



Health  
Canada

Santé  
Canada

# HIV, SYPHILIS AND SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS (STBBI) AWARENESS AND PERCEPTIONS SURVEY

## Final Report

### **Prepared for Health Canada**

Supplier: The Strategic Counsel  
Contract number: CW2334131  
Contract value: \$149,999.31  
Contract award date: 2023-10-16  
Delivery date: 2024-03-06

Registration number: POR 067-23  
For more information on this report, please contact Health Canada at:  
[hc.cpab.por-rop.dgcap.sc@canada.ca](mailto:hc.cpab.por-rop.dgcap.sc@canada.ca)

*Ce rapport est aussi disponible en français.*

# HIV, Syphilis and Sexually Transmitted and Blood-Borne Infections (STBBI) Awareness and Perceptions Survey

## Final Report

Prepared for: Health Canada  
Supplier: The Strategic Counsel  
Registration number: POR-23-23

Aussi disponible en français sous le titre Enquête sur la sensibilisation et la perception du VIH, de la syphilis et des infections transmissibles sexuellement et par le sang (ITSS)

This publication may be reproduced for non-commercial purposes only. Prior written permission must be obtained from Health Canada. For more information on this report, please contact Health Canada at [hc.cpab.por-rop.dgcap.sc@canada.ca](mailto:hc.cpab.por-rop.dgcap.sc@canada.ca) or at:

Health Canada, CPAB  
200 Eglantine Driveway, Tunney's Pasture  
Jeanne Mance Building, AL 1915C  
Ottawa, Ontario K1A 0K9

**Catalogue Number:**  
HP40-361/2024E-PDF

**International Standard Book Number (ISBN):**  
978-0-660-71163-8

**Related Publication (Registration Number: POR-067-23)**

**Catalogue Number:** HP40-361/2024F-PDF (Final Report, French)  
**International Standard Book Number (ISBN):** 978-0-660-71164-5

© His Majesty the King in Right of Canada, as represented by the Minister of Health, 2024.

## Table of Contents

---

Section A: Executive Summary .....	1
A. Background .....	2
B. Research Objectives .....	3
1. Purpose.....	3
2. How the Research Will Be Used .....	3
3. Objectives .....	3
C. Methodology in Brief .....	4
D. Total Contract Value .....	4
E. Note to readers .....	4
F. Key Findings .....	5
G. Conclusions and Recommendations .....	11
Section B: Detailed Findings – General STBBI Issues .....	13
<b>B1. General Public</b> .....	14
A. Concerns about STBBI Relative to Other Health Issues .....	15
B. General Knowledge of STBBI.....	20
C. Experience with STBBI: Perception of Risk, Testing and Diagnosis.....	25
D. Stigma and Barriers Associated with Diagnosis and Treatment of STBBI.....	33
E. Awareness of U=U Concept and Information Preferences.....	38
F. Focused Analysis of Key Audiences.....	43
<b>B2. Health Care Practitioners</b> .....	44
A. Concerns about STBBI Relative to Other Health Issues .....	44
B. General Knowledge of STBBI.....	48
C. General Barriers to Diagnosis and Treatment of STBBI .....	51
D. Awareness of U=U Concept and Information Preferences .....	52
Section C: Detailed Findings – HIV/AIDS.....	59
<b>C1. General Public</b> .....	60
A. General Knowledge of HIV .....	60
B. Connections to People Living with HIV and Perceived Personal Risk .....	66
C. Groups Viewed as Most at Risk of HIV .....	69
D. HIV/AIDS – Knowledge Index .....	71
E. Perceived Effectiveness of Treatments.....	75
F. Stigma Associated with HIV/AIDS .....	77
G. Focused Analysis of Key Audiences.....	81
<b>C2. Health Care Practitioners</b> .....	82
A. Concerns about HIV Relative to Other Health Issues .....	82
B. General Knowledge of HIV .....	82
C. Groups Viewed as Most at Risk of HIV .....	84
D. HIV/AIDS – Knowledge Index .....	86
E. Perceived Effectiveness of Treatments.....	90
F. Stigma Associated with HIV/AIDS .....	91

---

G. Perceived Barriers for Patients Seeking Testing and Treatment for HIV .....	95
<b>Section D: Detailed Findings – Syphilis .....</b>	<b>98</b>
<b>D1. General Public.....</b>	<b>99</b>
A. General Knowledge of Syphilis.....	99
B. Connections to People Having Contracted Syphilis and Perceived Personal Risk .....	104
C. Groups Viewed as Most at Risk of Getting Syphilis .....	106
D. Syphilis – Knowledge Index.....	108
E. Stigma Associated with Syphilis .....	112
F. Focused Analysis of Key Audiences.....	113
<b>D2. Health Care Practitioners .....</b>	<b>114</b>
A. Concerns about Syphilis Relative to Other Public Health Issues.....	114
B. General Knowledge of Syphilis.....	114
C. Groups Viewed as Most at Risk of Getting Syphilis .....	116
D. Syphilis – Knowledge Index.....	118
E. Stigma Associated with Syphilis .....	122
F. Perceived Barriers for Patients Seeking Testing and Treatment for Syphilis.....	125
<b>Section E: Methodology .....</b>	<b>128</b>
A. Sample Design.....	129
B. Questionnaire Design.....	131
C. Pre-test.....	131
D. Fieldwork and Length of Survey.....	132
E. Final Dispositions .....	132
F. Study Limitations.....	133
<b>Section F: Appendices .....</b>	<b>134</b>
A. General Population Questionnaire (English and French).....	135
B. Health Care Practitioner Questionnaire (English and French).....	168

---

## List of Tables

---

TABLE 1. LEVELS OF CONCERN ABOUT VARIOUS PUBLIC HEALTH ISSUES – COMPARISON BETWEEN GENERAL PUBLIC AND HEALTH CARE PRACTITIONERS .....	6
TABLE 2. LEVELS OF CONCERN ABOUT VARIOUS HEALTH ISSUES – GENERAL PUBLIC.....	16
TABLE 3. LEVELS OF CONCERN ABOUT VARIOUS HEALTH ISSUES: OTHER DEMOGRAPHIC HIGHLIGHTS .....	18
TABLE 4. GENERAL ATTITUDES TOWARD STBBI – GENERAL PUBLIC .....	20
TABLE 5. GENERAL KNOWLEDGE OF STBBI – GENERAL PUBLIC.....	21
TABLE 6. THOSE MORE LIKELY TO SAY THEY ARE KNOWLEDGEABLE (VERY/SOMEWHAT) ABOUT HIV, SYPHILIS AND OTHER STBBI.....	21
TABLE 7. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF STBBI – GENERAL PUBLIC.....	23
TABLE 8. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF STBBI, BY AGE – GENERAL PUBLIC.....	24
TABLE 9. PERCEPTION OF RISK RELATED TO CONTRACTING STBBI – GENERAL PUBLIC.....	26
TABLE 10. PERSONAL TESTING FOR STBBI – GENERAL PUBLIC .....	30
TABLE 11. PERSONAL DIAGNOSES OF STBBI – GENERAL PUBLIC.....	32
TABLE 12. COMFORT SPEAKING WITH HEALTH PROFESSIONALS ABOUT STBBI – GENERAL PUBLIC.....	33
TABLE 13. BARRIERS RELATED TO TESTING AND TREATMENT FOR STBBI – GENERAL PUBLIC .....	35
TABLE 14. BARRIERS RELATED TO TESTING AND TREATMENT FOR STBBI: DEMOGRAPHIC HIGHLIGHTS BY AGE, MARITAL STATUS AND PAST EXPERIENCE WITH HOMELESSNESS.....	36
TABLE 15. INTEREST IN KNOWING MORE ABOUT RISKS, TESTING OPTIONS, TREATMENTS FOR STBBI – GENERAL PUBLIC .....	38
TABLE 16. PREFERENCE FOR RECEIVING INFORMATION ABOUT STBBI (MULTI-MENTION) – GENERAL PUBLIC .....	39
TABLE 17. AWARENESS OF ‘U=U’ – GENERAL PUBLIC.....	41
TABLE 18. PERCEIVED MEANING OF ‘U=U’ (OPEN-END) – GENERAL PUBLIC .....	42
TABLE 19. LEVELS OF CONCERN ABOUT VARIOUS PUBLIC HEALTH ISSUES – HEALTH CARE PRACTITIONERS .....	45
TABLE 20. ADDITIONAL PUBLIC HEALTH ISSUES (OPEN-END) – HEALTH CARE PRACTITIONERS.....	47
TABLE 21. GENERAL ATTITUDES TOWARD STBBI – HEALTH CARE PRACTITIONERS .....	48
TABLE 22. GENERAL KNOWLEDGE OF STBBI – HEALTH CARE PRACTITIONERS.....	49
TABLE 23. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF STBBI – HEALTH CARE PRACTITIONERS .....	51
TABLE 24. COMFORTABILITY ENGAGING IN CONVERSATIONS ABOUT STBBI – HEALTH CARE PRACTITIONERS .....	52
TABLE 25. INTEREST IN KNOWING MORE ABOUT RISKS, TESTING OPTIONS, TREATMENTS FOR STBBI – HEALTH CARE PRACTITIONERS .....	53
TABLE 26. PREFERENCE FOR RECEIVING INFORMATION ABOUT STBBI (MULTI-MENTION) – HEALTH CARE PRACTITIONERS .....	54
TABLE 27. AWARENESS OF ‘U=U’ – HEALTH CARE PRACTITIONERS .....	55
TABLE 28. PERCEIVED MEANING OF ‘U=U’ (OPEN-END) – HEALTH CARE PRACTITIONERS.....	56
TABLE 29. IMPORTANCE OF COMMUNICATING THE ‘U=U’ MESSAGE TO PATIENTS LIVING WITH HIV – HEALTH CARE PRACTITIONERS .....	57
TABLE 30. FREQUENCY WITH WHICH HEALTH CARE PROFESSIONALS COMMUNICATE ‘U=U’ TO THEIR PATIENTS WITH HIV (AMONG THOSE HAVING HEARD OF THE CONCEPT) – HEALTH CARE PRACTITIONERS.....	58
TABLE 31. GENERAL KNOWLEDGE OF HIV – GENERAL POPULATION .....	61

---

TABLE 32. VARIATIONS IN SELF-REPORTED KNOWLEDGE – HIV .....	62
TABLE 33. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF HIV – GENERAL POPULATION.....	63
TABLE 34. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF HIV – GROUPS CLAIMING TO BE MORE KNOWLEDGEABLE.....	64
TABLE 35. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF HIV – GROUPS CLAIMING TO BE LESS KNOWLEDGEABLE.....	65
TABLE 36. PERSONAL CONNECTION TO INDIVIDUALS LIVING WITH HIV .....	66
TABLE 37. PERCEPTION OF RISK RELATED TO CONTRACTING HIV .....	67
TABLE 38. PERSONAL TESTING FOR HIV – GENERAL PUBLIC .....	68
TABLE 39. GROUPS VIEWED AS MOST AT RISK OF HIV (MULTI-MENTION) – GENERAL PUBLIC .....	70
TABLE 40. TRUE/FALSE STATEMENTS RELATED TO HIV – GENERAL PUBLIC.....	73
TABLE 41. KNOWLEDGE INDEX: HIV/AIDS – GENERAL PUBLIC.....	74
TABLE 42. CAN HIV BE CURED? – GENERAL PUBLIC.....	75
TABLE 43. EFFECTIVENESS OF HIV TREATMENTS – GENERAL PUBLIC.....	76
TABLE 44. ATTITUDES TOWARDS PEOPLE LIVING WITH HIV – GENERAL PUBLIC.....	77
TABLE 45. ATTITUDES TOWARDS PEOPLE LIVING WITH HIV – DEMOGRAPHIC GROUPS MORE LIKELY TO AGREE.....	78
TABLE 46. COMFORT IN PROXIMITY TO HIV/AIDS – GENERAL PUBLIC.....	79
TABLE 47. GENERAL KNOWLEDGE OF HIV – HEALTH CARE PRACTITIONERS .....	82
TABLE 48. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF HIV – HEALTH CARE PRACTITIONERS.....	83
TABLE 49. GROUPS MOST AFFECTED BY HIV IN CANADA (MULTI-MENTION) – HEALTH CARE PRACTITIONERS .....	85
TABLE 50. TRUE/FALSE STATEMENTS RELATED TO HIV – HEALTH CARE PRACTITIONERS .....	88
TABLE 51. HIV/AIDS KNOWLEDGE INDEX – HEALTH CARE PRACTITIONERS.....	90
TABLE 52. CAN HIV BE CURED? – HEALTH CARE PRACTITIONERS.....	90
TABLE 53. PERCEIVED EFFECTIVENESS OF HIV TREATMENTS – HEALTH CARE PRACTITIONERS .....	91
TABLE 54. AGREE-DISAGREE STATEMENTS: VIEWS ON PEOPLE LIVING WITH HIV – HEALTH CARE PRACTITIONERS.....	92
TABLE 55. COMFORT INTERACTING WITH PEOPLE LIVING WITH HIV – HEALTH CARE PRACTITIONERS.....	93
TABLE 56. RESOURCES WHICH WOULD ENHANCE COMFORT CARING FOR PATIENTS WITH HIV – HEALTH CARE PRACTITIONERS .....	94
TABLE 57. BARRIERS TO SUPPORTS AND SERVICES RELATED TO TESTING AND TREATMENT FOR HIV – HEALTH CARE PRACTITIONERS .....	95
TABLE 58. ARE THERE ANY OTHER BARRIERS, NOT ALREADY MENTIONED? – HEALTH CARE PRACTITIONERS .....	97
TABLE 59. GENERAL KNOWLEDGE OF SYPHILIS – GENERAL PUBLIC.....	100
TABLE 60. VARIATIONS IN SELF-REPORTED KNOWLEDGE – SYPHILIS .....	100
TABLE 61. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF SYPHILIS – GENERAL PUBLIC .....	101
TABLE 62. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF SYPHILIS – GROUPS CLAIMING TO BE MORE KNOWLEDGEABLE.....	102
TABLE 63. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF SYPHILIS – GROUPS CLAIMING TO BE LESS KNOWLEDGEABLE.....	102
TABLE 64. PERSONAL CONNECTION TO INDIVIDUALS WHO HAVE BEEN DIAGNOSED WITH SYPHILIS - GENERAL PUBLIC .....	103
TABLE 65. PERCEPTION OF RISK RELATED TO CONTRACTING SYPHILIS – GENERAL PUBLIC.....	104

---

TABLE 66. PERSONAL TESTING FOR SYPHILIS – GENERAL PUBLIC .....	105
TABLE 67. GROUPS VIEWED AS MOST AT RISK OF SYPHILIS (MULTI-MENTION) – GENERAL PUBLIC .....	107
TABLE 68. TRUE/FALSE STATEMENTS RELATED TO SYPHILIS – GENERAL PUBLIC .....	110
TABLE 69. KNOWLEDGE INDEX: SYPHILIS – GENERAL PUBLIC .....	111
TABLE 70. INTERACTIONS WITH SOMEONE WHO HAS SYPHILIS – GENERAL PUBLIC .....	112
TABLE 71. GENERAL KNOWLEDGE OF SYPHILIS – HEALTH CARE PRACTITIONERS .....	115
TABLE 72. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF SYPHILIS – HEALTH CARE PRACTITIONERS.	116
TABLE 73. GROUPS MOST AFFECTED BY SYPHILIS IN CANADA (MULTI-MENTION) – HEALTH CARE PRACTITIONERS ..	117
TABLE 74. TRUE/FALSE STATEMENTS RELATED TO SYPHILIS – HEALTH CARE PRACTITIONERS .....	120
TABLE 75. SYPHILIS KNOWLEDGE INDEX – HEALTH CARE PRACTITIONERS.....	122
TABLE 76. COMFORTABILITY PROVIDING CARE TO A PATIENT WITH SYPHILIS – HEALTH CARE PRACTITIONERS .....	123
TABLE 77. RESOURCES WHICH WOULD ENHANCE COMFORT CARING FOR PATIENTS WITH SYPHILIS – HEALTH CARE PRACTITIONERS .....	124
TABLE 78. BARRIERS TO CARE FOR SYPHILIS – HEALTH CARE PRACTITIONERS .....	126
TABLE 79. OTHER BARRIERS TO CARE FOR SYPHILIS – HEALTH CARE PRACTITIONERS .....	127
TABLE 80. WEIGHTING SCHEME OF GENERAL PUBLIC AUDIENCE BY REGION .....	129
TABLE 81. WEIGHTING SCHEME OF GENERAL PUBLIC AUDIENCE BY AGE.....	130
TABLE 82. QUOTAS BY PRIORITY GROUP.....	130
TABLE 83. ONLINE DISPOSITIONS – GENERAL PUBLIC .....	133
TABLE 84. ONLINE DISPOSITIONS – HEALTH CARE PROFESSIONALS.....	133

---

## List of Figures

---

FIGURE 1. LEVELS OF CONCERN ABOUT VARIOUS HEALTH ISSUES: WOMEN VS. MEN .....	17
FIGURE 2. LEVELS OF CONCERN ABOUT VARIOUS HEALTH ISSUES BY AGE .....	17
FIGURE 3. LEVELS OF CONCERN ABOUT VARIOUS HEALTH ISSUES: ENGLISH VS. FRENCH .....	18
FIGURE 4. PERCEPTION OF RISK RELATED TO CONTRACTING STBBI – BY AGE .....	27
FIGURE 5. PERCEPTION OF RISK RELATED TO CONTRACTING STBBI – BY MARITAL STATUS .....	27
FIGURE 6. PERCEPTION OF RISK RELATED TO CONTRACTING STBBI – BY HOUSEHOLD INCOME .....	28
FIGURE 7. PERCEPTION OF RISK RELATED TO CONTRACTING STBBI – HOMELESSNESS .....	28
FIGURE 8. PERCEPTION OF RISK RELATED TO CONTRACTING STBBI – BLACK AND 2SLGBTQI+ COMMUNITIES .....	29
FIGURE 9. PERSONAL TESTING FOR STBBI – MEMBERS OF 2SLGBTQI+ COMMUNITY .....	31
FIGURE 10. PERSONAL TESTING FOR STBBI – MEMBERS OF INDIGENOUS COMMUNITY .....	31
FIGURE 11. PERSONAL TESTING FOR STBBI – MEMBERS OF BLACK COMMUNITY .....	32
FIGURE 12. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF HIV – MEMBERS OF BLACK AND 2SLGBTQI+ COMMUNITIES .....	65
FIGURE 13. STATEMENTS RELATED TO HIV - % CORRECT AND % DON'T KNOW* .....	72
FIGURE 14. STATEMENTS RELATED TO SYPHILIS - % CORRECT AND % DON'T KNOW* .....	109

---



## Section A: Executive Summary

## Executive Summary

---

### A. Background

A core principle of the Public Health Agency of Canada's (PHAC) is to protect people in Canada from infectious diseases by predicting, detecting, assessing and responding to outbreaks and new threats. Additionally, PHAC contributes to the prevention, control and reduction of the spread of infectious disease among the public.

Recent outbreaks of syphilis are a major public health concern, particularly among key populations with higher vulnerability to acquiring sexually transmitted and blood-borne infections (STBBI), including Indigenous communities, gay, bisexual and other men who have sex with men (gbMSM), youth and young adults across Canada, due to compounding issues such as a higher likelihood of exposure, systemic barriers, and higher-risk behaviours. The Government of Canada is committed to accelerating prevention, diagnosis and treatment to reduce the health impacts of STBBI, including syphilis, in Canada by 2030 as highlighted in the Government of Canada Five-Year Action Plan on STBBI. Key priorities included in the Action Plan are to:

- Reduce the health impacts of STBBI among key populations;
- Address stigma and discrimination; and
- Reach the undiagnosed by increasing access to STBBI testing.

As part of its commitment to the global goal of ending HIV and AIDS as a public health concern by 2030, the Government of Canada is committed to meeting global 95-95-95 targets by 2025 – 95% of all people living with HIV know their status, 95% of those undiagnosed receive antiretroviral treatment and 95% of those on treatment achieve viral suppression. At the end of 2020, an estimated 62,790 people were living with HIV in Canada. Among those living with HIV, an estimated 90% were diagnosed. Of those diagnosed, 87% were estimated to be on treatment and 95% of persons on treatment were estimated to have a suppressed viral load. In other words, 16,690 individuals did not attain viral suppression and were still at risk of transmitting HIV due to a lack of access and uptake of effective HIV prevention, testing and treatment options. In the same year, an estimated 1,520 new HIV infections occurred in Canada.

Despite ongoing efforts, several key populations continue to face systemic barriers when trying to access health services, including: lack of awareness and knowledge surrounding HIV, limited access to cultural and linguistically appropriate services, and fear and stigma surrounding HIV. Additionally, widespread misconceptions about HIV transmission and what it means to live with HIV today, along with a lack of information and awareness around HIV and old beliefs continue to create fear, negative ideas and stereotypes around people who are affected by, and vulnerable to HIV. Stigma and discrimination can increase vulnerability to HIV by affecting self-esteem, social support networks and mental health as highlighted in both the Government of Canada Five-Year Action Plan on STBBI and the Chief Public Health Officer's 2019 and 2021 Reports.

Concerns about discrimination by health care providers and negative experiences with the health care system are also barriers to accessing health services generally, as well as for HIV testing and treatment. Fear of disclosure and rejection, feelings of shame, isolation, and despair related to internalized stigma can also keep people from getting tested and treated for HIV. This stigma also extends beyond healthcare as

people may worry about disclosing their infections to their family or community out of fear of rejection or exclusion.

Across Canada, syphilis remains a public health threat with rates of infectious syphilis rapidly increasing over the last several years (109% from 2018 to 2022). These increases have also caused the re-emergence of congenital syphilis due to untreated syphilis among pregnant people. In 2022, 117 cases were reported compared to 17 in 2018, representing an increase of 599%. Several factors impact the rates of syphilis in Canada, including poverty, housing instability, risk behaviours (such as unprotected sex and substance use), racism, stigma and discrimination within health systems, and challenges with access to care. Additionally, some reported risk factors associated with maternal or congenital syphilis, include having inadequate or no prenatal care. Overall syphilis cases are preventable with increased awareness, access to appropriate early interventions, testing and treatment. In supporting the global goal of ending syphilis as a public health concern by 2030, the Government of Canada is committed to working with partners and stakeholders across the country to address the rising rates of syphilis.

## B. Research Objectives

### 1. Purpose

The primary objective of this research is to establish a baseline level of awareness and identify barriers to access among people in Canada aged 16 and over, and those at the highest risk of contracting STBBI.

### 2. How the Research Will Be Used

The research findings will be used to measure baseline levels of awareness which will subsequently inform the need for and the type of continued awareness raising efforts, as well as identify gaps in knowledge, barriers to care, and areas where engagement with various stakeholders can be strengthened to advance government priorities related to STBBI.

Additionally, the research findings will help guide future communications, advertising, and marketing activities for STBBI to ensure that they reach and resonate with at-risk and priority populations.

### 3. Objectives

Specific objectives for this research study were to:

- Determine levels of awareness, perceptions and attitudes towards HIV/AIDS and syphilis in Canada;
- Assess levels of stigma (both self-stigma and external sources of stigma) associated with a positive HIV/AIDS or syphilis diagnosis;
- Measure the current level of knowledge among Canadians about HIV/AIDS and syphilis;
- Identify the barriers to accessing care for HIV/AIDS and syphilis among key populations;
- Measure awareness and impact of existing messaging strategies for HIV/AIDS and syphilis; and
- Identify opportunities for improving knowledge about risk factors for STBBI, improving knowledge about HIV/AIDS and syphilis, and reducing associated stigmas.

## C. Methodology in Brief

An online methodology was undertaken to complete this research study, utilizing an online panel of the Canadian public, aged 16+, as well as an online panel of medical professionals.

A 15-minute online survey was administered to 3,100 Canadians, aged 16 and older and 250 health care professionals.

The sample for this study was segmented into two: general public and health care professionals.

- The general public sample consisted of people in Canada, aged 16+ with quotas set for region and age. Within this audience, oversamples for three priority groups were obtained – Indigenous Peoples, those from at-risk ethnic minority communities (including African, Black, and Caribbean), and members of the 2SLGBTQI+ community.
- The health care professionals sample consisted of nurses, family physicians, obstetrician-gynecologists (OBGYNs), dentists and pharmacists. No additional quotas were set.

Monitoring was undertaken while the survey was in field in order to ensure quotas were met. For the general public, a disproportionate sampling plan was employed, including oversampling in Atlantic Canada and the Prairies to ensure sufficiently robust samples in these areas to be able to analyze the results within and between regions. Additional quotas were set by age to ensure good representation from younger people in Canada. A weighting scheme was applied in order to bring the final sample back into line with the distribution of the population in Canada, by region<sup>1</sup>. For health care professionals, no weighting was applied to the sample.

Given the reliance on a commercial online panel as the primary methodology, the study utilized a non-probability approach to sampling. As such, a margin of error cannot be applied to the final sample and no inferences can be made to the broader target population. The fieldwork was conducted between November 3<sup>rd</sup> and November 23<sup>rd</sup>, 2023.

## D. Total Contract Value

The total value of the contract to undertake this study, including HST was \$149,999.31.

## E. Note to readers

The design of the general public survey included oversampling of specific communities (e.g., Black, Indigenous, and 2SLGBTQI+ communities). As relevant, notable findings for these target audiences are also presented below as relevant and contrasted with the results for the general public as a whole. A more focused analysis of these target audiences is also included at the end of each section following the detailed results applicable to the general public sample. All differences highlighted are statistically significant at the 95% confidence level. It should also be noted that where cell sizes for analysis were quite small (i.e., fewer than 50 respondents), further demographic and regional analysis was not undertaken.

---

<sup>1</sup> The weighting scheme was developed to align the data regionally with Census 2021 data from Statistics Canada.

Analysis of findings from the survey of health care practitioners was also undertaken focusing on key differences across professions and by professional setting based on statistically significant differences at the 95% confidence level. However, given the small sample size overall, and thus even smaller numbers at the sub-cell level, these findings should be considered more directional in nature. For the most part, where cell sizes fell below n=30, any differences by profession, professional setting, region or across demographic sub-groups (e.g., gender and age of practitioner) are not reported.

As relevant, comparative data from the general public and health care practitioners' surveys are discussed. However, some caution should be taken in interpreting these results given the relatively small sample of health care practitioners.

In some cases, results may not add up to 100% due to rounding. Results have been rounded based on the tenth decimal point (e.g., 24.51% has been rounded up to 25% whereas 24.49% has been rounded down to 24%).

## F. Key Findings

Overarching themes and highlights from this study are outlined below for each of the two main audiences who were surveyed: the general public and health care practitioners. Given that both audiences responded to a set of core questions related to concerns, experiences, and perceived stigma and barriers regarding sexually transmitted and blood-borne infections, results are examined among and across the two audiences to allow for a comparative analysis of responses.

### Concern about STBBI Relative to Other Public Health Issues

#### *General Public*

- Respondents express relatively high overall levels of concern (from 71% to 85% who say they are *somewhat/very concerned*) on a range of public health issues, including mental illness and suicide among adults and youth, the opioid crisis, e-cigarette use/vaping and obesity (see [Section B.B1.A](#) for detailed findings, including demographic variations). In comparison to levels of concern for these issues, respondents are far less concerned about rates of HIV/AIDS (48%) and syphilis infection (42%) – a variance of about 30 to 40 points.
- In general, concern regarding HIV/AIDS and syphilis tends to be higher among the younger demographic (under 35 years of age), those who are single, unemployed, in lower income households, or who have experienced homelessness within the last 5 years. It is also higher among Anglophones as compared to Francophones.
- At the same time, many respondents (47%) disagree that STBBI are a very minor health concern. Only 7% agree.
- Notably, a modest proportion of the general public is *somewhat/very concerned* about contracting HIV (25%), syphilis (22%) or other types of STBBI (concern ranges from a high of 30% for Hepatitis B or C to a low of 21% for Trichomoniasis). Among the target audiences – members of the Black community and those who identify as 2SLGBTQI+ – a much higher proportion report being concerned about their personal risk of contracting a wide range of STBBI, including HIV and syphilis.

#### *Health Care Practitioners*

- Across the board, levels of concern for the wide range of health issues assessed are much higher among health care practitioners, ranging from 98% who are *very/somewhat concerned* about

obesity to 89% who express concern for e-cigarette use and vaping (see [Section B.B2.A](#) for detailed findings including significant variations by profession, etc.). As with the general public, health care practitioners also express lower levels of concern regarding rates of HIV/AIDS (74%) and syphilis infection (73%), although practitioners’ overall level of concern for each of these issues is much higher by comparison. Female practitioners are more concerned about rates of syphilis, while older practitioners (aged 55+) are more likely to be concerned about rates of HIV/AIDS as compared to those who are under age 45.

- Fully 75% of health care practitioners also disagreed with the statement that STBBI are a very minor health concern. This represents a much higher percentage than was found in the survey of the general public (47%).

The table below shows a side-by-side comparison between health care practitioners and the general public regarding their concern for various public health issues. It is notable that overall levels of concern, and specifically those saying they are *very concerned*, are much higher among health care practitioners in all cases with one exception – the proportion of health care practitioners who say they are *very concerned* about HIV/AIDS is just 6-points higher than that reported by the general public (as shown in the column highlighting the difference in ratings between the two audiences).

**TABLE 1. LEVELS OF CONCERN ABOUT VARIOUS PUBLIC HEALTH ISSUES – COMPARISON BETWEEN GENERAL PUBLIC AND HEALTH CARE PRACTITIONERS**

	% Concerned (Very/Somewhat)			% Very Concerned		
	General Public	Health Care Practitioners	Difference*	General Public	Health Care Practitioners	Difference*
n=	2500	250		2500	250	
Mental illness and suicide among children and youth	85	97	+12	57	75	+18
Mental illness and suicide among adults	84	98	+14	52	78	+25
The opioid crisis (drug use, overdose, addiction)	78	96	+18	48	75	+27
E-cigarette use and vaping among children and youth	77	96	+19	45	72	+27
Obesity	71	98	+27	30	68	+38
Tobacco and alcohol use	65	94	+29	26	48	+22
E-cigarette use and vaping among adults	59	89	+30	24	45	+21
Rates of HIV/AIDS	48	74	+26	17	23	+6
Rates of syphilis infection	42	73	+31	14	30	+16

### Knowledge of and Interest in Information about STBBI (General), HIV/AIDS and Syphilis

#### General Public

- Respondents claim to be reasonably knowledgeable about HIV (64% say they are *very/somewhat knowledgeable*), a higher proportion as compared to those who indicate being knowledgeable about syphilis (46%) and other STBBI (52%). A significant proportion of the general public lacks knowledge of syphilis (see [Section D.D1.A](#) for detailed results). Just over half (51%) are *not that/not at all knowledgeable*. By comparison, about one-third (34%) are *not that/not at all knowledgeable* about HIV (see [Section C.C1.A](#) for detailed results). While 17% are *not at all knowledgeable* about syphilis, this contrasts with just 8% who say the same in regard to HIV.

- When asked more explicit questions to assess levels of knowledge related to the prevention, testing and treatment of HIV, syphilis and other STBBI, respondents' self-reported understanding varies considerably. Results show that while many claim to be knowledgeable about preventing HIV (69%), syphilis (52%) and other STBBI (59%), this drops off in regard to knowledge of other areas such as testing for STBBI (HIV (47%); syphilis (33%); other STBBI (44%)), and treatments (HIV (40%); syphilis (33%); other STBBI (37%)).
- Two thirds (66%) of the general public do not believe that HIV can be cured. Among the other third, 13% are of the opinion that there is a cure for HIV and another 20% are unsure. Regardless, many (80%) feel that HIV treatments can effectively help people with HIV lead full and healthy lives.
- Knowledge levels are more variable in regard to other more specific aspects of HIV/AIDS and syphilis. Overall the proportion of respondents classified as having a high level of knowledge based on their responses across question was consistent between HIV/AIDs (28%) and syphilis (25%), however there were notable differences in the type of information recalled. See Sections [C.C1.D](#) and [D.D1.D](#) for further details.
  - For example, with respect to HIV/AIDS, relatively few among the general public understand that pregnant individuals living with HIV can have children without passing on the virus, that condoms and dental dams are not the only way to prevent HIV transmission during sex, that HIV is not transmissible through sex if the patient is being treated and the amount of HIV in their blood is very low, and that HIV testing for HIV is not always included in regular screening for sexually transmitted infections (19%-34% correctly responded in each case).
  - With respect to the general public's knowledge of syphilis, there is considerable confusion in a number of areas – that asymptomatic people should get tested for syphilis, that most of those with syphilis may not display any symptoms, that syphilis is a public health priority in Canada, and that testing for syphilis is not undertaken coincident with pap tests nor as a part of regular screening for sexually transmitted infections (16%-38% gave the correct response).
- Over half (57%) are interested in knowing more about the risks, testing options and treatments for STBBI (16% are *very interested*; 41% are *somewhat interested*). The preferred approaches for receiving this type of information include the family doctor or primary care provider (50%) and government websites (47%), although there are notable differences in preferences across sub-groups of the population. Social media, video sites, and the stories of people and/or social media influencers with lived experience are more popular among the younger demographic (under age 35) and members of Black and 2SLGBTQI+ communities. Indigenous Peoples are also more likely to want to hear from people with lived experience with STBBI. By contrast, a higher proportion of older people (aged 55+) prefer this type of information to be delivered by their family doctor or via news stories (see [Section B.B1.E](#)).

#### *Health Care Practitioners*

- A large share of practitioners say they are knowledgeable about HIV (86%) and other STBBI (87%), with somewhat fewer reporting being knowledgeable about syphilis (75%).
- Practitioners' self-assessed knowledge of prevention, testing and treatment of STBBI is also fairly high, although highest when it comes to preventing HIV (94%) and other STBBI (94%). The proportion claiming to be knowledgeable about preventing syphilis is lower by 10 points at 84%. While over four in five practitioners claim to be knowledgeable about testing for HIV (82%), as well as testing and treatment for other STBBI (85% and 86%, respectively), knowledge levels drop off

when it comes to testing and treatments for syphilis (75% and 72%, respectively) and, in particular, regarding treatments for HIV (68%).

- Perhaps not surprisingly, compared to the general public, a much higher proportion of health care practitioners understand that HIV is incurable (82%), although 14% do feel there is a cure (slightly higher among physicians, although not a statistically significant difference), and another 4% are unsure. Almost unanimously (99%), this group feels that HIV patients can nevertheless lead fulfilled and healthy lives.
- Health care practitioners score highly in terms of their overall knowledge of both HIV/AIDS and syphilis – 87% and 84% have a high knowledge level HIV/AIDS and syphilis, respectively while 13% and 16% are classified as moderately knowledgeable in each area (see Sections [C.C2.D](#) and [D.D2.D](#)). Nevertheless, there are several areas of opportunity for additional education or information related to both syphilis and HIV/AIDS, including practitioners’ understanding that syphilis is a public health issue in Canada (66% responded correctly that this was a true statement), and that syphilis testing is always included in regular screening for STIs (just 40% correctly responded that this is false).
- Almost all practitioners (94%) are interested in knowing more about STBBI and favour receiving this type of information via e-learning courses (64%) or through webinars, seminars and/or conferences (57%). Many also cite professional organizations (45%). See [Section B.B2.D](#) for more detailed analysis on this topic. Preferences for the way in which information is delivered vary greatly across professions and professional settings as well as by gender and the age of the practitioner. While government websites are mentioned by just over one quarter of all practitioners (27%), nurses identify them more frequently as a preferred information channel (33%) compared to physicians (18%). Female practitioners and those who are younger (under age 45) generally favour receiving information about STBBI via the stories of those with lived experiences.

