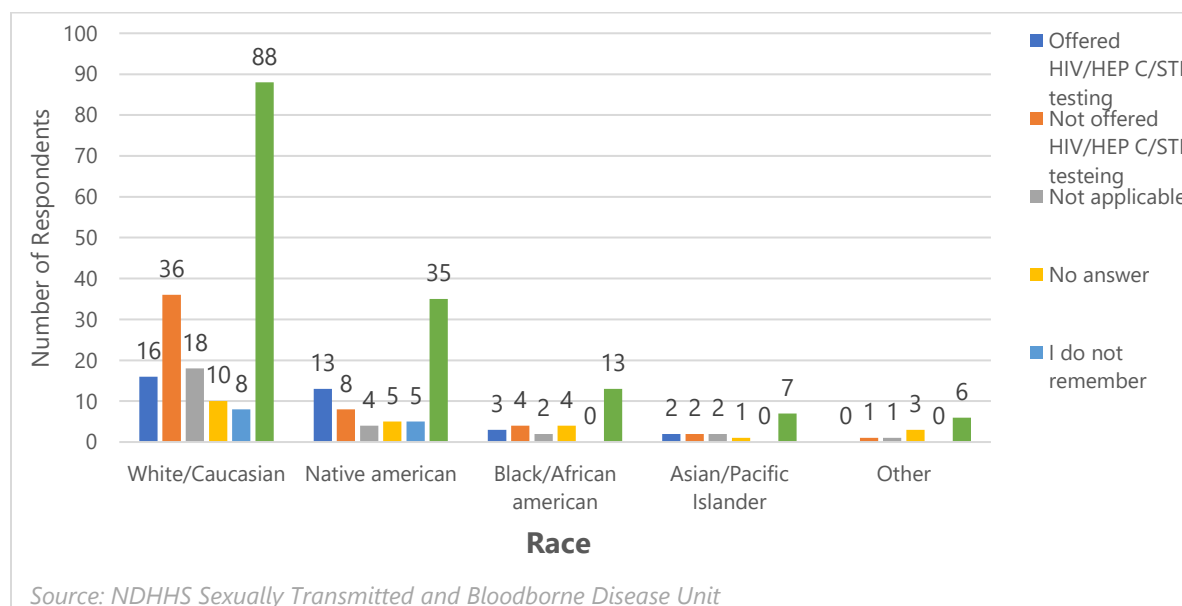


FIGURE 26: REPORTED COUNT OF RESPONDENTS IF A HCP DISCUSSED SEXUAL HEALTH DURING A HEALTHCARE VISIT IN THE PAST YEAR BY RACE, SEXUAL HEALTH SURVEY, 2021



Sexual Orientation

Similar to the previous results when stratified by race, a small proportion of people from all sexual groups were offered HIV, HCV, or STIs testing from an HCP during their visit in the past year. The highest group of responders who were offered such testing during their medical visit were the gay/lesbian group (50%). While also the majority in all the sexual groups have discussed sexual health with the provider during their visit (Figure 27).

FIGURE 27: REPORTED COUNT OF RESPONDENTS IF THEY OFFERED HIV/HCV/STI TESTING DURING A HEALTHCARE VISIT IN THE PAST YEAR BY SEXUAL ORIENTATION, SEXUAL HEALTH SURVEY, 2021

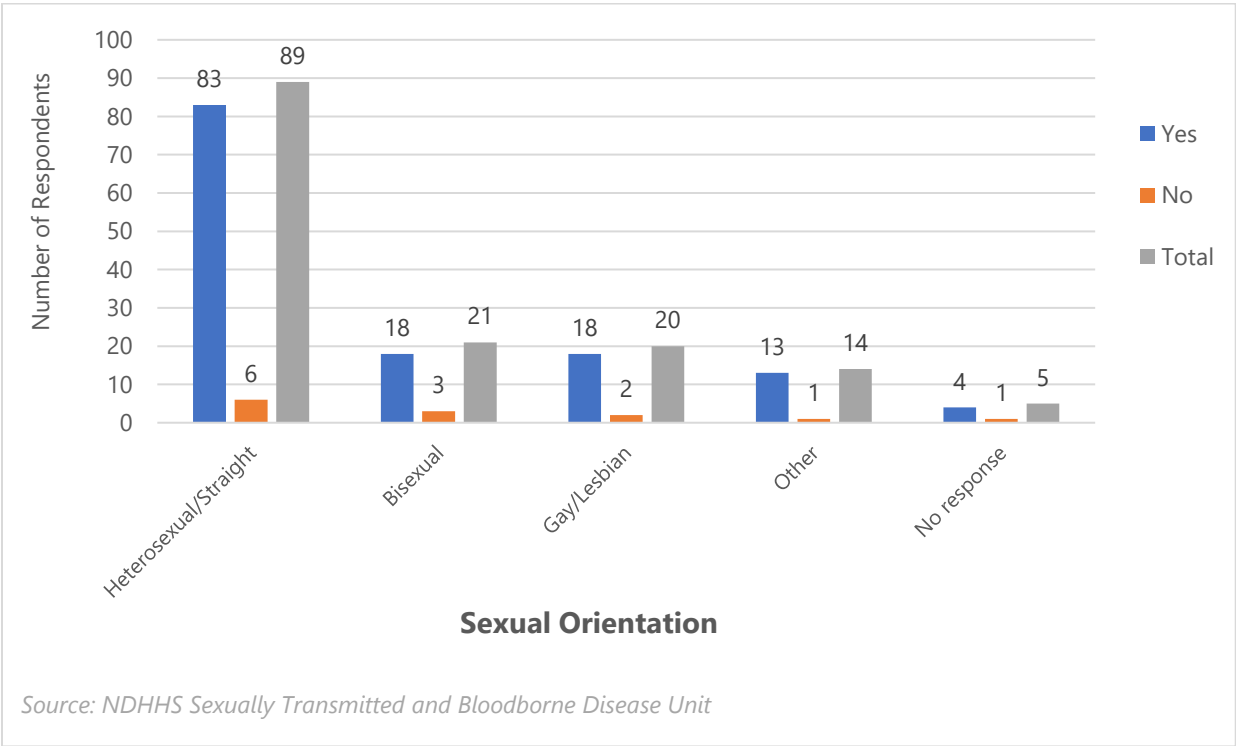
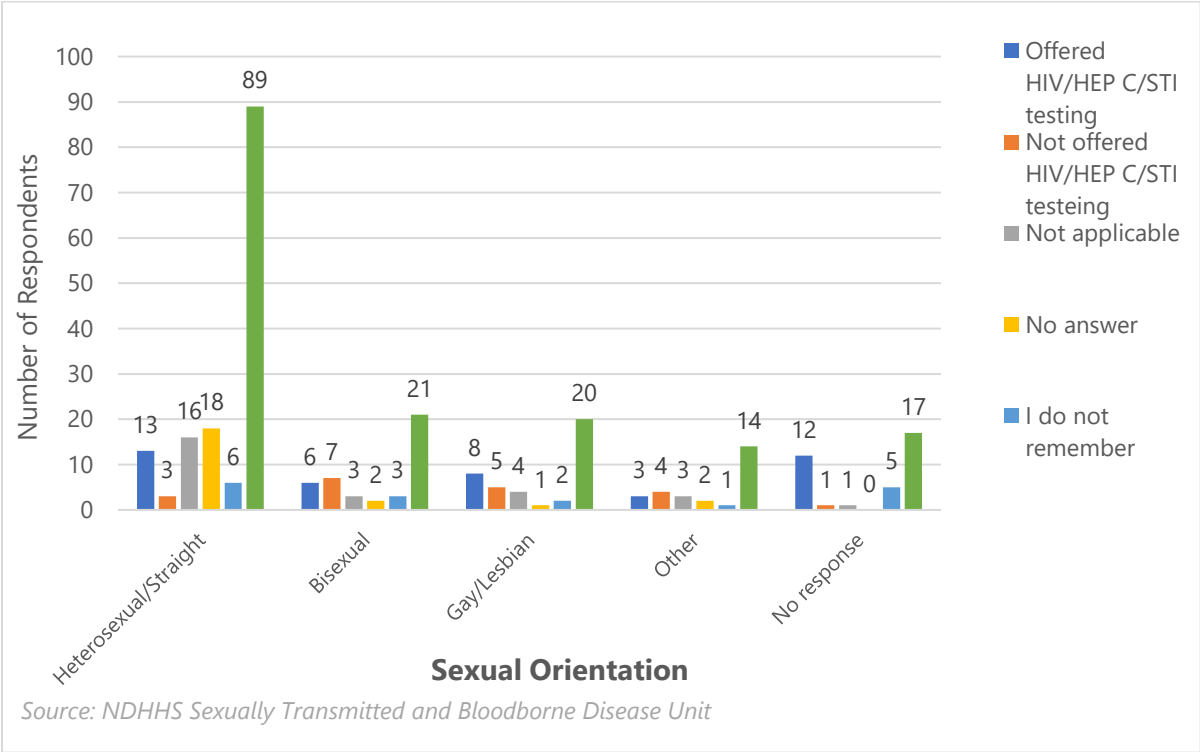


