



# COVID-19 Surveys of the LGBTQ+ Communities in Boulder County

By Out Boulder County

May 2020

In response to the COVID-19 pandemic, Out Boulder County has responded by taking our existing programming to a virtual realm and is creating new programming to address arising needs and circumstances. To better understand the impact on and best serve our local LGBTQ communities, Out Boulder County has conducted two surveys to gauge the impact on and status of our LGBTQ community members. The results are presented here for informational purposes.

## Context

The LGBTQ community is at higher risk to be more greatly affected by the COVID-19 pandemic both physically and financially. As a marginalized community, LGBTQ people are less likely to have health care coverage and experience higher rates of smoking and asthma. According to the Human Rights Campaign<sup>1</sup>:

- 17% of LGBTQ people lack health coverage;
- One in five LGBTQ people have not seen a doctor when they needed to because they couldn't afford it;
- 37% of LGBTQ adults smoke everyday compared to 27% of non-LGBTQ people;
- 21% of LGBTQ people have asthma, compared to 14% of non-LGBTQ people.

Even before the pandemic hit, trans individuals were four times more likely to live in poverty than cisgender individuals, this leaves them more vulnerable during crises such as the COVID-19 pandemic<sup>2</sup>. LGBTQ individuals are more likely to work in sectors that are more greatly affected by and pose greater exposure risk to the virus. The Human Rights Campaign<sup>1</sup> reports:

- One in five LGBTQ people live in poverty and 40% of homeless youth identify as LGBTQ;
- The top 5 industries that LGBTQ adults work in are industries heavily impacted by COVID-19, affecting more than 5 million LGBTQ workers or 40% of LGBTQ workers (compared to 22% of non-LGBTQ individuals working in those industries);

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<sup>1</sup>Kozuch, Elliott, "HRC Releases Research Brief on the Vulnerabilities of the LGBTQ Community During the COVID-19 Crisis," Human Rights Campaign, March 20, 2020, <https://www.hrc.org/blog/hrc-releases-research-brief-on-lgbtq-community-during-covid-19-crisis>

<sup>2</sup>Kellaway, Mitchell, "REPORT: Trans Americans Four Times More Likely to Live in Poverty," *Advocate*, February 18, 2015, <https://www.advocate.com/politics/transgender/2015/02/18/report-trans-americans-four-times-more-likely-live-poverty>



- A disproportionate number of LGBTQ people work in restaurants (15%) compared to their non-LGBTQ peers (6%) and the median wage in 2018 for food preparation and service occupations is \$11.09 per hour.

These discrepancies are showing up in unemployment data as well: “Around 8.9 percent of all workers who filed for unemployment between March 15 and March 21 identify as LGBTQ, despite Gallup surveys showing that this population consistently makes up around 4.1 percent of American adults.”<sup>3</sup>

Out Boulder County (OBC) is aware of these national statistics and given these increased risk factors, OBC conducted two surveys of the LGBTQ community in Boulder County to get a better idea about the impact of the pandemic response and the status of our community members in light of pandemic. The first survey was conducted quickly during the initial steps of the local community response; it was open March 18-27, 2020 and had 89 responses. The second survey was conducted about a month into stay-at-home orders; it was open April 13-27, 2020 and had 69 responses. The first survey gave us preliminary information about the status of the community, and the second survey included more detailed questions and was designed to gauge the changing effects of the quarantine on local LGBTQ community members.

### **Survey Design & Use**

Both surveys were conducted electronically; the first via Google Forms and the second via Survey Monkey. Ability to respond to the surveys required access to the internet, and we are aware that this is a considerable factor for evaluating the results. Awareness about the surveys also required some degree of internet connectivity as the surveys were promoted via our social media channels and website, e-newsletter, OBC’s Trans Steering & Events Committee and Queer & Trans People of Color Steering Committee, social and support group leaders, partner organizations, and word-of-mouth. Both surveys were available in both English and Spanish; there were no responses on the Spanish-only versions. Those individuals who have been most greatly affected and are experiencing more dire circumstances were likely not able to respond to our surveys. We recognize the limitations of our survey sample, and present this data as representative of a sub-section of our local LGBTQ community, not the entire local LGBTQ population. We did not have the organizational capacity to do an extensive survey at this point. The goal of the survey was a shorter turnaround time to inform our organizational decisions and responses rather than to create a fully detailed picture of COVID-19’s true impact on our local LGBTQ community members. In light of this, we still find the data to be a valuable source of information. We advise that readers keep this context in mind while evaluating the response data.

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<sup>3</sup>Lang, Nico. “Coronavirus Finance Troubles Have Hit LGBTQ People Extra Hard,” *Vice*, April 26, 2020, [https://www.vice.com/en\\_asia/article/y3myq5/coronavirus-finance-troubles-have-hit-lgbtq-folks-extra-hard?fbclid=IwAR2LeCwts3i0QOPJM5kwmu7kNHiUlbbQkjKJwdJtZGlyBbLKPJKKdZAEMJ4](https://www.vice.com/en_asia/article/y3myq5/coronavirus-finance-troubles-have-hit-lgbtq-folks-extra-hard?fbclid=IwAR2LeCwts3i0QOPJM5kwmu7kNHiUlbbQkjKJwdJtZGlyBbLKPJKKdZAEMJ4)



Respondents were able to select multiple answers for each question. Additionally, each question included an open-ended option for personalized responses. No questions were required, so respondents could skip questions as desired. Demographic information was also collected under the same conditions (multiple selections possible and optional response). The survey was anonymous, though respondents were given the opportunity to provide their email address and/or phone number if they wanted follow up from OBC staff about any of their answers; almost ten individuals across the two surveys asked for follow up in this way.

Write-in responses were collected and reviewed, but not included in numerical reporting of response rates. Since respondents had the option to select multiple answers to each question, the number of total responses generally exceeds the number of respondents. Percentages are reported based on total number of individual respondents for each category (all, ages 50+, trans-identified, and people of color respondents).

OBC staff are utilizing the information provided by the survey results to inform programming decisions so that we can be as responsive as possible to our communities' needs. Generally, OBC does not provide direct services other than social and support groups and programming opportunities. An important part of our role is as a referral agency that connects our community members with the best community resource options for them. Another crucial role we play is to address the significant social isolation that is being experienced by the community. Social isolation is a big factor in mental health issues and we seek to address this underlying condition but are not situated to address acute mental health issues. Under normal circumstances, we create community through in-person connection. In these new conditions, we are seeking to sustain and create community virtually and from a safer, physical distance. Additionally, OBC has received a grant to offer Direct Aid to LGBTQ community members. Through this program, we are able to offer financial support directly to LGBTQ community members in need (or those with LGBTQ dependents), as well as work to connect them with other programs and regional safety nets such as family resource centers.

## Demographics of Respondents

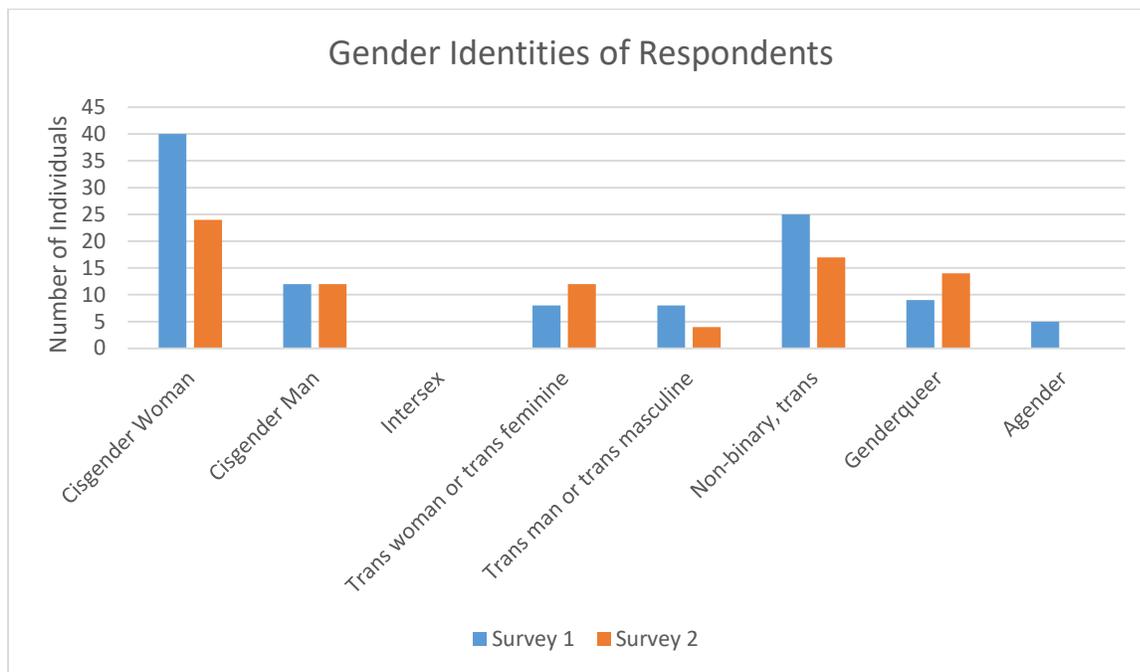
Respondents were given the opportunity to share demographic information including their primary town of residence, gender identity and intersex status, sexual orientation, race and/or ethnicity, and age.