### **‘At Risk’ Groups for HIV and Syphilis**

#### *General Public*

- Relatively few respondents are concerned about their own personal risk of contracting HIV (25% - 11% *very concerned*; 14% *somewhat concerned*) or syphilis (22% - 9% *very concerned*; 13% *somewhat concerned*).
- A majority of respondents pointed to two groups which they believe to be most at risk of contracting HIV and syphilis (see Sections [C.C1.C](#) and [D.D1.C](#)) – people who have multiple sexual partners (60% identified this group as being most at risk for HIV; 57% for syphilis) and sex workers (57% for HIV; 54% for syphilis). Other groups identified by about half or more respondents as being more likely to contract HIV include people who inject drugs (53%) men who have sex with other men (53%), and people from countries where HIV is more widespread (47%). By contrast fewer than one third identified these same groups as being among those most at risk of getting syphilis (24%, 29%, and 20% respectively).

#### *Health Care Practitioners*

- Similar to those groups mentioned by the general public, health care practitioners also identified the following as being more affected by HIV or syphilis, although with much greater frequency in some cases: men who have sex with other men (78% for HIV; 50% for syphilis), sex workers (73% for HIV; 82% for syphilis), and people who have multiple sexual partners (71% for HIV; 81% for syphilis). In addition, a larger share of health care practitioners point to people from countries where HIV is more widespread as being disproportionately affected by both types of STBBI (77% for HIV; 64% for syphilis) and to people who have another type of STBBI (54% for HIV; 64% for



syphilis). Notably, while people who inject drugs are mentioned as being at greater risk for HIV by over four in five health care professionals (82%), far fewer believe they are among the most vulnerable with respect to being affected by syphilis (40%). See Sections [C.C2.C](#) and [D.D2.C](#) for more details pertaining to these findings.

## **Stigma and Barriers Affecting Access to Services and Supports**

### *General Public*

- Relatively few respondents within the general public report having been tested for (33%) or diagnosed with (13%) an STBBI. About one in five (19%) have been tested for HIV, compared to half that who have been tested for syphilis (10%). The proportion who have been tested for other STBBI varies from 4% to 15%. Those who report having been diagnosed with an STBBI ranges from 1% to 5% (1% for each of HIV and syphilis).
- At the same time, most (77%) say they would be comfortable having conversations with health professionals about STBBI. In fact, two in five (41%) say they would be *very comfortable* in this situation. Over two thirds (69%) are comfortable asking a health care professional for an STBBI test. Overall comfortability varies by age and socio-economic status (see [Section C.C1.D](#)).
- Although most members of the general public (79%) agree that people living with HIV have the same right to health care as others (65% completely agree), the survey data underscores that stigma exists both at a personal level as well as at a broader societal level. Many (64%) believe that people living with HIV are viewed negatively by others. Furthermore, while over two thirds say they are comfortable engaging with co-workers and shop owners who are living with HIV/AIDS (see [Section C.C1.F](#)), there is some concern about people with HIV serving the public (just 36% agree that they should be allowed to be in positions such as dentists, hairdressers and restaurant workers, etc.).
- Similarly, many say they feel comfortable discussing a friend or family member's diagnosis with an STBBI (66% for HIV; 60% for syphilis) and inviting someone into their home who is known to have either of these conditions – higher for HIV (64% are comfortable) than for syphilis (55% are comfortable). Levels of comfort are more modest, however, when it comes to having a child attend school where a student is known to have HIV/AIDS (56%) and decline more dramatically in a hypothetical situation where a close friend or family member is dating someone living with HIV (46%).

### *Health Care Practitioners*

- Compared to the general public, a higher proportion of health care practitioners report being comfortable interacting with patients living with HIV or syphilis – over nine in ten are comfortable caring for patients with HIV (93%; 72% are *very comfortable*) and syphilis (91%; 71% are *very comfortable*). The small percentage who expressed some level of discomfort shared that additional training related to HIV (83%) or syphilis (82%) would help to increase their level of comfort. About six in ten also indicated that guidance on how to navigate patients' experiences of stigma and discrimination, handouts on facilitating discussion discussions about HIV, syphilis and other STBBI, as well as resources on relevant local community-based organizations to which they could refer patients would be helpful. See Sections [C.C2.F](#) and [D.D2.E](#) for detailed results.
- This group is also less likely to exhibit stigma towards those living with HIV, but more likely to believe that societal stigma exists to a wider degree. With virtual unanimity health care practitioners agree that people living with HIV have the same right to health care as others (97%),

18 points higher than the proportion of the general public (79%) who agree with this statement. Moreover, three quarters (75%) of health care practitioners agree that people with HIV should be allowed to serve the public in positions such as dentists, hairdressers and restaurant workers versus just over one third (36%) of the general public. Additionally, two thirds (67%) of health care practitioners are comfortable having a close friend or family member date someone living with HIV, much higher than the response from the general public (46%). At the same time, fully four in five (82%) health care practitioners surveyed believe that people hold negative assumptions about those living with HIV (a full 20 points higher than the general public (62%)).

- Nevertheless, just over one in ten (13%) health care practitioners report feeling uncomfortable around people with HIV, slightly lower than was found among the general public (17%).
- Practitioners believe that a range of barriers are preventing patients from accessing supports and services related to testing and treatment for HIV and/or syphilis. Most often mentioned, by almost nine in ten practitioners (87%), is not having a family physician. Other issues cited by 80%-86% of practitioners include (see Sections [C.C2.G](#) and [D.D2.F](#)): previous experiences of discrimination, limited access to services and supports, limited knowledge and awareness of STBBI, sexual health and STBBI being taboo topics in the patient’s culture or household, and operational barriers such as long wait times, hours of operation or the location of testing and treatment facilities. Limited access to culturally and/or linguistically appropriate care was also viewed as a significant barrier (mentioned by just under four in five practitioners).

### **Awareness of the Concept of ‘Undetectable=Untransmittable’**

#### *General Public*

- Across all regions, most respondents are unaware of the ‘U=U’ concept – 76% have not heard of it and another 6% are unsure. While recall is modest across all sub-groups, it is notably higher among certain sub-groups of the population, including members of the 2SLGBTQI+ and Black communities, as well as younger adults (under age 35) and Anglophones, as compared to those whose primary language is neither English nor French (see [Section B.B1.E](#)).
- The concept is generally interpreted by about one in three respondents as a condition which is asymptomatic, undetectable and not contagious, although the majority (54%) aren’t sure what it means.

#### *Health Care Practitioners*

- Compared to the general public, health care practitioners are more likely to have heard about the ‘U=U’ concept – 54% claim to have heard about it, while 45% have not and a small number (1%) are unsure (see [Section B.B2.D](#)). Those working in community settings are most likely to say they have heard of it, as compared to those working in clinical settings. As with the general public, it is the younger cohort, under the age of 45, who are much more likely to be aware of ‘U=U’ compared to their peers aged 55 and older.
- About two thirds or more interpret it in a similar manner as members of the general public, assuming it to mean that STBBI are undetectable and/or not transmissible. One in four (25%) are uncertain as to the meaning of the concept.
- Overwhelmingly, health care practitioners believe it is important to communicate the ‘U=U’ message to patients living with HIV – 80% view this as *very important* while another 17% say it is *somewhat important*. However, relatively few do this with any degree of frequency within their practice settings – one in four (26%) never communicate this message, while just under half (44%) do so a few times a year or less frequently.

## G. Conclusions and Recommendations

Based on the findings from this study, there are clear opportunities to raise awareness among the general public about issues related to HIV/AIDS and syphilis. In particular, there is an urgent need to educate people living in Canada about rising rates of HIV and syphilis as well as prevention, testing and treatment. Given that overall knowledge regarding syphilis is much lower, as compared to HIV, a focus on the former should be a priority. Any initiatives should also address various stigma and barriers which could inhibit 'at risk' or affected individuals from seeking care. While some of these barriers require a policy response (i.e., lack of access to medical care), others could be tackled via effective communications, education and community outreach to key populations, including 2SLGBTQI+, Indigenous Peoples and the Black community. Development of communications strategies should consider the following:

- Varying levels of knowledge and understanding of HIV and syphilis;
- Stigma, myths and misperceptions about HIV and syphilis; and
- Variable communications preferences across key sub-groups of the population – while strategies should leverage the trusted role of primary care providers, it would also be advantageous to incorporate the faces, stories and voices of those with lived experience.

A segment of health care professionals could also benefit from additional information, tools and resources to both enhance their understanding with ongoing and up to date epidemiological data (especially regarding rates of HIV/syphilis, vulnerable populations, treatments for HIV, and to some extent, testing and treatments for syphilis) and dispel any ongoing misperceptions. Dentists and pharmacists are a priority target audience in this regard, although the generally trusted relationship between general practitioners/nurses and their patients should not be overlooked. Specifically, more education is warranted among health care practitioners on STI screening practices, notably, that screening for syphilis is typically not included in regular screening for STIs. Online approaches (e-learning, webinars) in addition to working with and through professional organizations are preferred.

Very few among the general public are aware of the 'U=U' concept. Awareness could also be enhanced among health care practitioners who are highly supportive of communicating this message but do not necessarily do so themselves on a regular basis. Promoting this message may also contribute to the normalization of HIV/AIDS among a series of other common health care concerns.

**MORE INFORMATION**

Supplier Name: The Strategic Counsel  
PWGSC Contract Number: CW2334131  
Contract Award Date: 2023-10-16  
Contract Budget: \$149,999.31

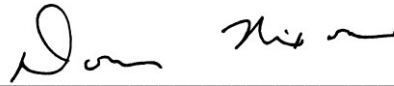
To obtain more information on this study, please e-mail [por-rop@hc-sc.gc.ca](mailto:por-rop@hc-sc.gc.ca)

**Statement of Political Neutrality**

I hereby certify as Senior Officer of *The Strategic Counsel* that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Policy on Communications and Federal Identity and the Directive on the Management of Communications.

Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed:



Donna Nixon, Partner  
The Strategic Counsel

## Section B: Detailed Findings – General STBBI Issues

## Detailed Findings – General STBBI Issues

---

This section outlines respondents' general knowledge and concern regarding a range of public health issues, including sexually transmitted and blood-borne infections (STBBI). It is broken out into two sections – the first provides the results from the survey of the general public; the second highlights findings from the survey of health care practitioners. For a more in-depth exploration of respondents' views concerning HIV and syphilis, please refer to Sections C and D, respectively.

Results show that while rates of HIV/AIDS and syphilis are concerning for almost half of the general public and about three-quarters of health care professionals, issues such as mental illness and suicide among adults, youth and children are a much greater concern.

General knowledge of STBBI, including HIV and syphilis, is modest among the general population. Not unexpectedly, knowledge is considerably higher among health professionals, although both audiences report less understanding of syphilis as compared to HIV and other STBBI. Notably, both audiences also report a greater understanding of preventive strategies for syphilis, HIV and for other STBBI relative to their understanding of testing and treatments. Notably, the proportion of health care professionals who report being somewhat or very knowledgeable about testing for syphilis as well as treatments for both syphilis and HIV is relatively modest, and much lower among the general public, suggesting there are opportunities for additional education with both audiences.

While most members of the general public are comfortable approaching a health care professional to discuss or obtain a test for an STBBI, a substantial segment express some level of unease. The barriers to seeking testing or treatment, while not necessarily prohibitive, are rooted in patients' emotional response (i.e., fear, embarrassment) and in logistical issues (i.e., uncertainty regarding the location of testing facilities, wait times, lack of access, among others). Similarly, although the vast majority of health care professionals are comfortable engaging in conversations about STBBI, about one in ten are not.

There is a high level of interest in knowing more about the risks, testing options and treatments for STBBI among health care professionals. Interest in learning more about this topic, while reasonable among the general public, is much lower. Survey results underscore the need for a multi-channel strategy specific to each audience, and taking into account variable channel preferences by gender, age and language, etc.

Finally, awareness of the 'Undetectable=Untransmittable' or 'U=U' concept is modest to low – just over half of health care professionals vaguely/definitely recall it compared to about one in five of the general public. Almost unanimously, health care professionals believe it is important to communicate this message to people living with HIV.

### **B1. General Public**

The findings detailed below pertain to the survey of the general public only. Please see Section B.2 for results on a similar set of questions from a survey directed specifically to health care professionals across Canada.

## A. Concerns about STBBI Relative to Other Health Issues

Prior to posing more direct questions regarding sexually transmitted and blood-borne infections (STBBI), respondents were asked how concerned they were about various health issues. The findings, as shown in Table 2 below, clearly indicate position mental illness and suicide among children and youth, as well as among adults as being a primary concern – over four in five respondents are concerned (85% for children/youth; and 84% for adults), with over half of respondents saying they are *very concerned* (57% and 52%, respectively) about these issues.

Considerable numbers (over three quarters of respondents) also express concern about the opioid crisis (78%) and e-cigarette use and vaping among children and youth (77%), although the proportion of those saying they are *very concerned* about these issues is less than half (48% and 45%, respectively).

Well over half, but less than three quarters, are concerned about obesity (71%), tobacco and alcohol use (65%) and e-cigarette and vaping among adults (59%). However, the percentage of respondents who say they are *very concerned* about each of these issues (30%, 26%, and 24%, respectively) is much lower relative to the proportion saying the same about mental health, opioids and e-cigarette use among children as noted above.

Concern drops off for STBBI. Less than half of respondents are concerned about rates of HIV/AIDS (48% overall; 17% *very concerned*) and syphilis infection (42% overall; 14% *very concerned*).

While there are no significant differences in overall levels of concern by community type (urban/rural), some variations are apparent across the regions. In general, respondents residing in Manitoba and Saskatchewan exhibit higher levels of concern on all public health issues relative to those residing in Quebec – the gap between these regions ranges from 17 points regarding concern about the opioid crisis (85% vs. 68%, respectively) to 6 points for mental illness and suicide among children and youth (90% vs. 84%, respectively)<sup>2</sup>. Those residing in Ontario and Alberta also generally express greater concern relative to Quebec across the range of health issues. The exceptions are with regards to mental illness and suicide among children and youth (among Ontarians) and tobacco and alcohol use (among Albertans). Specific to STBBI, a higher proportion of respondents from Manitoba and Saskatchewan are concerned about rates of HIV/AIDS relative to the rest of Canada (with the exception of those in Alberta).

In keeping with the trends described in the previous paragraph, a higher proportion of Quebec residents exhibit generally lower levels of concern (*not that concerned/not at all concerned*) for many of the health issues examined, including:

- Rates of syphilis infection – 57% in Quebec relative to Manitoba and Saskatchewan (40%), Ontario (43%), Alberta (45%), British Columbia and the North (47%), and the Atlantic provinces (49%).
- Rates of HIV/AIDS – 51% in Quebec, compared to 34% in Manitoba and Saskatchewan, 41% in Ontario, and 43% each in Alberta and British Columbia/North.
- E-cigarette use and vaping among adults – 47% in Quebec, compared to 31% in Ontario, 34% in Manitoba and Saskatchewan, and 38% in Alberta.
- Obesity – 34% in Quebec relative to Manitoba and Saskatchewan (21%), Alberta (23%), Ontario (25%) and British Columbia/North (25%).

---

<sup>2</sup> Note that significant differences between these regions were not observed at the 95% level for tobacco and alcohol use.

- The opioid crisis – 31% in Quebec relative to Manitoba and Saskatchewan (13%), Alberta (14%), the Atlantic and British Columbia/North (15% each), and Ontario (17%).
- E-cigarette use and vaping among children and youth – 25% in Quebec, compared to 17% in Alberta, 18% in Manitoba and Saskatchewan, and 19% each for Ontario and British Columbia/North.

**TABLE 2. LEVELS OF CONCERN ABOUT VARIOUS HEALTH ISSUES – GENERAL PUBLIC**

*% Very/Somewhat Concerned*

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Mental illness and suicide among children and youth	85	88	84	87	90	88	86	87	85
Mental illness and suicide among adults	84	85	81	86	90	87	84	85	86
The opioid crisis (drug use, overdose, addiction)	78	83	68	80	85	84	83	80	77
E-cigarette use and vaping among children and youth	77	76	73	79	81	81	78	78	79
Obesity	71	69	65	73	76	75	72	72	68
Tobacco and alcohol use	65	66	61	69	66	66	60	65	62
E-cigarette use and vaping among adults	59	55	51	65	65	60	57	59	57
Rates of HIV/AIDS	48	46	44	52	59	52	51	51	47
Rates of syphilis infection	42	41	36	46	49	48	42	44	41

Q9a-i. How concerned are you about each of the following issues?

Base: Total sample

### Demographics

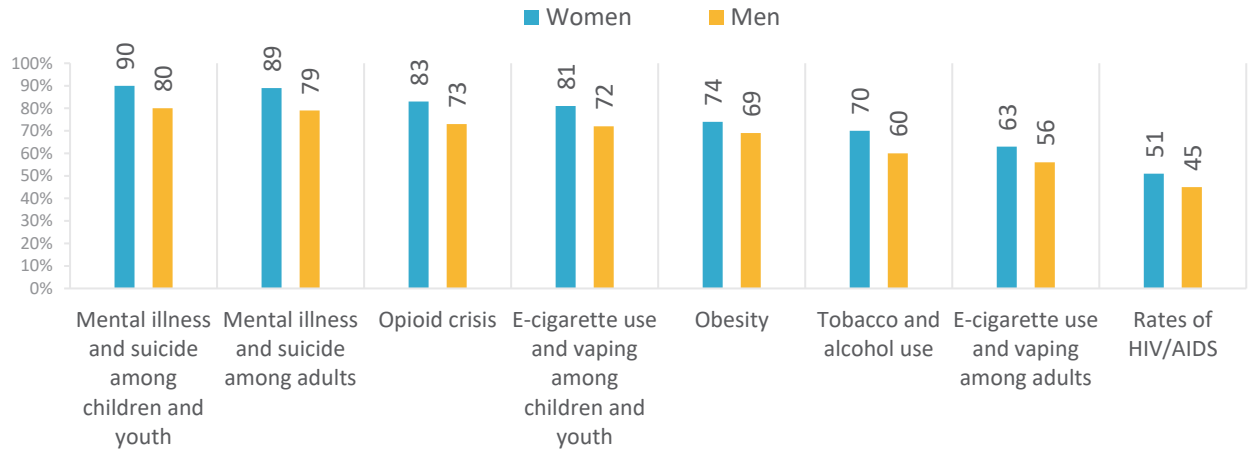
As highlighted in the charts below, concern for these issues varies considerably across demographic sub-groups. Levels of overall concern (*those saying they are somewhat/very concerned*) are generally higher among women, younger respondents and Anglophones. To some extent, the extent to which concern is expressed is also a factor of socio-economic status (e.g., household income, education, employment, etc.).

By gender, women as compared to men exhibit greater concern about all of these health issues, with the exception of rates of syphilis infections:



**FIGURE 1. LEVELS OF CONCERN ABOUT VARIOUS HEALTH ISSUES: WOMEN VS. MEN**

% Very/somewhat concerned

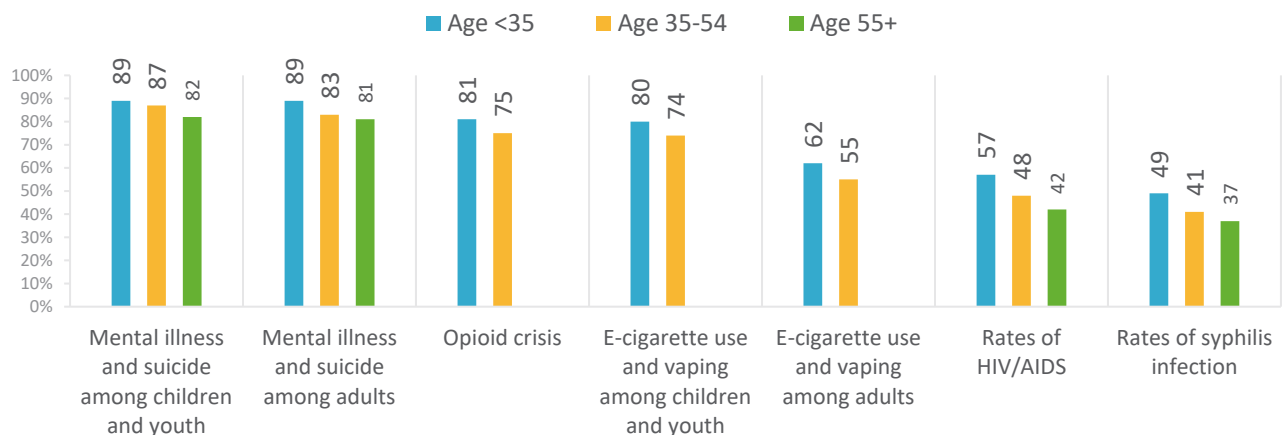


Q9. How concerned are you about each of the following issues? Base: Women (n=1299); Men (n=1144)

By age, younger respondents, under the age of 35, express greater concern for issues shown in Figure 2. Note that in some cases the data indicate statistically significant differences between those under age 35 relative to the two older age cohorts (35-54 and 55+), and in others the difference is only with respect to those who are middle-aged (35-54):

**FIGURE 2. LEVELS OF CONCERN ABOUT VARIOUS HEALTH ISSUES BY AGE**

% Very/somewhat concerned (Only those with significant differences shown)

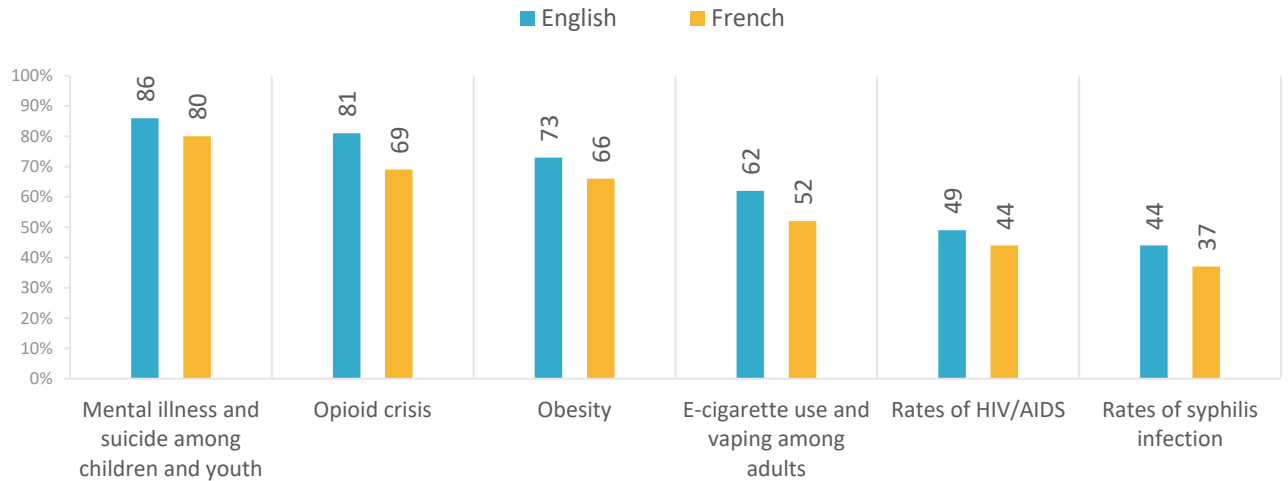


Q9, How concerned are you about each of the following issues? Base: Age <35 (n=1098); Age 35-54 (n=578); Age 55+ (n=789)

There is also some variability in levels of concern based on language, with Anglophones expressing higher levels of concern as compared to Francophones:

**FIGURE 3. LEVELS OF CONCERN ABOUT VARIOUS HEALTH ISSUES: ENGLISH VS. FRENCH**

% Very/somewhat concerned



Q9. How concerned are you about each of the following issues? Base: English (n=2054); French (n=463)

Other differences across demographic sub-groups are evident, based on a range of socio-economic factors such as household income and employment status. However, we do not see the same degree of consistency in terms of variability across the range of issues as is the case by gender, age and language. Note that the items including an arrow and highlighted in blue indicate those sub-groups expressing a higher level of concern on each issue, relative to other sub-groups listed.

**TABLE 3. LEVELS OF CONCERN ABOUT VARIOUS HEALTH ISSUES: OTHER DEMOGRAPHIC HIGHLIGHTS**

% Very/somewhat concerned

Rates of HIV/AIDS % More likely (↑) to be very/somewhat concerned	Rates of syphilis infections % More likely (↑) to be very/somewhat concerned
Income: <b>54%</b> ↑ <\$60K 47% \$60K-\$100K 39% \$100K+	Income: <b>46%</b> ↑ <\$60K 43% \$60K-\$100K 36% \$100K+
Employment Status: <b>57%</b> ↑ Unemployed/looking for work 49% Employed 41% Not in workforce	Employment Status: <b>44%</b> ↑ Unemployed/looking for work 42% Employed 29% Not in workforce
Marital status: <b>52%</b> ↑ Single 46% Married/common law	Marital status: <b>45%</b> ↑ Single 39% Married/common law
<b>58%</b> ↑ Homelessness in last 5 years 47% Other	<b>61%</b> ↑ Homelessness in last 5 years 40% Other

Mental illness and suicide among children and youth % More likely (↑) to be very/somewhat concerned	Obesity % More likely (↑) to be very/somewhat concerned
<p>92%    ↑ Homelessness in last 5 years 85%    Other</p>	<p>Education: 76%    ↑ University 69%    College/Trades 70%    High School or less</p>

### Target Audiences

Some variability in concern is noted among specific target audiences when results for these groups are compared with the levels of concern expressed by the general population as a whole. A higher proportion within certain communities report being concerned about each of the following issues:

- Mental illness and suicide among children and youth – higher among Indigenous (91%) and members of the Black community (89%) compared to the average (85%)
- Mental illness and suicide among adults – higher among Indigenous (89%) and 2SLGBTQI+ respondents (88%) versus the average (84%)
- The opioid crisis – higher among those who identify as Indigenous (86%) versus an average of 78%
- Rates of HIV/AIDS – higher among members of the Black (65%) and 2SLGBTQI+ communities (59%) versus the average (48%)
- Rates of syphilis infection – higher among Indigenous Peoples (59%) compared to an average of 42%

To further explore general levels of concern regarding STBBI, respondents were asked to what extent they agreed or disagreed that STBBI are a ‘*very minor health concern.*’ Just under half (47%) strongly disagreed that this was the case (i.e., responding by indicating a ‘1’ or ‘2’ on a 7-point scale where 1 is *completely disagree* and 7 is *completely agree*). About 4 in 10 (39%) neither strongly agreed nor disagreed with the statement (‘3,’4,’ or ‘5’ on the same scale) and a small share (7%) completely agreed (‘6’ or ‘7’) that STBBI are a very minor health concern.

Across the regions, respondents residing in Quebec (54%) are more likely to completely disagree with this statement relative to those in Ontario (40%), Manitoba and Saskatchewan (43%), the Atlantic provinces (46%), and British Columbia and the North (46%). Conversely, those in Ontario (11%) are more likely to completely agree that STBBI are a very minor health concern compared to those residing in Quebec (5%), Alberta (6%), the Atlantic provinces (6%), and Manitoba and Saskatchewan (7%).

**TABLE 4. GENERAL ATTITUDES TOWARD STBBI – GENERAL PUBLIC**

*“Sexually transmitted and blood-borne infections (STBBI) are a very minor health concern.”*

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Completely agree (7/6)	7	6	5	11	7	6	8	7	8
(5/4/3)	39	41	37	42	43	39	40	41	35
Completely disagree (2/1)	47	46	54	40	43	50	46	46	49
Don't know	7	8	4	8	8	5	7	7	7

Q23e. To what extent do you agree or disagree with each of the following statements.

Base: Total sample

### Demographics

Those more likely to completely disagree ('1' or '2') with the statement include:

- Respondents who speak French at home (59%), relative to those who speak English (45%) or another language (46%).
- Those aged 55+ (53%), relative to their younger peers (45% for those aged 35-54; 42% for those younger than 35).

### Target Audiences

Members of the Black community (53%) are more likely to completely disagree with the statement.

## B. General Knowledge of STBBI

General knowledge of STBBI is quite variable, with about two thirds of respondents (64%) reporting they are *somewhat/very knowledgeable* about HIV. Just over half (52%) report similar knowledge levels for other sexually transmitted and blood-borne infections, while somewhat fewer (46%) say they are *somewhat/very knowledgeable* about syphilis.

Results are fairly consistent across the regions with a few exceptions as follows:

- Respondents residing in Ontario (67%) and British Columbia/North (66%) are more likely to report being knowledgeable about HIV compared to Atlantic Canadians (57%) and Quebecers (59%).
- A higher proportion of respondents in Ontario and Quebec (54% in each province) report being knowledgeable about other STBBI relative to respondents in the Atlantic region (46%).
- Atlantic Canadians are more likely to say they are less knowledgeable (*not that/not at all knowledgeable*) about all STBBI relative to Ontarians:
  - HIV – 41% in Atlantic versus 32% in British Columbia/North and 31% in Ontario.
  - Syphilis – 56% in the Atlantic vs. 49% in Ontario.
  - Other STBBI – 50% in the Atlantic vs. 43% in Ontario.

By community type, a larger share of those residing in urban versus rural areas report being knowledgeable about HIV (64% and 56%, respectively). Similarly, respondents in rural versus urban areas (58% and 52%, respectively) say they are less knowledgeable (*not that/not at all knowledgeable*) about syphilis.

**TABLE 5. GENERAL KNOWLEDGE OF STBBI – GENERAL PUBLIC**

*% Very/Somewhat Knowledgeable*

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
HIV	64	57	59	67	66	62	66	64	56
Syphilis	46	40	42	48	46	44	43	45	40
Other sexually transmitted and blood-borne infections (STBBI)	52	46	54	54	53	50	51	52	47

Q10a-c. How knowledgeable would you say you are about each of the following?

Base: Total sample

### Demographics

Knowledge levels vary across demographic groups, although generally those with higher levels of educational attainment, people who are employed, those working in the health care sector, and people who have experienced homelessness tend to be more knowledgeable across the board about STBBI. By contrast, single people and to some extent those in the younger demographic (under 35 years of age) report being less knowledgeable, although there are a few exceptions by age. These variations are detailed below. Note that items highlighted in green below with an upward-facing arrow are the sub-groups which reporting a higher level of knowledge, relative to the others listed for each of the demographic variables. Those with no significant differences to the other subgroups have been excluded from the table.

**TABLE 6. THOSE MORE LIKELY TO SAY THEY ARE KNOWLEDGEABLE (VERY/SOMEWHAT) ABOUT HIV, SYPHILIS AND OTHER STBBI**

	HIV	Syphilis	Other STBBI
<b>Gender</b>			
Women (n=1299)		44%	
Men (n=1144)		49%↑	
<b>Age</b>			
<35 (n=1098)	62%	42%	55%↑
35-54 (n=701)	67%↑		56%↑
55+ (n=701)		50%↑	46%
<b>Marital status</b>			
Single (n=921)	60%	38%	48%
Divorced, separated, widowed (n=1283)	72%↑	56%↑	
Married, living common-law (n=239)	65%↑	49%↑	54%↑
<b>Education</b>			
University (n=870)	72%↑	51%↑	55%↑

College/Trades (n=862)	62%	47%↑	53%↑
High school or less (n=733)	58%	39%	46%
<b>Employment</b>			
Employed (n=1420)	67%↑	48%↑	56%↑
Unemployed and looking for work (n=172)		39%	54%↑
Not in the workforce (n=147)	57%	30%	38%
Working in the healthcare sector (n=198)		61%↑	71%↑
Not in healthcare sector (n=1222)		46%	54%
Homelessness in last 5 years (n=198)	77%↑	63%↑	73%↑
Other (n=2256)	64%	45%	50%

Q10a-c. How knowledgeable would you say you are about each of the following?

### Target Audiences

- Members of the Black community are more likely to report being knowledgeable in all three areas: HIV (77%), syphilis (58%) and other STBBI (66%), relative to the average (64%, 46%, and 52%, respectively).
- Those who identify as part of the 2SLGBTQI+ community are also more likely to report they are knowledgeable about HIV (73%) and other STBBI (61%), relative to the average (64% and 52%, respectively).
- Those who identify as Indigenous were less likely to report they are knowledgeable about syphilis (40%) than average (46%).

As shown above, while a reasonable proportion of respondents report being knowledgeable of STBBI, the percentage saying they are knowledgeable of syphilis is nevertheless a full 18 points lower as compared to the proportion who are knowledgeable about HIV. When asked in more detail about their specific knowledge levels regarding the prevention, testing and treatment of STBBI, including HIV and syphilis, those reporting they are either *somewhat or very knowledgeable* declines relative to their more general knowledge scores. These lower scores underscore opportunities to raise the general public's understanding of STBBI with a more targeted educational and awareness-raising campaign.

A larger share of the general public reports being knowledgeable about prevention of STBBI, while results suggest more modest levels of knowledge related to testing and treatment. Over half of respondents say they are knowledgeable about the **prevention** of HIV (69%), other STBBI (59%), and syphilis (52%). In terms of **testing**, somewhat fewer report similar knowledge levels for HIV (47%) and other STBBI (44%), and this drops off quite dramatically in terms of the public's understanding of testing for syphilis (33% - 14 points lower as compared to knowledge of testing for HIV). Smaller proportions report being knowledgeable about **treatments** for HIV (40%), other STBBI (37%) and particularly for syphilis (30%).

By region, a few significant differences are noted:

- Respondents residing in Quebec (59%) are less likely to report being knowledgeable about the prevention of HIV, relative to other provinces (67% in the Atlantic, 72% in British Columbia and the North, 73% in Ontario, 75% in Manitoba and Saskatchewan, and 75% in Alberta).
- Those residing in Manitoba and Saskatchewan (57%) and Alberta (57%) are more likely to report being knowledgeable about the prevention of syphilis as compared to Quebec (46%), British Columbia/the North (48%), and the Atlantic region (49%).
- Those in the Atlantic region (41%) are less likely to be knowledgeable about testing for HIV, relative to Ontario (49%), Manitoba and Saskatchewan, Alberta, and British Columbia/the North (51% each).

Results also vary by community type with a higher proportion of urban respondents indicating they are knowledgeable about testing (50%) and treatments (42%) for HIV, relative to those living in rural areas (38% and 36%, respectively).

**TABLE 7. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF STBBI – GENERAL PUBLIC**

*% Very/Somewhat Knowledgeable*

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Preventing HIV	69	67	59	73	75	75	72	70	65
Preventing other sexually transmitted and blood-borne infections (STBBI)	59	58	56	61	65	63	59	60	58
Preventing Syphilis	52	49	46	52	57	57	48	51	51
Testing for HIV	47	41	46	49	51	51	51	50	38
Testing for other sexually transmitted and blood-borne infections (STBBI)	44	40	48	47	46	45	48	46	41
Treatments for HIV	40	36	41	41	43	41	43	42	36
Treatments for other sexually transmitted and blood-borne infections (STBBI)	37	35	38	39	40	39	40	39	35
Testing for Syphilis	33	31	31	34	36	37	33	34	30
Treatments for Syphilis	30	28	27	31	34	32	33	31	29

Q11a-i. How knowledgeable would you say you are about ...?