FIGURE 28: REPORTED COUNT OF RESPONDENTS IF A HCP DISCUSSED SEXUAL HEALTH DURING A HEALTHCARE VISIT IN THE PAST YEAR BY SEXUAL ORIENTATION, SEXUAL HEALTH SURVEY, 2021



Geographic Location

Similarly, when stratified by race and sexual orientation, the stratification by geographical location did not show any significant difference in results. While a very small proportion of people in all areas were offered HIV, HCV, or STI testing, the majority had discussed sexual health with the HCP during their medical visits in the past year (Figure 29).

These results show that there is not a big difference in results between races nor sexual orientations or geographic locations. The lack is in the visit itself by not offering enough testing. The focus in this category should be on the HCPs to stress the importance of testing for HIV, HCV, and STIs similarly to the way they discuss sexual health with their patients.

FIGURE 29: REPORTED COUNT OF RESPONDENTS IF THEY OFFERED HIV/HCV/STI TESTING DURING A HEALTHCARE VISIT IN THE PAST YEAR BY GEOGRAPHICAL LOCATION, SEXUAL HEALTH SURVEY, 2021

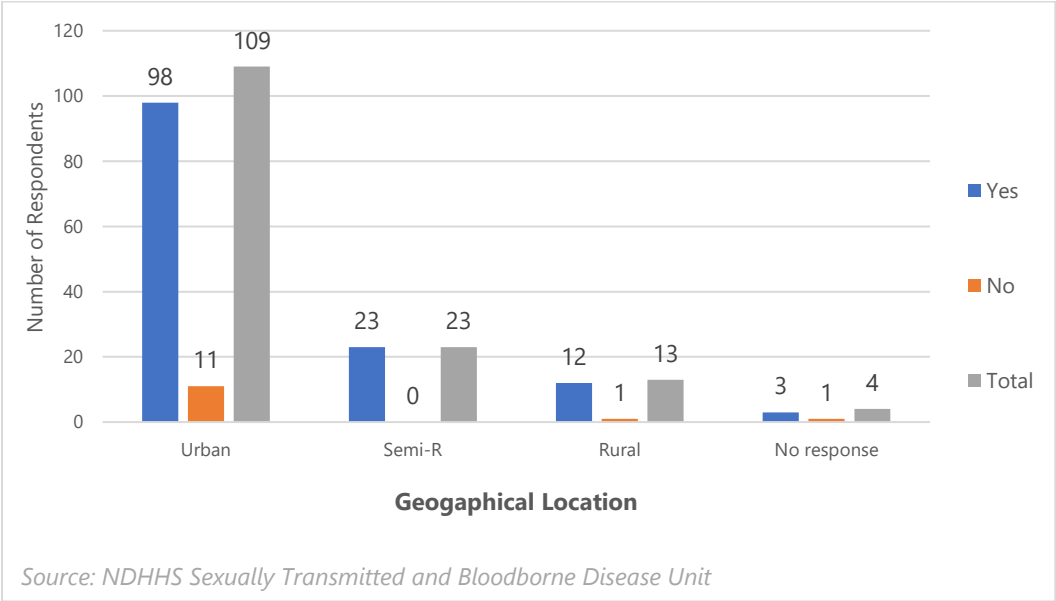
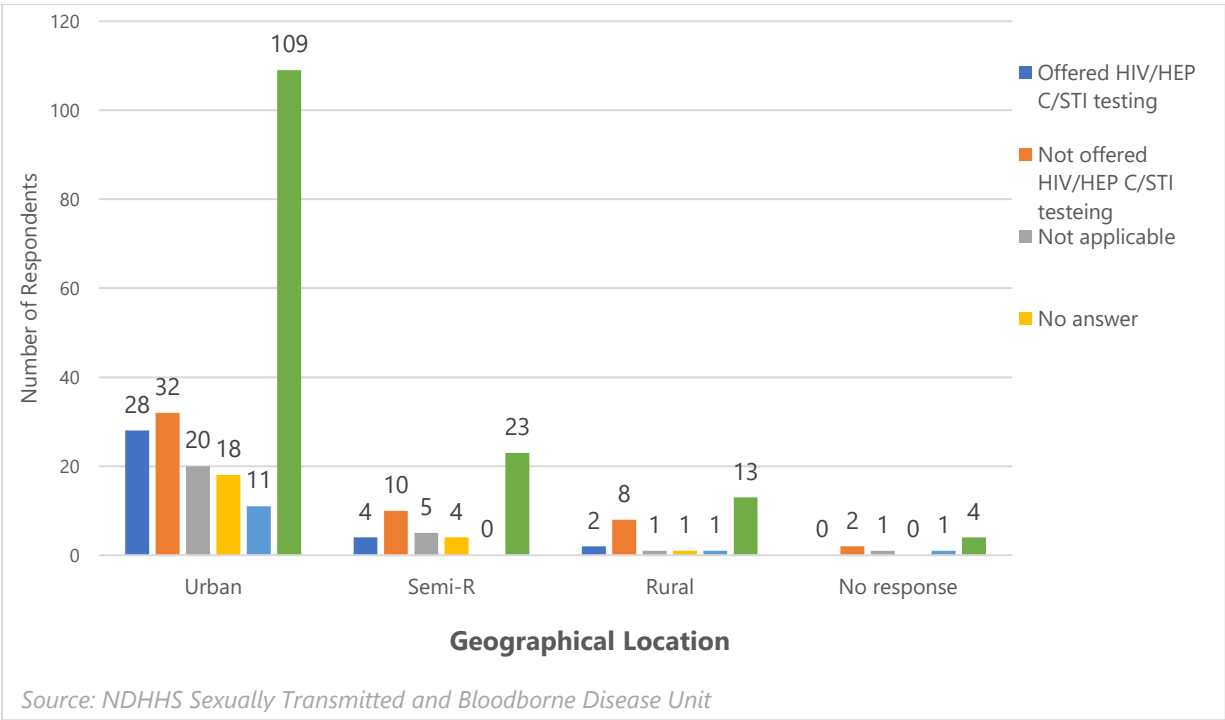