**Town of Residence.** Of the 89 respondents to Survey 1, 29% primarily reside in Boulder, 21% Longmont, 7% each in Broomfield and Lafayette, 4% in Louisville, 3% in other cities in Boulder County, 4% in Adams County, 3% in Arapaho County, 2% each in Jefferson and Larimer Counties, 1% in Weld County, and 1 additional respondent resides in Wyoming.

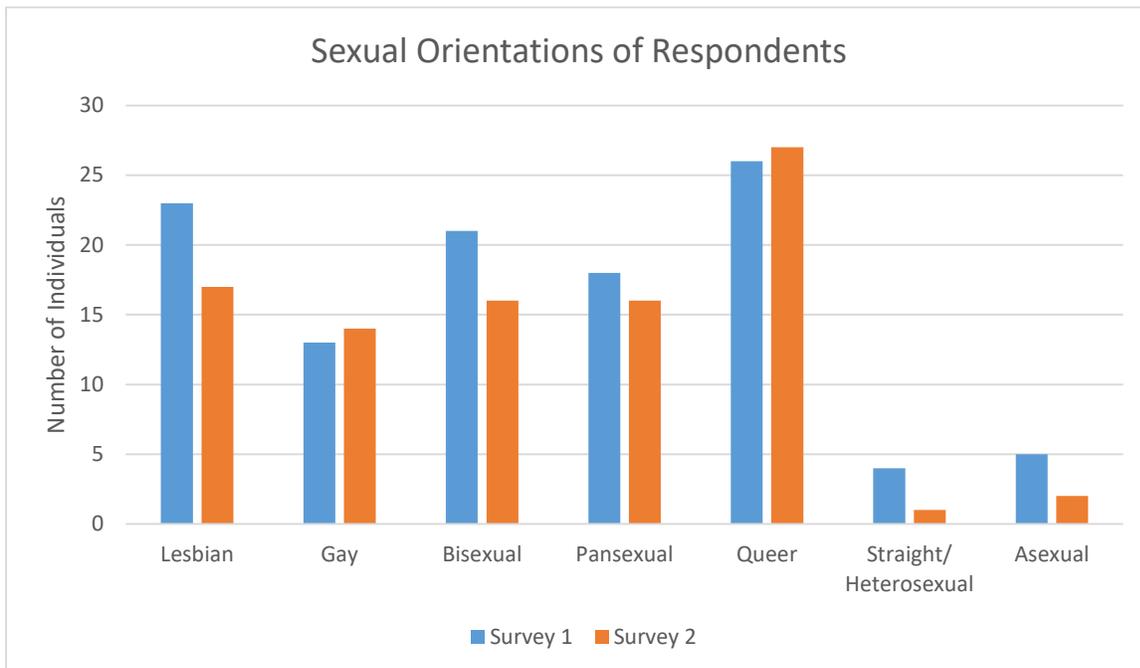


Of the 69 respondents to Survey 2, 43% primarily reside in Boulder, 14% in Longmont, 9% in Broomfield, 6% each in Lafayette and Louisville, 6% in other cities in Boulder County, 4% in Denver, 3% in Thornton, 1% each in Erie, Firestone, and Wyoming.

**Gender Identity.** Respondents were able to select multiple gender identity options as well as write in options. The write-in options from both surveys include 3<sup>rd</sup> gender, two-spirit, aporagender/maverique/nonbinary/x, and genderfluid. There were 116 responses from the 89 respondents of Survey 1, and 85 responses from the 69 respondents of Survey 2. Respondents who identify as transgender, non-binary, genderqueer, or agender (any non-cisgender identity) are referred to in this report as “trans respondents.” There were 40 individual trans respondents to Survey 1 (out of 89 total), and 34 individual trans respondents to Survey 2 (out of 69).

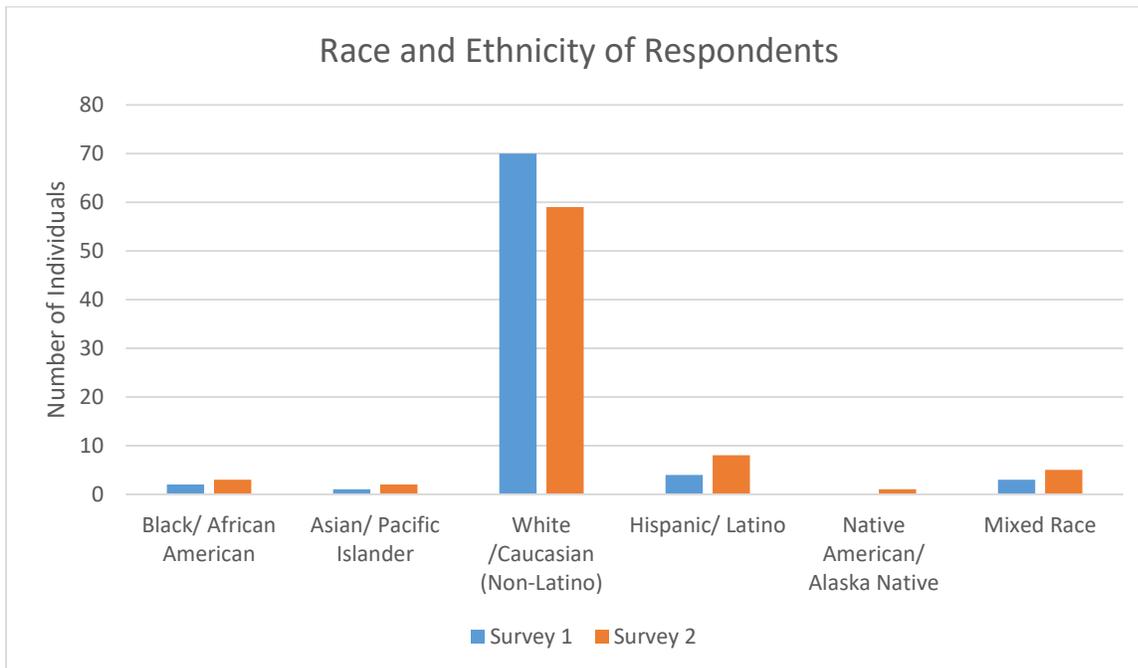


**Sexual Orientation.** Respondents were able to select multiple sexual orientation options as well as write in options. Write in answers for sexual orientation from both surveys include Demisexual, plural- sexual orientations, ceteroflexible and polyamorous. There were 112 responses from the 89 respondents of Survey 1, and 95 responses from the 69 respondents of Survey 2.