Base: Total sample

### Demographics

There is considerable variability in knowledge levels reported across key demographic groups.

- Age – With very few exceptions, those who are under the age of 55 are generally more knowledgeable about all aspects, compared to those who are 55 or older. The differences by age are shown in the table below. Note that items highlighted in green with an upward-facing arrow indicate the age cohort reporting a higher level of knowledge, relative to others.

**TABLE 8. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF STBBI, BY AGE – GENERAL PUBLIC**

% Very/Somewhat Knowledgeable

	TOTAL	<35	35-54	55+
n=	2500	725	775	1000
	%	%	%	%
Preventing HIV	69	71↑	74↑	64
Preventing other sexually transmitted and blood-borne infections (STBBI)	59	63↑	65↑	50
Preventing Syphilis	52	49	52	54
Testing for HIV	47	53↑	55↑	35
Testing for other sexually transmitted and blood-borne infections (STBBI)	44	51↑	53↑	32
Treatments for HIV	40	45↑	45↑	32
Treatments for other sexually transmitted and blood-borne infections (STBBI)	37	44↑	44↑	26
Testing for Syphilis	33	37↑	37↑	27
Treatments for Syphilis	30	32↑	32	27

Q11a-i. How knowledgeable would you say you are about ...?

Base: Total sample

- Household income – Respondents with a household income of \$100,000 or more are more likely to say they are knowledgeable about preventing syphilis (56%) compared to those with an income of less than \$60,000 per annum (49%).
- Educational attainment – University educated respondents are generally more knowledgeable about all aspects of preventing, testing and treatments for HIV, syphilis and other STBBI compared to those with a high school diploma or less education (ranging from 75% vs. 62% for preventing HIV to 32% vs. 26% for treatments for syphilis).
- Employment status – Employed persons and those who are unemployed and looking for work, compared to those not in the workforce, are more likely to be knowledgeable about testing for other STBBI (52%; 50%; 37%, respectively) and treatments for HIV (45%; 47%; 32%, respectively). Of note, those working in the health care sector are more likely to say they are *very/somewhat knowledgeable* about the prevention, testing and treatments of various STBBI, with the exception of HIV prevention (where there is no significant difference).
- Language spoken at home – Those who speak English or a language other than English or French at home are more knowledgeable about the prevention of HIV (72% and 78%, respectively), compared to those who speak French at home (60%). Anglophones are also more likely, as compared to those who speak a language other than French or English, to indicate being knowledgeable about preventing other STBBI (60% vs. 49%). Notably, a greater proportion of those who speak French (49%) or English (44%) at home say they are knowledgeable about testing for other STBBI, relative to those who speak a language other than English or French (32%).
- Marital status – A larger proportion of people who are divorced, separated or widowed (58%) and respondents who are married or living common-law (53%) say they are knowledgeable about preventing syphilis, relative to those who are single (48%).
- Shelter – People who have experienced homelessness in the past 5 years, relative to those who have not, tend to report being more knowledgeable about all aspects of prevention, testing and treatment for STBBI, including HIV and syphilis (ranging from 85% vs. 69% for preventing HIV to 51% vs. 29% for treatments for syphilis).



### Target Audiences

With greater frequency, members of the Black community report being knowledgeable about all aspects of preventing, testing and treatments for HIV, syphilis and other STBBI, relative to the average:

- Preventing HIV (79% vs. 69%), syphilis (63% vs. 52%), and other STBBI (71% vs. 59%).
- Testing for HIV (68% vs. 47%), syphilis (49% vs. 33%), and other STBBI (63% vs. 44%).
- Treatments for HIV (54% vs. 40%), syphilis (44% vs. 30%), and other STBBI (53% vs. 37%).

Similarly, relative to the average, a higher proportion of those who identify as 2SLGBTQI+ say they are knowledgeable (*very/somewhat*) about most aspects of prevention, testing and treatments. However, with respect to syphilis, the proportion of those who say they are *very/somewhat knowledgeable* about the prevention and treatments for syphilis is in line with the average:

- Preventing HIV (76% vs. 69%) and preventing other STBBI (64% vs. 59%).
- Testing for HIV (59% vs. 47%), syphilis (38% vs. 33%), and other STBBI (54% vs. 44%).
- Treatments for HIV (53% vs. 40%) and other STBBI (47% vs. 37%).

## C. Experience with STBBI: Perception of Risk, Testing and Diagnosis

Respondents report modest levels of concern regarding their personal risk of contracting various STBBI. Just under one in three (29%-30%) say they are *very/somewhat concerned* about contracting hepatitis A, B or C. By comparison, a quarter or slightly more are concerned about contracting human papillomavirus (28%), genital herpes (26%), HIV (25%), and genital warts (25%). A smaller but still significant proportion of respondents are concerned about contracting chlamydia (24%), gonorrhea (22%), syphilis (22%), and trichomoniasis (21%).

Respondents residing in the Atlantic region are less likely to express concern about their personal risk of contracting each STBBI (ranging from 18% for trichomoniasis to 24% for human papillomavirus (HPV)) compared to those in Ontario (ranging from 28% for syphilis and trichomoniasis to 36% for hepatitis B, C and HPV), Alberta (ranging from 25% for trichomoniasis to 36% for hepatitis B), and British Columbia and the North (ranging from 28% for trichomoniasis to 37% for hepatitis A, B, and C). Additionally, those in Ontario and British Columbia and the North are more likely to report being concerned about their personal risk for each STBBI relative to those in Quebec (with the exception of HPV for those in British Columbia and the North).

By community type, respondents living in an urban setting are more likely to be concerned about contracting all STBBI, relative to those in rural areas. The variability in concern ranges from a high of 10 points for HIV (30% urban vs. 20% rural) and dropping to a 6-point difference for syphilis (26% urban vs. 20% rural).

**TABLE 9. PERCEPTION OF RISK RELATED TO CONTRACTING STBBI – GENERAL PUBLIC**

*% Very/Somewhat Concerned*

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Hepatitis C	30	22	27	36	30	35	37	32	25
Hepatitis B	30	23	27	36	31	36	37	32	25
Hepatitis A	29	23	24	35	29	34	37	31	25
Human papillomavirus (HPV)	28	24	28	36	27	32	32	31	23
Genital herpes	26	22	26	33	28	33	34	31	22
HIV	25	22	24	32	30	31	35	30	20
Genital warts (Condyloma acuminata)	25	20	23	32	25	29	34	28	21
Chlamydia	24	18	24	33	28	29	31	28	21
Gonorrhea	22	20	21	30	24	30	29	27	19
Syphilis	22	19	22	28	27	29	29	26	20
Trichomoniasis (or 'trich')	21	18	19	28	21	25	28	25	16

Q12a-k How concerned are you about your personal risk of contracting each of the following?

Base: Total sample

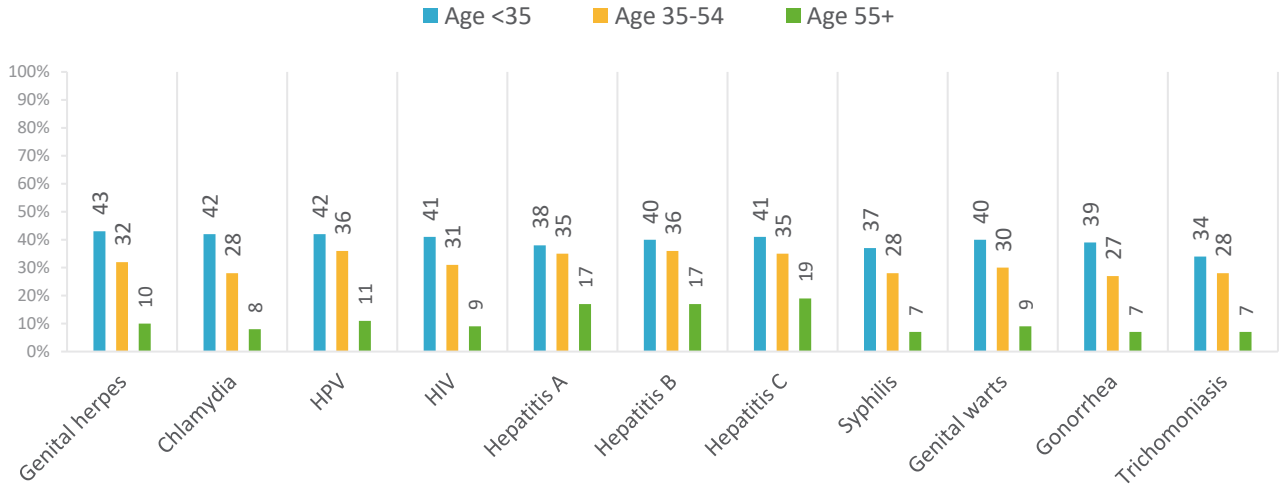
### Demographics

In general, respondents under the age of 35, single people, those in lower income households and those who have experienced homelessness in the last 5 years are most concerned about being at risk of contracting an STBBI, as illustrated in the charts that follow.

- By age, respondents under the age of 35 are most concerned (*very/somewhat*) about their personal risk of contracting many of the STBBI, when compared to those who are 35-54 and those 55+.

**FIGURE 4. PERCEPTION OF RISK RELATED TO CONTRACTING STBBI – BY AGE**

% Very/somewhat concerned

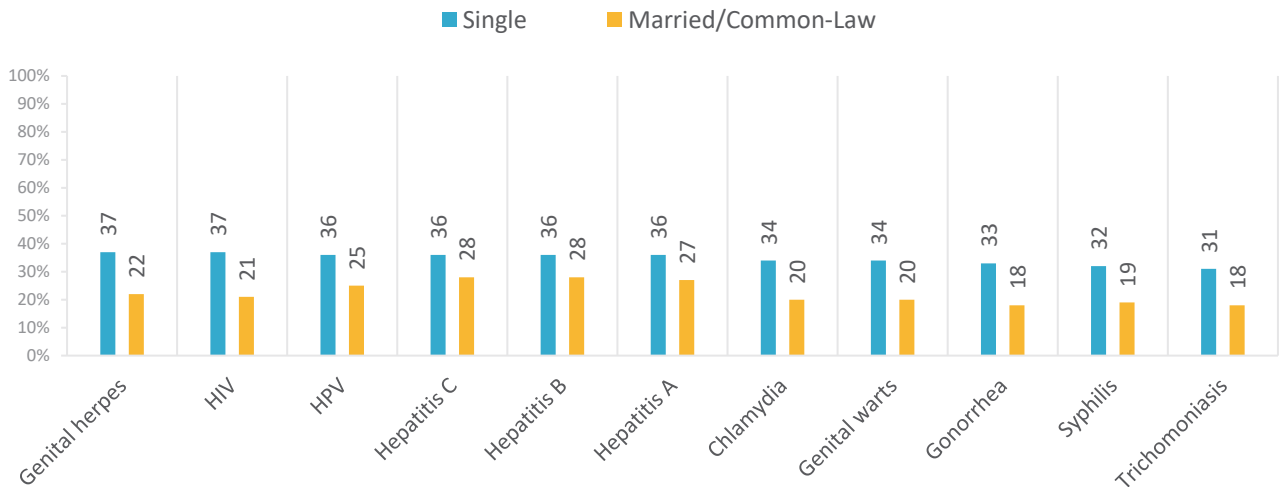


Q12. How concerned are you about your personal risk of contracting each of the following? Base: Age <35 (n=1098); Age 35-54 (n=578); Age 55+ (n=789)

- By marital status, those who are single are more likely to say they are concerned (*very/somewhat*) about their personal risk of contracting all of the above mentioned STBBI, relative to those who are married or living common-law.

**FIGURE 5. PERCEPTION OF RISK RELATED TO CONTRACTING STBBI – BY MARITAL STATUS**

% Very/somewhat concerned

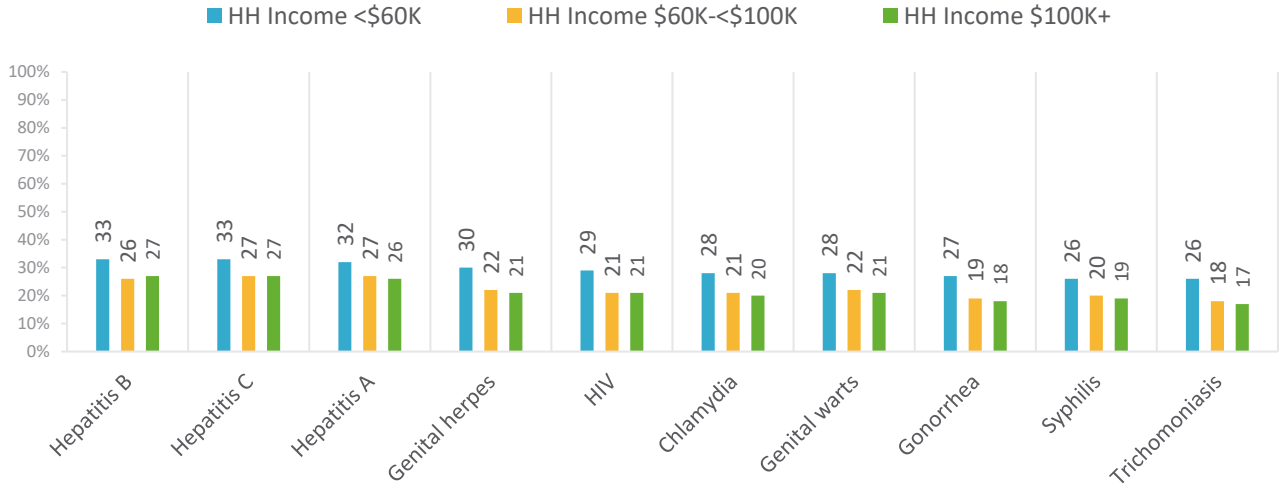


Q12. How concerned are you about your personal risk of contracting each of the following? Base: Single (n=921); Married/Common-Law (n=1283);

- On many of the STBBI, respondents with a household income of less than \$60K are more likely to report concern (*very/somewhat*) about their personal risk when compared to those with a household income of \$60K to less than \$100K and those with a household income of more than \$100K.

**FIGURE 6. PERCEPTION OF RISK RELATED TO CONTRACTING STBBI – BY HOUSEHOLD INCOME**

% *Very/somewhat concerned*

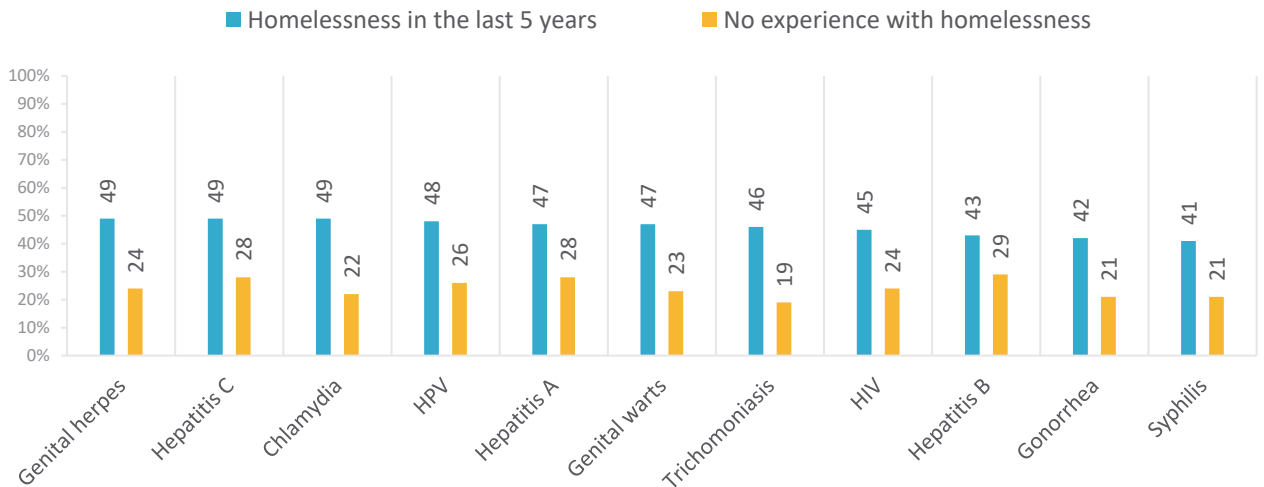


Q12. How concerned are you about your personal risk of contracting each of the following? Base: <\$60K (n=1056); \$60K-<\$100K (n=650); \$100k+ (n=589)

- Those who have experienced homelessness within the past five years are more likely to express concern (*very/somewhat*) about their personal risk of contracting all STBBI above, when compared to those who have not.

**FIGURE 7. PERCEPTION OF RISK RELATED TO CONTRACTING STBBI – HOMELESSNESS**

% *Very/somewhat concerned*



Q12. How concerned are you about your personal risk of contracting each of the following? Base: Homelessness in last 5 years (n=198); No experience with homelessness (n=2256);

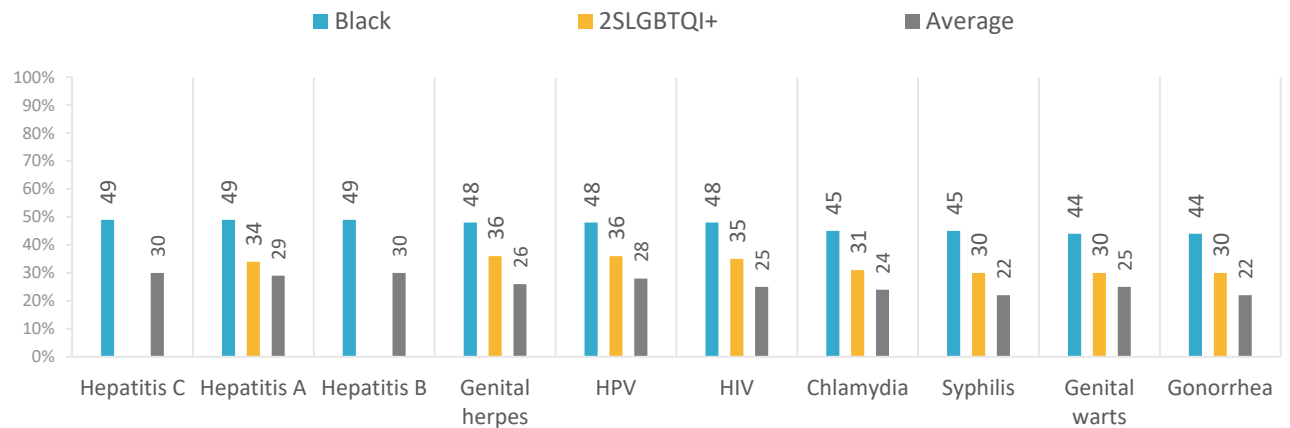
**Target Audiences**

Relative to the average, members of the Black and 2SLGBTQI+ communities are also among those who are more likely to express concern (*very/somewhat*) about their personal risk of contracting an STBBI as

illustrated in the figure below. Where there were no significant differences against the average, results have been excluded from the chart below.

**FIGURE 8. PERCEPTION OF RISK RELATED TO CONTRACTING STBBI – BLACK AND 2SLGBTQI+ COMMUNITIES**

% Very/somewhat concerned



**Q12. How concerned are you about your personal risk of contracting each of the following?** Base: Black (n=346); 2SLGBTQI+ (n=499); Average/Total (n=2500)

Over half (53%) of respondents say they have not been tested for any STBBI (see

TABLE 10), while another 14% are unsure if they have ever been tested.

Over one in ten, but less than one in five have been tested for the following STBBI – 19% for HIV, 15% for hepatitis B, 15% for chlamydia, 14% for hepatitis C and for hepatitis A, and 13% for gonorrhoea. One in ten or fewer say they have been tested for HPV (10%), syphilis (10%), genital herpes (8%), genital warts (6%), or trichomoniasis (4%).

Regionally, respondents from the Atlantic region (61%), Ontario (58%) and Manitoba and Saskatchewan (55%), are more likely to indicate they have never been tested for any of the STBBI, relative to those in Quebec (46%), Alberta (47%), and British Columbia/the North (47%).

Rates of testing vary across the provinces and regions, but are generally somewhat higher among those in Quebec, Alberta and British Columbia/North (ranging anywhere from 6% for trichomoniasis to 24-25% for HIV) compared to the incidence of those saying they have been tested in the Atlantic or Ontario (ranging from 2%-3% for trichomoniasis to 10%-14% for HIV). Additionally, respondents in Manitoba and Saskatchewan are more likely to say they have been tested for gonorrhoea (14%) and syphilis (11%) as compared to those in the Atlantic (8% and 7%, respectively) and Ontario (9% and 6%, respectively).

Significant differences were not noted by community type.

**TABLE 10. PERSONAL TESTING FOR STBBI – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
HIV	19	10	25	14	19	24	25	19	20
Hepatitis B	15	8	17	12	15	20	22	15	16
Chlamydia	15	11	23	11	16	18	21	16	18
Hepatitis C	14	7	16	11	15	18	21	14	17
Hepatitis A	14	7	15	11	14	16	21	13	15
Gonorrhea	13	8	20	9	14	17	20	14	14
Human papillomavirus (HPV)	10	7	15	8	11	15	12	11	12
Syphilis	10	7	14	6	11	16	16	11	9
Genital herpes	8	5	13	6	8	12	12	9	11
Genital warts (Condyloma acuminata)	6	4	10	4	7	9	9	7	9
Trichomoniasis (or 'trich')	4	2	6	3	4	6	6	4	3
I have not been tested for any of these	53	61	46	58	55	47	47	52	54
I don't know if I have been tested for any of these	14	18	13	15	13	13	12	15	11

Q15. Have you ever been tested for any of the following types of sexually transmitted and blood-borne infections (STBBI)?

Base: Total sample

### Demographics

Testing rates vary primarily by age, and to some extent are also a factor of educational attainment and gender. Homeless status has some impact as well, with respondents who have not experienced homelessness in the past 5 years more likely to say they have not been tested, relative to those who have (54% vs. 39%).

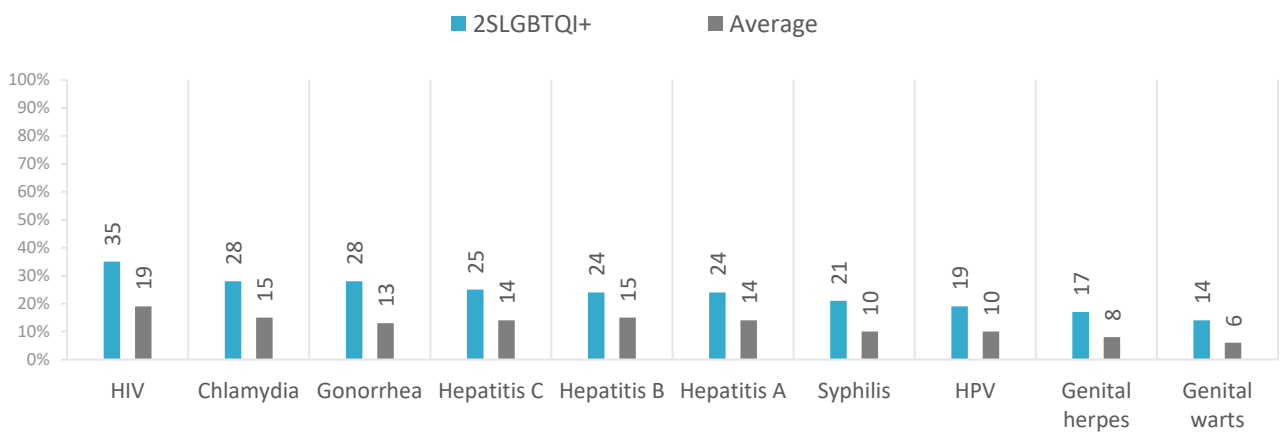
- Respondents, aged 55 and older, are less likely to say they have been tested for many of the STBBI queried relative to their younger counterparts.
  - HIV (12% 55+; 26% 35-54; 21% under 35)
  - Hepatitis B (9% 55+; 20% 35-54; 17% under 35)
  - Chlamydia (5% 55+; 21% 35-54; 21% under 35)
  - Hepatitis C (10% 55+; 19% 35-54; 15% under 35)
  - Hepatitis A (9% 55+; 18% 35-54; 14% under 35)
  - Gonorrhea (7% 55+; 18% 35-54; 17% under 35)
- Compared to those with a high school education or less, a greater proportion of those with a university level education say they have been tested for the following STBBI:
  - HIV (23% vs. 15%)
  - Hepatitis B (17% vs. 11%)
  - Hepatitis A (15% vs. 11%)
- Respondents with a college level education or trades certification are also more likely to say they have been tested for Hepatitis B, relative to those with a high school diploma (15% vs. 11%).
- Women, more so than men, report having been tested for chlamydia (17% vs. 12%) and HPV (14% vs. 6%).

### Target Audiences

Rates of testing for many of the STBBI are generally much higher across the three target audiences, relative to the average for the general population, as shown below.

- For many of the STBBI queried, respondents who identify as a member of the 2SLGBTQ+ community are more likely to report having been tested, relative to the average (see the figure below).

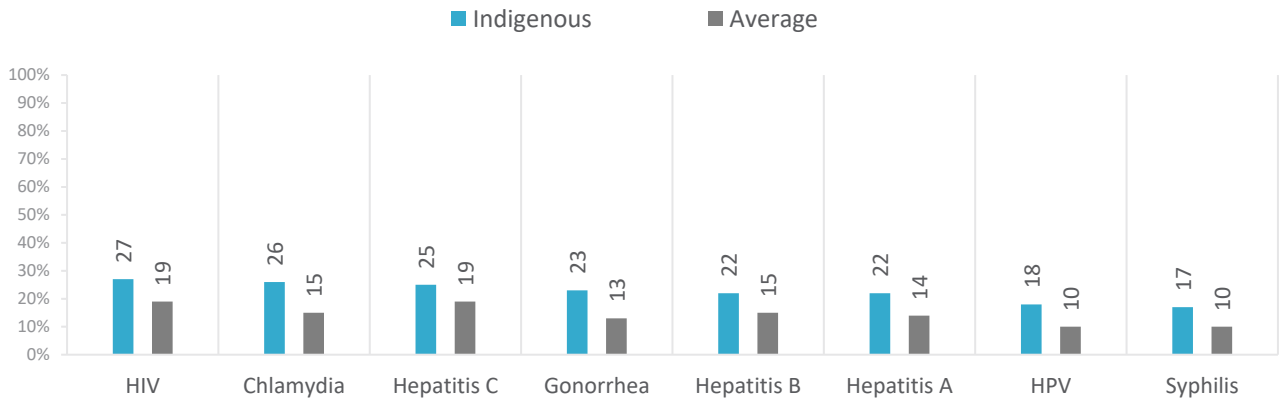
**FIGURE 9. PERSONAL TESTING FOR STBBI – MEMBERS OF 2SLGBTQ+ COMMUNITY**



**Q15. Have you ever been tested for any of the following types of sexually transmitted and blood-borne infections (STBBI)?**  
Base: 2SLGBTQ+ (n=499); Average/Total (n=2500)

- Indigenous respondents are more likely to report, relative to the average, having been tested for the following STBBI:

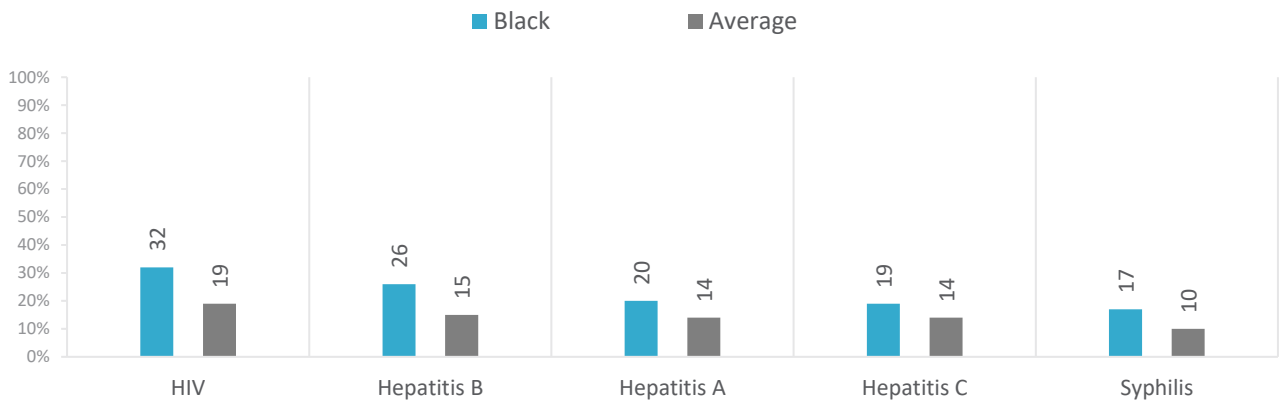
**FIGURE 10. PERSONAL TESTING FOR STBBI – MEMBERS OF INDIGENOUS COMMUNITY**



**Q15. Have you ever been tested for any of the following types of sexually transmitted and blood-borne infections (STBBI)?**  
Base: Indigenous (n=345); Average/Total (n=2500)

- Members of the Black community are more likely, relative to the average, to report having been tested for:

**FIGURE 11. PERSONAL TESTING FOR STBBI – MEMBERS OF BLACK COMMUNITY**



**Q15. Have you ever been tested for any of the following types of sexually transmitted and blood-borne infections (STBBI)?**  
Base: Black (n=346); Average/Total (n=2500)

Most respondents (86%) report they have not been diagnosed with any of the STBBI listed in the table below. Very few, 5% or less, indicate having received a diagnosis of any of the listed STBBI.

Small base sizes preclude any further sub-cell analysis.

**TABLE 11. PERSONAL DIAGNOSES OF STBBI – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%



Chlamydia	5	4	7	3	5	6	8	5	8
Gonorrhoea	2	1	2	1	2	3	3	2	2
Genital herpes	2	<1	3	1	1	2	3	2	3
Human papillomavirus (HPV)	2	2	3	1	1	3	2	2	3
Genital warts (Condyloma acuminata)	2	1	3	1	1	3	3	2	2
Hepatitis B	1	1	1	2	<1	2	1	1	2
Hepatitis C	1	1	2	1	<1	2	2	1	1
Hepatitis A	1	<1	1	1	1	1	1	1	1
HIV	1	<1	1	1	<1	1	1	1	1
Syphilis	1	1	1	<1	2	1	2	1	1
Trichomoniasis (or 'trich')	1	-	1	1	1	1	1	1	<1
I have not been diagnosed with any of these	86	89	82	90	89	84	82	86	85

Q16. Have you ever been diagnosed with any of the following types of sexually transmitted and blood-borne infections (STBBI)?

Base: Total sample

#### D. Stigma and Barriers Associated with Diagnosis and Treatment of STBBI

Respondents to the survey were asked several questions which aimed to assess the degree to which stigma and barriers are present that may inhibit them or others from having conversations with health professionals and seeking out testing or treatment for an STBBI. Note that in this section of the report we examine stigma and barriers related to STBBI in general. Issues specific to HIV and syphilis are explored more fully in later sections (see Sections C and D).

Over three quarters (77%) of respondents feel comfortable (41% *very comfortable*; 36% *somewhat comfortable*) speaking to a health professional about STBBI. And just over two thirds (69%) report being comfortable asking for an STBBI test, although somewhat fewer feel fully at ease making this request (36% *very comfortable*; 33% *somewhat comfortable*).

A larger share of respondents in Alberta (82%) and Quebec (80%) say they would be comfortable discussing STBBI with health professionals relative to those in British Columbia/North and Manitoba/Saskatchewan (74% in each region), Ontario (73%) and Atlantic Canada (67%). Those in Quebec (74%) are also more inclined to say they are comfortable asking for an STBBI test compared to respondents who reside in Ontario (66%), Manitoba/Saskatchewan (64%), and the Atlantic region (59%).

There are no significant differences based on the type of community in which respondents reside.

**TABLE 12. COMFORT SPEAKING WITH HEALTH PROFESSIONALS ABOUT STBBI – GENERAL PUBLIC**

% Very/Somewhat Comfortable

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Speaking with health professionals about STBBI	77	67	80	73	74	82	74	76	73

Asking a healthcare professional for an STBBI test	69	59	74	66	64	71	68	68	64
--	----	----	----	----	----	----	----	----	----

Q24b-c. How comfortable or uncomfortable would you be with each of the following situations?

Base: Total sample

### Demographics

On both items, comfort levels vary based on socio-economic status and by language spoken. Age and marital status also factor into one's overall feelings of comfort in approaching health professionals for advice or assistance. These groups are highlighted below:

	<b>Speaking with health professionals about STBBI</b>	<b>Asking a healthcare professional for an STBBI test</b>
<b>Age</b>	Respondents aged 55+ (81%) and those aged 35 to 54 (77%) compared to people under the age of 35 (72%)	
<b>Marital Status</b>	People who are separated/divorced/widowed (81%) as well as those who are married or in a common-law relationship (79%) relative to those who are single (73%)	People who are married or in a common-law relationship (71%) compared to those who are single (66%)
<b>Language</b>	Francophones (83%) as compared to Anglophones (77%) and those who speak a language other than English nor French (69%)	Francophones (79%) compared to Anglophones (68%) and those who speak a language other than English or French (59%)
<b>Household Income</b>	Higher versus lower income households (\$100,000+ (82%); under \$60,000 (76%))	Higher versus lower income households (\$100,000+ (73%); under \$60,000 (68%))
<b>Educational Attainment</b>	Those with some university or a college education (81%) and those with a university degree or higher (79%) compared to those with a high school education or less (71%)	Respondents with a university degree (73%) or some university/a college education (72%) compared to those with a high school education or less (62%)
<b>Employment Status</b>	Employed persons (80%) compared to those who are not in the workforce (66%) and those identifying as a health care worker (88%) relative to others (79%)	Employed persons (72%) relative to those who are not in the workforce (62%)

There are no significant variations across the target audiences.

When asked what might prevent them from getting tested or treated if they thought that had an STBBI, most respondents (51%) did not identify any particular challenges or barriers, perceived or otherwise.

Across the regions, residents of Quebec (52%), Manitoba/Saskatchewan and Atlantic Canada (50% in each of these two regions) are less likely overall to say they face any barriers (e.g., a higher proportion respond that *nothing would prevent them from getting tested or seeking treatment*). The reverse is true in Ontario (43%).

Those living in rural areas are also less likely to have identified any specific barriers to testing or treatment for an STBBI, with over half (56%) saying they face no impediments in this regard, relative to those living in urban areas (46%).