FIGURE 30: REPORTED COUNT OF RESPONDENTS IF A HCP DISCUSSED SEXUAL HEALTH DURING A HEALTHCARE VISIT IN THE PAST YEAR BY GEOGRAPHICAL LOCATION, SEXUAL HEALTH SURVEY, 2021



Discussion

Surveys are mostly faced with non-responses. The current needs assessment was not left out. There were several non-responses to some questions which can contribute to biases in the data analysis. According to Lisa et al., survey non-response is associated with the individual's interest on survey topics, lack of time or energy as well as topic salience.

Out of the total participants that responded to this survey, most of them were young non-Hispanic White females assigned female at birth who are heterosexual/straight and from the Urban area. A few of them were old Native American or Black or African American, gay/lesbian, or bisexual and span between the rural and semi-rural areas. In relation to barriers, the most common reason that stood out for barriers to HIV, STIs, Hepatitis C testing was the fact that a lot of people said they were not at risk with most of the respondents coming from the rural area.

Interestingly, when ascertaining the barriers to testing HIV, STI and Hepatitis C, most of the participants felt they were not at risk but then again, many participants failed to answer the question on barriers to HIV. However, studies states that refusal of people to testing for HIV is presumed to be based on personal risk perception. This has been shown to be weakly or moderately associated to HIV status (UNAIDS/WHO, 2003). In assessing the level of risk, it was categorized into low, medium, and high, and the group that were mostly at risk were consistent with the demographic findings of the survey, thus, the population which were mostly at risk were from the urban area and identified as female at birth.

Additionally, level of risk was crossed with other indices such as age, race, ethnicity etc. Most of those at risk were heterosexuals or straight. While it didn't seem significant (p value=0.06, p value slightly greater than 0.05, the survey suggested that quite several the older age group seem to be engaging in some risk related activities. The data stratification by race showed that most participants at risk were mostly whites/Caucasian as well as non-Hispanics. Their level of risk was from moderate to mild and then severe. In terms of level of risk based on barriers to HIV, STIs, Hepatitis B testing, consistently the group that were at risk were the participants who responded that they were not at risk, most of them being at a low risk level followed by being at a high-risk level with the rest being at a high-risk level.

Appendix

Sexual Health Survey (also called 'High Risk Negative')

INTRODUCTION

2021 North Dakota HIV Needs Assessment

The North Dakota Department of Health is distributing this questionnaire to individuals across North Dakota in order to identify the needs and barriers to testing and treatment for HIV, Sexually Transmitted Infections (STIs), and Hepatitis C faced by individuals living in North Dakota. The information gathered from this survey will help to develop a comprehensive program to reduce HIV/STIs and Hepatitis C. Participants do not need to have one of these conditions to participate. The completion of this survey is voluntary, and you can end the survey any time. Information collected through this survey is confidential and anonymous. Each individual is only allowed to take this survey **ONE TIME**. This survey should take 20-30 minutes to complete. As a 'thank you' for completing the survey, you will be given a gift card as an incentive.

People who wish to receive this incentive will provide their contact information in a separate link found at the end of the survey. Do not provide your name, email, or mailing address anywhere else on this survey, to ensure you remain anonymous.

Risks: Some of the questions in the survey may be sensitive in content. You may end the survey any time if you wish. To ensure your responses are anonymous, be sure not to include your name or contact information in this survey and if you wish to receive the gift card, document your contact information in the subsequently provided gift card request form.

Benefits: The information gathered will help improve services provided to individuals for HIV, sexually transmitted infections (STIs), and Hepatitis C prevention and care. If you are willing to participate in future interviews or focus groups, please include your contact information at the end of the survey, in the separate link provided.

Please call the North Dakota Department of Health, Alicia Belay, at 701-205-2780 with any questions about this survey. If you would like to take the survey in a hard copy, please contact: Alicia Belay, at 701-205-2780.

This survey has been reviewed by the North Dakota Department of Health Institutional Review Board. You can contact the board's chairperson, Tracy Miller, at 328-7329 with

any concerns or complaints

DEMOGRAPHICS

1. How would you describe your gender?

- ☐ I am male and I was assigned male at birth (1)
- ☐ I am male and I was assigned female at birth (2)
- ☐ I am female and I was assigned female at birth (3)
- ☐ I am female and I was assigned male at birth (4)
- ☐ I am non-binary or genderqueer (5)
- ☐ Self-Describe (6) _____

2. Which of the following best describes you?

- ☐ Heterosexual/straight (1)
- ☐ Gay/lesbian (2)
- ☐ Bisexual (3)
- ☐ Prefer not to answer (4)
- ☐ Self-Describe: (5) _____

3. What is your age?

4. What ND county do you reside in?

▼ Select one (12) ... Williams County (58)

5. How would you define your race? Please select all that apply.

- ☐ Black or African American (1)
- ☐ White or Caucasian (2)
- ☐ Asian/Pacific Islander (3)
- ☐ Native American (4)
- ☐ Self-Describe: (5) _____