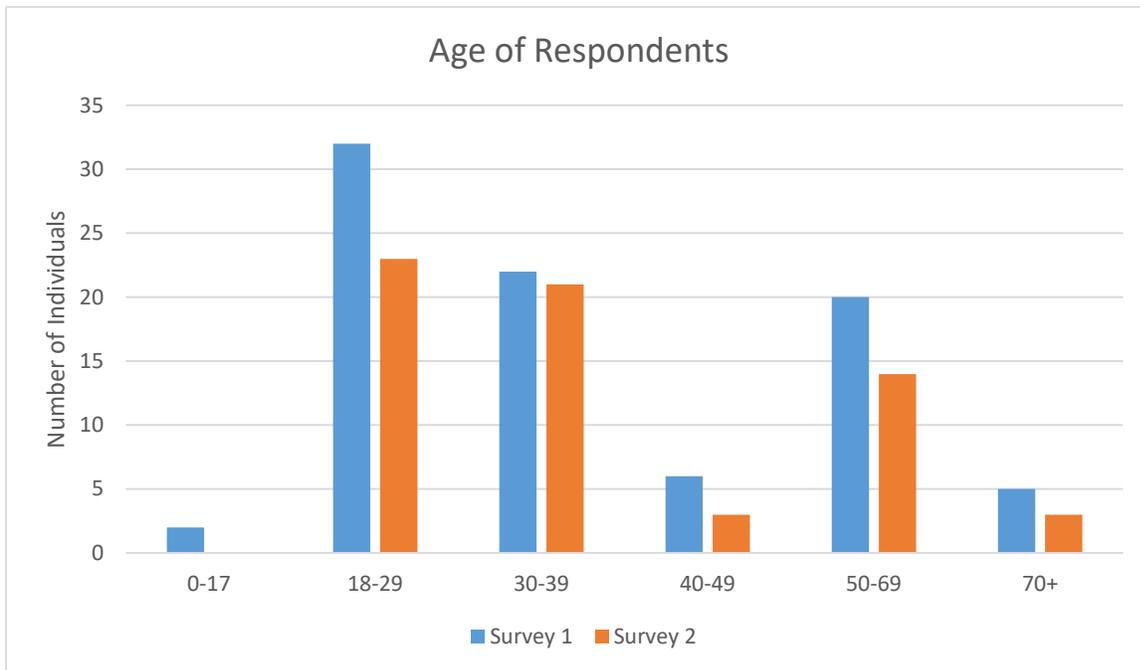


**Race and Ethnicity.** In Survey 1, the answer was open-ended and coded, there were 80 answers for 89 respondents. 70 individuals were coded as White/Caucasian, 10 individual respondents identified as something other than White/Caucasian, and 9 did not answer. Due to the limited number of responses from people of color, we have not separated out these answers for Survey 1 data in this report.

In Survey 2, respondents could select multiple options from a list. The answer options “Other” and “Unknown” were also provided but were not selected. Individuals who identify as multiracial could opt to select mixed race as well as specific races and ethnicities. There were 78 total answers for 69 respondents, presented in the chart below. For data comparisons, the answers of the 14 individual respondents (20%) who identified as Black/African American, Asian/Pacific Islander, Hispanic/Latino, Native America/Alaska Native, and/or Mixed Race are summarized in this report as responses of people of color (“POC respondents”). The limited number of respondents of color should also be kept in mind when analyzing results as individuals of color have also been disproportionately affected by the COVID-19 pandemic.



**Age.** Age was a write-in option and responses were grouped. Survey 1 has 87 responses and Survey 2 has 64 responses to this question. There were 25 identified respondents 50 years of age and up to Survey 1 (out of 89 total), and 17 identified 50+ respondents to Survey 2 (out of 69).



## Survey Results

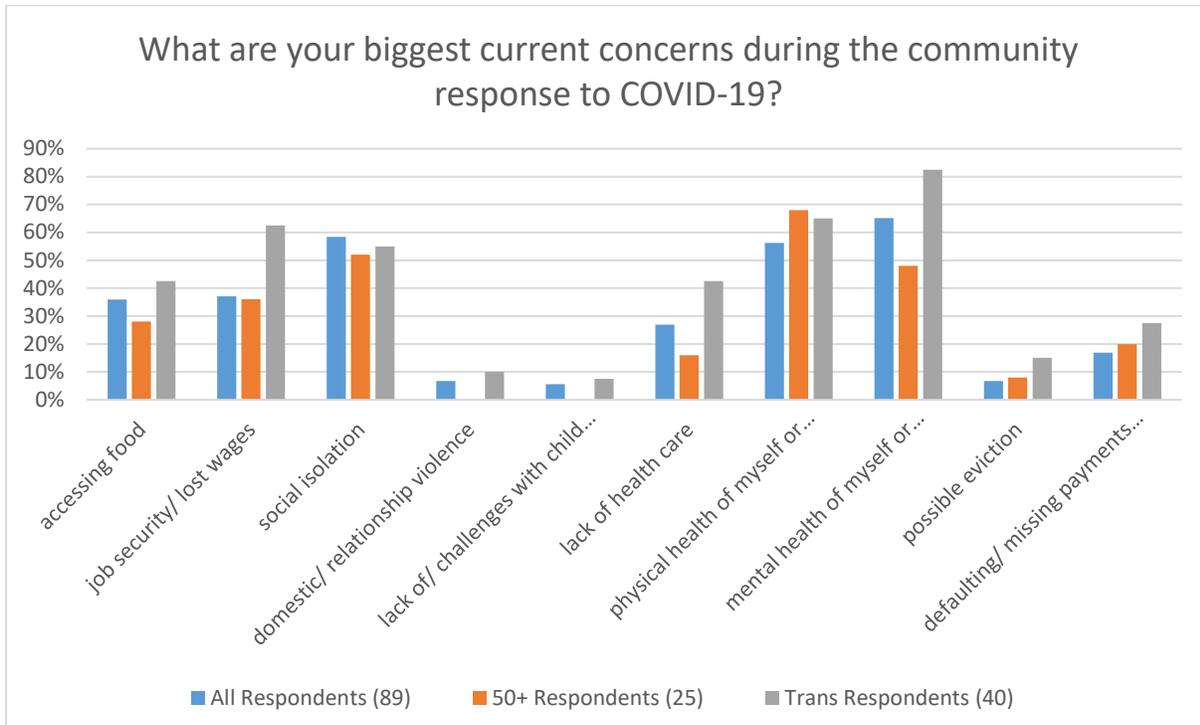
The responses of each survey were totaled and are presented across the following categories of respondents: all respondents, respondents aged 50 years and up, trans respondents, and POC respondents. It is important to note that these categories are not mutually exclusive; one individual may fall into more than one, or all, of these categories of respondents. For each question, respondents could select multiple response options and write in their own responses. The percentage of individual respondents selecting each answer option are presented in this report.

Of the 89 respondents of Survey 1, there are 25 who are ages 50 years and up (28%), and 40 who selected a trans-spectrum gender identity (any non-cisgender option) (44.9%). 10 respondents identified as something other than White/Caucasian (14.5%); because of the lower response rate from people of color, we have not presented these responses as a separate category for Survey 1. This decision was made because the results would not be representative or statistically significant, and potentially threaten individual privacy.

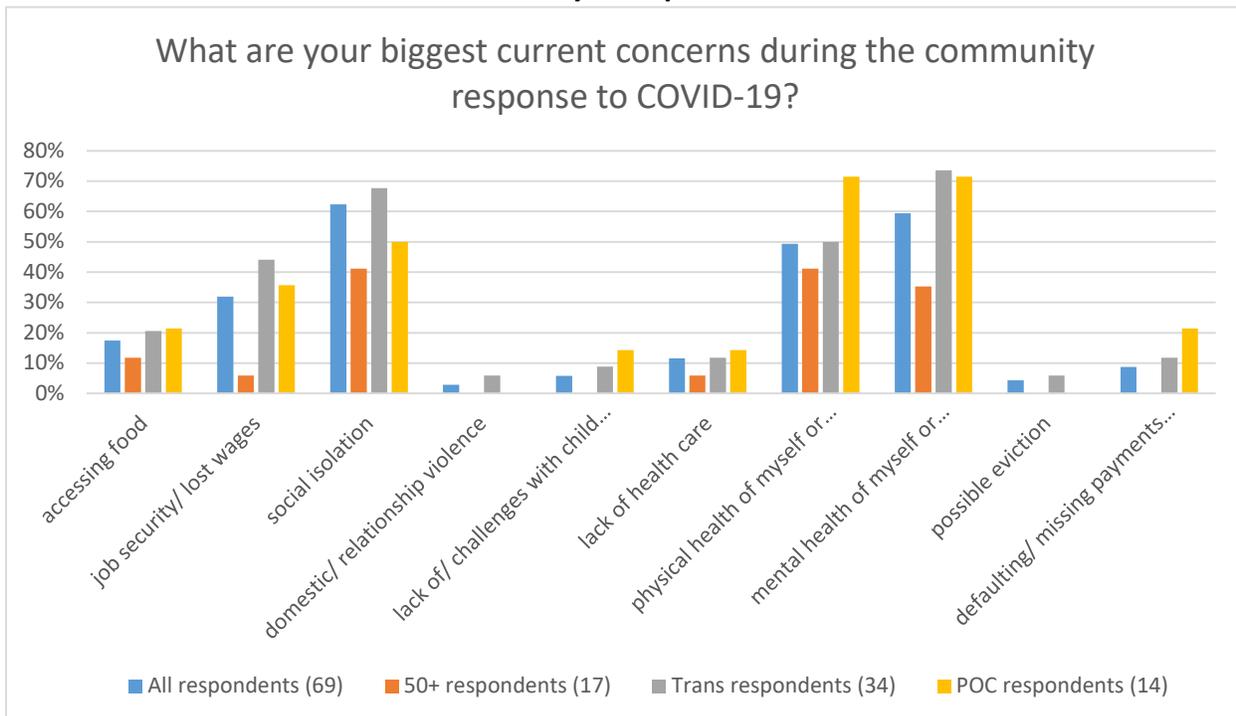
Of the 69 respondents of Survey 2, there are 17 who are ages 50 years and up (24.6%), 34 who selected a trans-spectrum gender identity (any non-cisgender option) (49.3%), and 14 people of color (POC) respondents (20.3%).