**TABLE 13. BARRIERS RELATED TO TESTING AND TREATMENT FOR STBBI – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Feelings of shame or embarrassment	22	22	22	24	24	29	23	25	20
Fear that I might test positive	18	20	17	22	17	20	18	20	17
Not sure where to go to get tested	18	17	15	23	19	19	19	19	14
Long wait times/difficulty booking timely appointments	16	16	17	19	16	22	14	18	15
Lack of access to a healthcare provider in order to get tested and/or treated	13	16	14	13	14	16	14	14	13
Fear of having to disclose certain behaviours (e.g., sexual history, having multiple partners, drug use, etc.)	13	13	10	15	14	19	14	15	11
Concerns about anonymity and the confidentiality of my personal data and information	13	15	8	14	13	18	12	13	13
Fear and/or discomfort regarding testing procedures (e.g., test involves taking blood, genital secretion or urine samples)	12	16	10	17	15	11	15	14	12
Location of testing/treatment facilities is not convenient or easy to get to	11	10	11	12	13	12	12	12	8
Long travel times to get to testing/treatment facilities	10	9	10	13	9	7	9	10	9
Previous experience(s) of stigma and/or discrimination from healthcare providers/the healthcare system	7	4	6	10	7	11	7	8	5
Lack of time due to competing medical priorities	6	8	5	9	7	8	5	7	4
Fear of disclosing sexual orientation, gender identify or gender-affirming surgery	5	6	4	8	7	7	6	7	4

Lack of culturally appropriate care (ex. language barriers, traditional forms of healing, etc.)	5	5	3	8	5	8	6	6	4
I don't need it/wouldn't happen to me (e.g., in a monogamous relationship, not sexually active, celibate)	1	<1	1	1	1	<1	-	<1	1
Mistrust of medicine/fear that treatments would make things worse/might inadvertently cause my premature demise	<1	-	-	<1	-	-	-	<1	-
Other	<1	<1	1	-	<1	<1	-	<1	<1
Nothing would prevent me/has prevented me from getting tested or seeking treatment if I thought I had an STBBI	51	50	52	43	50	44	47	46	56

Q25. Which of the following, if any, might prevent you (or have prevented you) from getting tested or seeking treatment if you thought you might have a sexually transmitted and blood-borne infection (STBBI)? Please select all that apply.

Base: Total sample

### Demographics

The extent to which specific barriers are mentioned varies across demographic sub-groups, although women, younger people, those who are single, and respondents who have experienced homelessness within the last 5 years are more inclined to cite a wider range of impediments to testing and treatment for STBBI.

- Women are more likely than men to have mentioned long wait times (18% vs. 14%) and previous experiences of stigma or discrimination from healthcare providers (9% vs. 5%).
- Across the board, respondents under age 35 are more likely than those 55 and older to have mentioned the wider range of barriers. While 66% of the latter group indicate there is nothing that would prevent them from getting tested or seeking treatment for an STBBI, just 35% of the former group say the same. The most striking differences between younger and older respondents are summarized in the table below.
- Respondents who speak a language other than English or French at home are more likely to be unaware of where to go to get tested (26%) as are Anglophones (19%), relative to Francophones (14%). Compared to others, those whose first language is neither English nor French are also more likely to mention concerns about anonymity and confidentiality (22%) – 13% among Anglophones and 9% among Francophones.

**TABLE 14. BARRIERS RELATED TO TESTING AND TREATMENT FOR STBBI: DEMOGRAPHIC HIGHLIGHTS BY AGE, MARITAL STATUS AND PAST EXPERIENCE WITH HOMELESSNESS**

Feelings of shame or embarrassment % More likely (↑) to cite item as a barrier	Being unsure about where to get tested % More likely (↑) to cite item as a barrier
Age: 29% ↑ <35 15% 55+	Age: 24% ↑ <35 12% 55+

<p><b>30%</b>    <b>↑ Homelessness in last 5 years</b> 21%    Other</p>	<p>Marital status: <b>23%</b>    <b>↑ Single</b> 16%    In a relationship (Married/Common-law)</p>
<p><b>Fear of testing positive</b> <b>% More likely (↑) to cite item as a barrier</b></p>	<p><b>Fear of having to disclose certain behaviours</b> <b>% More likely (↑) to cite item as a barrier</b></p>
<p>Age: <b>24%</b>    <b>↑ &lt;35</b> 12%    55+</p>	<p>Marital status: <b>17%</b>    <b>↑ Single</b> 11%    In a relationship (Married/Common-law)</p>
<p>Marital status: <b>22%</b>    <b>↑ Single</b> 17%    In a relationship (Married/Common-law)</p>	<p><b>23%</b>    <b>↑ Homelessness in last 5 years</b> 12%    Other</p>
<p><b>Fear or discomfort regarding testing procedures</b> <b>% More likely (↑) to cite item as a barrier</b></p>	<p><b>Lack of culturally appropriate care</b> <b>% More likely (↑) to cite item as a barrier</b></p>
<p>Age: <b>19%</b>    <b>↑ &lt;35</b> 7%    55+</p>	<p>Marital status: <b>8%</b>    <b>↑ Single</b> 4%    In a relationship (Married/Common-law)</p>
<p>Marital status: <b>17%</b>    <b>↑ Single</b> 11%    In a relationship (Married/Common-law)</p>	<p><b>10%</b>    <b>↑ Homelessness in last 5 years</b> 5%    Other</p>
<p><b>23%</b>    <b>↑ Homelessness in last 5 years</b> 12%    Other</p>	
<p><b>Inconvenience getting to testing/treatment facilities</b> <b>% More likely (↑) to cite item as a barrier</b></p>	<p><b>Lack of time due to competing medical priorities</b> <b>% More likely (↑) to cite item as a barrier</b></p>
<p>Marital status: <b>14%</b>    <b>↑ Single</b> 8%    In a relationship (Married/Common-law)</p>	<p>Marital status: <b>8%</b>    <b>↑ Single</b> 5%    In a relationship (Married/Common-law)</p>
	<p><b>11%</b>    <b>↑ Homelessness in last 5 years</b> 6%    Other</p>
<p><b>Long wait times</b> <b>% More likely (↑) to cite item as a barrier</b></p>	<p><b>Previous experiences of stigma</b> <b>% More likely (↑) to cite item as a barrier</b></p>
<p>Age: <b>22%</b>    <b>↑ &lt;35</b> 11%    55+</p>	<p><b>17%</b>    <b>↑ Homelessness in last 5 years</b> 6%    Other</p>
<p><b>Long travel times to get to facilities</b> <b>% More likely (↑) to cite item as a barrier</b></p>	
<p><b>16%</b>    <b>↑ Homelessness in last 5 years</b> 9%    Other</p>	

Target Audiences

- Members of the Black community are more likely, as compared to the average, to cite the following as barriers to getting tested or seeking treatment for STBBI: previous experiences of stigma and/or discrimination in the health care system (18%), concerns about anonymity and confidentiality of personal information (17%), inconvenient location of testing and treatment facilities (15%), fear of disclosing information related to sexual orientation, gender identity, etc. (12%), lack of culturally appropriate care (11%) and lack of time due to competing medical priorities (10%).
- Members of the 2SLGBTQI+ community share some of the same concerns as mentioned by Black Canadians, in addition to several others: feelings of shame or embarrassment (28%), fear that they might test positive (22%), not being sure where to get tested (22%), fear or discomfort regarding testing procedures (19%), fear of having to disclose certain behaviours (19%), as well as having to disclose sexual orientation, gender identity or gender-affirming surgery (13%), and lack of time as a result of other medical priorities (10%).

## E. Awareness of U=U Concept and Information Preferences

A slim majority of the general public are interested (57%) in knowing more about the risks, testing options, and treatments for STBBI – 16% are *very interested* while 41% are *somewhat interested*. A significant proportion (almost four in ten), however, are not interested (38%) – saying they are either *not that interested* (27%) or *not interested at all* (11%). A few indicate some uncertainty in their response to this question (5%).

There are no significant differences across regions or by community type.

**TABLE 15. INTEREST IN KNOWING MORE ABOUT RISKS, TESTING OPTIONS, TREATMENTS FOR STBBI – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
TOTAL INTERESTED	57	56	58	61	59	60	61	59	60
Very interested	16	18	15	19	18	17	18	18	18
Somewhat interested	41	37	43	42	41	43	43	41	42
Not that interested	27	25	26	23	25	27	27	26	23
Not interested at all	11	13	10	9	12	8	7	9	13
TOTAL NOT INTERESTED	38	38	36	33	37	35	35	35	36
Don't know	5	7	6	7	4	5	5	6	4

Q26. How interested are you in knowing more about the risks, testing options, and treatments for sexually transmitted and blood-borne infections (STBBI)?

Base: Total sample

### Demographics

- Overall, men (41%) are less interested in knowing more about STBBI compared to women (35%) and this is primarily a factor of a higher proportion of men as compared to women saying they are *not that interested* (30% vs. 24%). While a small subgroup, gender minorities (79%) were much more interested in knowing more about STBBIs compared to both men (55%) and women (58%).

- Younger people under the age of 35 (67%) express a higher level of interest overall (e.g., *somewhat/very interested*) compared to those aged 35 to 54 (60%) and those 55 years of age or older (47%).
- In line with the above finding for younger people, single people (65%) also express a higher level of interest compared to those who are married or living in a common-law relationship (55%) as well as those who are divorced, separated or widowed (48%) in knowing more about the risks, testing options and treatments for STBBI.

### Target Audiences

- Much higher overall interest in information about STBBI is evident among each of the three target audiences, including the Black community (78%), people who identify as 2SLGBTQI+ (74%) and Indigenous Peoples (63%), relative to the average (57%).

Based on respondents' stated preferences for information channels, there are extensive opportunities to connect with those who are interested in receiving more information about STBBI. That said, about half would prefer to get this type of information from their family doctor/primary care provider (50%) or via government websites (47%). One quarter to just under one third state a preference for information by e-mail (30%), through stories of people with lived experiences (27%), video sites such as YouTube (26%), and news stories (26%). Social media (23%), television (21%) and social media influencers with expertise on the topic or with lived experience (20%) are preferred by one fifth to just under one quarter respondents. Fewer than one in five prefer to receive information via websites operated by charities or non-profit organizations (16%), podcasts (15%) or radio (9%). Less than 1% mention printed materials, Google or healthcare/medica websites.

There are relatively few variations across the regions or by community type, although Albertans (54%) are more likely to prefer receiving information about STBBI from their family doctor or primary care provider, as compared to those in Ontario (45%).

**TABLE 16. PREFERENCE FOR RECEIVING INFORMATION ABOUT STBBI (MULTI-MENTION) – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	1481	193	291	366	206	210	215	1307	174
	%	%	%	%	%	%	%	%	%
From my family doctor/primary care provider	50	46	47	45	50	54	52	48	49
Government websites	47	34	43	45	39	41	45	41	46
E-mail	30	29	30	27	29	27	33	28	30
Through stories of people with lived experience with STBBI	27	28	25	28	29	29	26	27	29
Video sites such as YouTube	26	28	26	27	30	28	33	29	24
News stories	26	22	27	22	24	27	20	24	25
Social media (Facebook, X (formerly Twitter), Instagram, etc.)	23	23	22	30	30	30	25	27	25
Television	21	22	19	20	21	25	18	20	23
Social media influencers with expertise or lived experience with sexually transmitted	20	22	14	29	30	25	22	24	21

Charities'/Non-profit organizations' websites	16	15	18	17	13	17	16	16	14
Podcasts	15	18	17	17	21	10	16	17	17
Radio	9	8	10	7	14	9	13	10	9
Printed material/mailout/flyers/pamphlets	<1	2	<1	<1	-	<1	-	<1	2
Google	<1	1	-	1	1	-	-	<1	-
Healthcare/medical websites	<1	-	-	-	<1	-	<1	<1	-
Other	<1	1	<1	<1	<1	-	-	<1	1

Q27. How would you prefer to receive information or learn more about sexually transmitted and blood-borne infections (STBBI)? (Select all that apply)

Base: Those very/somewhat interested at Q26

## Demographics

- By gender:
  - Men are more likely than women to state a preference for receiving information by e-mail (34% vs. 28%, respectively).
  - Women, on the other hand, are more likely than men to prefer the following channels: stories of people with lived experiences (30% vs. 22%, respectively), social media (26% vs. 19%), social media influencers (25% vs. 14%).
- Across age groups:
  - Those 55 and older are more likely as compared to both those aged 35-54 and those under age 35 to prefer the following: their family doctor or primary care provider (61%; 47%; 43%, respectively), and news stories (34%; 26%; 17%).
  - The two older age cohorts – those aged 55+ and those 35-54 – are more likely relative to those under age 35 to prefer government websites (55%; 50%; 35%, respectively) and e-mail (35%; 32%; 25%).
  - The younger demographic, those between the ages of 16 and 34, as well as those 35-54, are more likely compared to people who are 55 or older to state a preference for social media (37%; 22%; 8%); social media influencers with expertise or lived experiences (35%; 16%; 9%, respectively), video sites such as YouTube (32%; 28%; 18%), and podcasts (20%; 17%; 9%). Those under age 35 are also more likely to prefer the stories of people with lived experience with STBBI, compared to those aged 55 and older (30% vs. 26%, respectively).
- By relationship status:
  - Single people are more likely as compared to those who are married or in a common-law relationship, as well as those who are divorced/separated/widowed to prefer the following: video sites (32%; 23%; 22%, respectively), and social media influencers with expertise or lived experience (26%; 18%; 12%). They are also more likely to indicate a preference for social media, compared to those who are married or in a common-law relationship (29% vs. 22%) and podcasts, compared to those who are divorced/separated/widowed (17% vs. 10%).
  - Government websites are cited more frequently by those who are divorced, separated or widowed, compared to those who are single (56% vs. 42%).



- Respondents whose primary language is neither English nor French are more likely to prefer each of the following ways of receiving information, compared to Anglophones and Francophones: video sites (52%; 26%; 26%, respectively), the websites of charitable or non-profit organizations (38%; 15%; 23%), and social media influencers (34%; 22%; 13%).

### Target Audiences

- Members of the Black community are more likely to prefer information via social media (36%), video sites (34%), television (31%), social media influencers with expertise or lived experience (31%), podcasts (21%), and radio (14%).
- Relative to the average a higher proportion of Indigenous Peoples prefer to hear from people with lived experience with STBBI (33%).
- The 2SLBTQI+ community is more likely to indicate a preference for: stories of those with lived experiences with STBBI (37%), social media (35%), video sites (34%), social media influencers (30%), and websites operated by charitable or non-profit organizations (25%).

In 2018, Canada became the first country to endorse the ‘U=U’ (**‘Undetectable is Untransmittable’**) campaign, led by the Prevention Access Campaign. U=U introduced the concept of Treatment as Prevention (TasP) and promotes the fact that HIV is not passed on through sex when a person living with HIV is on treatment and the level of HIV in their blood remains very low (e.g., viral suppression). The campaign aims to change the conversation around HIV, address misinformation, and reduce stigma by improving public awareness of the importance of culturally safe HIV testing and treatment. Knowledge of U=U has been proven to increase uptake in HIV testing, treatment and achieving viral suppression, all of which support the global goal of ending HIV and AIDS as a public health concern by 2030.

These survey results show that, among the general public, awareness of **‘Undetectable=Untransmittable’** or the ‘U=U’ concept is relatively modest at 19%, with just 6% saying they have *definitely* heard about it and another 13% saying they have *vaguely* heard about it. The vast majority (76%) are unaware of this concept while another 6% are unsure.

There are no variations by region – two thirds or more in each region say they have not heard of this concept. Similarly, awareness does not vary by type of community.

**TABLE 17. AWARENESS OF ‘U=U’ – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
NET YES	19	19	18	22	19	23	24	21	19
Yes, definitely	6	5	7	7	5	5	8	6	5
Yes, vaguely	13	14	12	15	14	18	16	15	14
No	76	76	77	69	76	73	71	73	78
Don’t know	6	5	5	10	5	4	5	6	3

Q28. Have you heard about the concept of “Undetectable=Untransmittable or U=U”?

Base: Total sample

### Demographics

Claimed awareness of the ‘U=U’ concept is higher among the following groups:

- Those under age 35 (28%) relative to those aged 35-54 (21%) and those 55+ (10%). It should be noted, however, that the higher level of awareness among the younger age cohort is primarily driven by the proportion saying they are *vaguely* aware (19%);
- Single persons (24%) compared to those who are married or living common-law (17%) and those who are divorced, separated or widowed (14%); and
- Anglophones (20%) relative to those whose primary language is neither English nor French (13%).

#### Target Audiences

- Members of the 2SLGBTQI+ (40%) and Black communities (38%) are more likely to claim awareness of the ‘U=U’ concept. Notably, a significantly higher proportion in these two groups say they have *definitely* heard of the concept – 17% among those identifying as 2SLGBTQI+ and 10% among the Black community – as compared to the average of 6%, and relative to proportion of Indigenous Peoples who say the same (5%).

For just over a third of respondents, the ‘U=U’ concept means that STBBI are undetectable/asymptomatic (36%) and/or that the condition is not contagious and can’t be transmitted (32%).

There are no significant differences with regards to interpretation of the ‘U=U’ concept across the regions or by community type.

**TABLE 18. PERCEIVED MEANING OF ‘U=U’ (OPEN-END) – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
%	%	%	%	%	%	%	%	%	%
It can’t be detected/non detectable/no symptoms/cant be seen	36	35	35	38	36	40	34	36	39
Not contagious/can’t be transmitted/not spreadable/won’t spread	32	30	33	34	32	32	34	33	33
False statement/I don’t think its true	5	3	4	5	6	6	7	5	7
You could have the disease without knowing/you don’t know you have it	4	5	1	4	5	4	6	4	4
Its possible to transmit it/doesn’t mean it can’t be transmitted	3	3	4	2	3	4	2	3	3
Using effective treatment can control it/its curable	2	-	2	2	4	2	2	2	2
Can’t get tested for it/hard to diagnose	1	2	1	1	1	1	2	1	2
No cure/untreatable/it can kill you	<1	-	<1	-	-	<1	1	<1	
Other	2	2	2	2	3	1	2	2	2
Nothing	<1	-	-	-	<1	-	-	<1	-
Don't know	54	55	54	53	52	51	51	53	52

Q29. What do you think Undetectable=Untransmittable means?

Base: Total sample

#### Demographics

- Women are more likely than men to interpret ‘U=U’ as meaning that STBBI are not detectable (39% vs. 33%, respectively) and as non-contagious (35% vs. 29%).
- Single people (36%) are more inclined to interpret ‘U=U’ as meaning that STBBI cannot be transmitted, compared to people who are married or living in a common-law relationship (30%). By contrast, those who are divorced, separated or widowed (43%) are more inclined to interpret the concept as meaning STBBI are not detectable and/or do not have any associated symptoms that are apparent, much higher than the proportion saying the same among those who are married or residing in a common-law partnership (34%).

#### Target Audiences

- A much higher proportion of 2SLGBTQI+ believe that the concept means STBBI are not detectable (45%) relative to the average (36%) and to Indigenous Peoples (38%) and that they are not contagious (43%; 32%; 30%, respectively).

## F. Focused Analysis of Key Audiences

In a number of areas, the views of the Black, Indigenous and 2SLGBTQI+ communities as they relate to general knowledge, attitudes and experiences with STBBI differs from those of the general public.

Members of the Black (65%) and 2SLGBTQI+ (59%) communities express higher overall levels of concern regarding rates of HIV/AIDS, compared to the average (48% saying they are *somewhat/very concerned*). In line with this, Black respondents are among those who are more likely to refute the premise that STBBI are a relatively minor health concern (53% disagree with a statement to this effect vs. 47% on average). Similarly, concern about rates of syphilis infection is much higher among Black respondents (59%) relative to the average (42%).

A higher proportion of Black and 2SLGBTQI+ respondents also report being concerned about their personal risk of contracting HIV (48% and 35%, respectively) and syphilis (45% and 30%, respectively). In fact, these two audiences are generally more likely to express concern about their personal risk of contracting the wider range of STBBI.

Notably, those in the 2SLGBTQI+ and Indigenous communities are generally more likely to report having been tested for a wider range of STBBI compared to the average. And the percentage of respondents in all three of these groups who have been tested for HIV or syphilis is much higher relative to the average:

- Have been tested for HIV – 35% among 2SLGBTQI+; 27% among Indigenous Peoples; 32% among the Black community compared to 19% on average.
- Have been tested for syphilis – 21% among 2SLGBTQI+; 17% among Indigenous Peoples and the Black community compared to 10% on average.

The Black and 2SLGBTQI+ communities in particular face a number of barriers to testing and treatment for STBBI some of which are identified with greater frequency relative to the general population. 2SLGBTQI+ respondents are more likely to cite feelings of shame and embarrassment (28%), fears of testing positive (22%), not being sure of where to get tested (22%), and fear regarding testing procedures or having to disclose certain behaviours (19% for each) compared to the average. Other barriers are also cited, but to a lesser degree. For the Black community, issues such as previous experience with stigma and discrimination

within the health care system (18%) and concerns about anonymity and confidentiality of their personal information (17%) are mentioned by just under one in five.

Given higher levels of personal concern about and the incidence of testing for STBBI within the Black and 2SLGBTQI+ communities, it may not be entirely surprising that these respondents are also more likely to say they are both generally knowledgeable about STBBI and more specifically about preventing, testing and treatment for HIV, syphilis and other STBBI. Relative to the average, respondents within these communities who say they are *somewhat* or *very knowledgeable* is anywhere from 5 to 21 points higher than the average. The differential is higher for members of the Black community and specifically in relation to self-reported knowledge about testing for HIV (78% are *very/somewhat knowledge* vs. 64% on average), other STBBI (66% vs. 52%) and for syphilis (58% vs. 46%).

Interest in knowing more about the risks, testing options and treatments for STBBI is greater among all three of these target audiences: 78% of Black respondents are *somewhat/very interested*; 74% of 2SLGBTQI+ and 63% of Indigenous Peoples relative to an average of 57%. Preferences for how information is shared and received does vary although common to both the Black and 2SLGBTQI+ communities is the higher proportion who favour social media (36% and 35%, respectively), video sites (34% for each), and social media influencers with expertise or lived experience (31% and 30%). Indigenous Peoples are more likely to state a preference to hear from people with lived experience of STBBI (33%) but are not significantly more likely to identify any other means of sharing information to a greater or lesser degree relative to the average.

With respect to awareness of the 'U=U' concept, members of the 2SLGBTQI+ (40%) and Black (38%) communities are more likely to say they have heard about it compared to the average for the general population (19%). Moreover, those identifying as 2SLGBTQI+ are also more likely to interpret this to mean that STBBI are not detectable (45%) and not contagious (43%) compared to others.

## B2. Health Care Practitioners

Health care practitioners were asked to respond to a similar series of questions as the general public in regard to their views regarding and knowledge of STBBI.

### A. Concerns about STBBI Relative to Other Health Issues

Practitioners express high levels of concern (and much higher than the general public) about a wide range of public health issues. Over 9 in 10 are *very/somewhat concerned* about each of the following:

- Obesity (98%; 68% *very concerned*);
- Mental illness and suicide among adults (98%; 78% *very concerned*);
- Mental illness and suicide among youth (97%; 75% *very concerned*);
- The opioid crisis (96%; 75% *very concerned*);
- E-cigarette use and vaping among children and youth (96%; 72% *very concerned*); and
- Tobacco and alcohol use (94%; 48% *very concerned*).

Just under 9 in 10 (89%) also say they are *very/somewhat concerned* about e-cigarette use and vaping among adults (45% *very concerned*).

In relative terms, smaller numbers of health care practitioners report being *very/somewhat concerned* about HIV/AIDs (74%; 23% *very concerned*) or syphilis (73%; 30% *very concerned*).

While there are no significant differences in overall levels of concern across professions or by professional setting, key differences are more apparent when looking only at the proportion who say they are *very concerned* about each of these issues. A general pattern emerges of nurses exhibiting among the highest levels of concern for a range of public health issues, particularly as compared to dentists/pharmacists but also in some cases relative to physicians.

- More nurses (86%) say they are *very concerned* about the opioid crisis, relative to physicians (71%) and dentists/pharmacists (57%). Nurses are also more inclined to say they are *very concerned* about mental illness and suicide among children and youth (82%), relative to dentists/pharmacists (63%).
- Nurses along with physicians are also more likely to be *very concerned* relative to dentists/pharmacists about each of the following issues:
  - Mental illness and suicide among adults (82%; 82%; 65%, respectively);
  - E-cigarette use and vaping among children and youth (82%; 72%; 53%, respectively) and among adults (56%; 43%; 25%, respectively);
  - Rates of syphilis infections (37%; 32%; 15%, respectively); and
  - HIV/AIDS (29%; 23%; 10%, respectively).
- By contrast, a larger proportion of physicians (83%) are *very concerned* about obesity, relative to nurses (66%) and dentists/pharmacists (58%).

**TABLE 19. LEVELS OF CONCERN ABOUT VARIOUS PUBLIC HEALTH ISSUES – HEALTH CARE PRACTITIONERS**

% Very/Somewhat Concerned

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Obesity	98	98	100	97	98	99	98	100
Mental illness and suicide among adults	98	99	98	95	99	98	96	100
Mental illness and suicide among children and youth	97	98	97	95	99	98	97	100
The opioid crisis (drug use, overdose, addiction)	96	99	97	90	99	98	95	100
E-cigarette use and vaping among children and youth	96	97	97	95	97	96	96	100
Tobacco and alcohol use	94	95	97	88	93	97	93	100
E-cigarette use and vaping among adults	89	93	91	78	94	92	82	96
Rates of HIV/AIDS	74	81	68	65	77	75	70	71
Rates of syphilis infection	73	79	77	57	77	79	69	79

Q9a-i. From a public health perspective, how concerned are you about each of the following issues?

Base: Total sample

## Demographics

Although rates of concern for various health issues are high across all sub-groups, women and older health professionals exhibit higher levels of concern in specific areas:

- By gender, women health care practitioners are more likely as compared to their male counterparts to say they are *very/somewhat concerned* about rates of syphilis infection (79% vs. 63%, respectively).
- Older health care practitioners (aged 55+) are more likely relative to those under age 45 to express concern about tobacco and alcohol use (100% vs. 90%, respectively) and rates of HIV/AIDS (85% vs. 65%, respectively).

## Region and Community Type

- Keeping in mind that the number of practitioners from Manitoba and Saskatchewan who completed the survey is quite small (n=16), all of them (100%) say they are *very/somewhat concerned* about HIV/AIDS. Levels of concern, comparatively speaking, are lower among practitioners based in Ontario (80%), British Columbia/North (74%), Atlantic Canada (67%), Quebec (64%), and Alberta (59%). This pattern is also evident with respect to levels of concern regarding rates of syphilis infection: Manitoba/Saskatchewan (100%), Ontario (75%), British Columbia/North (74%), Alberta (74%), Quebec (67%), and Atlantic Canada (50%).

As a follow-up to this question, respondents were asked if there were any other public health issues with which they were concerned as a health professional. The plurality (40%) did not raise any other issues. Small proportions did, however, identify several additional issues of concern, including: poverty/ability of people to meet their basic needs (11%), challenges related to access health care and the ability to access a family doctor (10%), immunization (9%), substance use (8%), mental health issues (6%), rates of infection from sexually transmitted diseases (6%), ongoing concerns related to COVID-19 (4%), discrimination, bias and racism in society (4%), diabetes (3%) and social media use (3%). A range of other issues were mentioned by fewer than 3% of respondents (e.g., contraception/unwanted pregnancies (2%), effects of climate change (2%), antibiotic resistance (2%), domestic abuse/family violence (1%), hepatitis (1%), tuberculosis (1%), heart disease (1%), aging population (1%), gender issues/dysphoria (1%) and lack of physical activity (1%), among others).

Overall, physicians are more likely to have raised a series of other public health issues, compared to nurses and pharmacists/dentists – while 48% of pharmacists/dentists and 41% of nurses did not flag any other issues of concern other than those addressed in the previous question, just one third (31%) of physicians did the same. In particular, a higher proportion of physicians (17%) cite immunization as an additional public health concern compared to nurses (6%) and pharmacists/dentists (5%).

**TABLE 20. ADDITIONAL PUBLIC HEALTH ISSUES (OPEN-END) – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Poverty/people not being able to afford basic needs (e.g., housing, access to proper nutrition)	11	13	12	5	18	15	9	18
Accessibility/access to care (e.g., lack of family doctors)	10	11	11	7	11	10	11	25
Immunization health/vaccination/decreased use of vaccines	9	6	17	5	4	10	9	7
Substance abuse (e.g., drugs, alcohol)	8	6	8	12	11	8	11	11
Mental health/stress/depression	6	6	5	7	8	7	7	7
STI rates	6	6	5	7	6	6	7	11
COVID-19	4	3	5	7	2	5	4	4
Social unrest/violence/racism/gender discrimination	4	4	9	-	7	6	-	11
Diabetes	3	1	2	8	1	2	5	-
Social media/addiction to gaming/screen time	3	2	6	-	3	4	3	4
No other issues	40	41	31	48	40	35	41	14

Q10. Apart from those issues just mentioned, what other public health issues are you concerned about?

Base: Total sample, mentions of 3% and above shown

### Demographics

- Compared to female health care practitioners, male practitioners are more likely to have cited immunization (14% vs. 6%) as an additional public health concern. By contrast, women are somewhat more likely to have flagged issues related to mental health (8% vs. 2%) and STI rates (8% vs. 2%).

There are no other differences of note across regions or by community type.

To further gauge general levels of concern regarding STBBI, practitioners were asked to what extent they agreed or disagreed with the statement that STBBI are a *very minor health concern*. Three quarters (75%) strongly disagreed that this was the case (e.g., responding either ‘1’ or ‘2’ on a 7-point scale where 1 is *completely disagree*, 7 is *completely agree* and the mid-point 4 is *neither agree nor disagree*).

While there are no statistically significant variations in responses to this question across professions, those in a clinic setting (81%) are more likely to disagree with this statement relative to those in a hospital setting (67%).

**TABLE 21. GENERAL ATTITUDES TOWARD STBBI – HEALTH CARE PRACTITIONERS**

*“Sexually transmitted and blood-borne infections (STBBI) are a very minor health concern.”*

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Completely agree (7/6)	4	6	2	-	6	2	5	11
(5/4/3)	21	22	20	20	28	16	20	18
Completely disagree (2/1)	75	71	78	78	67	81	74	71
Don’t know	<1	-	-	2	-	-	1	-

Q19e. To what extent do you agree or disagree with each of the following statements.

Base: Total sample

### Demographics

- Health care practitioners who are aged 55+ are more inclined to disagree with this statement (85%) compared to their counterparts under age 45 (70%).

There are no other differences of note across regions or by community type.

## B. General Knowledge of STBBI

A high proportion of practitioners report being knowledgeable about STBBI. Over four in five claim to be *somewhat/very knowledgeable* about HIV (86%) and other sexually transmitted and blood-borne infections (87%), while fewer report similar knowledge levels about syphilis (75%).

Across professions, a higher percentage of nurses claim to be *somewhat/very knowledgeable* about HIV (90%) compared to dentists/pharmacists (77%). Physicians and nurses alike (98% and 90%, respectively) report being reasonably knowledgeable about other STBBI, significantly higher than do dentists/pharmacists (68%). With respect to syphilis, a larger proportion of physicians claim to be knowledgeable as compared to nurses (94% vs. 76%, respectively), and both these groups are more likely to say they are *somewhat/very knowledgeable* about this issue relative to dentists/pharmacists (52%).



There are a few variations of note by professional setting:

- Those in a hospital setting (94%) are more likely to report being knowledgeable about HIV compared to those in a community setting (82%).
- In terms of other STBBI, practitioners in a clinic setting (91%) are more likely to report being knowledgeable relative to those in a community setting (82%).

**TABLE 22. GENERAL KNOWLEDGE OF STBBI – HEALTH CARE PRACTITIONERS**

*% Very/Somewhat Knowledgeable*

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
HIV	86	90	86	77	94	90	82	86
Syphilis	75	76	94	52	79	82	74	86
Other sexually transmitted and blood-borne infections (STBBI)	87	90	98	68	90	91	82	93

Q11a-c. How knowledgeable would you say you are about each of the following?

Base: Total sample

### Demographics

- Female practitioners are more likely to cite being knowledgeable about syphilis compared to their male counterparts (79% vs. 68%, respectively).

### Region and Community Type

- As noted earlier, the total number of respondents by region is quite small in some cases. Nevertheless, practitioners in Atlantic Canada are more likely to report being knowledgeable about HIV (100%) compared to those in Ontario (92%), British Columbia/North (89%), Alberta (78%), and Quebec (78%). There is no statistically significant difference from respondents in Manitoba/Saskatchewan (81%).
- This is also true in terms of knowledge levels reported for other STBBI where Atlantic Canadian-based practitioners are more likely to report being knowledgeable (100%) compared to those in Ontario (92%), British Columbia/North (89%), Quebec (80%) and Alberta (74%). Again, there is no difference when compared to respondents in Manitoba/Saskatchewan (94%).
- Across community types, practitioners in smaller urban areas with populations of 100,000 to under a million as compared to those practicing in communities of under 100,000 people are more likely

to report being knowledgeable of both HIV (92% vs. 79%, respectively) and syphilis (79% vs. 62%, respectively).

As shown above, with the exception of syphilis where about one quarter claim to be *not that knowledgeable* (22%) or *not at all knowledgeable* (4%), practitioners' self-reported general knowledge of STBBI is reasonably good. Responses to additional probing questions exploring practitioners' understanding specific to prevention, testing and treatment of STBBI underscore an opportunity to better educate and inform health care professionals not only regarding prevention, testing and treatment for syphilis but also testing and treatment for HIV.

Overall, a high percentage of practitioners claim to be knowledgeable about **preventing** HIV (94% are *very/somewhat knowledgeable*) and other STBBI (95%), while the proportion saying the same with respect to their knowledge regarding the prevention of syphilis is 10-points lower (84%). In terms of **testing** for STBBI, over four in five claim to be knowledgeable about HIV (82%) and other STBBI (85%), while the proportion who say they are knowledgeable about testing for syphilis is considerably lower (75%). With respect to **treatments**, far fewer practitioners report being knowledgeable about treatments for syphilis (72%) and for HIV (68%) than they are about treatments for other STBBI (86%).

There is some variability in claimed levels of knowledge across professions. In general, a higher proportion of physicians and nurses as compared to dentists/pharmacists report being knowledgeable about:

- Testing for syphilis (99%; 82%; 35%, respectively), other STBBI (97%; 87%; 67%, respectively), and HIV (92%; 88%; 60%, respectively); and
- Preventing syphilis (92%; 89%; 63%, respectively).

Physicians (85%) are also more likely to say they are knowledgeable about treatments for syphilis, compared to nurses (70%) and dentists/pharmacists (62%). A higher proportion of physicians (94%) also claim to be knowledgeable about treatments for other STBBI as compared to nurses (82%).

By contrast, dentists/pharmacists (75%) and nurses (73%) are more likely to report being knowledgeable about treatments for HIV relative to physicians (54%).

Results on this question vary, to some extent, across professional settings, with reported levels of knowledge generally lower among those working in a community setting.

- Those practicing in a hospital or clinic setting are more likely, relative to those in a community setting, to say they are *very/somewhat knowledgeable* about testing for HIV (88%; 89%; and 74%, respectively), syphilis (88%; 82%; 63%, respectively), and other STBBI (90%; 92%; and 77%, respectively).
- Practitioners working in a clinic setting, compared to those in a community setting, are also more likely to say they are knowledgeable about preventing syphilis (90% vs. 79%, respectively) and other STBBI (99% vs. 93%, respectively).