6. What is your ethnicity?

- ☐ Hispanic (1)
- ☐ Non-Hispanic (2)
- ☐ Self-Describe: (3) _____

7. What country were you born in?

- ☐ United States (1)
- ☐ Outside the United States, please list: (2)
- _____

8. What is the highest level of education you have completed?

- ☐ Less than high school (1)
- ☐ High school graduate/GED (2)
- ☐ Some college but no degree (3)
- ☐ Associate degree/technical school (4)
- ☐ Bachelor's degree or higher (5)

9. What is your average annual household income?

- ☐ <\$10,000 (1)
- ☐ \$10,000 to \$30,000 (2)
- ☐ \$30,000 to \$50,000 (3)
- ☐ \$50,000 to \$70,000 (4)
- ☐ >\$70,000 (5)

10. How many individuals currently live in your household including you?

11. What is your current employment status?

- ☐ Unemployed (1)
- ☐ Employed full-time (2)
- ☐ Employed part-time (3)
- ☐ Other (please specify): (4) _____

12. If you are not working, why not?

- ☐ Not applicable, I am working (6)
- ☐ Disabled (1)
- ☐ Retired (2)
- ☐ Student (3)
- ☐ Between work (4)
- ☐ Criminal background (5)
- ☐ Looking for a job (8)
- ☐ Other (please specify): (7) _____

13. What is your primary mode of transportation?

- ☐ My own vehicle (1)
- ☐ Rides from family/friends (2)
- ☐ Bus (3)
- ☐ Transit (4)
- ☐ Ride shares (ex. Uber, Lyft, etc.) (5)
- ☐ Walking (6)
- ☐ Wheelchair (9)
- ☐ Bicycle (7)
- ☐ Other (please specify): (8) _____

14. What type of health insurance/coverage do you have?

- ☐ Medicaid (1)
- ☐ Medicare (2)
- ☐ Private health insurance (3)
- ☐ I am still on my parent's policy (5)
- ☐ I do not have health insurance (6)
- ☐ Other (please specify) (7) _____

MEDICAL HISTORY

15. How do you rate your current health?

- ☐ Excellent (1)
- ☐ Very good (2)
- ☐ Good (3)
- ☐ Fair (4)
- ☐ Poor (5)

16. How important is your sexual health to you?

- ☐ Extremely important (1)
- ☐ Very important (2)
- ☐ Moderately important (3)
- ☐ Slightly important (4)
- ☐ Not at all important (5)

17. Have you ever been tested for HIV?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know (3)

Skip To: Q21 If 17. Have you ever been tested for HIV? = No

Skip To: Q21 If 17. Have you ever been tested for HIV? = I do not know

18. Have you been diagnosed with HIV infection?

- ☐ No (2)
- ☐ I do not know (3)
- ☐ Yes (1)

Skip To: End of Block If 18. Have you been diagnosed with HIV infection? = Yes

19. When was the last time you were tested for HIV?

- ☐ Within the past year (1)
- ☐ 1 to 2 years ago (2)
- ☐ 3 to 4 years ago (3)
- ☐ 5 or more years ago (4)

Skip To: Q21 If 19. When was the last time you were tested for HIV? = Within the past year

20. If you have not been tested for HIV in the last year, what were your barriers for not being tested? Check all that apply.

- ☐ I do not think I am at risk (1)
- ☐ I am afraid I may be positive and am not ready for those results (2)
- ☐ I do not know where to go get tested (3)
- ☐ I do not like having blood taken for the test (4)
- ☐ It costs too much to get tested (5)
- ☐ It was hard to find time to get tested (6)
- ☐ I had a hard time getting or making an appointment (7)
- ☐ I do not have a way to get there (8)
- ☐ I feel uncomfortable talking with my doctor about this (9)
- ☐ I am afraid to discuss sexuality with my provider (11)
- ☐ Other (please specify): (10) _____

21. Have you ever been tested for an STI (chlamydia, gonorrhea or syphilis)?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know (3)

Skip To: Q23 If 21. Have you ever been tested for an STI (chlamydia, gonorrhea or syphilis)? = No

22. When was the last time you were tested for other STIs (chlamydia, gonorrhea or syphilis)?

- ☐ Within the past year (1)
- ☐ 1 to 2 years ago (2)
- ☐ 3 to 4 years ago (3)
- ☐ 5 or more years ago (4)

Skip To: Q24 If 22. When was the last time you were tested for other STIs (chlamydia, gonorrhea or syphilis)? = Within the past year

23. If you have not been tested for STIs in the last year, what were your barriers for not being tested? Check all the apply.

- ☐ Not applicable, I have been tested within the last year (12)
 - ☐ I do not think I am at risk (1)
 - ☐ I am afraid I may be positive and am not ready for those results (2)
 - ☐ I do not know where to go get tested (3)
 - ☐ I do not like having blood taken for the test (4)
 - ☐ It costs too much to get tested (5)
 - ☐ It was hard to find time to get tested (6)
 - ☐ I had a hard time getting or making an appointment (7)
 - ☐ I do not have a way to get there (8)
 - ☐ I feel uncomfortable talking with my doctor about this (9)
 - ☐ I am afraid to discuss sexuality with my provider (11)
 - ☐ Other (please specify): (10) _____
-

24. Have you ever been diagnosed with an STI?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know (3)

25. Which STI were you diagnosed with? Check all that apply.

- ☐ Not applicable, I have never been diagnosed with an STI (9)
- ☐ Chlamydia (1)
- ☐ Gonorrhea (2)
- ☐ Syphilis (3)
- ☐ HPV (4)
- ☐ Herpes (5)
- ☐ I cannot remember (6)
- ☐ Other (please specify): (7) _____

26. Have you ever been tested for hepatitis C?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know (3)

Display This Question:

If 26. Have you ever been tested for hepatitis C? = Yes

27. When was the last time you were tested for hepatitis C?

- ☐ Within the past year (1)
- ☐ 1 to 2 years ago (2)
- ☐ 3 to 4 years ago (3)
- ☐ 5 or more years ago (4)

Skip To: Q29 If 27. When was the last time you were tested for hepatitis C? = Within the past year

Display This Question:

If 26. Have you ever been tested for hepatitis C? = No

Or 26. Have you ever been tested for hepatitis C? = I do not know

28. If you have not been tested for hepatitis C in the last year, what were your barriers for not being tested? Check all that apply.