## What are you biggest current concerns during the community response to COVID-19 (coronavirus)?

### Survey 1 Responses



### Survey 2 Responses





From Survey 1 to Survey 2, there was a decrease in most of the concerns including accessing food, job security/lost wages, domestic/relationship violence, lack of health care, physical health, possible eviction, defaulting/missing payments on bills. Lack of or challenges with childcare stayed about the same. The only increased concern is social isolation for all respondents and trans respondents, but interestingly, it decreased for 50+ respondents. Some of these decreases can likely be attributed to the general wave of the pandemic response. The regional and local pandemic response came quickly and there was a lot of initial confusion and concern, as well as a sudden rush on resources such as grocery stores and medical care; there was also great uncertainty around employment implications. By the time of the second survey, massive public information campaigns across the county were attempting to inform residents of available resources. Additionally, by the second survey, residents, grocery stores, and medical health care providers were more likely to have figured out some of their pandemic response precautions and logistics.

While the rate of concerns decreased, physical and mental health concerns are still significant, especially for trans and POC respondents. All the concerns are more significant for trans and POC respondents, with the exception of social isolation among trans respondents in Survey 1, which jumped slightly higher for Survey 2. This may demonstrate that basic needs are of greater concern for trans respondents.

The results also corroborate common understanding that as a more marginalized subpopulation of the LGBTQ community, trans folks and POC often experience greater hardship and impacts from crises, such as this pandemic. This is perhaps most evident in the marked increased rate of concern about mental health among the trans and POC respondents and physical health for POC respondents.

Another notable point is that job security/lost wages is a “biggest current concern” for 37% of all respondents, 36% of 50+, and a substantial 63% of trans respondents in Survey 1, a much more significant concern for trans folks at nearly two-thirds of trans respondents.

Along with the increased concern of job security/lost wages for trans respondents, the only respondents who selected possible eviction as one of their biggest concerns in both surveys were trans-identified. In Survey 1, almost 75% of the respondents who selected defaulting/missing payments on bills as a biggest current concern identified as trans (whereas 45% of all respondents identify as trans). In Survey 2, 2 out of 3 of the respondents who selected defaulting/missing payments on bills identified as trans (even though just under half of all respondents identify as trans) and half identified as POC (even though 20% of all respondents identify as POC). This demonstrates that trans and POC respondents are disproportionately experiencing financial hardship.



### **The top 3 concerns for each subset are as follows:**

All respondents, Survey 1: mental health (65%), social isolation (58%), then physical health (56%)

All respondents, Survey 2: social isolation (62%), mental health (59%), then physical health (49%)

50+, Survey 1: physical health (68%), social isolation (52%), then mental health (48%)

50+, Survey 2: physical health (41%), social isolation (41%), then mental health (35%)

Trans, Survey 1: mental health (83%), physical health (65%), then job security/lost wages (63%). Social isolation followed (55%).

Trans, Survey 2: mental health (74%), social isolation (68%), physical health (50%). Job security/lost wages reduced to 44% of respondents.

POC, Survey 2: mental health (71%), physical health (71%), then social isolation (50%). Job security/lost wages followed at 36%.

Some of the compelling write-in answers about the biggest current concerns follow:

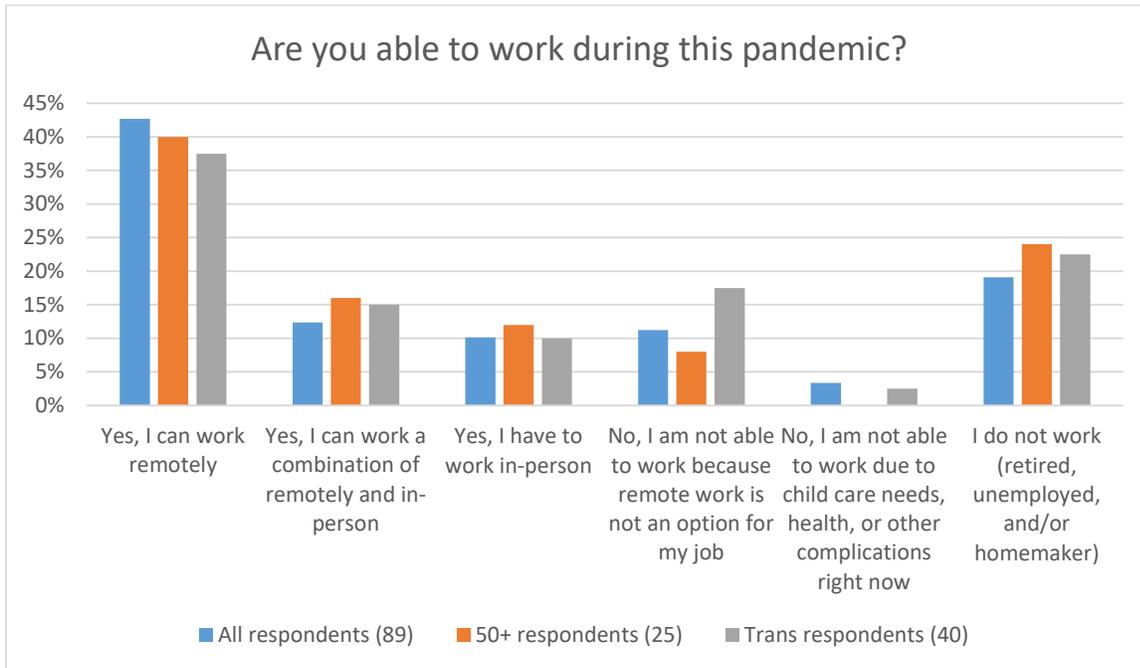
- “Dad died due to corona. I wish everyone would socially distance like they’re meant to.”
- “collapse of my small business”
- “job searching is harder now”
- “I’m actually afraid of going back to “normal.” I feel so supported right now and don’t as much in “regular” life.”
- “I’m usually pretty self-sufficient, but I’m afraid that this crisis will weigh heavily on me because I don’t have much of a social network.”
- “retirement investments tanking”

## **Employment**

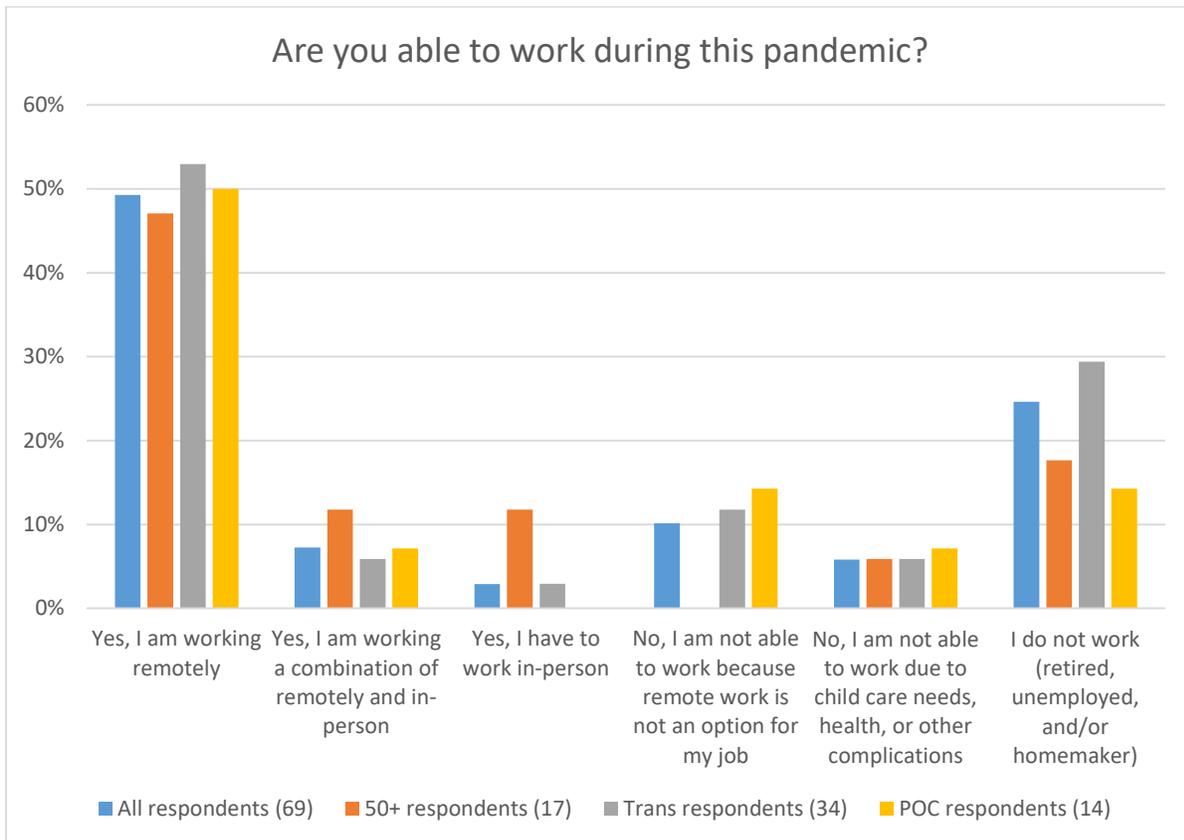
### **Are you able to work during this pandemic?**