**TABLE 23. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF STBBI – HEALTH CARE PRACTITIONERS**

*% Very/Somewhat Knowledgeable*

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Preventing other sexually transmitted and blood-borne infections (STBBI)	95	94	98	93	94	99	93	100
Preventing HIV	94	94	95	93	94	96	95	100
Treatments for other sexually transmitted and blood-borne infections (STBBI)	86	82	94	83	84	90	88	93
Testing for other sexually transmitted and blood-borne infections (STBBI)	85	87	97	67	90	92	77	89
Preventing Syphilis	84	89	92	63	86	90	79	86
Testing for HIV	82	88	92	60	88	89	74	100
Testing for Syphilis	75	82	98	35	88	82	63	89
Treatments for Syphilis	72	70	85	62	73	74	75	82
Treatments for HIV	68	73	54	75	73	67	69	79

Q12a-i. How knowledgeable would you say you are about ... ?

Base: Total sample

### Demographics

- With respect to the age of practitioners, a higher proportion of those 55 and older relative to those under age 45 say they are knowledgeable about the prevention of syphilis (92% vs. 79%, respectively) and testing for syphilis (85% vs. 68%, respectively).
- By contrast, younger practitioners (under 45 years of age) are more likely to report being knowledgeable about treatments for HIV (75%) compared to those aged 45-54 years of age (60%).

### Region and Community Type

- From a regional perspective, there are few variations of note with one exception. A higher percentage of practitioners in Atlantic Canada (100%) say they are knowledgeable about testing for syphilis compared to those in Ontario (86%), British Columbia/North (77%), Manitoba/Saskatchewan (69%), Alberta (63%) and Quebec (59%). Again, some caution should be taken when examining regional differences. Although they are statistically significant, the base sizes are small in some regions.

### C. General Barriers to Diagnosis and Treatment of STBBI

Health care professionals responded to a series of questions aimed at better understanding the degree to which stigma or barriers exist which would affect patient access to and usage of STBBI prevention, treatment and support services. The results highlighted in the table below suggest that most health care practitioners are quite comfortable having conversations with patients about sexual health and sexually transmitted and blood-borne infections (89% overall; 65% who are *very comfortable*). While just one in ten practitioners report being uncomfortable (11%), when combined with those who say they are somewhat comfortable (24%), over one third of practitioners express some degree of hesitation or discomfort in this situation.

Physicians (95%) and nurses (92%) express a greater level of comfort engaging in these types of conversations relative to dentists/pharmacists (77%). The difference is more striking in terms of those indicating a high level of comfort – many more physicians (83%) report being *very comfortable*, as compared to nurses (67%) and dentists/pharmacists (40%). By contrast, over one in five dentists/pharmacists say they are uncomfortable (23%), a much higher proportion relative to nurses (8%) and physicians (5%).

There are no significant differences on this question across practice settings.

**TABLE 24. COMFORTABILITY ENGAGING IN CONVERSATIONS ABOUT STBBI – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
TOTAL COMFORTABLE	89	92	95	77	91	91	89	93
Very comfortable	65	67	83	40	64	72	64	79
Somewhat comfortable	24	25	12	37	27	19	25	14
Somewhat uncomfortable	8	6	3	18	7	6	10	7
Very uncomfortable	3	2	2	5	2	3	1	-
TOTAL NOT COMFORTABLE	11	8	5	23	9	9	11	7

Q20d. How comfortable or uncomfortable would you be in each of the following situations?

Base: Total sample

There are no variations of note across demographic sub-groups or by region and community type.

## D. Awareness of U=U Concept and Information Preferences

There is considerable interest (94%) among health care professionals in knowing more about the risks, testing options, and treatments for STBBI. Almost half (47%) are *very interested* and about the same number are at least *somewhat interested* (48%).

Few variations by profession or across practice settings are evident, although nurses (52%) are much more likely to say they are *very interested* in knowing more about STBBI relative to dentists/pharmacists (35%).

**TABLE 25. INTEREST IN KNOWING MORE ABOUT RISKS, TESTING OPTIONS, TREATMENTS FOR STBBI – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
TOTAL INTERESTED	94	96	97	88	98	95	94	96
Very interested	47	52	48	35	48	52	51	57
Somewhat interested	48	44	49	53	50	43	43	39
Not that interested	5	4	3	10	2	4	6	4
Not interested at all	<1	-	-	2	-	1	-	-
TOTAL NOT INTERESTED	6	4	3	12	2	5	6	4

Q27. How interested are you in knowing more about the risks, testing options, and treatments for sexually transmitted and blood-borne infections (STBBI)?

Base: Total sample

There are no statistically significant variations across demographic sub-groups, regions or by community type.

Health care professionals were asked how they would prefer to receive information or learn more about STBBI. Over half favoured obtaining information via e-learning courses (64%) as well as webinars, seminars and/or conferences (57%). Over one-quarter to just under half indicated a preference for information which they would receive through a professional organization (45%), print material such as brochures and pamphlets (38%), academic journals (38%), e-mails (29%), podcasts (29%), government websites (27%) and via stories of those with lived experience (25%). One in five (or fewer) cited videos through channels such as YouTube (20%), classroom or other traditional training venues (20%), social media (16%), websites of charitable or non-governmental organizations (10%), news stories (10%), and traditional media such as television (9%) and radio (5%).

Nurses, as compared to dentists/pharmacists and physicians, are more likely to cite a preference for academic journals (46%; 30%; 28%, respectively). They are also more likely than physicians to favour government websites (33% vs. 18%, respectively).

Across professional settings, those working in a clinic or community setting (50% and 48%, respectively) are more likely to state a preference for professional organizations, compared to those in a hospital setting (36%).

By contrast, those in a hospital setting are more likely to favour each of the following modes for receiving information:

- Academic journals – 48% vs. 31% among those in a community setting
- Podcasts – 37% vs. 26% among those in a clinic setting
- Stories of those with lived experience – 36% vs. 24% among those working in a community setting and 22% among those in a clinical setting
- Video sites such as YouTube – 32% vs. 21% among those in a community setting and 17% among those in a clinical setting
- Social media – 23% vs. 12% for those in a clinic setting and 11% for those in a community setting

**TABLE 26. PREFERENCE FOR RECEIVING INFORMATION ABOUT STBBI (MULTI-MENTION) – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
E-learning courses	64	62	62	70	61	66	69	68
Webinars, seminars and/or conferences	57	54	62	58	53	64	56	68
Professional organizations	45	47	45	40	36	50	48	46
Print resources (e.g., brochures, pamphlets, etc.)	38	41	34	37	41	41	33	46
Academic journals	38	46	28	30	48	40	31	36
E-mail	29	30	23	33	27	26	34	25
Podcasts	29	34	22	27	37	26	27	32
Government websites	27	33	18	23	31	26	25	29
Through stories of people with lived experience with STBBI	25	42	8	10	36	22	24	25
Video sites such as YouTube	20	28	11	15	32	17	21	18
Traditional training (classroom setting)	20	22	17	17	22	16	25	18
Social media (Facebook, X (formerly Twitter), Instagram, etc.)	16	22	5	17	23	12	11	18
Charities'/Non-profit organizations' websites	10	14	5	8	12	11	11	14
News stories	10	13	5	8	13	11	9	14
Television	9	14	3	5	13	4	8	14
Radio	5	8	2	2	7	2	4	11

Q28. How would you prefer to receive information or learn more about sexually transmitted and blood-borne infections (STBBI)? Select all that apply.

Base: Total sample

### Demographics

- By gender, women practitioners (34%) are more likely to cite a preference for receiving information about STBBI via the stories of those with lived experience as compared to men (11%).
- Podcasts are favoured more so by those under age 55 (33%) relative to those aged 55+ (18%), while a higher proportion of practitioners under age 45 (33%) prefer learning about STBBI through the stories of people with lived experience compared to those 45 and older (18%).

### Region and Community Type

- Regionally, health care professionals working in Manitoba/Saskatchewan (81%) are more likely to indicate a preference for academic journals compared to those in Ontario (41%), British Columbia/North (34%), Alberta (33%) and Quebec (23%). Similar numbers in Manitoba/Saskatchewan (81%) are also more likely to cite webinars, seminars and/or conferences among their preferred means of receiving information about STBBI, relative to those in British Columbia/North (46%) and Alberta (41%).

Over half (54%) of health care professionals surveyed have heard about the concept of **'Undetectable=Untransmittable'** or 'U=U,' although most describe their recall as *vague* (36%) rather than *definite* (18%). Many (45%) do not recall hearing anything about this concept, while several (1%) were unsure.

While there was little difference by profession in terms of the overall recall of 'U=U,' a higher proportion of dentists/pharmacists (48%) say they *vaguely* recall hearing about this concept, compared to nurses (33%) and physicians (29%).

Across professional settings, those working in a community setting (63%) are more likely to have heard about 'U=U' relative to those working in a clinical setting (52%).

**TABLE 27. AWARENESS OF 'U=U' – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
NET YES	54	54	46	63	53	52	63	64
Yes, definitely	18	21	17	15	21	18	20	25
Yes, vaguely	36	33	29	48	32	34	43	39
No	45	46	52	35	46	47	37	36
Don't know	1	1	2	2	1	2	-	-

Q29. Have you heard about the concept of "Undetectable=Untransmittable or U=U?"

Base: Total sample

### Demographics

- Although there are no differences based on the gender of health care professionals, the younger cohort, under the age of 45 (62%) are more likely than those aged 55+ (42%) to have heard about 'U=U.' The plurality (42%) do however describe their recall as vague.

There are no variations across regions or by community type on this question.

In a subsequent question, all respondents were asked what they felt was meant by the phrase '**Undetectable=Untransmittable.**' Almost as many health care professionals believe it to mean that STBBI are not detectable (68%) as they believe it to mean that STBBI that are not detectable or contagious (62%). Notably, one quarter (25%) of respondents are unsure of the meaning of this phrase, while small percentages believe the statement to be false (3%) or felt it alluded to the ability to control or cure STBBI (3%), difficulties testing and diagnosing STBBI (1%), the transmissibility of STBBI (1%) or the possibility of having an STBBI without knowing it (1%).

Overall, a higher proportion of physicians, as compared to nurses, correctly interpreted the phrase believing it to mean that an STBBI is not transmissible if it can't be detected (74% vs. 55%, respectively). By contrast, nurses are more likely than physicians to report being unsure of the meaning (29% vs. 15%, respectively).

There are no significant variations in respondents' understanding of the meaning of 'U=U' across professional settings.

**TABLE 28. PERCEIVED MEANING OF 'U=U' (OPEN-END) – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
It can't be detected/non detectable/no symptoms/cant be seen	68	65	75	68	64	74	69	82
Not contagious/can't be transmitted/not spreadable/won't spread	62	55	74	65	58	66	64	75
False statement/I don't think its true	3	3	3	3	2	3	1	11
Using effective treatment can control it/its curable	3	2	2	7	2	2	5	-
Can't get tested for it/hard to diagnose	1	2	2	-	3	1	1	-
Its possible to transmit it/doesn't mean it can't be transmitted	1	2	-	-	2	2	1	4
You could have the disease without knowing/you don't know you have it	1	2	-	-	2	-	-	-
Other	2	2	5	-	2	2	3	-
Don't know	25	29	15	28	29	20	24	18

Q30. What do you think Undetectable=Untransmittable means?

Base: Total sample

## Demographics



- Younger health care professionals, under 45 years of age, are more likely than those 55+ to feel that ‘U=U’ refers to the undetectability/asymptomatic nature of STBBI (74% vs. 58%, respectively). At the same time, this younger cohort is almost equally likely to interpret the phrase as meaning STBBI are not contagious (70%) compared to those aged 45 to 54 (55%).

#### Region and Community Type

- Respondents working in Quebec (73%) and Ontario (63%) are more likely to interpret ‘U=U’ as meaning the infection is not transmissible, compared to those in British Columbia/North (43%).

Overwhelmingly, those who have heard about ‘U=U’ feel it is important (97%) to communicate this message to people living with HIV (80% say it is *very important* to do so while another 17% say it is *somewhat important*). A small number (3%) are unsure.

The extent to which health care professionals see this as important is consistent across professions and professional settings.

**TABLE 29. IMPORTANCE OF COMMUNICATING THE ‘U=U’ MESSAGE TO PATIENTS LIVING WITH HIV – HEALTH CARE PRACTITIONERS**

% Very/somewhat important

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	135	67	30	38	48	64	61	18
	%	%	%	%	%	%	%	%
TOTAL IMPORTANT	97	100	97	92	96	95	98	100
Very important	80	87	73	74	77	80	82	78
Somewhat important	17	13	23	18	19	16	16	22
Don’t know	3	-	3	8	4	5	2	-

Q31. How important is it to communicate the “Undetectable=Untransmittable (U=U)” message to patients living with HIV?

Base: Those who have heard about the concept of “Undetectable=Untransmittable or U=U

#### Demographics

- Female health care professionals (85%) are more likely to say that communicating this message is *very important*, compared to their male counterparts (70%).

There are no significant variations on this question by region or community type.

Among those who have heard of ‘U=U,’ the extent to which this message is communicated to patients living with HIV is relatively infrequent. Just over two in five (44%) say they share this message with affected patients a few times a year, but not on a monthly basis (31%) or no more than once a year (13%). Just over one quarter (26%) indicate never speaking with their affected patients about this concept. By contrast, a little less than one quarter (24%) share this information daily (2%), several times a week but not on a daily basis (13%), or several times a month, but not on a weekly basis (9%). A small proportion are unsure (6%).

Dentists/pharmacists (45%) are more likely to say they never communicate this message, compared to nurses (16%).

**TABLE 30. FREQUENCY WITH WHICH HEALTH CARE PROFESSIONALS COMMUNICATE ‘U=U’ TO THEIR PATIENTS WITH HIV (AMONG THOSE HAVING HEARD OF THE CONCEPT) – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	135	67	30	38	48	64	61	18
	%	%	%	%	%	%	%	%
On a daily basis	2	4	-	-	4	3	3	-
Several times a week, but not necessarily on a daily basis	13	15	23	-	19	14	8	17
Several times a month, but not necessarily on a weekly basis	9	15	7	-	13	11	8	17
A few times a year, but not necessarily on a monthly basis	31	28	27	39	29	30	34	28
Once a year or less often	13	13	13	13	13	11	15	11
Never	26	16	23	45	17	25	30	28
Don't know	6	7	7	3	6	6	2	-

Q32. In your work, about how frequently do you communicate the “Undetectable=Untransmittable (U=U)” message to your patients living with HIV?

Base: Those who have heard about the concept of “Undetectable=Untransmittable or U=U

There are no differences in the frequency with which health care professionals communicate the ‘U=U’ by region or community type.

## Section C: Detailed Findings – HIV/AIDS

## Detailed Findings – HIV/AIDS

---

### C1. General Public

This section delves more deeply into respondents' understanding of HIV, including their knowledge of specific aspects of the virus in terms of how it is transmitted, as well as how it can be prevented, treated and managed. It also examines, from the perspectives of both the general public and health care professionals, the extent to which stigma exists around HIV/AIDS and people living with HIV/AIDS which could impact those seeking advice or assistance.

As noted in the Section B, general knowledge of HIV is modest among the general population and considerably higher among health care professionals, although for both audiences relatively few describe themselves as being very knowledgeable (one-quarter among health care professionals and just over one in ten among the general public). Knowledge levels regarding the prevention, testing and treatment of HIV vary greatly – knowledge correlates closely with age and educational attainment, and is generally higher among members of the Black community and those identifying as 2SLGBTQI+. With few exceptions, among health care professionals nurses and physicians exhibit greater knowledge of various aspects of HIV relative to dentists and pharmacists.

Close to one in five among the general public have been tested for HIV – notably the prevalence of reported testing is significantly higher among people who have experienced homelessness within the last 5 years, as well as equity-deserving groups such as 2SLGBTQI+, the Black community and Indigenous Peoples.

The general public and health care professionals alike identify a wide range of groups as being at risk of HIV, although the latter group tends to cite the various groups more frequently compared to the former. Most frequently mentioned by both groups are: people who inject drugs, men who have sex with other men, sex workers and people from countries where HIV is more widespread. By comparison relatively few mention the African, Caribbean and Black (ACB) communities or Indigenous Peoples. Of note, the proportion of Black and Indigenous respondents who indicate their own community as being more at risk for HIV is relatively low, although in some cases higher than the average.

Results highlight that there is some stigma and discomfort around HIV among both target audiences mainly when it comes to interactions at a more personal level – for example, people with HIV serving the public in positions such as dentist, hairdresser or in a restaurant, as well as a family member or close friend dating someone with HIV. While comfort levels are higher among health care professionals, there is a clear need for additional training and resources to enhance their sense of ease in caring for patients living with HIV.

#### A. General Knowledge of HIV

A majority (64%) of the general public say they are knowledgeable about HIV with just over half (51%) reporting they are *somewhat knowledgeable* and 13% saying they are *very knowledgeable*. Conversely, about one third (34%) say they are not knowledgeable with about a quarter (26%) reporting they are *not that knowledgeable* and a further 8% reporting they are *not at all knowledgeable*. Only a very small share of respondents (2%) had some difficulty assessing their knowledge about HIV responding that they *don't know*.

Those more likely to say they are knowledgeable (*very/somewhat*) about HIV include:

- Residents of Ontario (67%) and British Columbia/North (66%), relative to those in the Atlantic region (57%) and Quebec (59%); and
- People living in urban areas (64%) when compared to those in rural areas (56%).

Conversely, those who are more likely to say be less knowledgeable (*not that/not at all*) about HIV are:

- People in Atlantic Canada (41%) and Quebec (39%), relative to those in Ontario (31%) and British Columbia and the North (32%); and
- Those residing in rural communities (43%) versus urban areas (34%). This difference is primarily due to a larger proportion in rural areas (34%) who say they are *not that knowledgeable*, relative to respondents in urban areas (26%).

**TABLE 31. GENERAL KNOWLEDGE OF HIV – GENERAL POPULATION**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
TOTAL KNOWLEDGEABLE	64	57	59	67	66	62	66	64	56
Very knowledgeable	13	10	16	14	14	15	17	14	12
Somewhat knowledgeable	51	46	44	53	52	48	49	50	43
Not that knowledgeable	26	30	30	23	28	25	26	26	34
Not at all knowledgeable	8	10	10	8	5	11	6	8	9
TOTAL NOT KNOWLEDGEABLE	34	41	39	31	34	36	32	34	43
Don't know	2	3	1	2	1	2	2	2	1

Q10a. How knowledgeable would you say you are about each of the following – HIV?

Base: Total sample

## Demographics

Knowledge levels vary across key demographics, for example by educational attainment and age. The table below highlights those groups that report higher and lower levels of knowledge about HIV.

**TABLE 32. VARIATIONS IN SELF-REPORTED KNOWLEDGE – HIV**

*Demographic groups more likely to be:*

Somewhat/Very Knowledgeable	Not That Knowledgeable	Not At All Knowledgeable
<ul style="list-style-type: none"> <li>• Respondents who have <b>experienced homelessness</b> in the past five years (77%), compared to those who have not (64%)</li> <li>• <b>Divorced, separated, or widowed</b> (72%) or married/living in a common law relationship (65%), relative to those who are single (60%). This difference stems primarily from a greater proportion who say they are somewhat knowledgeable about HIV (59% for divorced/separated/widowed; 53% for married/living common-law; 44% among singles)</li> <li>• <b>University educated</b> (72%), relative to those with a college-level/trades certification (62%) or a high school education (58%)</li> <li>• <b>People between the ages of 35 and 54</b> (67%) compared to those who are younger than 35 (62%)</li> <li>• <b>Employed persons</b> (67%) versus those who are not in the workforce (57%)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>College-level educated or with a trades certification</b> (30%), compared to those with a university education (22%)</li> </ul>	<ul style="list-style-type: none"> <li>• Those with a <b>high school diploma or less</b> (13%), compared to those with some college or trades certification (7%) and those with a university level education (5%)</li> <li>• <b>Younger than 35 years of age</b> (10%), relative to those who are 35-54 (7%)</li> </ul>

## Target Audiences

- Members of the Black and the 2SLGBTQI+ communities are more likely to report being knowledgeable (*very/somewhat*) about HIV (77% and 73%, respectively), relative to the average (64%).

In Section B.B1 it was reported that a majority of respondents say they are knowledgeable about the prevention of HIV – 69% are very (22%) or somewhat (47%) knowledgeable. However, self-described knowledge declines when asked about testing and treatments for HIV, with less than half who say they are knowledgeable (*very/somewhat*) about testing (47%) and treatments (40%) for HIV.

With respect to **preventing** HIV:

- Respondents residing in Manitoba and Saskatchewan (75%) and Alberta (75%), relative to those in Quebec (59%) and the Atlantic (67%), are more likely to report a higher level of knowledge (*very/somewhat*). By contrast, those in Quebec (38%), relative to residents of other provinces (31% in the Atlantic, 26% in British Columbia and the North, 25% in Ontario, 24% in Manitoba/Saskatchewan, and 23% in Alberta) are more likely to say they are less knowledgeable (*not that/not at all knowledgeable*). The difference primarily stems from a greater proportion in

Quebec who say they are *not that knowledgeable* (26%) when compared to those in the Atlantic (20%), Manitoba and Saskatchewan (18%), Ontario (17%), British Columbia and the North (17%) and Alberta (14%). Respondents residing in the Atlantic (31%) region are also more likely to report not being knowledgeable (*not that/not at all knowledgeable*), relative to those residing in Ontario (25%), Manitoba and Saskatchewan (24%), and Alberta (23%).

With respect to **testing** for HIV:

- Respondents residing in Alberta (17%), Quebec, Ontario, and Manitoba and Saskatchewan (15% each) are more likely to report they are *very knowledgeable*, relative to those residing in the Atlantic (10%), although these numbers reflect relatively small proportions of the overall population, aged 16+, in each region.
- Respondents residing in the Atlantic region (41%) are less likely to say they are knowledgeable (*very/somewhat*) about testing for HIV, relative to those in Manitoba and Saskatchewan (51%), British Columbia and the North (51%), Alberta (51%), and Ontario (49%). In line with this, a higher proportion of Atlantic Canadians (56%) are more likely to say they are not knowledgeable (*not that/not at all*), relative to those in Ontario (47%), Alberta (47%), Manitoba and Saskatchewan (46%), and British Columbia/North (45%).
- Those living in urban communities are more likely to report a higher level of knowledge compared to those residing in rural areas:
  - 50% of respondents in urban areas say they are *very/somewhat knowledgeable* vs. 38% in rural areas.
  - 59% of respondents residing in rural communities say they are *not that/not at all knowledgeable* vs. 48% in urban communities.

With respect to **treatments** for HIV:

- Respondents residing in Alberta (24%) are more likely to say they are *not at all knowledgeable* relative to those in Ontario (18%) and British Columbia and the North (16%).
- Similar to knowledge levels reported above for the testing of HIV, respondents residing in urban communities (42%) are more likely to say they are knowledgeable (*very/somewhat*) compared to those in rural areas (36%). Conversely, respondents in rural communities (27%) are more likely to say they are *not at all knowledgeable* about treatments for HIV, relative to those in urban areas (19%).

**TABLE 33. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF HIV – GENERAL POPULATION**

% Very/Somewhat Knowledgeable

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Preventing HIV	69	67	59	73	75	75	72	70	65
Testing for HIV	47	41	46	49	51	51	51	50	38
Treatments for HIV	40	36	41	41	43	41	43	42	36

Q11a-c. How knowledgeable would you say you are about ...?

Base: Total sample

## Demographics

In general, younger people, those with a university education, people who have experienced homelessness within the last 5 years, as well as those working in the health care sector tend to be more knowledgeable about various aspects of HIV (e.g., prevention, testing and treatment). By contrast, people aged 55 and older as well as those with lower levels of educational attainment report being less knowledgeable in all these areas (see Tables 34 and 35 below).

**TABLE 34. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF HIV – GROUPS CLAIMING TO BE MORE KNOWLEDGEABLE**

% *Very/somewhat knowledgeable*

Prevention of HIV	Testing for HIV	Treatments for HIV
<ul style="list-style-type: none"> <li>• <b>Experienced homelessness over the past five years (85%)</b>, versus those who have not (69%) – the difference primarily stems from a greater proportion who say they are <i>very knowledgeable</i> (33% vs. 22%)</li> <li>• <b>University educated (75%)</b>, relative to those with a high school diploma or less (62%);</li> <li>• <b>Anglophones (72%)</b> or those who speak a language other than English or French (78%), compared to Francophones (60%)</li> <li>• <b>Under the age of 55 (under 35 – 71%; age 35-54 – 74%)</b> relative to those who are 55 years of age or older (64%) – the difference stems primarily from a greater proportion who say they are <i>very knowledgeable</i> (27% - younger than 35; 28% - aged 35-54; 14% - age 55+)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Working in the health care sector (62%)</b>, relative to others (53%)</li> <li>• <b>Experienced homelessness over the past five years (60%)</b>, compared to those who have not (46%)</li> <li>• <b>Under the age of 55 (under 35 – 53%; age 35-54 – 55%)</b> compared to those who are 55 years of age or older (35%)</li> <li>• <b>University educated (53%)</b>, relative to those with a high school diploma or less (40%) and those with a college level or trades certification (46%)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Working in the health care sector (55%)</b>, relative to others (43%)</li> <li>• <b>Experienced homelessness over the past five years (51%)</b>, versus those who have not (39%)</li> <li>• <b>University educated (46%)</b>, relative to those with a high school diploma or less (36%) and those with a college level or trades certification (37%)</li> <li>• <b>Under the age of 55 (under 35 – 45%; age 35-54 – 45%)</b> relative to those who are 55 years of age or older (32%).</li> <li>• In addition, a small proportion of <b>men (9%)</b>, relative to women (6%) are more likely to say they are <i>very knowledgeable</i></li> </ul>



**TABLE 35. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF HIV – GROUPS CLAIMING TO BE LESS KNOWLEDGEABLE**

% Not at all/not that knowledgeable

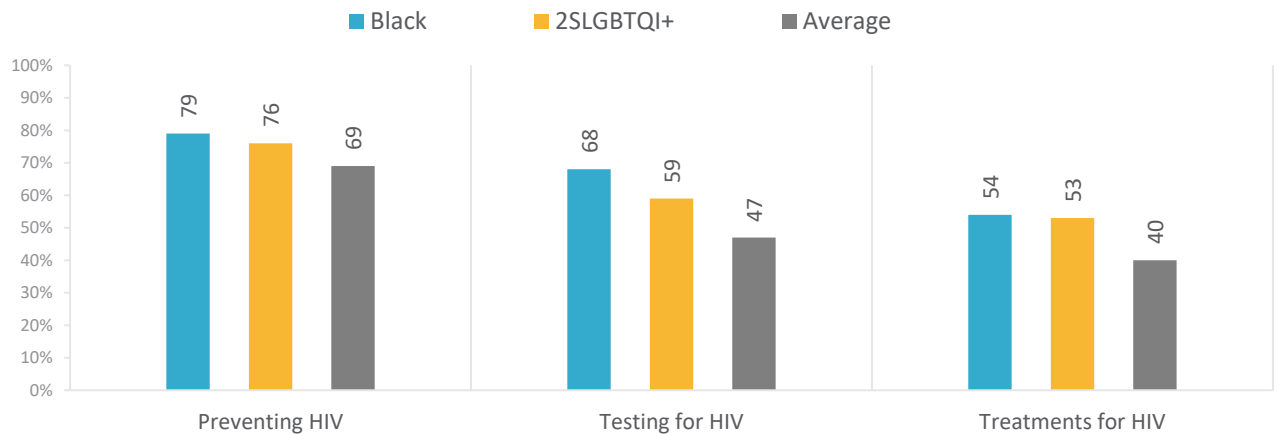
Prevention of HIV	Testing for HIV	Treatments for HIV
<ul style="list-style-type: none"> <li>• <b>Older respondents, aged 55+ (35%)</b>, compared to those who are younger (26% - under the age of 35; 24% - age 35-54)</li> <li>• <b>High school educated (35%)</b>, relative to those with some college or trades (29%) or those with a university level education (24%)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Older respondents, aged 55+ (62%)</b>, compared to those who are younger (43% - under the age of 35; 43% - age 35-54)</li> <li>• <b>High school educated (56%) and those with some college education or trades certification (51%)</b>, relative to those with a university level education (45%)</li> <li>• People who <b>have not experienced homelessness in the past five years (51%)</b>, relative to those who have (37%)</li> <li>• Additionally, <b>men (20%)</b> are more likely than women (16%) to report they are <i>not at all knowledgeable</i>.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Older respondents, aged 55+ (66%)</b>, compared to those who are younger (52% - under the age of 35; 52% - age 35-54) – the difference stems from a greater proportion who say they <i>not at all knowledgeable</i> (24% - 55 and older; 19% - under age 35; 15% - age 35-54)</li> <li>• <b>High school educated (60%) and those with some college or trades certification (61%)</b>, relative to those with a university level education (52%)</li> <li>• Those who <b>have not experienced homelessness in the past five years (58%)</b>, relative to those who have (45%)</li> <li>• Additionally, <b>women (40%)</b>, compared to men (35%), are more likely to say they are <i>not that knowledgeable</i>.</li> </ul>

### Target Audiences

Members of the Black community are more likely to say they are knowledgeable (*very/somewhat*) about prevention, testing and treatment of HIV, relative to the average (see Figure 12). This is also the case for people who identify as 2SLGBTQI+.

**FIGURE 12. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF HIV – MEMBERS OF BLACK AND 2SLGBTQI+ COMMUNITIES**

% Very/somewhat knowledgeable



**Q11. How knowledgeable would you say you are about ... ?**  
Base: Black (n=346); 2SLGBTQ+ (n=499); Average/Total (n=2500)

Additionally, members of the Black community report with greater frequency, compared to the average, that they are *very knowledgeable* about various aspects of HIV:

- Preventing HIV (38% vs. 22%)
- Testing for HIV (27% vs. 13%)
- Treatments for HIV (20% vs. 8%)

## B. Connections to People Living with HIV and Perceived Personal Risk

To provide context for respondents' views on the topic of HIV, they were asked if they know of anyone who is or was living with HIV. In responding to this question, they were also asked to identify the nature of their relationship to this person(s) to better understand the extent of their potential emotional and/or physical proximity to people living with HIV.

The vast majority (80%) of respondents do not know of anyone who has had HIV. About one in ten (9%) identified a friend. Smaller proportions a member of their extended family (4%), a colleague at work (3%), or a neighbour (2%). Others such as an acquaintance, parent, sibling, current/former partner or spouse, celebrity, or the respondent themselves were each mentioned by 1% or fewer respondents.

There are no significant differences by region or community type and the small bases sizes for those who know of someone with HIV precludes further in-depth analysis.

**TABLE 36. PERSONAL CONNECTION TO INDIVIDUALS LIVING WITH HIV**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Friend	9	7	7	7	7	11	11	8	10
Extended family member	4	3	4	4	1	3	4	3	5
Colleague at work	3	2	3	3	4	4	3	3	2
Neighbour	2	2	1	2	2	2	3	2	3
Acquaintance (e.g., some people in town, friend of a friend, my mom's friend)	1	1	2	1	1	1	1	1	1
Sibling	1	1	1	1	1	1	<1	1	<1
Myself	1	1	1	1	1	1	1	1	-
Partner/spouse	<1	1	<1	1		1	1	1	1
Patients/former patients	<1	<1	<1	1	1	<1	1	1	<1
Parent	<1	1	<1	1	1	<1	-	1	-
Celebrity (e.g., Freddie Mercury, Magic Johnson)	<1	1	<1	-	-	-	<1	<1	<1
Clients/client I work closely with	<1	<1	-	-	-	<1	<1	<1	-
Ex-partner/former spouse	<1	-	-	-	<1	-	-	<1	-
Other	<1	-	<1	-	-	1	-	<1	-
I don't know anyone who has had HIV	80	82	81	82	84	79	77	81	79

Q14. Have you ever known anybody who is (or was) living with HIV?

Base: Total sample

## Demographics

Those more likely to be unaware of anyone living with HIV include:

- Those aged 18 to 24 (86%), as compared to people aged 65+ (80%) and those age 45 to 64 (79%);
- People who speak a language other than English or French (87%), compared to Francophones (78%);
- People who are not in the workforce (88%), compared to those who are employed (79%); and
- Those who have not experienced homelessness within the last 5 years (82%), compared to those who have (62%).

## Target Audiences

Across the three target audiences, a higher proportion within the Black community (76%) are more likely to say they do not know anyone who has had HIV, relative to Indigenous Peoples and those who identify as 2SLGBTQI+ (69% each). Keeping in mind the small base size for analysis, it is notable that Indigenous Peoples and those identifying as 2SLGBTQI+ are more likely, relative to the average, to cite knowing a friend (19% among 2SLGBTQI+; 16% among Indigenous Peoples; 9% on average) or a partner/spouse (2% among each of these two groups compared to <1% on average) who has HIV or has lived with HIV. Those in the 2SLGBTQI+ community are also slightly more likely to report having HIV themselves (2%) as compared to the average among all respondents (1%).

As previously reported in an earlier section of this report, a modest percentage of respondents express some concern about the possibility of personally contracting HIV with one in four (25%) saying they are either *very* (11%) or *somewhat concerned* (14%). Most (73%) respondents are not concerned, with almost half saying they are *not at all concerned* (48%) and another quarter (25%) who are *not that concerned*. An additional 2% are uncertain about their personal risk of contracting HIV.

Residents of British Columbia/North (35%), Ontario (32%), Alberta (31%), and Manitoba/Saskatchewan (30%) are more likely to express some degree of concern (*very/somewhat*) about contracting HIV, as compared to people residing in the Atlantic region (22%) and Quebec (24%). Concern is also higher among those living in urban (30%) versus rural areas (20%) of the country.

**TABLE 37. PERCEPTION OF RISK RELATED TO CONTRACTING HIV**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
TOTAL CONCERNED	25	22	24	32	30	31	35	30	20
Very concerned	11	11	11	14	14	14	17	14	10
Somewhat concerned	14	11	13	18	16	17	19	16	11
Not that concerned	25	24	27	26	26	22	24	25	24
Not at all concerned	48	50	47	40	43	46	37	42	53
TOTAL NOT CONCERNED	73	75	74	66	69	67	61	68	77
Don't know	2	3	2	3	1	2	3	2	3

Q12a. How concerned are you about your personal risk of contracting each of the following? - HIV

Base: Total sample

A full demographic analysis, including differences across the key target audiences, is included in Section B.B1.C. [Experience with STBBI: Perception of Risk, Testing and Diagnosis.](#)

Similar to respondents' level of concern around contracting HIV, a modest proportion of respondents (19%) have been tested for HIV and very few among the total sample (1%) say they have been diagnosed with HIV.

Regionally, respondents in British Columbia/North (25%) and Quebec (25%) are more likely to say they have been tested for HIV relative to those in the Atlantic (10%), Ontario (14%), and Manitoba/Saskatchewan (19%).

Despite their having higher levels of concern about personally contracting HIV, people living in urban areas are no more likely than rural residents to say they have been tested for HIV.

**TABLE 38. PERSONAL TESTING FOR HIV – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Have been tested for HIV (Q15)	19	10	25	14	19	24	25	19	20
Have been diagnosed with HIV (Q16)	1	<1	1	1	<1	1	1	1	1

Q15. Have you ever been tested for any of the following types of sexually transmitted and blood-borne infections (STBBI)?