- ☐ Not applicable, I have been tested within the last year (12)
 - ☐ I do not think I am at risk (1)
 - ☐ I am afraid I may be positive and am not ready for those results (2)
 - ☐ I do not know where to go get tested (3)
 - ☐ I do not like having blood taken for the test (4)
 - ☐ It costs too much to get tested (5)
 - ☐ It was hard to find time to get tested (6)
 - ☐ I had a hard time getting or making an appointment (7)
 - ☐ I do not have a way to get there (8)
 - ☐ I feel uncomfortable talking with my doctor about this (9)
 - ☐ I am afraid to discuss sexuality with my provider (11)
 - ☐ Other (please specify): (10) _____
-

Display This Question:

If 26. Have you ever been tested for hepatitis C? = Yes

29. Have you ever tested positive for hepatitis C?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know (3)
- ☐ Not applicable, I have not been tested for hepatitis C (4)

Skip To: Q31 If 29. Have you ever tested positive for hepatitis C? = No

Skip To: Q31 If 29. Have you ever tested positive for hepatitis C? = I do not know

Skip To: Q31 If 29. Have you ever tested positive for hepatitis C? = Not applicable, I have not been tested for hepatitis C

Display This Question:

If 26. Have you ever been tested for hepatitis C? = Yes

30. What is your hepatitis C status?

- ☐ Hepatitis C Antibody Positive, but I don't know my RNA status. (1)
- ☐ Hepatitis C Antibody Positive, HCV RNA Positive (actively infected) (2)
- ☐ Hepatitis C Antibody Positive, HCV RNA Negative (had infection in the past) (3)
- ☐ I was treated and cured of my hepatitis C infection. (4)
- ☐ I do not know my status (5)

31. Thinking about HIV, STI and hepatitis C testing, please indicate locations where you have been tested for any of these conditions, where you would prefer to be tested in the future as well as locations where you would NOT want to receive testing services. (Mark all that apply):

Mark all that apply Emergency room (1)	<input type="radio"/> Have been tested	<input type="radio"/> Would like to be tested	<input type="radio"/> Would not like to be tested
Local public health department (2)	<input type="radio"/> Have been tested	<input type="radio"/> Would like to be tested	<input type="radio"/> Would not like to be tested
Tribal Health Clinic or Indian Health Services (3)	<input type="radio"/> Have been tested	<input type="radio"/> Would like to be tested	<input type="radio"/> Would not like to be tested
Family planning clinic (4)	<input type="radio"/> Have been tested	<input type="radio"/> Would like to be tested	<input type="radio"/> Would not like to be tested
Student Health Center (5)	<input type="radio"/> Have been tested	<input type="radio"/> Would like to be tested	<input type="radio"/> Would not like to be tested
Plasma/Blood donation center (6)	<input type="radio"/> Have been tested	<input type="radio"/> Would like to be tested	<input type="radio"/> Would not like to be tested
Doctor's office/clinic (7)	<input type="radio"/> Have been tested	<input type="radio"/> Would like to be tested	<input type="radio"/> Would not like to be tested
Prison or jail (8)	<input type="radio"/> Have been tested	<input type="radio"/> Would like to be tested	<input type="radio"/> Would not like to be tested
Substance Abuse Treatment Facilities (9)	<input type="radio"/> Have been tested	<input type="radio"/> Would like to be tested	<input type="radio"/> Would not like to be tested
Community Health Center (10)	<input type="radio"/> Have been tested	<input type="radio"/> Would like to be tested	<input type="radio"/> Would not like to be tested

**Women's Pregnancy
Center (11)**

☐ Have
been
tested

☐ Would like to
be tested

☐ Would not like
to be tested

**At-home Testing Kit
(12)**

☐ Have
been
tested

☐ Would like to
be tested

☐ Would not like
to be tested

**Syringe Service
Program (13)**

☐ Have
been
tested

☐ Would like to
be tested

☐ Would not like
to be tested

31. Other (Please specify):

BEHAVIORS

Display This Question:

*If AS A REMINDER: YOU MAY END THIS SURVEY AT ANY TIME, PARTIAL
COMPENSATION WILL BE AVAILABLE BY CAL... =*

32. Have you ever had sex? (Sex could be, vaginal, anal and/or oral sex)

☐ Yes (1)

☐ No (2)

*Skip To: End of Block If 32. Have you ever had sex? (Sex could be, vaginal, anal and/or
oral sex) = No*

33. In the last 12 months, have you been sexually active?

☐ Yes (1)

☐ No (2)

34. How many partners have you had in the last 12 months?

☐ 0 (1)

☐ 1 (2)

☐ 2-5 (3)

☐ More than 5 (4)

35. Have you ever had sex with:

A person with a penis (1)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not know
A person who has a vagina (2)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not know

36. In the last year, have you had sex with:

A person with a penis (1)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not know
A person with a vagina (2)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not know

37. How frequently do you use condoms during sex?

- ☐ Not applicable for my sexual activity (7)
- ☐ Always (1)
- ☐ Most of the time (2)
- ☐ Half the time (3)
- ☐ Not that often (4)
- ☐ Never (5)

Skip To: Q39 If 37. How frequently do you use condoms during sex? = Always

Skip To: Q42 If 37. How frequently do you use condoms during sex? = Not applicable for my sexual activity

38. What are the barriers keeping you from using condoms more frequently during sex? Check all that apply.

- ☐ I cannot afford them (1)
 - ☐ I am embarrassed to buy them (2)
 - ☐ I do not know where to get them (3)
 - ☐ My partner does not want to use them (4)
 - ☐ I do not want to use them (5)
 - ☐ I am in a monogamous relationship (6)
 - ☐ We have been both been tested and do not have HIV or STIs (7)
 - ☐ I am on HIV PrEP (8)
 - ☐ I am on birth control (9)
 - ☐ I cannot get pregnant (11)
 - ☐ Other(please specify): (10) _____
-

39. When you use condoms, where do you get them from? Check all that apply.

- ☐ Purchase condoms at store (1)
- ☐ From friends or sexual partners (2)
- ☐ Free from a healthcare provider (3)
- ☐ I do not use condoms (4)
- ☐ College health center (6)
- ☐ Other (please specify): (5) _____

40. Do you know where to get free condoms and other safer sex supplies?

- ☐ Yes (1)
- ☐ No (2)

41. If there was a program in North Dakota that provided condoms and other prevention supplies such as dental dams and lubricants free of charge via the mail to your home, would you utilize this program?

- ☐ Yes (1)
- ☐ No (2)

42. In the last year have you used an online/phone app to meet sexual partners?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not know (3)

43. How often do you discuss HIV/STI status with partners before engaging in sexual activity?

- ☐ Always (1)
- ☐ Most of the time (2)
- ☐ Half the time (3)
- ☐ Not that often (4)
- ☐ Never (5)

Skip To: Q45 If 43. How often do you discuss HIV/STI status with partners before engaging in sexual activity? = Always

Skip To: Q46 If 43. How often do you discuss HIV/STI status with partners before engaging in sexual activity? =

44. What would you say are your barriers to discussing HIV/STI status with your partners before sex? Check all that apply.