With so many individuals’ employment being impacted nationally, we wanted to understand the picture locally. While most of our respondents are able to work according to Survey 2, with a combined total of 59% responding they can work remotely, in-person, or a combination of the two, 10% are unable to work because it is not option for their job, 6% are unable to work due to child care needs, health, or other complications, and 16% are unemployed, for a combined total of 32%. The remaining 9% do not work (retirement, homemaker, etc.)

### Survey 1 Responses



### Survey 2 Responses



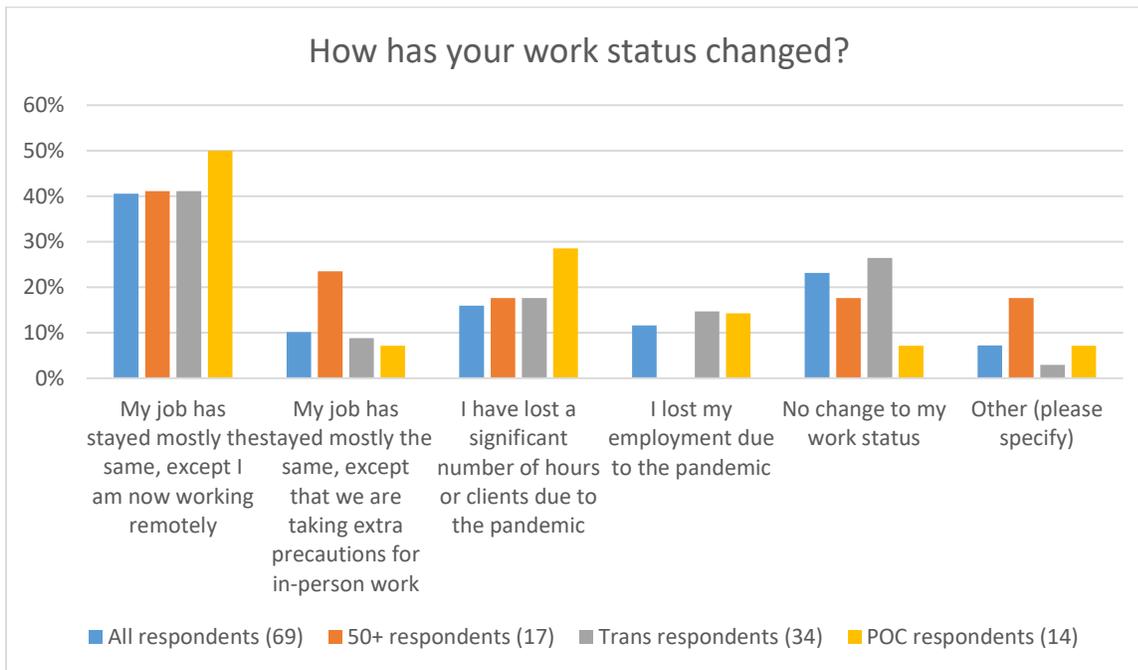
Some compelling write-in answers that illustrate this data follow:

- “Hours have been cut by 90% “
- “I have a remote 15hr/week role that can \*just barely\* pay rent. Going without healthcare and meds.”
- “Will be furloughed next week”
- “Laid off of my retail job due to pandemic; I am still "attached" to my employer and have a job promise there once they are able to hire me back.”
- “My partner was removed from his work schedule indefinitely and I have lost work as a freelancer.”
- “I am only allowed minimal hours due to slow business.”
- “losing hours/clientele”
- “trying to find online work”
- “I am receiving half-pay through the end of May, but no reopening date is known.”

### **How has your work status changed?**

This question was asked only on Survey 2. 16% of all respondents, 18% of 50+, 18% of trans respondents, and 29% of POC respondents report that they have lost a significant number of hours or clients due to the pandemic. 12% of all respondents have lost their employment outright, including 15% of trans respondents and 14% of POC respondents. None of the 50+ respondents have lost employment due to the pandemic, partially due to retirement. Again the pattern of increased impact on more marginalized identities is demonstrated through the response data.

## Survey 2 Results



### Have you applied for or will you apply for unemployment?

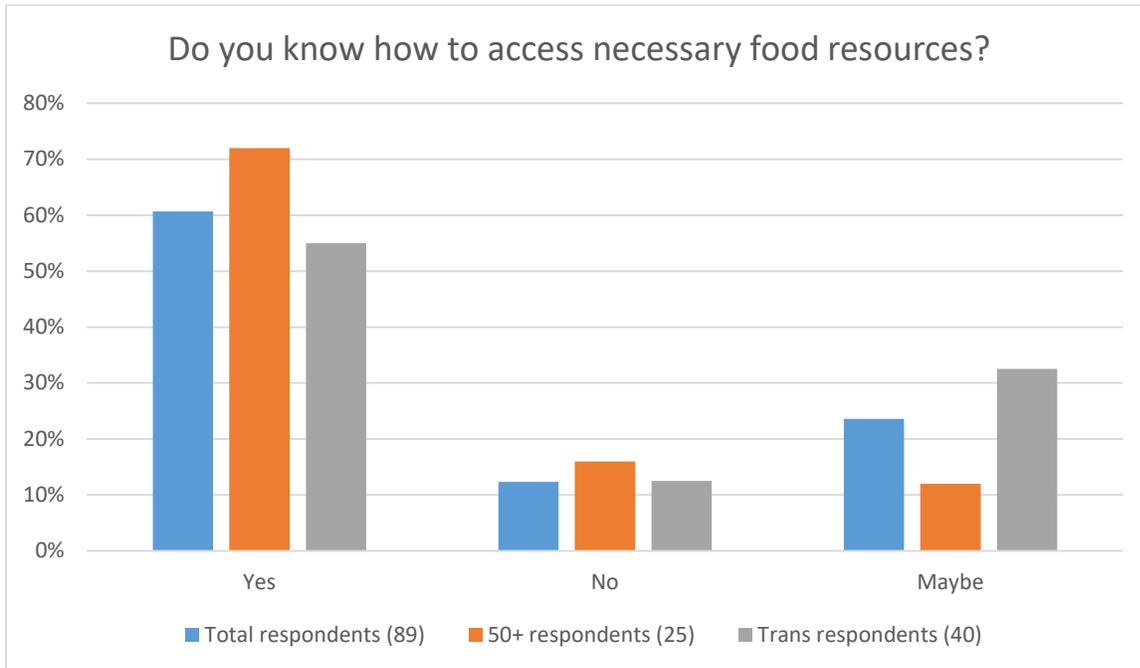
This question was asked only on Survey 2. 16% of all respondents, 21% of trans respondents, and 14% of POC respondents have either applied for unemployment and started receiving benefits or will shortly, have applied for unemployment but have had no success yet, or plan to apply for unemployment soon. The lower rate among POC respondents could be related to complications around immigration status. None of the 50+ respondents have applied or need to apply for unemployment, mostly because they are able to work or are retired.