Q16. Have you ever been diagnosed with any of the following types of sexually transmitted and blood-borne infections (STBBI)?

Base: Total sample

Detailed demographic and target audience analysis for this question, showing comparative rates for testing and diagnosis across all STBBI, can be found in Section B.B1.C. Variations specific to the testing and diagnosis of HIV are highlighted below.

### Demographic Analysis

While the base size for those who have been diagnosed with HIV is too small to undertake further sub-group analysis, the incidence of testing for HIV varies by:

- Age – those 35 to 45 years of age (27%) are more likely to have been tested, compared to both younger and older people (21% for 18-34; 20% for 45-64; 10% aged 65+);
- Educational attainment – people with a university degree (23%) are more likely to have been tested, compared to those whose highest level of educational attainment is high school or less (15%);
- Language – a higher proportion of Francophones (25%) have been tested, relative to Anglophones (18%); and
- Shelter status – those who have experienced homelessness within the last 5 years (29%) are more likely to have been tested compared to others (18%).

### Target Group Analysis

Each of the three target audiences is more likely to indicate having been tested for HIV relative to the average (19%) – 35% among those identifying as 2SLGBTQI+, 32% among members of the Black community and 27% among Indigenous Peoples.

### C. Groups Viewed as Most at Risk of HIV

There is a general consensus among the public regarding those groups which are most at risk of HIV. They include people who have multiple sexual partners (60%), sex workers (57%), people who inject drugs (53%), men who have sex with other men (53%) and people from countries where HIV is more widespread (47%). A smaller proportion – between one quarter to just under one third – identified other groups, including bisexual people (30%) and people who have another type of sexually transmitted infection such as chlamydia, gonorrhoea or syphilis (24%). Relatively few respondents believe that the following groups are at risk: members of African, Caribbean and Black (ACB) communities (18%), hemophiliacs (16%), heterosexual women (16%) or men (15%), women who have sex with other women (15%), or Indigenous Peoples (9%). Just over one in ten (14%) are unsure which, if any, groups are at risk of HIV.

Regionally, there are relatively few differences to note on this question the exception being that residents of Alberta are more likely to identify:

- Sex workers (64% in Alberta), relative to Atlantic Canada (56%), Ontario (56%), and Quebec (47%); and
- People from countries where HIV is more widespread (52% in Alberta), compared to Ontario (44%), Atlantic Canada (43%), and Quebec (41%).

Rural Canadians are more likely than those residing in urban centers to believe that the following groups are at higher risk of contracting HIV: people with multiple sexual partners (65% vs. 58%, respectively), people who inject drugs (58% vs. 50%), those from countries where HIV is more prevalent (52% vs. 44%), and hemophiliacs (22% vs. 15%).

**TABLE 39. GROUPS VIEWED AS MOST AT RISK OF HIV (MULTI-MENTION) – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
People who have multiple sexual partners	60	62	57	55	59	64	59	58	65
Sex workers	57	56	47	56	58	64	65	57	56
People who inject drugs	53	50	50	46	54	52	56	50	58
Men who have sex with other men	53	52	47	47	46	52	52	49	49
People from countries where HIV is more widespread	47	43	41	44	46	52	47	44	52
Bisexual people	30	30	27	24	23	26	29	26	30
People who have another type of sexually transmitted infection like chlamydia, gonorrhea or syphilis	24	25	22	24	25	26	27	25	25
African, Caribbean and Black communities	18	14	19	15	17	17	16	16	19
People who have hemophilia, a bleeding disorder in which the blood does not clot properly	16	18	18	15	16	15	14	15	22
Heterosexual women (e.g., women who are sexually attracted to men)	16	17	15	14	13	15	13	14	18
Heterosexual men (e.g., men who are sexually attracted to women)	15	15	15	14	14	14	15	14	16
Women who have sex with other women	15	15	14	14	13	15	14	14	18
Indigenous Peoples	9	9	10	7	12	9	11	9	9
All groups/any/anyone can get infected/anyone having sex	1	1	1	1	<1	<1	1	<1	1
People who have unprotected sex	<1	1	1	<1	<1	1	<1	<1	<1
Other	<1	1	-	<1	<1	<1	-	<1	-
Don't know	14	14	17	15	14	11	12	15	11

Q17. Which of the following groups do you think are most at risk of HIV? (Please select all that apply)

Base: Total sample

### Demographics

Perceptions regarding those sub-groups which are perceived to be most at risk of HIV vary based on gender, age, marital status and language:

- Men are more likely than women to believe that men who have sex with other men (56% vs. 49%, respectively) and bisexual people (33% vs. 27%) are at higher risk.
- Older respondents, aged 55+ are generally more likely than those under age 35 to identify the wider array of groups as being at greater risk of contracting HIV with a particular focus on people who have multiple sexual partners (69% vs. 52%, respectively), men who have sex with other men (69% vs. 39%), sex workers (61% vs. 54%), people who inject drugs (60% vs. 41%), people from countries where HIV is more prevalent (54% vs. 41%), and bisexual people (42% vs. 17%).
- Those who are separated/widowed/divorced as well as those who are married or living in a common-law relationship are more likely than people who are single to say the following groups are at greater risk of HIV: people who have multiple sexual partners (66%; 63%; 54%, respectively),

men who have sex with other men (64%; 55%; 45%), people who inject drugs (60%; 56%; 46%), people from countries where HIV is prevalent (53%; 49%; 41%), bisexual people (36%; 34%, 21%), and ACB communities (27%; 19%; 14%).

- A higher proportion of respondents whose primary language is neither English nor French, as compared to Anglophones or Francophones mentioned the following: people who have multiple sexual partners (75%; 60%; 61%, respectively), sex workers (71%; 60%; 45%), and people from countries where HIV is more widespread (60%; 48%; 41%, respectively).

### Target Audiences

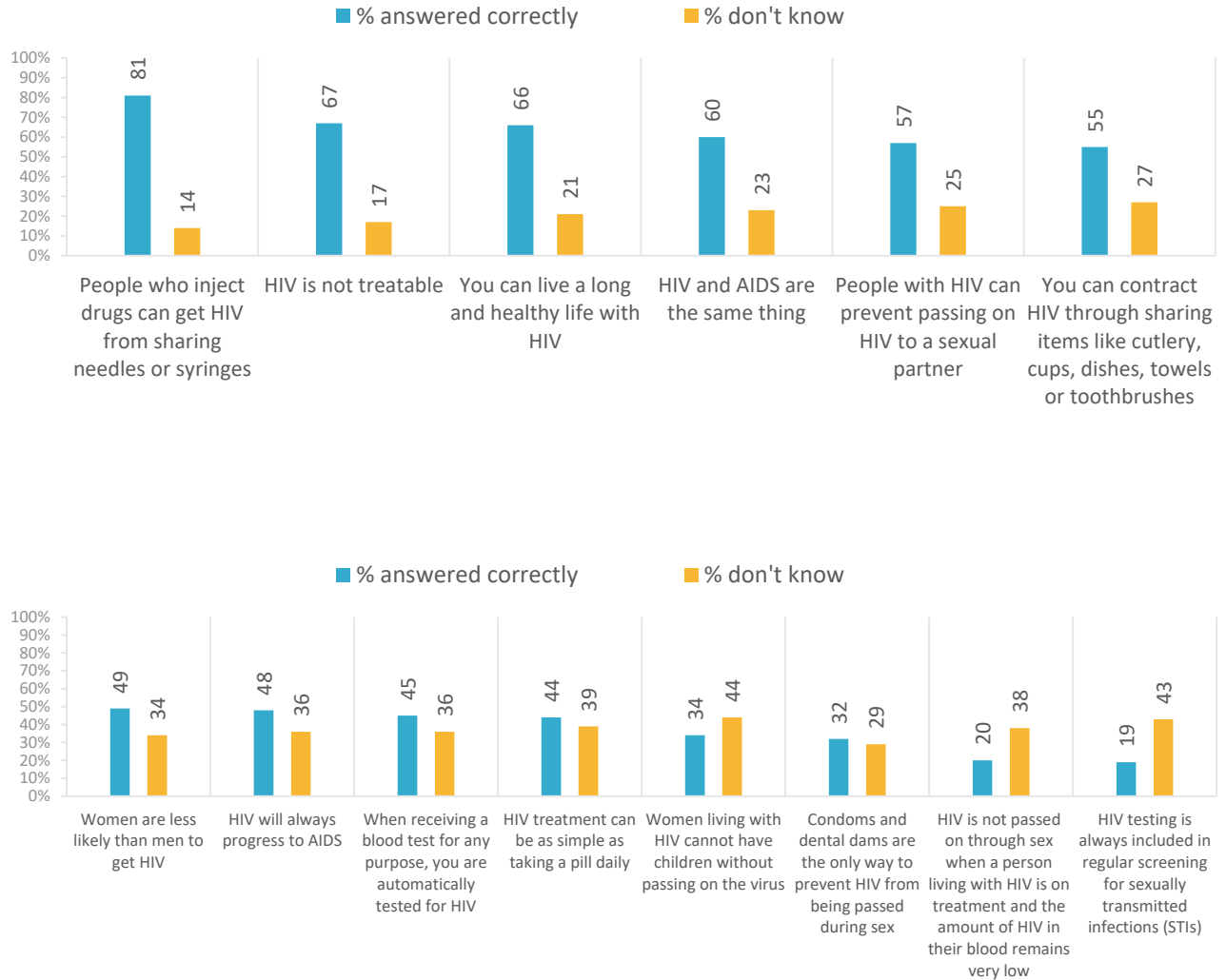
- Black respondents are more likely than the average to believe the following groups are most at risk of HIV: people who have another type of STBBI (31%), women who have sex with other women (21%), heterosexual men (23%), and people who have hemophilia (20%). Notably, this group is less likely to cite people who inject drugs (47%), men who have sex with other men (46%), and the ACB community (13%).
- Indigenous respondents are more likely to identify people who inject drugs (60%) and Indigenous Peoples (17%) as being most at risk.
- Among the 2SLGBTQI+ community there is a greater propensity to cite people who have another type of STBBI (29%), people who have hemophilia (20%), and Indigenous Peoples (15%). They are somewhat less likely to cite bisexual people (23%), compared to the average.

## D. HIV/AIDS – Knowledge Index

A series of 14 true/false statements about HIV/AIDS were included in the survey to assess respondents' knowledge. The table below shows the percentage of respondents answering each statement correctly (indicated by either a T or an F in parentheses at the end of each statement to denote whether the statement was actually true or false).

Overall, the proportion of those responding 'don't know' ranged from just over one in ten to a little under half. That said, over half of all respondents correctly identified (as either true or false) six of the 14 statements. As is shown in the chart below, two thirds or more of respondents are aware that people who inject drugs can get HIV from sharing needles, HIV is a treatable condition and that those with HIV can live a long and healthy life. Another 50% to 60% of respondents know that HIV and AIDS are not the same thing, people with HIV can prevent passing it on to a sexual partner, and that it cannot be contracted by sharing items like cutlery, cups, dishes, towels and toothbrushes. By contrast, there is much more uncertainty with regards to the remaining statements which assessed knowledge related to the prevention, testing and treatment of HIV as well as the vulnerability of some groups to HIV (e.g., women versus men, and the transmission of HIV from mother to fetus, in the absence of intervention).

**FIGURE 13. STATEMENTS RELATED TO HIV - % CORRECT AND % DON'T KNOW\***



\*Correct responses to each statement are indicated in Table 40 below.

Knowledge levels vary to some extent across the regions (as shown in TABLE 40 below), with most of the variability being between Quebec relative to other regions. For example, a higher proportion in Quebec correctly claim each of the following statements to be false:

- *Women are less likely than men to get HIV* – Quebec (56%), compared to those in Alberta (46%), Ontario and Manitoba/Saskatchewan (44% in each), and Atlantic Canada (40%). Of note, a higher percentage of respondents in other regions were unsure (e.g., responded ‘don’t know’) relative to those in Quebec.
- *When receiving a blood test for any purpose, you are automatically screened for HIV* – Quebec (51%), compared to those in Alberta (43%), British Columbia/North (42%), Manitoba/Saskatchewan (42%), Ontario (40%) and Atlantic Canada (39%).



By contrast, while a majority of Quebec respondents (52%) correctly respond that the statement *HIV and AIDS are the same thing* is false, this percentage is lower than what was found in other regions – Manitoba/Saskatchewan (68%), Alberta (64%), Atlantic Canada (63%), British Columbia/North (63%), and Ontario (61%). Similarly, a plurality of those in Quebec believe that *people with HIV can prevent passing on HIV to a sexual partner* (45%), close to one in three (29%) incorrectly say this is false which is higher than the proportion in other regions who responded similarly (ranging from 14% to 18%).

Other variations by region, include the following:

- While under half of all respondents are aware that *HIV treatment can be as simple as taking a pill daily*, a higher proportion of those in Atlantic Canada are uncertain, responding ‘don’t know’ to this statement (45%) relative to other regions where the percentage saying the same ranges from 35% to 39%.
- The same pattern holds true regarding the statement that *condoms and dental dams are the only way to prevent HIV from being passed on during sex*. About equal numbers in Atlantic Canada say this is false (33%) which is the correct response, as say it is true (33%) or don’t know (34%). The percentage of respondents who are unsure is lower in all regions, ranging from 24% to 26%, with the exception of Quebec (32%).

There are no variations of note by community type.

**TABLE 40. TRUE/FALSE STATEMENTS RELATED TO HIV – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
(Correct answer is shown in parenthesis below.)	%	%	%	%	%	%	%	%	%
People who inject drugs can get HIV from sharing needles or syringes. (T)	81	81	78	77	81	79	80	78	84
HIV is not treatable. (F)	67	65	63	66	60	63	64	64	64
You can live a long and healthy life with HIV. (T)	66	67	66	65	64	62	65	65	65
HIV and AIDS are the same thing. (F)	60	63	52	61	68	64	63	61	60
People with HIV can prevent passing on HIV to a sexual partner. (T)	57	58	45	59	60	61	63	58	52
You can contract HIV through sharing items like cutlery, cups, dishes, towels or toothbrushes. (F)	55	53	60	51	57	55	54	55	56
Women are less likely than men to get HIV. (F)	49	43	56	44	44	46	50	48	45
HIV will always progress to AIDS. (F)	48	48	42	48	48	53	47	47	46
When receiving a blood test for any purpose, you are automatically tested for HIV. (F)	45	39	51	40	42	43	42	43	42
HIV treatment can be as simple as taking a pill daily. (T)	44	38	39	44	46	48	47	44	43
Women living with HIV cannot have children without passing on the virus. (F)	34	30	31	35	40	36	35	35	28
Condoms and dental dams are the only way to prevent HIV from being passed during sex. (F)	32	33	27	35	35	37	39	34	31

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
HIV is not passed on through sex when a person living with HIV is on treatment and the amount of HIV in their blood remains very low. (T)	20	14	23	22	23	17	21	21	19
HIV testing is always included in regular screening for sexually transmitted infections (STIs). (F)	19	23	24	18	15	16	20	19	21

Q22a-n. Please indicate whether you think each of the following statements about HIV and AIDS is true or false?

Base: Total sample

For ease of analysis, results for each of the 14 true/false statements were used to create a Knowledge Index. Each respondent was given a score based on the number of statements they correctly attributed as being either true or false – each correct response earned a value of +1, while each incorrect response earned a value of -1. Thus, the total score for a respondent could range from -14 (e.g., responded incorrectly to all statements) up to +14 (e.g., responded correctly to all statements). Respondents are classified as having high, moderate or low levels of knowledge of HIV/AIDS based on their total score as follows:

Knowledge Level	Categorization (Based on Total Score)
Low	-14 to -8
Moderate	-7 to +7
High	+8 to +14

Based on this analysis, just over one in four respondents (28%) exhibit a high level of knowledge with respect to HIV/AIDS. Nearly two in three (65%) exhibit a moderate level of knowledge, while under one in ten (7%) are classified as having low knowledge levels.

Knowledge levels are fairly consistent across the regions and by community type. While a higher proportion of those in Ontario exhibit moderate levels of knowledge (69%), relative only to respondents in Manitoba/Saskatchewan (61%) and British Columbia/North (60%), results vary minimally between the provinces and regions. The proportion exhibiting a high level of knowledge ranges from 24% in Atlantic Canada to 32% in British Columbia/North.

**TABLE 41. KNOWLEDGE INDEX: HIV/AIDS – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
	%	%	%	%	%	%	%	%	%
n=	2500	347	500	600	349	351	353	2209	291
Low	7	8	8	6	7	10	8	8	7
Moderate	65	67	65	69	61	60	60	64	68
High	28	24	28	25	31	30	32	28	25

Q22a-n. Please indicate whether you think each of the following statements about HIV and AIDS is true or false?

Base: All responding – excluding don't know.

## Demographics

Overall levels of knowledge about HIV/AIDS vary based on age and socio-economic status:

- By age, a larger proportion of those aged 35 to 54 (36%) are classified as having a high level of knowledge, relative to those under age 35 (26%) and those 55 years of age or older (24%).
- By household income, those in households earning \$100,000 or more (33%) are more likely to fall into the high knowledge category, relative to those in households with less than \$60,000 annual income (26%).
- Based on educational attainment, a higher proportion of respondents with some post-secondary education are classified as having high knowledge of HIV/AIDS (33% for those with a university degree; 30% for those with a college diploma/some university), compared to those with a high school education (19%).
- Similarly, employed persons (34%) are more likely to have a higher knowledge, compared to those who are unemployed (25%) or not in the workforce (21%).

## Target Audiences

While the majority of respondents within each of the three target audiences fall into the moderate knowledge category, findings show that a higher percentage of those identifying as 2SLGBTQ+ (42%), Indigenous Peoples (35%) or as Black (34%) have a high knowledge of HIV/AIDS, relative to the average (28%).

## E. Perceived Effectiveness of Treatments

Two in three respondents (66%) are of the view that HIV cannot be cured, while just 13% say it can and another 20% are unsure. There is in fact no cure for HIV, although it can be managed with HIV treatments.

Across all regions, six to seven in ten respondents understand that HIV is incurable – knowledge of this fact is highest in Manitoba/Saskatchewan (72%) compared to Quebec (66%) and Ontario (62%). Awareness does not vary by community type.

**TABLE 42. CAN HIV BE CURED? – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Yes	13	10	16	15	13	12	16	14	13
No	66	70	66	62	72	67	66	67	67
Don't know	20	20	19	23	15	21	18	19	20

Q18. To the best of your knowledge, can HIV be cured?

Base: Total sample

## Demographics

The proportion responding in the negative to this question (e.g., correctly of the view that HIV cannot be cured) is higher among the following groups:

- Those aged 35 to 54 (72%), compared to people aged 55+ (65%) and those under the age of 35 (62%);
- Those residing in households with annual incomes of \$100,000 or more (73%), compared to those with lower annual household incomes under \$60,000 (63%); and
- Anglophones and Francophones (67% in each of these groups), relative to those who speak another language (50%).

There are no significance differences for the three target audiences on this question.

When asked about the efficacy of HIV treatments, four in five respondents (80%) believe they are effective in helping people with HIV lead full and healthy lives (34% *very effective*; 46% *somewhat effective*). Just 6% feel treatments are either *not very/not at all effective*. Just over one in ten (14%) are unsure.

Results vary minimally across the regions and by community type – in Quebec just one in four respondents (24%) believe that HIV treatments are very effective, compared to about one third or more in other areas of the country.

**TABLE 43. EFFECTIVENESS OF HIV TREATMENTS – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
TOTAL EFFECTIVE	80	79	76	79	79	82	83	80	74
Very effective	34	34	24	32	33	34	39	33	30
Somewhat effective	46	44	51	47	46	48	44	47	44
Not very effective	6	5	8	7	8	6	5	6	9
Not at all effective	1	1	1	1	1	1	1	1	1
TOTAL NOT EFFECTIVE	6	6	9	7	8	7	7	7	10
Don't know	14	15	15	14	13	11	10	13	16

Q19. How effective do you believe that HIV treatments are in helping people with HIV lead full and healthy lives?

Base: Total sample

## Demographics

The analysis of demographic variations on this question aligns with findings on the previous question regarding beliefs about the curability of HIV. There are significant differences found in perceptions of the efficacy of HIV treatments by age, household income and education as follows:

- People between the ages of 35 and 54 (83%) and those aged 55+ (80%) are more likely to believe the treatments are effective compared to those under 35 years of age (76%);

- Higher income households of \$100,000+ annually (83%) are also more likely to hold this view, relative to those earning under \$60,000 annually (78%); and
- University educated respondents (86%) and those with a college or some university education (80%) are more inclined to say that treatments are effective compared to those with a high school education or less (74%).

#### Target Audiences

With respect to the proportion who believe that treatments for HIV are generally effective, there are no significant variations across the three target audiences, although a higher proportion of those identifying as 2SLGBTQI+ (43%) describe the treatments as *very effective*, relative to the average (34%).

## F. Stigma Associated with HIV/AIDS

To assess the degree to which stigma exists regarding those living with HIV, respondents were presented with several statements and asked about the extent to which they agree or disagree with each. The results are shown in TABLE 44 below, highlighting the proportion who agreed with each statement. While most respondents themselves have no concerns with people living with HIV, the findings indicate that many feel negative attitudes and beliefs do exist at a societal level. Moreover, there is a small but significant segment of respondents who do acknowledge feeling some degree of discomfort engaging with people who are living with HIV and a larger share who, at a minimum, have mixed views as to whether those with HIV should be permitted to work in a service capacity where they may interact regularly with customers and clients within the general population.

The level of agreement on each of these four statements is consistent across the regions and by community type

**TABLE 44. ATTITUDES TOWARDS PEOPLE LIVING WITH HIV – GENERAL PUBLIC**

% Agree (6,7)

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
People living with HIV have the same right to health care as I do.	77	77	78	74	75	79	75	76	80
People often have negative assumptions about people living with HIV.	62	63	61	60	60	61	59	61	61
People with HIV should be allowed to serve the public in positions like dentists, hairdressers, and restaurant workers, etc.	36	38	40	35	39	38	36	37	40
I feel uncomfortable around people with HIV.	17	16	17	18	16	16	19	18	14

Q23a-d. To what extent do you agree or disagree with each of the following statements.

Base: Total sample

## Demographics

The extent to which stigma exists, to a greater or lesser degree, is generally a factor of gender identity, age, and one's socio-economic status (education, household income, and to a lesser extent employment status). Marital status, language spoken, and homeless status also drive views, in some cases. The groups which are more likely to agree with each of the statements are highlighted below.

**TABLE 45. ATTITUDES TOWARDS PEOPLE LIVING WITH HIV – DEMOGRAPHIC GROUPS MORE LIKELY TO AGREE**

% Agree (6,7)

<b>People living with HIV have the same right to health care as I do</b>	<ul style="list-style-type: none"> <li>• Those with \$100,000+ annual household income (83%)</li> <li>• People aged 55+ (83%)</li> <li>• University-educated (82%)</li> <li>• Women (81%)</li> <li>• Francophones (80%), relative only to those who speak a language other than English or French (70%)</li> <li>• People who have not experienced homelessness in the last 5 years (79%)</li> </ul>
<b>People often have negative assumptions about people living with HIV</b>	<ul style="list-style-type: none"> <li>• Those with \$100,000+ annual household income (67%), compared only to households with under \$60,000 (60%)</li> <li>• University-educated (67%)</li> <li>• Older people, aged 55+ (66%)</li> <li>• Divorced, separated or widowed (67%) and those who are married or living in a common law relationship (63%)</li> <li>• Francophones (66%), relative only to those who speak a language other than English or French (54%)</li> </ul>
<b>People with HIV should be allowed to serve the public</b>	<ul style="list-style-type: none"> <li>• Health care workers (49%)</li> <li>• University-educated (41%)</li> <li>• Francophones (40%) and Anglophones (36%), as compared to others (22%)</li> <li>• People under 35 years of age (39%)</li> <li>• Employed persons (39%)</li> </ul>
<b>I feel uncomfortable around people with HIV</b>	<ul style="list-style-type: none"> <li>• Those speaking a language other than English or French (26%)</li> <li>• University-educated (20%)</li> <li>• Men (20%)</li> </ul>

## Target Audiences

Relative to the average, those identifying as 2SLGBTQI+ are more likely to agree with two of the four statements, including that people often hold negative impressions about those living with HIV (69% vs. 62% on average) and those living HIV should be able to work in public-facing occupations (58% vs. 36%).

Survey respondents were asked about their level of comfort in terms of interacting with people living with HIV/AIDS under various circumstances as well as discussing the topic with health professionals or others. Two thirds, or more, are generally comfortable (either *somewhat* or *very comfortable*) shopping in a neighbourhood store where the owner was known to have HIV/AIDS (69%), working in an office where a colleague has HIV/AIDS (68%), and discussing a friend or family member's diagnosis of HIV (66%). The proportion saying they are comfortable drops off somewhat for scenarios which involve closer interaction or a greater level of intimacy with an individual or individuals living with HIV/AIDS, including: inviting a person with HIV/AIDS into one's home (64%), wearing a sweater (61%) or using a clean drinking glass (58%)

previously used by someone living with HIV/AIDS, having a child attend school where other students are known to have HIV/AIDS (56%), and a close friend or family member dating someone living with HIV (46%).

There are no differences by community type in terms of respondents' overall levels of comfort in various scenarios involving interactions or discussions with someone with HIV/AIDS. Regionally, residents of Quebec are more likely to say they are comfortable (70%) discussing a friend or family member's diagnosis of HIV with them, relative to those living in other regions where comfortability ranges from 63% in Manitoba/Saskatchewan to 62% in the Atlantic provinces, Alberta and British Columbia/North).

**TABLE 46. COMFORT IN PROXIMITY TO HIV/AIDS – GENERAL PUBLIC**

*%Very/Somewhat comfortable*

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Shopping at a small neighbourhood grocery store, if you found out that the owner had HIV/AIDS	69	67	72	67	70	67	67	68	70
You worked in an office where someone working with you had HIV/AIDS	68	66	70	66	62	68	69	67	66
Discussing a friend or family member's diagnosis of HIV with them.	66	62	70	67	63	62	62	65	66
Inviting somebody living with HIV into your home.	64	63	68	63	61	63	62	63	65
Wearing a sweater once worn by a person living with HIV/AIDS	61	62	64	58	59	58	60	60	61
Using a clean restaurant drinking glass once used by a person living with HIV/AIDS	58	59	55	57	58	58	57	57	59
Your child attending a school where one of the students was known to have HIV/AIDS.	56	58	60	54	55	51	55	56	56
A close friend or family member dating someone living with HIV.	46	46	45	48	44	46	50	47	44

Q24a,f-l. How comfortable or uncomfortable would you be with each of the following situations?

Base: Total sample

### Demographics

Comfort levels vary across demographic groups and are, in some cases, situationally specific. However, with a few exceptions, comfortability generally increases with age, and is higher among women, married people and/or those living in a common-law relationship as compared to singles, and Francophones relative to Anglophones as well as those who speak a language other than English or French. Comfortability with HIV/AIDS is also increases based on socio-economic status and is higher among employed persons, those with higher household incomes and those with a university education, relative to those for whom high school was the highest level of education they attained. In a number of situations, although not all, health care workers also exhibit greater levels of comfort. For each statement (above), those groups expressing higher levels of comfort (*somewhat/very comfortable*) are highlighted below.

<p><b>Shopping at a small neighbourhood grocery store, if you found out that the owner had HIV/AIDS</b></p>	<ul style="list-style-type: none"> <li>• Those living in households with an annual income of \$100,000 or more (75%) or between \$60,000 to just under \$100,000 (69%) as compared to people with less than \$60,000 (66%)</li> <li>• University-educated (72%), only as compared to those with a high school education or less (65%)</li> <li>• Employed persons (72%) relative to those not in the workforce (60%)</li> <li>• Women (71%)</li> <li>• Aged 35-54 (72%), compared only to those under 35 (66%)</li> <li>• People who are married or living common-law (70%), compared only to single people (66%)</li> <li>• Francophones (74%), relative to Anglophones (69%) and others (56%)</li> </ul>
<p><b>You worked in an office where someone working with you had HIV/AIDS</b></p>	<ul style="list-style-type: none"> <li>• University-educated (75%)</li> <li>• Those living in households with an annual income of \$100,000 or more (73%) as compared to people with less than \$60,000 (67%)</li> <li>• Francophones (72%) and Anglophones (68%), compared to others (52%)</li> <li>• Those who are married or living common-law (71%), compared only to single people (65%)</li> <li>• Employed persons (71%) relative to those not in the workforce (57%)</li> <li>• People over the age of 35 (70%)</li> </ul>
<p><b>Discussing a friend or family member's diagnosis of HIV with them.</b></p>	<ul style="list-style-type: none"> <li>• Health care workers (77%)</li> <li>• Francophones (75%), relative to Anglophones (65%) and those who speak another language (56%)</li> <li>• Women (69%)</li> </ul>
<p><b>Inviting somebody living with HIV into your home.</b></p>	<ul style="list-style-type: none"> <li>• Francophones (72%), relative to Anglophones (64%) and others (43%)</li> <li>• Those living in households with an annual income of \$100,000 or more (70%) as compared to people with less than \$60,000 (62%)</li> <li>• University-educated (69%)</li> <li>• Employed persons (67%) relative to those not in the workforce (55%)</li> </ul>
<p><b>Wearing a sweater once worn by a person living with HIV/AIDS</b></p>	<ul style="list-style-type: none"> <li>• Health care workers (70%)</li> <li>• Those who are divorced, separated or widowed (66%), compared to singles (58%)</li> <li>• Francophones (65%) and Anglophones (62%), compared to those who speak a language other than English or French (40%)</li> <li>• University-educated (65%)</li> <li>• Aged 55+ (64%) and those 35-54 (62%), compared to people under 35 years of age (57%)</li> <li>• Women (63%)</li> </ul>
<p><b>Using a clean restaurant drinking glass once used by a person living with HIV/AIDS</b></p>	<ul style="list-style-type: none"> <li>• Health care workers (71%)</li> <li>• Those living in households with an annual income of \$100,000 or more (67%) or between \$60,000 to just under \$100,000 (61%) as compared to people with less than \$60,000 (55%)</li> <li>• University-educated (63%), only as compared to those with a high school education or less (52%)</li> <li>• Employed persons (61%) relative to those not in the workforce (44%)</li> <li>• Those 55+ (61%) and 35-54 (60%), compared to people under 35 (53%)</li> <li>• People who are married or residing in a common-law relationship (61%) relative to singles (55%)</li> </ul>
<p><b>Your child attending a school where one of the students was known to have HIV/AIDS.</b></p>	<ul style="list-style-type: none"> <li>• Francophones (62%), compared to both Anglophones (56%) and those who speak another language (36%)</li> <li>• Health care workers (68%)</li> <li>• Those living in households with an annual income of \$100,000 or more (63%) or between \$60,000 to just under \$100,000 (59%), as compared to people with less than \$60,000 (52%)</li> <li>• University-educated (60%), only as compared to those with a high school education or less (53%)</li> <li>• Employed persons (59%) relative to those not in the workforce (46%)</li> </ul>



<p><b>A close friend or family member dating someone living with HIV.</b></p>	<ul style="list-style-type: none"> <li>• Health care workers (60%)</li> <li>• Those who have experienced homelessness within the last 5 years (56%)</li> <li>• Employed persons (51%) relative to those not in the workforce (35%).</li> <li>• People under age 35 (49%) relative only to those aged 55+ (43%)</li> <li>• Those who report their sex at birth as female (48%)</li> </ul>
---	--

### Target Audiences

Those who identify as a member of the 2SLGBTQI+ community are more likely to be comfortable in all of the above-noted situations, relative to the average. The proportion saying they are *somewhat/very comfortable* ranges from 65% for using a clean restaurant drinking glass previously used by a person living with HIV/AIDS to 78% for shopping a small neighbourhood grocery store owned by a person living with HIV/AIDS. As compared to the average, 2SLGBTQI+ comfort levels are 6-17 points higher, the highest difference being for a close friend or family member dating someone living with HIV (63% vs. 46% on average).

By contrast, there are no variations of note among the Black community or Indigenous Peoples relative to the average.

## G. Focused Analysis of Key Audiences

This section highlights key trends found for several key target audiences including Black, Indigenous and 2SLGBTQI+ communities as they relate to their general knowledge, attitudes and experiences with HIV.

In general, members of the Black (65%) and 2SLGBTQI+ (59%) communities express higher levels of concern regarding rates of HIV/AIDS, compared to the average of 48% who are *somewhat/very concerned*. Moreover, a higher proportion of Black and 2SLGBTQI+ respondents also report being concerned about their personal risk of contracting HIV (48% and 35%, respectively). And, notably, across all three audiences, the proportion who say they have been tested for HIV is higher than the average: 35% among 2SLGBTQI+, 32% among the Black community and 27% among Indigenous Peoples.

When asked which groups are most at risk of HIV, Black respondents are more likely to identify the ACB community (13%). Similarly, Indigenous respondents are likely to cite their own community as being more at risk (17%), although both these groups mention a wide range of other groups with much greater frequency. Across all of these groups, a majority or near majority identify sex workers, people who have multiple sexual partners, people who inject drugs, and men who have sex with other men as being most vulnerable to contracting HIV.

Black respondents and those who identify as 2SLGBTQI+ exhibit higher than average levels of knowledge both about HIV in general and specifically in relation to prevention, testing and treatment for HIV. A higher proportion within each of these three target audiences is classified as having a high level of knowledge of HIV, based on their responses to a series of true/false statements about HIV. Although the majority nevertheless are categorized as having a moderate level of knowledge, significant portions of 2SLGBTQI+ (42%), Indigenous Peoples (35%) and Black respondents (34%) are considered to have a high knowledge of HIV relative to the average (28%) for the general population.

With respect to stigma related to HIV, those in the 2SLGBTQI+ community are among those who are more likely to agree that people hold negative impressions about those living with HIV and that people with HIV/AIDS should be able to work in public-facing service positions.

## C2. Health Care Practitioners

While an earlier section of this report (B.B2) provided an overview of health care professionals general attitudes and understanding of STBBI, this section delves into more detail on their views and experiences specific to the prevention, diagnosis and treatment of HIV. Note that some items covered in the earlier section are given brief mention here in order to provide additional context and a more complete picture of practitioners' perspectives with respect to the management of patients with or at risk of contracting HIV.

### A. Concerns about HIV Relative to Other Health Issues

As noted in Section B.B2, health care practitioners express high levels of concern about issues such as obesity (98% are *very/somewhat concerned*), mental illness and suicide among adults and youth (98% and 97%, respectively), the opioid crisis (96%), e-cigarette use or vaping among children/youth and adults (96% and 89%, respectively) and tobacco/alcohol use (94%). By comparison, the overall level of concern about rates of HIV/AIDS among health care professionals is in the range of 15 to 24 points lower (74%). And, while three quarters or more are *very concerned* about mental illness/suicide among adults and youth as well as the opioid crisis, this compares with just under a quarter (23%) who hold the same view about HIV/AIDS.