- ☐ I am too embarrassed (1)
- ☐ I do not know what to ask (2)
- ☐ I am afraid partner might get mad/refuse (3)
- ☐ I did not have time (4)
- ☐ I am in a monogamous relationship (5)
- ☐ I am on HIV PrEP (6)
- ☐ Other (please specify): (7) _____

45. Of the following, which are any of the sexual health behaviors have you ever experienced? Please check all that apply.

- ☐ Vaginal (penis-vagina) sex (1)
- ☐ Insertive anal sex (top) (2)
- ☐ Receptive anal sex (bottom) (3)
- ☐ Oral sex (4)
- ☐ Had anonymous sex partners (5)
- ☐ Had sex under the influence of alcohol (6)
- ☐ Had sex under the influence of drugs (10)
- ☐ Had sex in exchange for money (7)
- ☐ Had sex in exchange for a place to live (12)
- ☐ Had sex in exchange for drugs (11)
- ☐ I do not know (8)
- ☐ Other (please specify): (9) _____

46. If you were diagnosed with an STI, how do you feel you would want to inform your partner(s) of their exposure. Check all that apply.

- ☐ I would give my partner's contact information to the health department
- ☐ I would give my partner's contact information to my doctor (2)

- ☐ I would tell all my partners in-person (3)
- ☐ I would text/DM all my partners (4)
- ☐ I would use an anonymous text (5)
- ☐ I would use an email service (ex. Tellmypartner.org) (8)
- ☐ I would not tell my partners (6)
- ☐ Other(please specify): (7) _____

PREVENTION KNOWLEDGE

47. Have you heard about HIV pre-exposure prophylaxis, HIV PrEP, a medicine that someone who does not have HIV can take to prevent from becoming infected with HIV?

- ☐ Yes (1)
- ☐ No (2)

48. Have you ever taken PrEP?

- ☐ Yes, currently taking PrEP (1)
- ☐ Yes, I have taken PrEP in the past, but I am not currently on PrEP (2)
- ☐ No (3)

Skip To: End of Block If 48. Have you ever taken PrEP? = Yes, currently taking PrEP

49. At any medical visit, has a healthcare provider talked to you about HIV PrEP?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I do not remember (3)

50. Are you interested in, or do you feel you could benefit from taking HIV PrEP?

- ☐ Yes (3)
- ☐ No (5)
- ☐ I do not know (4)

Skip To: Q52 If 50. Are you interested in or do you feel you could benefit from taking HIV PrEP? = No

Skip To: Q51 If 50. Are you interested in or do you feel you could benefit from taking HIV PrEP? = I do not know

51. If you are interested and want to take PrEP but are not, what are your barriers? Check all that apply.

- ☐ My insurance does not cover it (1)
 - ☐ I have too high of copay (2)
 - ☐ I do not have insurance (3)
 - ☐ I do not know where to get it (4)
 - ☐ My provider will not prescribe HIV PrEP to me (5)
 - ☐ I do not think I could be adherent to the regimen if it is a daily pill (6)
 - ☐ I worry about the side effects (7)
 - ☐ I do not think that it is safe to take (8)
 - ☐ I do not think that it works (9)
 - ☐ Someone might find out I was taking it (10)
 - ☐ I am not comfortable talking to my provider about HIV PrEP (11)
 - ☐ I am afraid to discuss sexuality with my provider (13)
 - ☐ Other (please specify): (12) _____
-

52. Why are you not interested in HIV PrEP and/or what are your barriers? Check all that apply.

- ☐ I am not at risk for HIV (1)
- ☐ I have not heard of HIV PrEP (2)
- ☐ My insurance does not cover it (3)
- ☐ I have too high of copay (4)
- ☐ I do not have insurance (5)
- ☐ I do not know where to get it (6)
- ☐ It is too hard to get (7)
- ☐ I worry about the side effects (8)
- ☐ I do not think that it is safe to take (9)
- ☐ I do not think that it works (10)
- ☐ Someone might find out I was taking it (11)
- ☐ I do not think it is right for me (12)
- ☐ Other (please specify): (13) _____

Skip To: End of Block If 52. Why are you not interested in HIV PrEP and/or what are your barriers? Check all that apply. = I am not at risk for HIV

MEDICAL SERVICES

53. Thinking about your overall experience with healthcare providers and medical visits, how would you describe your satisfaction with the care you have received?

- ☐ Excellent (1)
- ☐ Very good (2)
- ☐ Good (3)
- ☐ Fair (4)
- ☐ Poor (5)

Skip To: Q55 If 53. Thinking about your overall experience with healthcare providers and medical visits, how woul... = Excellent

Skip To: Q55 If 53. Thinking about your overall experience with healthcare providers and medical visits, how woul... = Very good

54. What factors overall have led to your level of satisfaction with the healthcare community? Check all that apply.

- ☐ I have never really been able to talk with my provider about my health needs (1)
- ☐ My provider does not seem to have time to discuss my needs (2)
- ☐ Providers in the past have dismissed my health concerns (3)
- ☐ My doctor does not seem to understand me (language/culture) (4)
- ☐ I do not go because I have to wait too long (5)
- ☐ I have experienced or expect to experience discrimination (6)
- ☐ I have experienced or expect to experience judgement (8)
- ☐ Other(please specify): (7) _____

55. I would like to communicate with my healthcare provider in the following ways: Check all that apply

- ☐ Talk in person (1)
- ☐ Meet online/virtually (like zoom) (2)
- ☐ Telephone (3)
- ☐ Email (4)
- ☐ Text (5)
- ☐ Paper mail (6)
- ☐ I do not feel comfortable talking to my healthcare provider about these topics (7)

56. If you had a medical appointment this year, did your doctor or nurse offer you an HIV, hepatitis C, and/or STI tests?

- ☐ Offered HIV, hepatitis C and/or STI tests (1)
- ☐ Not offered HIV, hepatitis C and/or STI tests (2)
- ☐ Not applicable, I did not visit a healthcare professional for a non-emergency reason this year (3)
- ☐ I do not remember (4)

57. If you had a medical appointment in the last year, in any of those appointments, did the healthcare provider ask you about your sexual health

history? (A sexual health history includes asking about sexual activity, type of sexual activity, number of sexual partners, history of STIs, etc.)