## Resource Awareness & Utilization

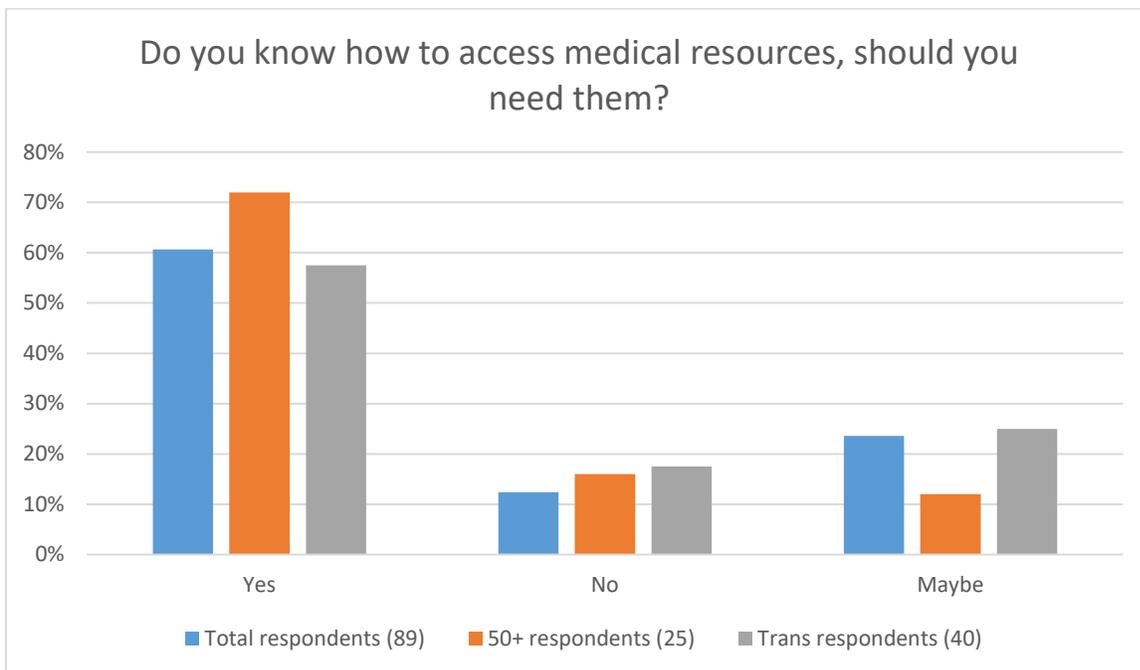
In Survey 1, we asked if respondents were aware of local resources for food, medical and mental health care. In Survey 2, we asked about respondent utilization of available resources. We found that the 50+ respondents are more aware of how to access these resources should they be needed, while the trans respondents are less knowledgeable about resources available to them. Overall, respondents are least aware of mental health resources. This highlights the importance of OBC as a conduit of information for the local LGBTQ community and reaffirms our decision to include public service information and resource availability in our media outlets. Out Boulder County recently began hosting the online directory, Trans Health Boulder County, which lists trans-competent health professionals serving the Boulder County area. These results also contributed to our decision to include referrals to other agencies as part of our Direct Aid application process. Many LGBTQ folks turn to Out Boulder County more readily than other

agencies. Life experiences of stigma and discrimination may discourage LGBTQ folks from seeking services and aid from resource agencies. Out Boulder County is seeking to help connect LGBTQ community members with our programs and services, as well as other area resources and agencies.

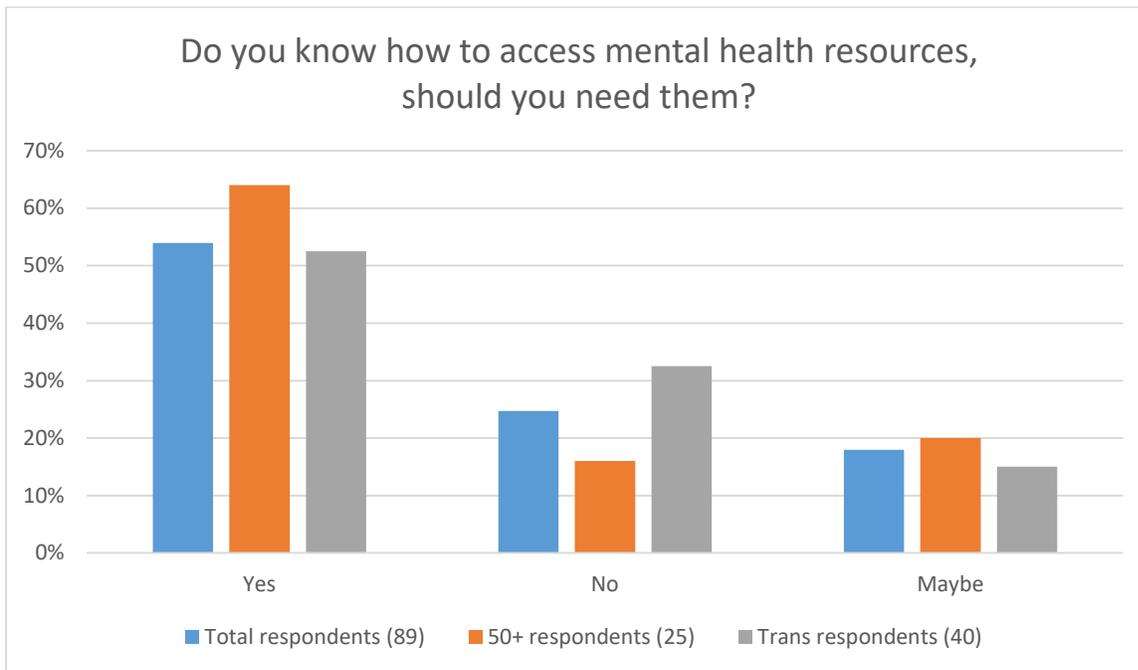
**Do you know how to access necessary food resources? (Survey 1)**



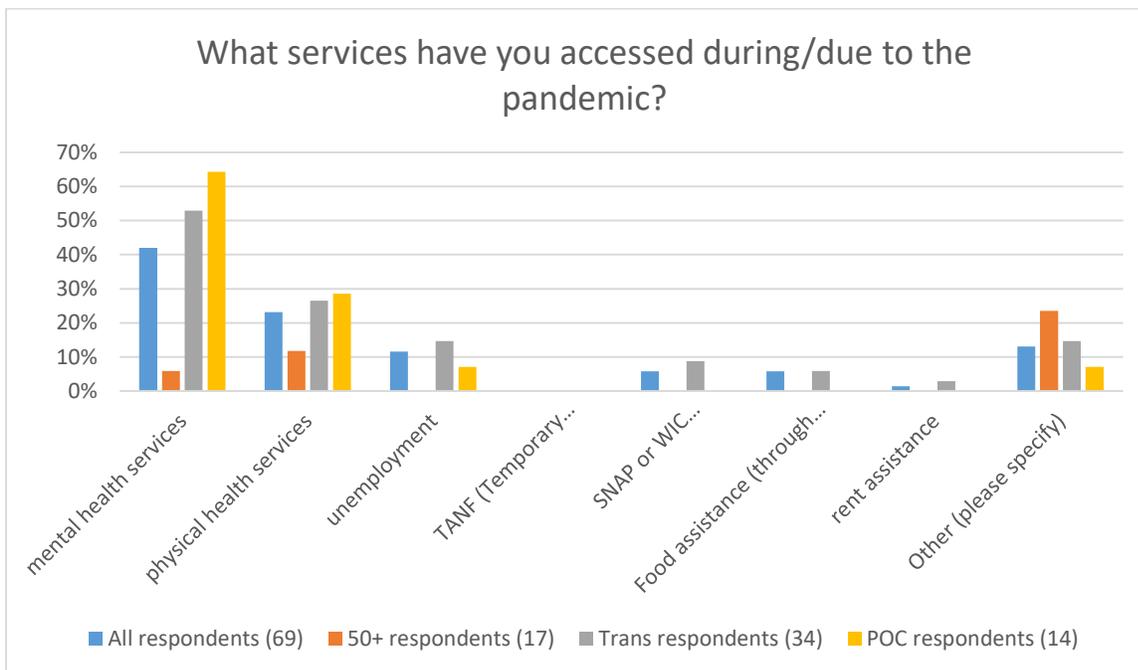
**Do you know how to access medical resources, should you need them? (Survey 1)**