### B. General Knowledge of HIV

Health care practitioners express reasonably high overall levels of knowledge of HIV (86%), although most say they are *somewhat* (61%), rather than *very knowledgeable* (25%). Notably, just over one in ten practitioners (14%) are either *not that knowledgeable* (13%) or *not at all knowledgeable* (1%).

As was reported in Section B.B2, a higher proportion of nurses say they are knowledgeable about HIV relative to dentists/pharmacists (90% vs. 77%, respectively) – just under one third of nurses (30%) describe themselves as *very knowledgeable*, compared to just under one in five dentists/pharmacists (17%). This is also the case for those working in a hospital setting (94%) versus those in a community setting (82%).

TABLE 47. GENERAL KNOWLEDGE OF HIV – HEALTH CARE PRACTITIONERS

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
TOTAL KNOWLEDGEABLE	86	90	86	77	94	90	82	86
Very knowledgeable	25	30	23	17	31	24	29	43
Somewhat knowledgeable	61	60	63	60	63	65	54	43
Not that knowledgeable	13	9	14	20	4	10	16	14
Not at all knowledgeable	1	1	-	3	1	1	1	-
TOTAL NOT KNOWLEDGEABLE	14	10	14	23	6	10	18	14

Q11a. How knowledgeable would you say you are about each of the following? – HIV

Base: Total sample

There are no notable variations by gender or age.

### Region and Community Type

- While the number of respondents in some regions is quite small, as reported in Section B.B2, practitioners in Atlantic Canada are more likely to report being knowledgeable about HIV (100%) compared to those in Ontario (92%), British Columbia/North (89%), Alberta (78%), and Quebec (78%). There is no statistically significant difference relative to respondents in Manitoba/Saskatchewan (81%).
- Across community types, practitioners in smaller urban areas (with populations of 100,000 to under a million) are more likely as compared to those practicing in communities of less than 100,000 people to report being knowledgeable of HIV (92% vs. 79%, respectively).

In Section B.B2 it was reported that practitioners' self-described knowledge of preventing HIV is relatively high – 94% are *very* (53%) or *somewhat knowledgeable* (41%). However, reported knowledge levels decline somewhat when it comes to testing for HIV – 82% are *very* (38%) or *somewhat knowledgeable* (44%) – and more dramatically in regard to treatments for HIV – 68% are *very* (15%) or *somewhat knowledgeable* (53%).

Nurses are generally more likely to describe themselves as knowledgeable across the board:

- They are more likely to say they are *very knowledgeable* about preventing HIV (63%), compared to dentists/pharmacists (45%) and physicians (42%).
- Physicians and nurses alike are also more likely to report being knowledgeable about testing for HIV relative to dentists/pharmacists (92%; 88%; 60%, respectively).
- In regard to treating HIV, a higher proportion of dentists/pharmacists and nurses say they are knowledgeable compared to physicians (75%; 73%; 54%, respectively).

**TABLE 48. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF HIV – HEALTH CARE PRACTITIONERS**

%Very/Somewhat Knowledgeable

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Preventing HIV	94	94	95	93	94	96	95	100
Testing for HIV	82	88	92	60	88	89	74	100
Treatments for HIV	68	73	54	75	73	67	69	79

Q12a-c. How knowledgeable would you say you are about ... ?

Base: Total sample

### Demographics

- Compared to their male counterparts, a larger share of female practitioners report being very knowledgeable about the prevention (62% vs. 39%) and testing of HIV (46% vs. 27%).
- With respect to the age of practitioners, younger practitioners (under 45 years of age) are more likely to report being knowledgeable about treatments for HIV (75%) compared to those aged 45-54 years of age (60%).

### Region and Community Type

- Health care practitioners working in Ontario are more likely than those located in Quebec to say they are *very knowledgeable* both about preventing (58% vs. 42%) and testing for HIV (44% vs. 22%).

### C. Groups Viewed as Most at Risk of HIV

Respondents were asked to identify those groups which they feel are disproportionately affected by HIV in Canada. The following are most frequently mentioned by health professionals: people who inject drugs (82%), men who have sex with other men (78%), people from countries where HIV is widespread (77%), sex workers (73%) and people with multiple sexual partners (71%). About one third to just over half also mentioned people who already have another type of STBBI (54%), members of the African, Caribbean and Black (ACB) communities (42%), Indigenous Peoples (36%), and bisexuals (30%). Far fewer cited people with a blood disorder (16%), heterosexual women (13%) or men (10%), women who have sex with other women (8%), anyone (1%), or those having unprotected sex (<1%).

Nurses and physicians (34% each) mention bisexual people as being more at risk to a greater degree relative to pharmacists/dentists (17%). Physicians are more likely, as compared to nurses, to cite people who inject drugs (88% vs. 76%, respectively) and men who have sex with other men (88% vs. 73%, respectively). Relative to pharmacists/dentists, physicians are also more likely to identify people who have other sexually transmitted infections such as chlamydia, gonorrhea or syphilis as being disproportionately affected by HIV (66% vs. 42%).

There are also a few notable differences across professional settings. Those working in 'other' settings are more likely to identify:

- People who inject drugs (89%), as compared to health care practitioners working in a hospital setting (78%);
- Men who have sex with other men (89%), as compared to health care practitioners working in a hospital setting (77%);
- People who have another STBBI (79%), compared to health care professionals working in a community (55%), clinic (54%) or hospital (54%) setting; and
- Members of the ACB community (61%), relative to those working in a community setting (42%) or hospital setting (34%).

Those in a community setting are more likely relative to those working in hospitals to mention Indigenous Peoples (44% vs. 32%, respectively).

**TABLE 49. GROUPS MOST AFFECTED BY HIV IN CANADA (MULTI-MENTION) – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
People who inject drugs	82	76	88	87	78	80	86	89
Men who have sex with other men	78	73	88	80	77	80	82	89
People from countries where HIV is more widespread	77	72	82	82	77	80	71	82
Sex workers	73	74	74	72	77	73	73	82
People who have multiple sexual partners	71	69	75	72	77	73	69	79
People who have another type of sexually transmitted infection like chlamydia, gonorrhea or syphilis	54	53	66	42	54	54	55	79
African, Caribbean and Black communities	42	38	49	40	34	49	42	61
Indigenous Peoples	36	41	34	28	32	39	44	46
Bisexual people	30	34	34	17	31	34	32	29
People who have hemophilia, a bleeding disorder in which the blood does not clot properly)	16	17	20	10	13	19	19	21
Heterosexual women (e.g., women who are sexually attracted to men)	13	17	17	2	19	15	12	14
Heterosexual men (e.g., men who are sexually attracted to women)	10	14	6	7	11	10	11	4
Women who have sex with other women	8	10	3	7	9	9	8	11
All groups/any/anyone can get infected/anyone having sex	1	2	-	-	-	2	-	-
People who have unprotected sex	<1	-	2	-	-	1	-	-
Don't know	2	3	-	-	2	-	2	-

Q13. Based on your experience, which of the following groups do you feel are disproportionately affected by HIV in Canada? (Select all that apply)

Base: Total sample

### Demographics

- By age, younger and older health care professionals – those aged 55+ (88%) as well as those under age 45 (81%) – are both more likely to identify men who have sex with other men as being at risk for HIV as compared with those aged 45 to 54 (63%).

### Region and Community Type

- Compared to those in British Columbia/North (63%), health care practitioners working in Quebec (89%) and Ontario (85%) are more likely to identify people who inject drugs as being disproportionately affected by HIV.

## D. HIV/AIDS – Knowledge Index

Health professionals responded to a battery of 14 true/false statements about HIV/AIDS, identical to those shown to the general population. As one might expect, the proportion who answered correctly is much higher among this group relative to the general population. Correct responses for health professionals ranged from 48% to 98%, compared to a range of 19% to 81% for the general public.

Over 9 in ten health professionals understood that the following statements about HIV/AIDS are true:

- *People who inject drugs can get HIV from sharing needs or syringes (98%); and*
- *People can live a long and health life with HIV (96%).*

Similar numbers correctly indicated the inaccuracy of the statement that *HIV and AIDS are the same thing* (93% responded this was false).

High proportions (more than four in five, but less than 9 in ten) also responded correctly to each of the following statements:

- *HIV will always progress to AIDS and people with HIV can prevent passing on HIV to a sexual partner (88% in each case responded that these statements are false);*
- *When receiving a blood test for any purpose, patients are automatically tested for HIV (87% false);*
- *HIV is not treatable (86% false);*
- *People can contract HIV through sharing of items like cutlery, etc. and HIV treatment can be as simple as a pill daily (84% in each case responded correctly – false to the former and true to the latter statement); and*
- *Women living with HIV cannot have children without passing on the virus (82% false).*

The proportion of health professionals responding correctly drops off markedly for the remaining statements about HIV/AIDS (although it remains close to or above half), including:

- *Women are less likely than men to get HIV (63% false);*
- *HIV testing is always included in regular screening for STBBI (56% false);*
- *Condoms and dental dams are the only way to prevent HIV from being passed on during sex (54% false); and*
- *HIV is not passed on through sex when a person living with HIV is on treatment and the amount of HIV in their blood is very low (48% true).*

By profession, physicians are more likely as compared to nurses and dentists/pharmacists to correctly respond to each of the following statements:

- *Women living with HIV cannot have children without passing on the virus (95%; 76%; 78%, respectively); and*
- *HIV is not treatable (94%; 83%; 82%, respectively).*

Physicians and dentists/pharmacists, as compared to nurses, are also more likely to respond correctly that *HIV will always progress to AIDS* (95%; 93% and 82%, respectively respond this is false). By contrast, a higher proportion of dentists/pharmacists correctly respond (as false) that *people can contract HIV through*

*sharing of items* (93%) relative to nurses (80%). Nurses (66%), on the other hand, appear to be more aware, relative to physicians (48%) and dentists/pharmacists (45%) that it is not the case that *HIV testing is always included in regular screening for STBBI*. Note, however, that the total number responding correctly to this question among the latter two groups in particular is quite low and some caution should be taken in interpreting this response.

Findings vary minimally by practice setting. Those working in a clinic or community setting, versus those in a hospital setting, are more likely to have accurately responded in the negative that *HIV will always progress to AIDS* (92% and 93%, versus 83% respectively) and that *people can contract HIV via sharing of various items* (86% and 90%, versus 77% respectively). A higher proportion of those working in a community setting also responded correctly, in the affirmative, that *HIV is not passed through sex when the person with HIV is on treatment and the amount of HIV in their blood is low* (55% among those in a community setting versus 44% in a clinic setting).

**TABLE 50. TRUE/FALSE STATEMENTS RELATED TO HIV – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
<i>(Correct answer is shown in parenthesis below.)</i>	%	%	%	%	%	%	%	%
People who inject drugs can get HIV from sharing needles or syringes. (T)	98	98	97	98	97	99	97	100
People can live a long and healthy life with HIV. (T)	96	95	97	98	96	95	98	100
HIV and AIDS are the same thing. (F)	93	95	94	87	96	90	95	100
HIV will always progress to AIDS. (F)	88	82	95	93	83	92	93	100
People with HIV can prevent passing on HIV to a sexual partner. (F)	88	90	89	80	90	92	85	100
When receiving a blood test for any purpose, patients are automatically tested for HIV. (F)	87	90	86	83	86	88	88	100
HIV is not treatable. (F)	86	83	94	82	87	90	88	86
People can contract HIV through sharing items like cutlery, cups, dishes, towels or toothbrushes. (F)	84	80	83	93	77	86	90	86
HIV treatment can be as simple as taking a pill daily. (T)	84	78	92	88	82	85	86	86
Women living with HIV cannot have children without passing on the virus. (F)	82	76	95	78	80	88	84	89
Women are less likely than men to get HIV. (F)	63	63	68	58	66	66	62	71
HIV testing is always included in regular screening for sexually transmitted infections (STIs). (F)	56	66	48	45	60	58	58	71
Condoms and dental dams are the only way to prevent HIV from being passed during sex. (F)	54	53	57	53	50	56	56	50
HIV is not passed on through sex when a person living with HIV is on treatment and the amount of HIV in their blood remains very low (T)	48	43	48	57	47	44	55	68

Q18. Please indicate whether you think each of the following statements about HIV/AIDS is true or false.

Base: Total sample

### Demographics

- Male practitioners are more likely as compared to female practitioners to correctly respond as false that *HIV will always progress to AIDS* (94% vs. 86%, respectively) and that *HIV is not treatable* (91% vs. 83%, respectively). Female practitioners, on the other hand, are more likely respond in the negative that HIV testing is always included in regular screening for STBBI relative to male practitioners (63% vs. 46%, respectively).
- By age, practitioners who are 45 to 54 years old (73%) are more likely relative to those under age 45 to claim as false that *women are less likely than men to get HIV*.



### Region and Community Type

There are no variations by community type. By region, the main variations are between Quebec and Ontario. Practitioners in Ontario, compared to those in Quebec are more likely to have responded correctly on the following:

- *Women are less likely than men to get HIV* – 67% in Ontario responded this was false compared to 48% in Quebec. Notably, fewer Quebec-based practitioners offered the correct response relative to those in most other regions, although it should be noted that the base sizes in some regions are quite small.
- *People with HIV can prevent passing the virus on to a sexual partner* – this statement is true, and results show that a higher proportion of those in Ontario (95%) responded correctly relative to those in Quebec (70%).
- *Condoms and dental dams are the only way to prevent HIV from being passed during sex* – While 57% of Ontario-based practitioners correctly indicate this is false, fewer in Quebec say the same (36%). In Quebec, well over half (59%) believe this to true rather than simply don't know (5%).

Based on the results from the true/false exercise, a knowledge index was created to measure the proportion of Canadian health care professionals who exhibit a high, moderate and low levels of knowledge about HIV/AIDS. The scoring system applied mirrors that used for the general population with the possibility of a respondent scoring anywhere from -14 to +14 points based on assigning a value of +1 to those providing a correct response and -1 to those providing an incorrect response. Respondents were then assigned to a 'low,' 'moderate' or 'high' knowledge category based on their overall score as follows:

Knowledge Level	Categorization (Based on Total Score)
Low	-14 to -8
Moderate	-7 to +7
High	+8 to +14

As shown in Table 51 below, almost 9 in 10 health professionals (87%) are classified as having high knowledge levels, while the remainder (13%) are moderately knowledgeable. Using this scoring system, no health professionals surveyed fall into the low knowledge category.

There are no significant variations in knowledge levels by profession or professional setting with over four in five across the board exhibiting high levels of knowledge.

**TABLE 51. HIV/AIDS KNOWLEDGE INDEX – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Low	--	--	--	--	--	--	--	--
Middle	13	15	8	15	17	9	10	4
High	87	85	92	85	83	91	90	96

Q18a-n. Please indicate whether you think each of the following statements about HIV/AIDS is true or false.

Base: Total sample

There are also no demographic or regional differences of note in terms of overall levels of knowledge regarding HIV/AIDS.

## E. Perceived Effectiveness of Treatments

Four in five health care professionals (82%) believe that HIV cannot be cured. A small proportion hold the opposing view (14%) or are unsure (4%).

By profession, pharmacists/dentists are more likely than physicians to say that HIV is incurable (92% vs. 71%, respectively).

There are no differences based on professional setting.

**TABLE 52. CAN HIV BE CURED? – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Yes	14	13	23	8	14	18	10	7
No	82	83	71	92	82	78	85	89
Don't know	4	4	6	-	3	4	5	4

Q14. To the best of your knowledge, can HIV be cured?

Base: Total sample

There are no differences of note by demographics, region or community type.

Almost unanimously (99%) health care professionals who completed the survey say that current HIV treatments are effective in helping people with HIV to lead full and healthy lives (78% say they are *very effective*; 21% *somewhat effective*), with another 1% indicating they *don't know*.

Responses to this question do not vary by profession or professional setting.

**TABLE 53. PERCEIVED EFFECTIVENESS OF HIV TREATMENTS – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
TOTAL EFFECTIVE	99	98	100	100	100	99	99	100
Very effective	78	74	85	78	74	81	84	82
Somewhat effective	21	24	15	22	26	18	15	18
Don't know	1	2	-	-	-	1	1	-

Q15. How effective do you believe that HIV treatments are in helping people with HIV lead full and healthy lives?

Base: Total sample

There are no differences across demographics or by region and community type.

## F. Stigma Associated with HIV/AIDS

Respondents were asked a series of questions to assess the extent to which stigma exists in the treatment and care of people living with HIV. Overall, health care professionals report being reasonably comfortable treating patients with HIV, although their responses also indicate some degree of reticence among the broader public and in regard to permitting those living with HIV to be in positions where they would directly interact with the public.

There is a widespread view among health care professionals that people living with HIV have the same right to health care as others (97% agree), although somewhat fewer say that those with HIV should be able to serve the public in positions such as dentists, hairdressers and restaurant workers, etc. (75% agree). At the same time as health care professionals generally believe that the public often holds negative assumptions about people living with HIV (82%), very few indicated being uncomfortable themselves around people with HIV (13%).

Responses on each of these agree/disagree statements do not vary significantly by profession or professional setting.

**TABLE 54. AGREE-DISAGREE STATEMENTS: VIEWS ON PEOPLE LIVING WITH HIV – HEALTH CARE PRACTITIONERS**

% Agree (6,7)

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
People living with HIV have the same right to health care as I do.	97	98	94	98	94	98	98	100
People often have negative assumptions about people living with HIV.	82	79	89	78	80	83	79	86
People with HIV should be allowed to serve the public in positions like dentists, hairdressers, and restaurant workers, etc.	75	78	66	78	77	74	75	75
I feel uncomfortable around people with HIV.	13	13	15	12	12	16	12	21

Q19a-d. To what extent do you agree or disagree with each of the following statements.

Base: Total sample

There are no demographic or regional variations of note.

As noted above, most health care professionals are comfortable around people with HIV and as the table below shows, the vast majority (93%) feel comfortable providing care to patients with HIV (72% are *very comfortable*; 21% are *somewhat comfortable*). However, levels of comfort decline (by 26 points to 67%) when it comes to having a close friend or family member dating someone living with HIV (30% are *very comfortable* with this scenario; 37% are *somewhat comfortable*).

While there are no significant differences by profession or professional setting in overall levels of comfort in terms of providing care to a patient with HIV, those in a hospital setting exhibit higher levels of comfort (81% are *very comfortable*) compared to those in a clinic or community setting (70% and 67%, respectively).

In terms of having a close friend or family member date someone living with HIV, pharmacists/dentists (73%) and nurses (71%) are generally more comfortable as compared to physicians (52%). Just under half of physicians (45%) express some discomfort with this scenario, although a plurality among this group is *somewhat* (34%) rather than *very uncomfortable* (11%).

**TABLE 55. COMFORT INTERACTING WITH PEOPLE LIVING WITH HIV – HEALTH CARE PRACTITIONERS**

*%Very/Somewhat Comfortable*

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Providing care to a patient who is living with HIV.	93	92	97	90	94	92	91	96
A close friend or family member dating someone living with HIV.	67	71	52	73	67	64	65	54

Q20a-b. How comfortable or uncomfortable would you be with each of the following situations?

Base: Total sample

There are no demographic or regional variations of note.

The relatively small number of respondents (n=69) who expressed some discomfort caring for patients with HIV identified a variety of training and resources which would enhance their overall comfort level, including additional training related to HIV and other STBBI (83%), resources on local community-based organizations to which they could refer patients (65%), handouts/resources/guides on facilitating discussions about HIV and other STBBI with patients (61%), guidance on navigating patients' experiences of stigma and discrimination (61%), and culturally appropriate resources in multiple languages which could be made available to patients (54%). Fewer, but still more than one third, felt it would also be helpful to be able to access resources pertaining to trauma-informed and culturally sensitive approaches to care (39%). Just 3% report not needing any additional training or resources.

Keeping in mind the small sample who responded to this question, there were some variations across professions with nurses more likely, as compared to physicians, to express an interest in the following training and resources:

- Additional training related to HIV and other STBBI (97% vs. 68%, respectively); and
- Patient resources in multiple languages and tailored to be culturally appropriate (73% vs. 32%).

**TABLE 56. RESOURCES WHICH WOULD ENHANCE COMFORT CARING FOR PATIENTS WITH HIV – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	69	30	22	17	17	36	31	6
	%	%	%	%	%	%	%	%
Additional training related to HIV and other sexually transmitted and blood-borne infections	83	97	68	76	82	78	84	100
Resources on relevant local community-based organizations to refer your patients to	65	73	59	59	65	64	77	83
Handouts, resources or guides on facilitating discussions about HIV and other sexually transmitted and blood-borne infections	61	73	50	53	82	61	61	83
Guidance on how to navigate patients' experiences of stigma, discrimination, social and structural barriers, and other forms of oppression	61	73	50	53	71	58	68	67
Patient resources available in multiple languages and/or tailored to be culturally appropriate	54	73	32	47	65	50	58	67
Resources pertaining to trauma-informed and culturally sensitive approaches to care	39	57	23	29	53	42	39	67
Other	1	-	5	-	6	-	-	-
I don't need any additional training or resources	3	-	-	12	-	6	-	-

Q21. What would help you feel more comfortable providing care to a patient who is living with HIV? (Select all that apply)

Base: Those responding 'very/somewhat uncomfortable' at Q20b

### Demographics

- Although the base sizes are quite small in some instances, directionally, female health care practitioners express higher interest in handouts/resources/guides to help facilitate discussions about HIV and other STBBI (71% vs. 42% for men).
- Professionals under age 45 (79%) are also more likely to identify resources on relevant local community-based organizations relative to those 55 or older (50%).

### Region and Community Type

- By community type, those working in smaller urban areas of 100,000 to just under one million people are more likely compared to those located in major urban areas with populations of one million or more to favour additional training related to HIV and other STBBI (95% vs. 75%) as well as handouts/resources/guides (84% vs. 53%).

## G. Perceived Barriers for Patients Seeking Testing and Treatment for HIV

Respondents are of the view that patients face a range of barriers when seeking to access supports and services related to testing and treatment for HIV. Over four in five report the following as a *moderate or significant barrier*: a lack of access to a family physician (87%; 70% who say this is a *significant barrier*), previous experiences of stigma or discrimination in the healthcare system (86%; 57% *significant barrier*), limited access to services and supports (86%; 60% *significant barrier*), limited knowledge of and awareness of STBBI (84%; 53% *significant barrier*), cultural or household taboo related to sexual health and STBBI (84%; 56% *significant barrier*), and operational barriers including wait times, hours of operation and access to testing or treatment facilities (82%; 51% *significant barrier*). Just under four in five identified limited access to culturally or linguistically appropriate care as a barrier (79%; 46% *significant barrier*).

By profession, nurses (90%) are more likely to report limited access to services and supports (e.g., for people living in rural and remote communities) as a barrier, compared to pharmacists/dentists (75%). This barrier is also identified more frequently by those working in a hospital versus community setting (92% vs. 84%, respectively).

**TABLE 57. BARRIERS TO SUPPORTS AND SERVICES RELATED TO TESTING AND TREATMENT FOR HIV – HEALTH CARE PRACTITIONERS**

% A Significant/Moderate Barrier

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Patients not having a family physician	87	90	86	80	92	90	86	89
Previous experiences of stigma and discrimination in the healthcare system	86	87	86	83	89	88	87	96
Limited access to services and supports (e.g., people living in rural/remote communities)	86	90	88	75	92	86	84	93
Limited knowledge and awareness of sexually transmitted and blood-borne infections (e.g., uncertainty about symptoms)	84	87	78	82	89	82	87	93
Sexual health and sexually transmitted and blood-borne infections being taboo topics in the patient's culture or household	84	85	85	80	86	85	85	96
Operational barriers such as long wait times, hours of operation, testing or treatment facilities not on a transit route, etc.	82	87	77	77	86	84	86	89
Limited access to culturally and/or linguistically appropriate care	79	79	80	77	79	80	79	86

Q23a-g. How much of a barrier do you feel each of the following are to patients accessing supports and services related to testing and treatment for HIV?

Base: Total sample

## Demographics

- Female health care practitioners are more likely than male practitioners to identify operational issues such as wait times, hours of operation, etc. as a *moderate* or *significant barrier* (87% vs. 73%, respectively).

## Region and Community Type

- Across the regions, health care professionals located in Atlantic Canada (100% of all respondents in this region) cite each of the following as barriers:
  - Patients not having a family physician – compared to Ontario (92%), British Columbia/North (86%) and Quebec (73%);
  - Operational barriers – compared to British Columbia/North (86%), Ontario (84%), Alberta (81%) and Quebec (70%); and
  - Limited access to supports – compared to Ontario (92%), British Columbia/North (86%), Alberta (85%) and Quebec (73%).

All respondents in Manitoba/Saskatchewan (100%) cite limited knowledge and awareness of STBBI, compared with somewhat fewer in the other regions (British Columbia/North (89%), Alberta and Ontario (85% in each province), Quebec and the Atlantic region (75% in each).

All respondents were asked if there were any other barriers, other than those covered in the earlier question (see above), which would prevent patients from accessing HIV-related supports and services. Almost three quarters (74%) did not have anything else to add. A few mention issues such as financial constraints or the cost of treatments (8%), stigma preventing patients from seeking care (8%), and a general lack of knowledge or education on the topic (4%). A myriad of other issues was identified by 2% or fewer respondents pertaining primarily to the challenges faced by marginalized groups seeking health care (e.g., homelessness, lack of internet access, language barriers, etc.).

Given the small number of people who identified any additional barriers, there are few notable differences across professional groups or by professional setting, the exception being that pharmacists/dentists (83%) are more likely not to have reported any other issues as compared to physicians (68%).



**TABLE 58. ARE THERE ANY OTHER BARRIERS, NOT ALREADY MENTIONED? – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Financial reasons/cost of treatment and medications/lack of insurance coverage	8	8	12	3	8	6	10	7
Stigma/fear of being ostracized/feeling ashamed to seek care	8	7	11	5	8	9	7	14
Lack of knowledge/education	4	7	-	3	6	3	5	4
Access to care/lack of doctors	2	2	5	2	3	5	1	7
Denial/thinking it's not a big deal	1	-	3	2	1	2	1	4
Homelessness	1	2	2	-	2	2	1	
Language barrier	1	2	2	-	2	2	2	4
Transportation	1	2	2	-	2	2	2	7
Lack of internet access	1	2	2	-	-	2	-	-
Compliance/wait time for services/inability to get time off	<1	1	-	-	-	1	-	-
Other	3	2	6	2	3	3	4	
Not Stated	<1	1	-	-	1	-	-	4
No other barriers	74	74	68	83	71	73	73	68

Q24. Other than those already mentioned, are there any other barriers that prevent patients from accessing supports and services related to testing and treatment for HIV?

Base: Total sample

Small base sizes preclude any additional analysis of responses to this question by gender, age, region or community type.

## Section D: Detailed Findings – Syphilis

## Detailed Findings – Syphilis

---

### D1. General Public

This section delves more deeply into respondents' understanding of syphilis, including their knowledge of specific aspects of syphilis in terms of how it is transmitted, as well as how it can be prevented, treated and managed. It also examines, from the perspectives of both the general public and health care professionals, the extent to which stigma exists about the disease which could impact those seeking advice or assistance.

As noted in the Section B, general knowledge of syphilis is modest among the general population (under half say they are knowledgeable) and considerably higher among health care professionals (three-quarters saying they are knowledgeable), although for both audiences relatively few describe themselves as being very knowledgeable (one in five among health care professionals and just under one in ten among the general public). Knowledge levels regarding the prevention, testing and treatment of syphilis vary greatly – knowledge correlates closely with age and educational attainment, and is generally higher among those who have experienced homelessness within the last five years as well as members of the Black community. With few exceptions, among health care professionals, nurses and physicians exhibit greater knowledge of various aspects of syphilis relative to dentists and pharmacists.

Very few (one in ten) among the general public have been tested for syphilis although rates of testing are higher across all three of the target audiences.

As they did with HIV, the general public and health care professionals alike identify a wide range of groups as being at risk of syphilis, with a particular focus on people who have multiple sexual partners and sex workers. Relatively few identify those in the African, Caribbean and Black (ACB) community or Indigenous Peoples as being at higher risk, and this is true among both Black and Indigenous respondents as well.

Results highlight there is some level of stigma and discomfort around syphilis. Comfort levels are considerably higher among health care professionals, but there is nevertheless an opportunity to support this group with additional training and resources to enhance their sense of ease in caring for patients with syphilis.

### A. General Knowledge of Syphilis

In contrast to respondents' knowledge of HIV, where 64% of the general public report being knowledgeable and 34% say they are not knowledgeable, general knowledge of syphilis is much lower. Fully half (51%) of respondents say they are not knowledgeable about syphilis – 34% say they are *not that knowledgeable* and 17% are *not at all knowledgeable*. Less than half (46%) of respondents say they have some level of knowledge (a small share report being *very knowledgeable* (8%) and about two in five say they are *somewhat knowledgeable* (39%). Very few (3%) are unsure, responding *don't know* when asked how knowledgeable they are about syphilis.

Across the regions, respondents residing in Ontario (48%) say they are knowledgeable (*very/somewhat*) about syphilis to a greater degree than those in the Atlantic region (40%). Furthermore, those in Ontario (40%) are more likely to report being *somewhat knowledgeable* relative to those in Quebec (33%) and the Atlantic (34%).

Conversely, those in the Atlantic region (56%) and Quebec (56%) are more likely to report lower knowledge levels (*not that/not at all knowledgeable*) relative to those in Ontario (49%). Additionally, those living in rural areas (58%) are more likely to report they are not knowledgeable (*not that/not at all*) when compared to those who are in urban areas (52%).

**TABLE 59. GENERAL KNOWLEDGE OF SYPHILIS – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
TOTAL KNOWLEDGEABLE	46	40	42	48	46	44	43	45	40
Very knowledgeable	8	6	9	7	9	8	8	8	6
Somewhat knowledgeable	39	34	33	40	37	36	35	36	34
Not that knowledgeable	34	39	37	32	38	33	34	35	40
Not at all knowledgeable	17	17	18	17	14	20	18	17	19
TOTAL NOT KNOWLEDGEABLE	51	56	56	49	52	53	53	52	58
Don't know	3	4	2	3	2	2	4	3	2

Q10b. How knowledgeable would you say you are about each of the following? – *Syphilis*

Base: Total sample

## Demographics

Knowledge about syphilis varies by gender, age and by socio-economic status as highlighted below.

**TABLE 60. VARIATIONS IN SELF-REPORTED KNOWLEDGE – SYPHILIS**

Demographic groups more likely to be:

Somewhat/Very Knowledgeable	Not That Knowledgeable/Not at All Knowledgeable
<ul style="list-style-type: none"> <li>Those who say they have <b>experienced homelessness</b> in the past five years (63%), relative to those who have not (45%);</li> <li>People <b>working in the health care sector</b> (61%) versus those who are not (46%);</li> <li>Those who are <b>divorced, separated, or widowed</b> (56%) or <b>married or living common-law</b> (49%), relative to single people (38%);</li> <li><b>University educated</b> (51%) or those with a <b>college-level education or trades certification</b> (47%), relative to those with a high school education or less (39%);</li> <li>People <b>55 years of age and older</b> (50%), compared to those who are under 35 (42%);</li> <li><b>Men</b> (49%) as compared to women (44%); and</li> <li><b>Employed persons</b> (48%), compared to those who are unemployed and looking for work (39%) or not in the workforce (30%).</li> </ul>	<ul style="list-style-type: none"> <li>People who are <b>not in the workforce</b> (65% say they are not that/not at all knowledgeable) versus those who are employed (49%);</li> <li><b>Single people</b> (58%), versus those who are married or living common-law (49%) and people who are separated/divorced/widowed (44%);</li> <li>Respondents with a <b>high school education or less</b> (57%) relative to those with college/some university education (50%) and those with a university degree (48%);</li> <li>Those <b>under age 35</b> (54%), relative to people aged 55+ (48%);</li> <li><b>Women</b> (53% are not that/not at all knowledgeable, compared to 48% of men);</li> <li>People who have <b>not experienced homelessness</b> within the last 5 years (52%) relative to those who have (32%); and</li> <li>Those who <b>do not work in the health care sector</b> (51%), as compared to those who do (37%).</li> </ul>

## Target Audiences

Members of the Black community report being more knowledgeable about syphilis (58%) compared to the average (46%). Among this group, almost one in five (17%) say they are *very knowledgeable*, twice as many relative to the general population (8%).

In section B.B1 it was reported that a majority (52%) of respondents say they are knowledgeable (*very/somewhat*) about preventing syphilis. Knowledge levels drop off somewhat with respect to testing and treatments for syphilis with one third or less who say they are knowledgeable about these aspects (33% *very/somewhat knowledgeable* for testing and 30% *very/somewhat knowledgeable* for treatments).

With respect to **preventing** syphilis:

- Respondents residing in Manitoba/Saskatchewan (57%) and Alberta (57%) say with a greater frequency that they are knowledgeable (*very/somewhat*) when compared to those in Quebec (46%), British Columbia/North (48%), and the Atlantic (49%).
- Those residing in Quebec (51%) are more likely to report they are not knowledgeable (*not that/not at all*), relative to those in Manitoba and Saskatchewan (40%), Alberta (42%), and Ontario (45%).

With respect to **testing** for syphilis, respondents in Quebec (41%) say with a higher frequency that they are *not that knowledgeable*, relative to those in the Atlantic region (34%), Alberta (34%), and Ontario (35%). Furthermore, respondents living in rural communities (32%) are more likely to report being '*not at all knowledgeable*' when compared to those who are in urban areas (26%).

With respect to **treatments** for syphilis, significant differences by region and community type are not evident.

**TABLE 61. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF SYPHILIS – GENERAL PUBLIC**

% *Very/Somewhat Knowledgeable*

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Preventing Syphilis	52	49	46	52	57	57	48	51	51
Testing for Syphilis	33	31	31	34	36	37	33	34	30
Treatments for Syphilis	30	28	27	31	34	32	33	31	29

Q11d-f. How knowledgeable would you say you are about ...?

Base: Total sample

## Demographics

Those groups which exhibit higher and lower levels of knowledge regarding prevention, testing and treatments for syphilis are highlighted in the tables below and underscores a clear correlation with age and certain socio-economic factors such as educational attainment.