- ☐ Yes (1)
- ☐ No (2)
- ☐ I did not have a medical appointment in the last year (3)
- ☐ I do not remember (4)

Skip To: End of Block If 57. If you had a medical appointment in the last year, in any of those appointments, did the he... = I did not have a medical appointment in the last year

58. In the last year, has a healthcare provider discussed the following information with you? Check all that apply.

- ☐ How prevent the transmission of HIV and other STIs (1)
- ☐ How to use condoms (2)
- ☐ How often you should be tested for HIV, STIs and Hepatitis C (3)
- ☐ HIV PrEP (4)
- ☐ No one has discussed any of these things to me in the last year (5)
- ☐ I do not remember (6)

OTHER HEALTH QUESTIONS

59. Do you currently have any of the following mental health conditions? Check all that apply.

- ☐ Depression (1)
- ☐ Bipolar (2)
- ☐ Anxiety (3)
- ☐ ADHD (Attention Deficit Hyperactivity Disorder) (4)
- ☐ Substance use disorder (5)
- ☐ Other(please specify): (6) _____
- ☐ I do not have any of these conditions (7)

60. Have you used any of the following during the past 12 months? Check all that apply.

- ☐ Alcohol, in large enough quantity to become intoxicated ('drunk') (1)
- ☐ Marijuana (2)
- ☐ Illicit drugs such as cocaine, heroin, meth, etc (3)
- ☐ Other(please specify): (5) _____
- ☐ I have not used any of these substances (4)

61. Have you ever injected drugs? (This excludes any medications that were prescribed to you.)

- ☐ Yes (1)
- ☐ No (2)

Skip To: Q65 If 61. Have you ever injected drugs? (This excludes any medications that were prescribed to you.) = No

**62. Do you currently use intravenous/injection drugs?
(This excludes any medications that were prescribed to you.)**

☐ Yes (1)

☐ No (2)

63. If you have injected drugs in the last 12 months, how often do you share your needles/syringes or other injecting equipment with others?

☐ Always (1)

☐ Most of the time (2)

☐ Half the time (3)

☐ Not that often (4)

☐ Never (5)

☐ I have not injected drugs in the last 12 months (6)

Skip To: Q65 If 63. If you have injected drugs in the last 12 months, how often do you share your needles/syrin... = I have not injected drugs in the last 12 months

Skip To: Q65 If 63. If you have injected drugs in the last 12 months, how often do you share your needles/syrin... = Never

64. If you shared your needles/syringes or other injecting equipment with others, why? Check all that apply.

- ☐ I do not have enough supplies (1)
- ☐ I did not know someone had used my supplies (2)
- ☐ I do not know how to say no when people ask (3)
- ☐ I do not have access to a syringe service program (4)
- ☐ I cannot afford more supplies (5)
- ☐ I am on HIV PrEP (6)
- ☐ My injecting partners and I have been tested and we do not have HIV or hepatitis (7)
- ☐ I already have HIV (8)
- ☐ I already have hepatitis C (9)
- ☐ Other(please specify): (10) _____

65. Do you know what a syringe service program (SSP) is?

- ☐ Yes (1)
- ☐ No (2)

66. Did you know North Dakota has syringe service programs?

- ☐ Yes (1)
- ☐ No (2)

Display This Question:

If 61. Have you ever injected drugs? (This excludes any medications that were prescribed to you.) = Yes

67. Do you currently use or have used syringe service programs in North Dakota?

- ☐ Yes, currently Use (1)
- ☐ Yes, not currently but previously used (2)
- ☐ No, I would never use a SSP (3)
- ☐ No, but I would like to use a SSP (4)

Skip To: Q69 If 67. Do you currently use or have used syringe service programs in North Dakota? = Yes, currently Use

Skip To: Q69 If 67. Do you currently use or have used syringe service programs in North Dakota? = Yes, not currently but previously used

68. Why haven't you utilized a syringe service program?

- ☐ Not applicable, I do not inject drugs (12)
- ☐ I do not need a syringe service program (13)
- ☐ Concerns about stigma and/or discrimination (1)
- ☐ No SSPs are in my area (8)
- ☐ Concerns about confidentiality (14)
- ☐ I do not feel comfortable (15)
- ☐ Other(Please specify) (16) _____

The questions below ask about communicating and receiving information about health. Read each statement and check all responses that apply.

69. I first learned about HIV/STIs/Sexual Health from the following:

- ☐ Internet/Social Media (2)
- ☐ Pamphlets/Brochures/Handouts (4)
- ☐ Parents/Guardians (5)
- ☐ Friends/Partner (6)
- ☐ TV (7)
- ☐ K-12 School (8)
- ☐ Healthcare Provider (9)
- ☐ College/University (10)
- ☐ Community Events (11)
- ☐ Other (please specify) (12) _____

70. When I was first learning about HIV/STIs/Sexual Health, I would have preferred to learn about them from:

- ☐ Internet/Social Media (2)
- ☐ Pamphlets/Brochures/Handouts (4)

- ☐ Parents/Guardians (5)
- ☐ Friends/Partner (6)
- ☐ TV (7)
- ☐ K-12 School (8)
- ☐ Healthcare Provider (9)
- ☐ College/University (10)
- ☐ Community Events (11)
- ☐ Other (please specify) (12) _____

71. Currently, I learn about HI/STIs/Sexual Health from:

- ☐ Internet/Social Media (2)
- ☐ Pamphlets/Brochures/Handouts (4)
- ☐ Parents/Guardians (5)
- ☐ Friends/Partner (6)
- ☐ TV (7)
- ☐ Healthcare Provider (9)
- ☐ College/University (10)
- ☐ Community Events (11)
- ☐ Other (please specify) (12) _____

72. I prefer to learn about HIV/STIs/Sexual Health from:

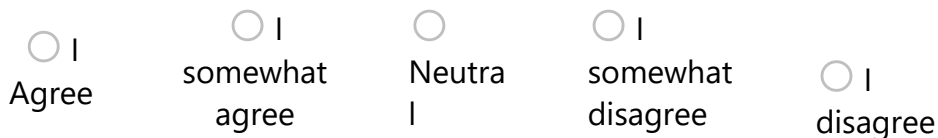
- ☐ Internet/Social Media (2)
- ☐ Pamphlets/Brochures/Handouts (4)
- ☐ Parents/Guardians (5)
- ☐ Friends/Partner (6)
- ☐ TV (7)
- ☐ Healthcare Provider (9)
- ☐ College/University (10)
- ☐ Community Events (11)
- ☐ Other (please specify) (12) _____