### Do you know how to access mental health resources, should you need them? (Survey 1)



### What services have you accessed during/due to the pandemic? (Survey 2)



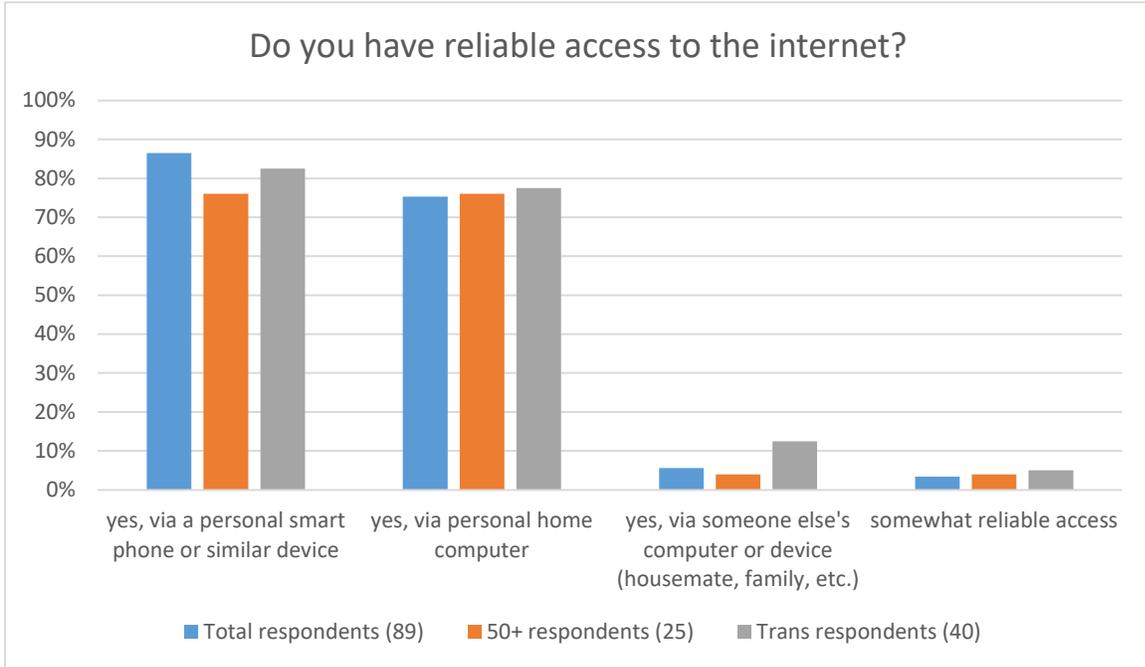
Write in responses include:

- “Financial assistance from family members”
- “loan forbearance”
- “Meal train”

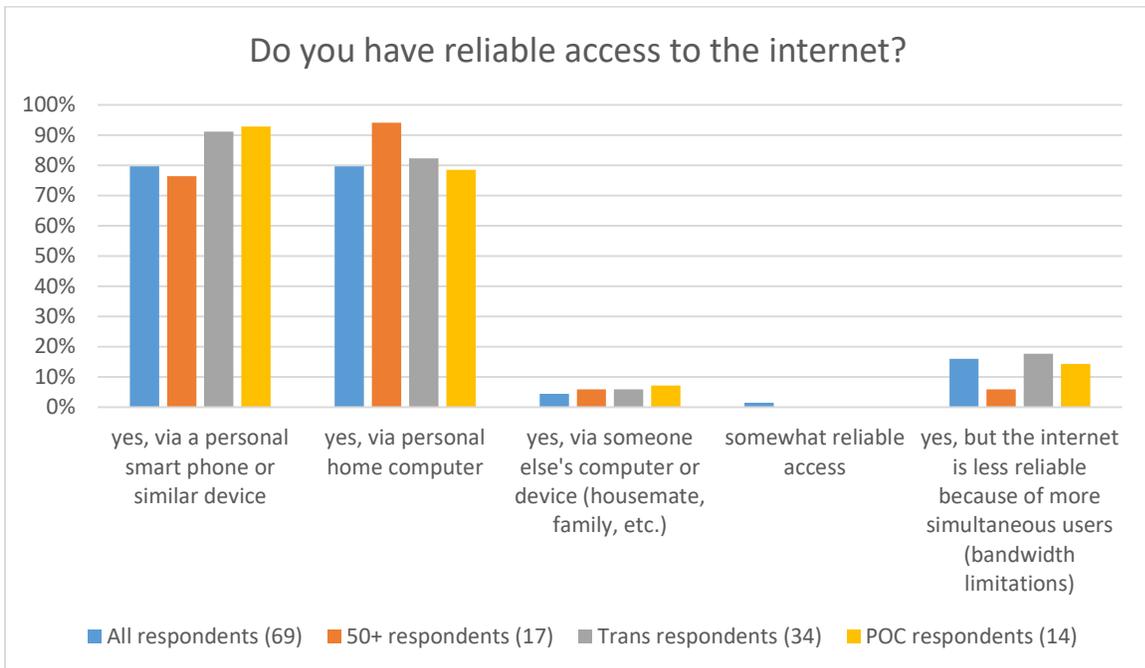
### Do you have reliable access to the internet?

Access to the internet is required in order to be able to answer this question about availability of internet connection, yet we still wanted to ask it to learn what we could about reliability of this access during a changing time.

#### Survey 1 Responses



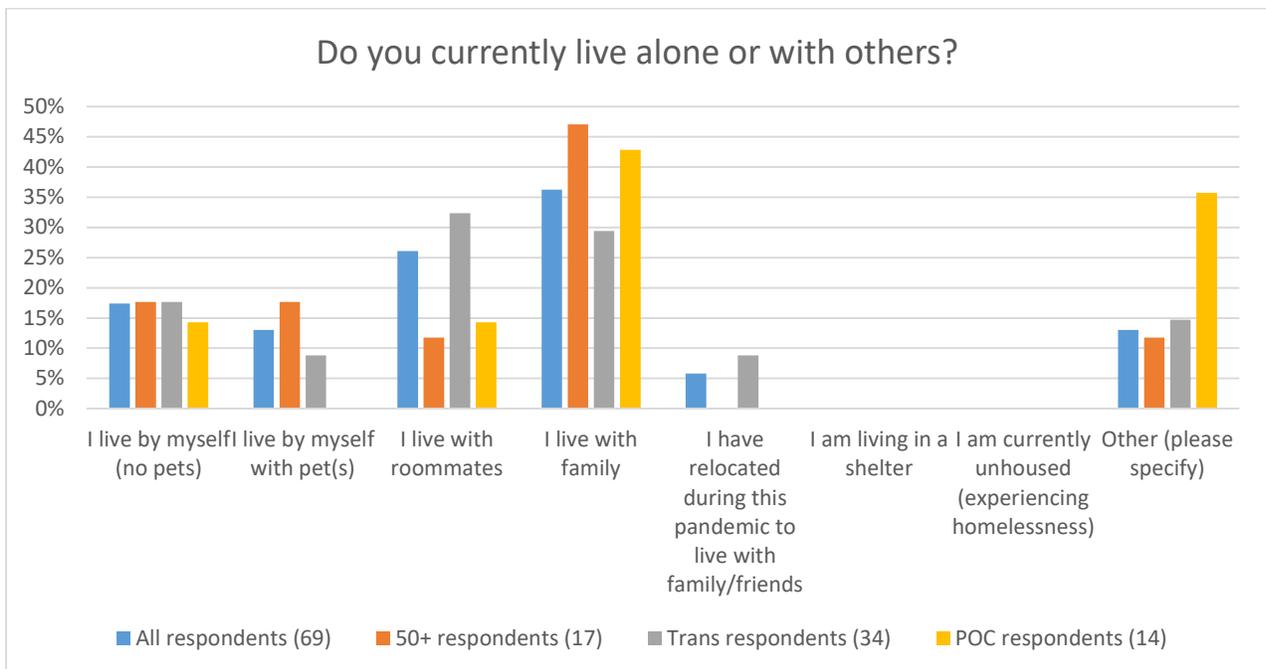
#### Survey 2 Responses



## Living & Health Status

For Survey 2, we asked more in-depth questions about health and living situation in order to adjust our response and resources appropriately. This included questions about if respondents live alone and are able to be out as LGBTQ and supported by the people in their household. Most of the respondents are out and supported, while 3 respondents reported they are out in the household and supported by some, but not all household members. One respondent reported that they are not out in their household because they know they would not be supported. One other respondent (trans-identified) reported that it is not safe for them to be out in their household; this respondent also selected that they are out and are supported by everyone in their household and that they have relocated due to the pandemic which suggests that one household may be safe while the other is not. Their responses did not indicate if they moved from a supportive to a non-supportive household because of the pandemic, or the other way around. 30% of all respondents live alone with or without a pet (36% of 50+, 27% of trans, and 14% of POC respondents).

### Do you currently live alone or with others? (Survey 2)

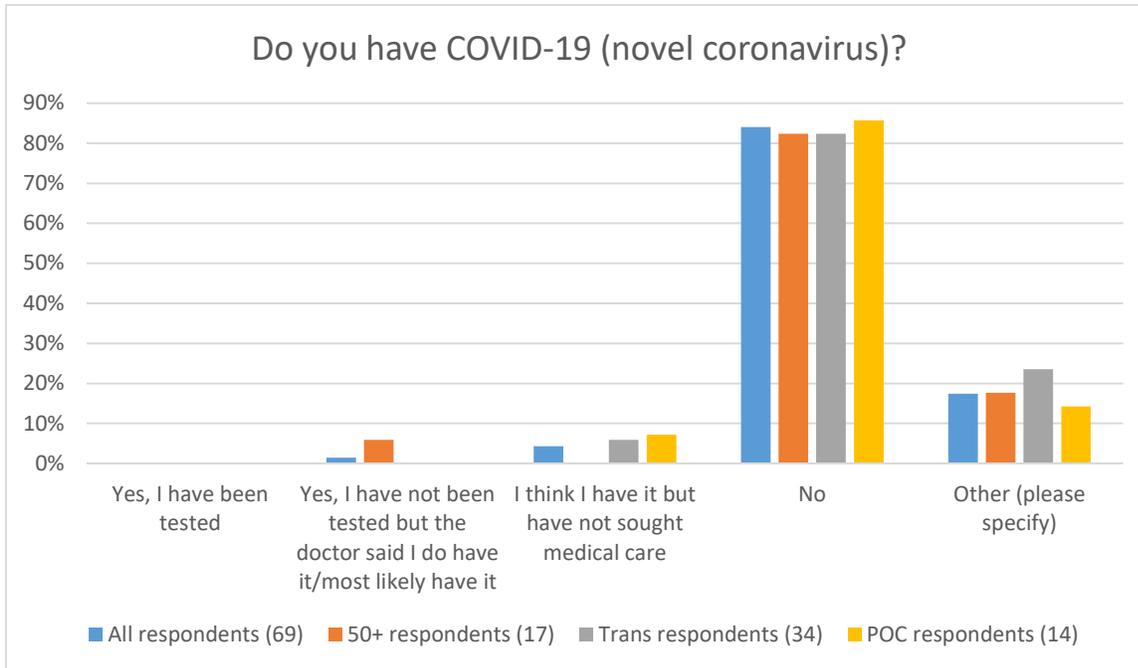


Some of the write-in responses show a couple examples of how living situations have changed:

- “Stopped sleeping in my car to stay with friends/family”
- “My girlfriend moved in with me so that we wouldn’t end up isolated and lonely.”
- “Normally live with partner, currently living alone in temporary space b/c I work healthcare and partner is vulnerable”

### Do you have COVID-19 (novel coronavirus)? (Survey 2)

Many of the “other responses” to this question included concerns about false negative tests and waiting for an antibody test to become available, being in a high risk group, and being a potential asymptomatic carrier.



### Are you currently living with or caring for someone with COVID-19?

No respondents reported that they are living with or care-taking someone with confirmed COVID-19, two individuals (both trans-identified) report living with someone with suspected COVID-19, and one person wrote in that they are a healthcare worker caring for persons with COVID-19.

In Survey 1, we asked if there was anything else that respondents would like to share about their Health Resource answers. The responses show the serious concerns some people are experiencing; some of the compelling write-in responses follow:

- “I identify as trans/non-binary and HATE going to doctors in general”
- “I am concerned that I am single, and may go without necessary care if I contract the virus.”
- “No health insurance, only bicycle as transportation, vulnerable immune system.”
- “Resources are being diverted for coronavirus care, and non-essential appointments are being cancelled or delayed. But the longer this goes on, the more preventative care we will miss, and the more likely it is that one of us will have a physical or mental health crisis. I've already had to delay gynecological and psychiatric care.”



At the end of Survey 2, we also asked some open-ended questions to better understand respondents' experiences. To humanize the data, a sampling of the questions and answers follow.

### **How have your needs or concerns changed?**

- "I feel socially isolated. I miss people!"
- "I need an emotional support team as I grieve my dad."
- "I need a queer or queer allied therapist and hotlines and friends and food support."
- "I went from being an essential worker to furloughed. Now I am sick."
- "Mental health is my top struggle, followed by financial insecurity."
- "My concerns related to money (rent/food/bill pay) have increased as jobs have continued to be impossible to get."
- "Needs haven't changed. But my health care provider's ability to provide care has changed. And since I can't continue with some transition related care, I've been feeling like I would benefit from those things [programming opportunities] a lot more right now. So I'm concerned about that and what it means for my immediate future mental health. Especially if this quarantine lasts for months and months."

**Some responses to an open-ended question about the impact of COVID-19 pandemic follow;** most responses are not shared here in order to respect privacy:

- "It's demolished my mental health. I don't know what else to say."
- "my partner is becoming more stir-crazy and depressed due to the social isolation and stay at home orders."
- "I'm struggling with loneliness. I know that I am better off than many others right now, but it's still stressful. Home and work have collided, and it's amplified my loneliness. I don't have much of a social network to lean on, so it's been difficult to disconnect and recharge after working from home all day. I'm trying to stay positive and enjoy the quiet moments I do have. I appreciate you giving me this space to write and clear my mind for a few minutes. Thank you for all that you've been doing to help people."

Most of the responses to the question **"What else would you like to see from OBC during this pandemic?"** show appreciation for our active virtual presence, a few responses include:

- "Continue doing what you are doing. The support is visible. :)"
- "Just the presence on Social Media is always uplifting. Also how to stay aware of important LGBTQIA news going on is good!"
- "Keep the information and opportunities coming. Thanks for all you do!"
- "Results of this survey"
- "Ways we can help others."



In addition to all these questions, we also asked specifically about what OBC programming respondents have participated in and what programming they are interested in. These results are not presented in this report but have been evaluated internally.

## Conclusion

People who are part of marginalized communities are impacted by this pandemic to a greater extent due to the existing inequities in our systems from health care to access to social services, educational and economic opportunities, healthy food, and more. There is a compounding effect for intersecting marginalized identities – those who are members of multiple marginalized communities typically experience compounded impacts from inequities. LGBTQ people are just one of the marginalized communities that are experiencing greater impacts from this pandemic.

The conversations around the COVID-19 pandemic and who is affected are rarely including considerations of LGBTQ people. Sexual orientation and gender identity data in the face of this pandemic is not receiving the visibility required to address these disparities. We are sharing the results of this survey in order to bring attention to these disparities and bring LGBTQ experiences into the conversation around the COVID-19 pandemic. We want this data to inform our own work, and also to influence the local conversation about the disparate impacts of the pandemic on marginalized communities, and for that conversation to be explicitly inclusive of LGBTQ individuals.

One of the most important messages of the survey results, and some of the data being shared by national organizations such as the Human Rights Commission referenced in the introduction, is that the people who are experiencing the greatest impacts of this pandemic are extremely impacted in many aspects of their lives. We acknowledge everyone is being impacted, yet these compounding impacts can create an extremely dire situation for many community members, while others are affected to a much lesser extent. Those experiencing the greatest compounding impacts are also disproportionately those with marginalized, and intersecting marginalized, identities.

An example of this compound effect is demonstrated by the fact that 100% of respondents that identified as both trans and a person of color reported that the mental health of themselves or loved ones are a biggest current concern. The next top concern for trans, POC respondents was physical health at 71%, followed by social isolation at 43%. These concerns register at a much higher rate for these multiply marginalized individuals. It again demonstrates that basic needs are more likely to be of higher concern for more marginalized individuals. The responses for trans, POC respondents were not presented through the report due to the small number of individuals in this cross section (7 out of 69 respondents to Survey 2).



While we do not have a comparative sample of non-LGBTQ individuals in Boulder County for comparison due to organizational limitations, especially during a crisis response period, we have gained more understanding about how some of LGBTQ community members are being impacted.

Ultimately, we want to emphasize that the data presented in this report reflect the experiences of real community members. Data presentation can sometimes seem sterile and removed from the actual human experiences that they attempt to characterize. We know through open-ended responses, anecdotes, and additionally through our Direct Aid Program application responses, that the impact on our community members are real and they go deep, and there is nothing sterile about it beyond safety precaution strategies. As you reflect on the contents of this report, we ask that you keep close in mind the individuals behind the data.

As we stated in the invitation to respond to the first survey, “Out Boulder County is dedicated to serving our LGBTQ communities, even during, and especially during, times of crisis. As precautions and responses to the COVID-19 virus are changing our daily routines, we are doing our best to find ways to stay connected to our community members even while we practice physical distancing. We may be physically distanced, but we seek to remain socially connected.” The completion of these surveys have not only informed our work as advocates of the LGBTQ community, but are, in themselves, products of that advocacy work.

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If you would like more information on Out Boulder County’s response to the COVID-19 pandemic and our advocacy work, please reach out to one of the following staff members:

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Or visit our website:

[www.outboulder.org](http://www.outboulder.org)

[www.outboulder.org/covid19](http://www.outboulder.org/covid19)