73. Which of the following topics would you like to learn about? Check all that apply.

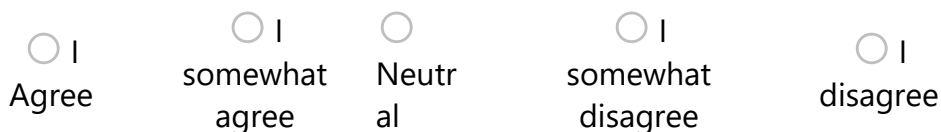
- ☐ How to use condoms or dental dams (1)
- ☐ How to access medical care and support services (2)
- ☐ How to talk to partner(s) about HIV and STIs (3)
- ☐ How to talk to parents/guardians/family about sexual health care needs
- ☐ How HIV and STIs are transmitted (5)
- ☐ When to get tested for HIV and STIs (6)
- ☐ How to prevent HIV and STIs (7)
- ☐ How to treat HIV and STIs (8)
- ☐ Stigma (9)
- ☐ HIV PrEP (10)
- ☐ Hepatitis C testing (11)
- ☐ Hepatitis C treatment (12)
- ☐ Syringe Service Programs (13)
- ☐ I am not interested in learning about on any of these topics (14)
- ☐ Other(please specify): (15) _____

74. Answer whether you agree or disagree with the following statements.

Persons who inject drugs are recommended to be on HIV PrEP (1)



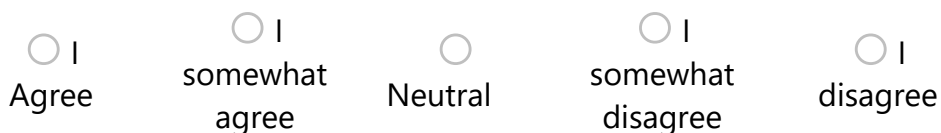
Taking a test for HIV five days after having sex will tell a person if she or he has HIV (2)



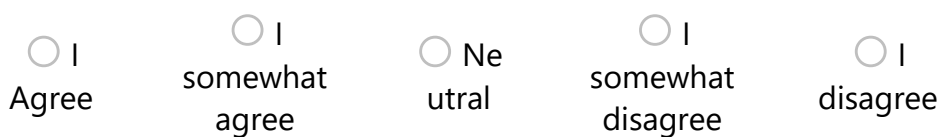
A person can get HIV by sharing a glass of water with someone who has HIV (3)



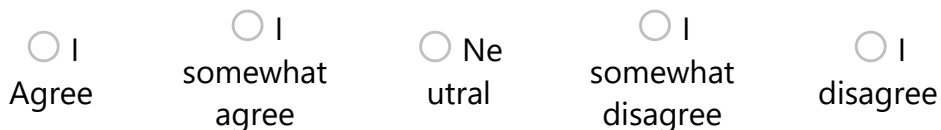
You only get HIV and other STIs if your sex partner has symptoms (4)



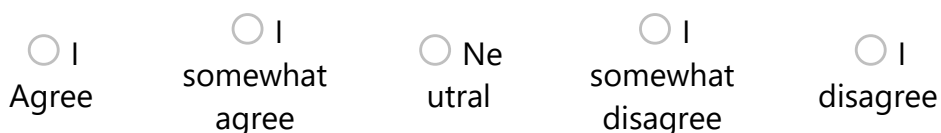
U=U refers to undetectable equals untransmittable, meaning those living with HIV are taking treatment appropriately and cannot transmit HIV to their partners (5)



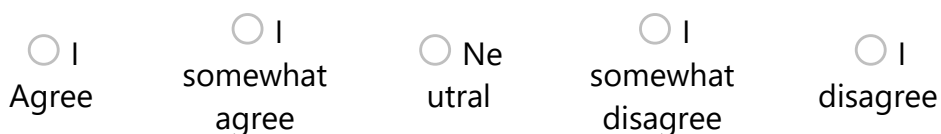
HIV treatment is only intended for those who have symptoms or are very sick from their HIV infection (6)



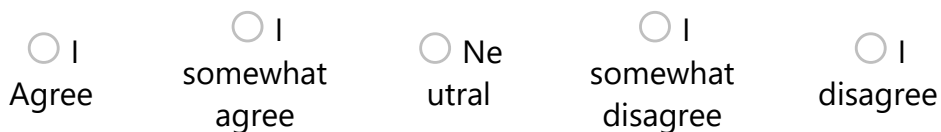
You only need HIV and STI testing once a year, even if you have new sexual partners (7)



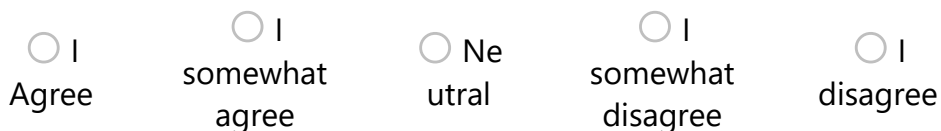
You can get a STI from anal sex (8)



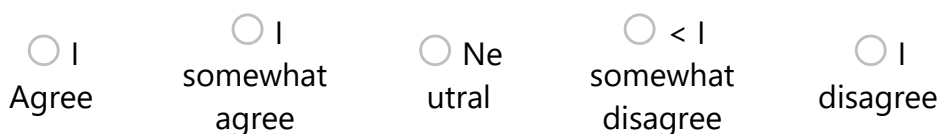
There is a cure for hepatitis C (9)



If you are exposed to HIV today, there is medication available to prevent you from developing HIV infection (10)



There is no barrier or prevention method that can be used during oral sex (11)



CONCLUSION

Please provide any feedback you may have about this survey or activities the ND Health Department should take to prevent new HIV, STIs and Viral Hepatitis infections.

Thank you for taking this survey. Would you like to receive an incentive for taking this survey?

☐ **Yes, YOU WILL NEED TO TYPE password2021 ON THE NEXT PAGE AS THE PASSWORD**

☐ **No**

*Skip To: End of Survey If Thank you for taking this survey. Would you like to receive an incentive for taking this survey? = Yes YOU WILL NEED TO TYPE password2021 ON THE NEXT PAGE AS THE PASSWORD *

If the subject matter in this survey has triggered anything for you, past trauma and/or potential health concerns, you can get support. Call:

- North Dakota Help line: 211
- National 24-hour Suicide Prevention Hotline: 1-800-273-TALK (8255)
- American Sexual Health Association Sexual Health Hotline: 919-361-8488
- Bismarck Health Center: 701-255-4242
- Call your primary care physician (if you have one)

Also, if you have concerns about the survey, please contact Alicia Belay at the North Dakota Department of Health at 701.205.2780 or abelay@nd.gov at any time.

References

Lisa W., Ronny H. T., Louise N.M., Per-Olof O., Lars P., The problem of non-response in population surveys on the topic of HIV and sexuality: a comparative study. European Journal of Public Health. 2014, 25(1):172–177.

UNAIDS/WHO. Reconciling antenatal clinic-based surveillance and population-based survey estimates of HIV prevalence in sub-Saharan Africa. Geneva: UNAIDS/WHO, 2003.