**TABLE 62. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF SYPHILIS – GROUPS CLAIMING TO BE MORE KNOWLEDGEABLE**

*% Very/somewhat knowledgeable*

Prevention of Syphilis	Testing for Syphilis	Treatments for Syphilis
<ul style="list-style-type: none"> <li>• <b>People who have experienced homelessness in the past 5 years (68%),</b> relative to those who have not (51%);</li> <li>• <b>Health care workers (63%) compared to others (53%);</b></li> <li>• <b>People who are divorced, separated or widowed (58%)</b> and respondents who are married or living common-law (53%), relative to those who are single (48%);</li> <li>• <b>People with a university degree (57%) or a college diploma/some university education (53%),</b> relative to those with a high school education (44%); and</li> <li>• <b>Higher income households of \$100,000 or more annual income (56%),</b> compared to those with an income of less than \$60,000 per annum (49%).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Health care workers (51%) versus others (35%);</b></li> <li>• <b>People who have been homeless within the last 5 years (49%)</b> versus others (32%);</li> <li>• <b>People under age 54 (37%)</b> versus those 55+ (27%);</li> <li>• <b>Those who have a university degree (37%)</b> compared to people with a high school education (28%); and</li> <li>• <b>Employed people (37%),</b> relative to those not in the workforce (27%);</li> </ul>	<ul style="list-style-type: none"> <li>• <b>People having experienced homelessness in the last 5 years (51%)</b> versus others (29%);</li> <li>• <b>Health care workers (47%), compared to others (31%);</b></li> <li>• <b>University-educated people (32%),</b> compared to those with a high school education (26%);</li> <li>• <b>Those under 35 (32%)</b> relative to people aged 55+ (27%)</li> </ul>

**TABLE 63. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF SYPHILIS – GROUPS CLAIMING TO BE LESS KNOWLEDGEABLE**

*% Not at all/not that knowledgeable*

Prevention of Syphilis	Testing for Syphilis	Treatments for Syphilis
<ul style="list-style-type: none"> <li>• <b>Those whose highest level of educational attainment is high school (52%),</b> compared to those with a college diploma or some university education (44%) or those with a university degree (41%);</li> <li>• <b>Single people (50%),</b> versus those who are married/residing in a common-law relationship (44%) or are separated/divorced/widowed (39%); and</li> <li>• <b>Francophones (49%),</b> compared to Anglophones (44%).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>People aged 55+ (70%),</b> compared to those aged 35-54 or those under age 35 (60% in each of these two groups);</li> <li>• <b>Those whose highest level of educational attainment is high school (68%),</b> compared to those with a university degree (61%). Notably, one third of high school respondents (34%) say they are not at all knowledgeable compared to 20% of those with a university degree;</li> <li>• <b>People who have not been homeless within the last 5 years (65%),</b> compared to those who have (47%); and</li> <li>• <b>Those who do not work in the health care sector (62%)</b> versus those who do (47%).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>People who are not in the workforce (73%)</b> relative to employed persons (64%);</li> <li>• <b>Those aged 55+ (70%),</b> compared to people aged 35-54 (64%) and those under age 35 (64%);</li> <li>• <b>High school educated people (70%)</b> compared to those with a college diploma or some university education and those with a university degree (65% in each of these groups);</li> <li>• <b>People who have not experienced homelessness within the last 5 years (68%)</b> compared to those who have (44%); and</li> <li>• <b>People working outside the health care sector (66%)</b> versus health care workers (49%).</li> </ul>

## Target Audiences

Members of the Black community report being more knowledgeable (*somewhat/very*) about all aspects of preventing, testing and treatments for syphilis, relative to the average:

- Preventing syphilis (63% vs. 52%), and notably 23% among the ACB community claim to be *very knowledgeable*, compared to 14% among the general population.
- Testing for syphilis (49% vs. 33%) – again, a higher proportion in this group claim to be *very knowledgeable* (16% versus 8% on average).
- Treatments for HIV syphilis (44% vs. 30%) – in line with the above-noted findings, this group also claims to be *very knowledgeable* in higher proportions relative to the average (15% vs. 7%).

Similar patterns are found among those who identify as 2SLGBTQI+ with a higher proportion compared to the average saying they are *very/somewhat knowledgeable* about testing for syphilis (38% vs. 33%).

To provide additional context, respondents were provided a short list and asked whether they have ever known someone who has (or has had) syphilis. The vast majority (91%) say they do not know anyone who has had syphilis. Among those who have known someone the top mention is friends (just 4% among the total sample). A further 2% report having had syphilis themselves. Other mentions (1% each) include extended family members, colleagues at work, a sibling, and a partner or spouse.

Small base sizes preclude any additional analysis by region, community type or other demographics.

**TABLE 64. PERSONAL CONNECTION TO INDIVIDUALS WHO HAVE BEEN DIAGNOSED WITH SYPHILIS - GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Friend	4	3	4	5	8	5	7	5	4
Myself	2	3	2	2	2	1	3	2	2
Extended family member	1	<1	2	2	2	1	1	1	2
Colleague at work	1	1	2	1	2	1	1	1	1
Sibling	1	1	1	1	1	1	1	1	<1
Partner/spouse	1	2	1	1	1	<1	1	1	1
Neighbour	<1	1	1	<1	2	-	1	1	<1
Parent	<1	1	<1	1	1	<1	-	<1	<1
Patients/former patients	<1	-	-	<1	1	-	-	<1	-
Acquaintance (e.g., some people in town, friend of a friend, my mom's friend)	<1	-	-	<1	-	-	-	-	<1
Ex-partner/former spouse	<1	-	-	-	-	-	<1	<1	-
Clients/client I work closely with	<1	-	-	-	-	<1	-	<1	-
Other	<1	-	-	<1	-	-	1	<1	-
I don't know anyone who has had syphilis	91	90	91	90	86	91	86	89	90

Q13. Do you know anybody that currently has (or has had) syphilis?

Base: Total sample

## B. Connections to People Having Contracted Syphilis and Perceived Personal Risk

As reported on in Section B.B1 the level of concern for contracting syphilis is relatively low with just over one in five (22%) who say they are concerned about their personal risk of contracting syphilis – 9% say *very concerned* and 13% say *somewhat concerned*. Most respondents, just under three quarters (74%), are not concerned about their risk – 24% who say they are *not that concerned* and 50% who say they are *not at all concerned*. An additional 3% indicate they are unsure about their personal risk.

Across the regions, those more likely to report concern (*very/somewhat*) about their personal risk of contracting syphilis include:

- Residents of Alberta (29%), British Columbia and the North (29%), and Ontario (28%) relative to those in the Atlantic (19%) and Quebec (22%); and
- Respondents living in urban areas (26%) when compared to those living rurally (20%).

Conversely, those who are more likely to say they are not concerned (*not at all/not that*) are:

- Respondents residing in Quebec (75%) and the Atlantic region (77%), relative to those in British Columbia/North (67%), Alberta and Ontario (68% each); and
- People living in rural communities (76%) as compared to those in urban areas (70%). This difference stems primarily from a larger share of rural respondents who say they are *not at all concerned* (54% rural vs. 45% urban).

**TABLE 65. PERCEPTION OF RISK RELATED TO CONTRACTING SYPHILIS – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
TOTAL CONCERNED	22	19	22	28	27	29	29	26	20
Very concerned	9	8	8	11	11	10	15	11	9
Somewhat concerned	13	11	14	17	16	19	14	16	11
Not that concerned	24	24	26	25	22	22	27	25	22
Not at all concerned	50	53	49	43	48	46	40	45	54
TOTAL NOT CONCERNED	74	77	75	68	70	68	67	70	76
Don't know	3	5	3	4	3	3	5	4	4

Q12b. How concerned are you about your personal risk of contracting each of the following? – *Syphilis*

Base: Total sample

### Demographics

Overall concern (*somewhat/very concerned*) about the risk of personally contracting syphilis is higher among the following groups:

- Those who have experienced homeless in the last five years (41%), relative to others;
- Health care workers (36%), compared to others;
- People under the age of 35 (37%), as compared to those aged 35-54 (28%) and people 55+ (7%);
- Single people (32%), relative to those who are married or residing in a common-law relationship (19%), and those who are divorced, separated or widowed (14%);



- Unemployed people (33%) as well as those who are employed (27%), compared to people who are not in the workforce (19%);
- Those with annual household incomes under \$60,000 (26%), compared to households earning between \$60,000-\$100,000 (20%) and those earning \$100,000+ (19%); and
- Those with a university degree (25%) or with a high school education (25%) as compared to people with a college diploma or some university education (18%).

### Target Audiences

Members of the Black community (45%) and those who identify as 2SLGBTQI+ (30%) are more likely to be concerned about their personal risk of contracting syphilis, compared to the average (22%). In both these groups, but particularly the Black community, a higher proportion report being *very concerned* (25% among those in the Black community; 13% among 2SLGBTQI+).

A small proportion of respondents (10%) say they have been tested for syphilis, while very few (1%) have been diagnosed with syphilis.

Regionally, respondents in the Atlantic region (7%) and Ontario (6%) are less likely to indicate they have been tested for syphilis relative to those in Alberta (16%), British Columbia and the North (16%), Quebec (14%), and Manitoba and Saskatchewan (11%).

Small base sizes preclude any further analysis on those who have been diagnosed with syphilis.

**TABLE 66. PERSONAL TESTING FOR SYPHILIS – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Have been tested for Syphilis	10	7	14	6	11	16	16	11	9
Have been diagnosed with Syphilis	1	1	1	<1	2	1	2	1	1

Q15. Have you ever been tested for any of the following types of sexually transmitted and blood-borne infections (STBBI)?

Q16. Have you ever been diagnosed with any of the following types of sexually transmitted and blood-borne infections (STBBI)?

Base: Total sample

### Demographics

The groups which are more likely to have been tested for syphilis including the following:

- People between the ages of 35 and 54 (15%) and those under age 35 (13%), compared to those 55+ (3%); and
- Francophones (13%), relative to those whose primary language is neither English nor French (5%).

The very small number who have been diagnosed with syphilis precludes further demographic analysis.

### Target Audiences

All three of the target audiences are more likely, as compared to the average (10%) to indicate they have been tested for syphilis – 2SLGBTQI+ (21%), Black (17%) and Indigenous Peoples (17%). Base sizes are too small to be able to report any differences among target audiences for those having been diagnosed with syphilis.

### C. Groups Viewed as Most at Risk of Getting Syphilis

Over half of respondents identified people who have multiple sexual partners (57%) and sex workers (54%) as groups they believed to be most at risk of getting syphilis. One in five to just one under third mention men who have sex with other men (29%), people who have another type of STBBI (28%), people who inject drugs (24%), bisexual people (22%), heterosexual men (21%), heterosexual women (20%), and people from countries where HIV is more widespread (20%). Fewer than one in five identified women who have sex with other women (16%), African, Caribbean and Black (ACB) communities (12%), hemophiliacs (11%) and Indigenous Peoples (10%). One quarter of all respondents (25%) are unsure what sub-groups of the population are more at risk of getting syphilis.

There are few variations by region or by community type, although residents of Alberta (60%) are more likely to mention sex workers compared to those in Ontario (52%) and Quebec (41%).

**TABLE 67. GROUPS VIEWED AS MOST AT RISK OF SYPHILIS (MULTI-MENTION) – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
People who have multiple sexual partners	57	59	54	51	60	57	55	55	59
Sex workers	54	53	41	52	52	60	57	52	50
Men who have sex with other men	29	27	28	25	25	29	31	27	27
People who have another type of sexually transmitted infection like chlamydia, gonorrhea or syphilis	28	26	22	29	28	32	28	28	25
People who inject drugs	24	22	23	22	28	23	22	23	26
Bisexual people	22	23	18	20	19	19	23	20	22
Heterosexual men (e.g., men who are sexually attracted to women)	21	19	21	18	16	17	21	19	20
Heterosexual women (e.g., women who are sexually attracted to men)	20	21	18	19	16	19	20	19	20
People from countries where HIV is more widespread	20	20	18	21	20	23	20	20	21
Women who have sex with other women	16	15	16	15	15	15	16	15	18
African, Caribbean and Black communities	12	8	14	10	10	10	10	11	10
People who have hemophilia, a bleeding disorder in which the blood does not clot properly)	11	9	11	12	9	9	10	10	10
Indigenous Peoples	10	7	11	7	11	10	11	9	8
People who have unprotected sex	1	1	1	1	1	1	<1	1	1
All groups/any/anyone can get infected/anyone having sex	1	1	1	<1	1	<1	1	1	2
Other	<1	1	-	<1	-	2	-	<1	1
Don't know	25	23	28	27	25	23	27	26	24

Q20. Which of the following groups do you think are most at risk of getting syphilis? (Select all that apply)

Base: Total sample

### Demographics

- Women are more likely than men to mention heterosexual women (22% vs. 18%). By contrast, men are more likely than women to mention men who have sex with other men (31% vs. 27%) and bisexual people (25% vs. 20%).
- Older people, aged 55+, are more likely to mention the full spectrum of groups listed as being at most risk of getting syphilis, compared to those who are younger (under age 35), including: sex workers (62% vs. 48%, respectively), men who have sex with other men (33% vs. 22%), people who have contracted another STBBI (31% vs. 26%), bisexual people (30% vs. 14%), heterosexual men (27% vs. 14%), heterosexual women (25% vs. 15%), women who have sex with other women (20% vs. 13%), and Indigenous Peoples (12% vs. 7%).
- Those who are divorced/separated/widowed and those who are in a relationship (either married or common-law) are more likely compared to those who are single to mention each of the following: people who have multiple sexual partners (68%; 60%; 49%, respectively), sex workers (65%; 55%; 48%), bisexual people (29%; 24%; 17%), and heterosexual women (26%; 21%; 17%).

- Respondents whose first language is other than English or French are more likely than Anglophones or Francophones to mention sex workers (65%; 56%; 42%, respectively), people who have another STBBI (41%; 29%; 23%), and people from countries where HIV is more widespread (30%; 21%; 19%).

#### Target Audiences

- Compared to the average, a higher proportion of Indigenous Peoples identified the following groups: people who inject drugs (31%), and Indigenous Peoples (17%).
- Those who identified as 2SLGBTQI+ are more likely to mention people who have hemophilia (14%).

### D. Syphilis – Knowledge Index

Respondents were asked to consider a set of 14 statements about syphilis and make a determination as to whether each statement was true or false. Responding ‘don’t know’ was also an option. As was the case when examining knowledge levels for HIV, a knowledge index was created from the results of this exercise which classified each respondent according to their overall level of knowledge about syphilis and allows for further analysis of the data based on a classification of high, moderate, or low knowledge of syphilis.

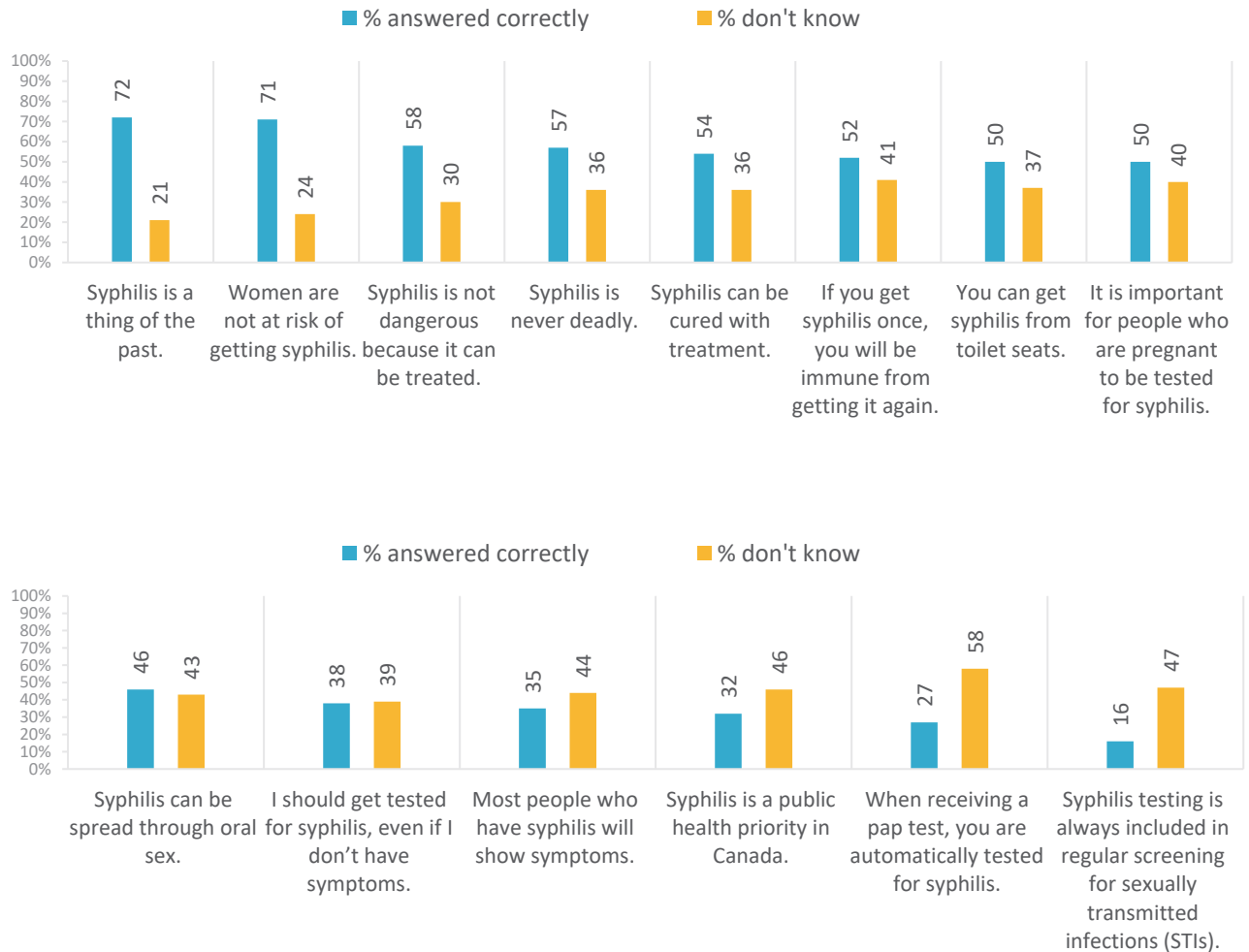
A high-level examination of responses to each of the 14 statements (see figure 14 below) indicates that two facts in particular about syphilis are fairly well understood (by just over 7 in 10 respondents) – syphilis is not a thing of the past and women are at risk of getting syphilis (72% and 71% respectively, correctly responded that the statements syphilis is a thing of the past and women are not at risk of getting syphilis are false).

For another six of the 14 statements, a majority of respondents provided the correct response (ranging from 50% up to 58%), indicating at least moderate levels of knowledge among the general population on facts such as whether syphilis can be life-threatening, if it can be contracted through casual contact, and the importance of testing pregnant women for syphilis, among others. A near majority understand that syphilis can be spread through oral sex (46% responded that this statement is true).

Other facts are much less well known (with 16% to 38% offering the correct response), including whether asymptomatic people should be tested, whether most people show symptoms if they have syphilis, if it is a public health priority in Canada, and if testing for syphilis is undertaken simultaneous with others (e.g., a pap test or testing for other STBBI), for example.

As shown in the Figure below, the percentage of those responding ‘don’t know’ to each statement ranges from 21% for those who indicate uncertainty as to whether syphilis is a thing of the past, up to 58% for those unsure as to whether testing for syphilis is undertaken coincident with a pap test.

**FIGURE 14. STATEMENTS RELATED TO SYPHILIS - % CORRECT AND % DON'T KNOW\***



\*Correct responses to each statement are indicated in Table 68 below.

TABLE 68 shows the proportion of respondents who responded correctly to each statement, both overall as well as across the regions and community type. There are no significant differences across the regions, although it should be noted that a higher proportion of Atlantic Canadians respond 'don't know' regarding whether *syphilis is a public health priority in Canada* (53% in Atlantic Canada vs. 45% in Manitoba/Saskatchewan and British Columbia North, and 43% in Alberta). This was also the case for the statement *I should get tested for syphilis, even if I don't have symptoms* (44% in Atlantic Canada responded 'don't know,' compared to 38% in Ontario, 37% in Quebec, 35% in Manitoba/Saskatchewan and 34% in Alberta).

By community type, those in urban areas (56%) are more likely to respond accurately (e.g., false) that *syphilis is never deadly*, as compared to rural residents (49%).

**TABLE 68. TRUE/FALSE STATEMENTS RELATED TO SYPHILIS – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
<i>(Correct answers in parenthesis below.)</i>	%	%	%	%	%	%	%	%	%
Syphilis is a thing of the past. (F)	72	72	67	71	73	73	70	70	75
Women are not at risk of getting syphilis. (F)	71	69	72	66	67	72	71	69	68
Syphilis is not dangerous because it can be treated. (F)	58	58	55	55	59	60	59	57	57
Syphilis is never deadly. (F)	57	53	49	55	58	61	58	56	49
Syphilis can be cured with treatment. (T)	54	49	54	48	54	51	55	51	55
If you get syphilis once, you will be immune from getting it again. (F)	52	53	55	49	53	50	50	51	50
You can get syphilis from toilet seats. (F)	50	49	50	41	52	49	48	48	47
It is important for people who are pregnant to be tested for syphilis. (T)	50	48	51	49	54	56	50	52	47
Syphilis can be spread through oral sex. (T)	46	47	50	44	51	50	44	48	46
I should get tested for syphilis, even if I don't have symptoms. (T)	38	35	43	41	44	48	41	42	39
Most people who have syphilis will show symptoms. (F)	35	28	36	33	39	36	35	35	30
Syphilis is a public health priority in Canada. (T)	32	27	34	31	36	39	30	33	33
When receiving a pap test, you are automatically tested for syphilis. (F)	27	29	30	26	27	28	24	28	24
Syphilis testing is always included in regular screening for sexually transmitted infections (STIs). (F)	16	16	19	16	17	16	17	17	15

Q21. Please indicate whether you think each of the following statements about syphilis is true or false.  
Base: Total sample

As stated above, the results for each of the 14 true/false statements were used to create a Knowledge Index. Each respondent was given a score based on the number of statements they correctly attributed as being either true or false – each correct response earned a value of +1, while each incorrect response earned a value of -1. Thus, the total score for a respondent could range from -14 (e.g., responded incorrectly to all statements) up to +14 (e.g., responded correctly to all statements). Respondents are classified as having high, moderate or low levels of knowledge of syphilis based on their total score as follows:

Knowledge Level	Categorization (Based on Total Score)
Low	-14 to -8
Moderate	-7 to +7
High	+8 to +14

Based on this analysis, and similar to what was found regarding overall knowledge levels for HIV/AIDS, 28% exhibit a high level of knowledge with respect to syphilis, 62% a moderate level, and 10% are classified as having low knowledge levels (see TABLE 69).

Levels of knowledge are fairly consistent across the regions with about three in five (or slightly more) in all regions/provinces being classified as having moderate levels of knowledge about syphilis. Respondents in British Columbia/North (66%) exhibit somewhat higher levels of knowledge relative to those in Quebec (59%) and Alberta (58%).

By community type, a higher proportion of those in urban areas, as compared to rural residents, are classified at the high end of the knowledge spectrum (30% vs. 21%, respectively). By contrast, a greater share of rural residents is classified as having moderate levels of knowledge of syphilis relative to those residing in urban areas (68% vs. 61%, respectively).

**TABLE 69. KNOWLEDGE INDEX: SYPHILIS – GENERAL PUBLIC**

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Low	10	10	11	10	10	11	8	10	11
Middle	62	64	59	64	59	58	66	61	68
High	28	26	31	26	32	32	26	30	21

Q21. Please indicate whether you think each of the following statements about syphilis is true or false?

Base: Total sample (excluding those who responded 'don't know')

### Demographics

As was the case with knowledge levels for HIV/AIDS, knowledge of syphilis varies primarily based on age and socio-economic status. Those sub-groups which are more likely to be classified as having a high level of knowledge of syphilis include the following:

- People working in the health care sector (41%) versus others (31%);
- Francophones (34%), compared to Anglophones (28%);
- People between the ages of 35 and 54 (33%), compared to people 55+ (25%);
- University-educated people (33%) and those with a college diploma or some university education (30%), relative to those with a high school education (20%)
- Those who are divorced, separated or widowed (32%) as well as those who are married or residing in a common-law relationship (30%), relative to those who are single (24%); and
- Households with annual incomes of \$60,000 or more (32%), relative to those earning under \$60,000 (25%).

While the proportion of respondents classified as having a low level of knowledge of syphilis is relatively low across the board, this classification includes a slightly higher share of the following sub-groups:

- Those with a high school education (13%) compared to those with a university degree (8%); and
- Men (12%), compared to women (9%).

## Target Audiences

There are no differences by target audience. Across all three sub-groups of the population a majority exhibit moderate levels of knowledge of syphilis (67% among the Black community; 60% among Indigenous Peoples; and 59% among the 2SLGBTQI+ community).

## E. Stigma Associated with Syphilis

Respondents were asked how comfortable they would be in two different situations interacting with someone who has syphilis. Three in five Canadians (60%) say they would be comfortable (*very/somewhat*) discussing a friend or family member's diagnosis of syphilis and just over half (55%) are comfortable inviting someone into their home who has syphilis.

Results are fairly consistent across the regions in terms of respondents' overall comfortability in interacting with individuals who have syphilis, although those in Quebec express slightly higher levels of comfort. Two thirds of those in Quebec (67%) are comfortable discussing a diagnosis of syphilis with a friend or family member. This is higher than the proportion found in other provinces and regions – Manitoba/Saskatchewan (60%), Ontario and British Columbia/North (58% each), and Atlantic Canada and Alberta (57% each). Regarding inviting someone into their home who has syphilis, 59% of Quebec respondents report being *somewhat/very comfortable*, higher relative to Ontario and Manitoba/Saskatchewan (52% in each of those two regions), but no different from other provinces and regions.

There are no differences by type of community.

**TABLE 70. INTERACTIONS WITH SOMEONE WHO HAS SYPHILIS – GENERAL PUBLIC**

% *Very/Somewhat Comfortable*

	TOTAL	ATLANTIC	QUEBEC	ONTARIO	MB/SK	ALBERTA	BC/NORTH	URBAN	RURAL
n=	2500	347	500	600	349	351	353	2209	291
	%	%	%	%	%	%	%	%	%
Discussing a friend or family member's diagnosis of syphilis with them.	60	57	67	58	60	57	58	60	61
Inviting somebody who has syphilis into your home.	55	52	59	52	52	56	54	55	53

Q24d-e. How comfortable or uncomfortable would you be with each of the following situations?

Base: Total sample



## Demographics

Those more likely to say they are comfortable in each of the two scenarios are highlighted below:

<p><b>Discussing a friend or family member’s diagnosis of syphilis with them.</b></p>	<ul style="list-style-type: none"> <li>• Health care workers (72%) versus others (62%);</li> <li>• Francophones (71%), compared to Anglophones (58%) and those who speak another language (52%);</li> <li>• People who have experienced homelessness in the last 5 years (68%), compared to others (60%);</li> <li>• Those with a college diploma and/or some university (65%), relative to those with a university degree (58%) and people with a high school education or less (57%);</li> <li>• Women (63%), relative to men (57%); and</li> <li>• Employed persons (63%) versus those not in the workforce (49%).</li> </ul>
<p><b>Inviting somebody living with syphilis into your home.</b></p>	<ul style="list-style-type: none"> <li>• Francophones (62%) compared to Anglophones (54%) and people who speak a language other than English or French (36%);</li> <li>• Those with a university degree (57%) as well as those with a college education or some university (56%), compared to people with a high school education (49%); and</li> <li>• Employed persons (57%) compared to those who are not in the workforce (40%).</li> </ul>

## Target Audiences

A higher proportion of those identifying as 2SLGBTQI+ are more likely to express comfort with both scenarios, relative to the average – 68% are comfortable discussing a friend or family’s diagnosis of syphilis (35% are very comfortable, compared to 26% on average who say the same), and 66% are comfortable inviting someone with syphilis into their home (37% are *very comfortable* doing so, compared to 26% on average).

## F. Focused Analysis of Key Audiences

This section highlights the main trends found for the three target audiences including Black, Indigenous and 2SLGBTQI+ communities pertaining to their understanding of and views related to syphilis.

In general, Black respondents (59%) express higher levels of concern regarding rates of syphilis, compared to the average of 42% who are *somewhat/very concerned*, while a higher proportion of Black respondents report being concerned about their own personal risk of contracting syphilis (45%). Across all three audiences, the proportion who say they have been tested for syphilis is above the average for the general population: 21% among 2SLGBTQI+, 17% among Indigenous Peoples and the Black community.

When asked which groups are most at risk of syphilis, while a higher proportion of Indigenous respondents identified their own community (17%) compared to the average (10%), across each of these three target groups a majority or near majority identify people who have multiple sexual partners and sex workers.

Respondents within these three groups are more likely to say they are knowledgeable about preventing, testing and treatment for syphilis relative to the average, as was reported in the Focused Analysis included at the end of Section B. Overall, and based on their responses to a series of true/false statements about syphilis, across all three groups a majority are classified as having a moderate level of knowledge of syphilis, very much in line with results for the general population.

With respect to stigma around syphilis, those in the 2SLGBTQI+ community express higher than average levels of comfort engaging in conversations about syphilis and/or interacting with those who have syphilis.

## D2. Health Care Practitioners

This section explores health care practitioners' views and experiences regarding the testing, diagnosis and treatment of syphilis, including any stigma and barriers faced both by practitioners and patients. Some of this data has already been examined in Section B2, but is briefly covered here again in order to provide the reader with a more complete picture of the results specific to syphilis.

### A. Concerns about Syphilis Relative to Other Public Health Issues

As noted in Section B.B2, health care practitioners express high levels of concern about issues such as obesity (98% are *very/somewhat concerned*), mental illness and suicide among adults and youth (98% and 97%, respectively), the opioid crisis (96%), e-cigarette use/vaping among children/youth and adults (96% and 89%, respectively) and tobacco/alcohol use (94%). By comparison to these other public health issues, the overall level of concern about rates of syphilis infection is 16 to 25 points lower (73%). And, while three quarters or more are *very concerned* about mental illness/suicide among adults and youth as well as the opioid crisis, this compares with just under a third (30%) who hold the same view about syphilis.

### B. General Knowledge of Syphilis

Three quarters (75%) of health care professionals report being knowledgeable about syphilis – 20% say they are *very knowledgeable* and another 55% claim to be *somewhat knowledgeable*. Among the remaining 25% who are not knowledgeable, 22% report being *not that knowledgeable* while relatively few (4%) are *not at all knowledgeable* about syphilis.

Across health care professions, a higher proportion of physicians report being knowledgeable (94%), as compared to both nurses (76%) and pharmacists/dentists (52%).

While there are no significant variations by professional setting in terms of overall levels of knowledge, it is notable that about two in five (39%) of those in 'other' settings say they are *very knowledgeable*, almost twice as many as in hospital, clinic and community settings.

TABLE 71. GENERAL KNOWLEDGE OF SYPHILIS – HEALTH CARE PRACTITIONERS

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
TOTAL KNOWLEDGEABLE	75	76	94	52	79	82	74	86
Very knowledgeable	20	22	29	5	22	24	20	39
Somewhat knowledgeable	55	54	65	47	57	58	55	46
Not that knowledgeable	22	22	5	38	18	16	22	14
Not at all knowledgeable	4	2	2	10	3	2	4	-
TOTAL NOT KNOWLEDGEABLE	25	24	6	48	21	18	26	14

Q11b. How knowledgeable would you say you are about each of the following? – *Syphilis*

Base: Total sample

### Demographics

- Female health care practitioners (79%) are more likely than male practitioners (68%) to say they are knowledgeable about syphilis.

### Region and Community Type

- Practitioners in Ontario (83%) are more likely to report being knowledgeable, compared to those in Quebec (61%).
- By community type, a higher proportion of practitioners working in small urban areas with population of 100,000 to just under a million (79%) report being knowledgeable, relative to those in towns or suburbs of under 100,000 residents (62%).

While the previous question provides some indication of health care practitioners general level of knowledge about syphilis, the questions below gauge their knowledge specific to preventing, testing and treatment for syphilis. Results show that over four in five health care practitioners (84%) feel they are knowledgeable about **prevention strategies for syphilis** (39% say they are *very knowledgeable*). However, knowledge levels drop off somewhat with respect to **testing for syphilis** (75% overall; 31% saying they are *very knowledgeable*) and **treatment for syphilis** (72%; 20% saying they are *very knowledgeable*).

Physicians and nurses are more likely, as compared to pharmacists/dentists to say they are knowledgeable about preventing (92%; 89%; 63%, respectively) and testing for syphilis (99%; 82%; 35%, respectively). Physicians are also more likely to report being knowledgeable about treatments for syphilis (85%), compared to both nurses (70%) and pharmacists/dentists (62%).

**TABLE 72. KNOWLEDGE OF PREVENTION, TESTING AND TREATMENT OF SYPHILIS – HEALTH CARE PRACTITIONERS**

*%Very/Somewhat knowledgeable*

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Preventing Syphilis	84	89	92	63	86	90	79	86
Testing for Syphilis	75	82	98	35	88	82	63	89
Treatments for Syphilis	72	70	85	62	73	74	75	82

Q12d-f. How knowledgeable would you say you are about ... ?

Base: Total sample

### Demographics

- Knowledge levels pertaining to the prevention of syphilis vary as follows:
  - Female practitioners are more likely to say they are *very knowledgeable* (47%), compared to their male counterparts (27%), although the proportion of those saying they are knowledgeable overall is not significantly different across genders.
  - Older practitioners, aged 55+, are more inclined to report being knowledgeable (92%), relative to those under the age of 45 (79%).
- Older practitioners, relative to the younger cohort are also more likely to report being knowledgeable about testing for syphilis (85% vs. 68%, respectively).

### Region and Community Type

- Practitioners working in Ontario are more likely than those in Quebec to report being knowledgeable about both preventing syphilis (91% vs. 72%, respectively) and testing for syphilis (87% vs. 59%, respectively). In terms of testing for syphilis, a higher proportion of Ontario practitioners say they are knowledgeable compared to those in Alberta (63%).
- By community type there are few variations of note, although practitioners located in major urban areas with populations of 1 million or more (90%) are more likely to report being knowledgeable about prevention strategies, compared to those in towns or suburbs with populations under 100,000 (74%).

## C. Groups Viewed as Most at Risk of Getting Syphilis

Respondents were asked to identify those groups which they feel are disproportionately affected by HIV in Canada. The following are most frequently mentioned: sex workers (82%), people who have multiple sexual partners (81%), and people who have another type of STBBI (64%). About one third to one half also mention men who have sex with other men (50%), people who inject drugs (40%), Indigenous Peoples (38%), people from countries where HIV is more widespread (38%) and members of the African, Caribbean and Black (ACB) Communities (31%). Just over one quarter mentioned bisexual people (28%), while slightly more than one in five mention heterosexual women (22%) as being among the groups they felt are disproportionately affected by syphilis. Fewer identify heterosexual men (16%), women who have sex with other women (12%), people with a blood disorder (4%), anyone (<1%) or those having unprotected sex (<1%). A very small percentage are unsure which groups are more affected relative to others (6%).

Physicians and nurses are more likely than pharmacists/dentists to mention sex workers (86%; 86%; 67%, respectively). Nurses are also more likely as compared to pharmacists/dentists to mention men who have sex with other men (54% vs. 38%, respectively).

Those in a clinic setting are more likely, compared to those working in a hospital setting, to mention people from countries where HIV is more widespread (43% vs. 30%, respectively) and members of the ACB community (40% vs. 24%, respectively) as being disproportionately affected by syphilis. Those working in another setting, classified as being outside of a hospital, clinic or community-based health care service, along with those in a community-based setting are more likely relative to practitioners working in a hospital to mention men who have sex with other men (71%; 58%; 42%, respectively).

**TABLE 73. GROUPS MOST AFFECTED BY SYPHILIS IN CANADA (MULTI-MENTION) – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Sex workers	82	86	86	67	86	87	77	93
People who have multiple sexual partners	81	82	80	78	84	81	80	86
People who have another type of sexually transmitted infection like chlamydia, gonorrhea or syphilis	64	66	69	55	69	64	68	71
Men who have sex with other men	50	54	52	38	42	52	58	71
People who inject drugs	40	46	40	27	40	41	41	50
Indigenous Peoples	38	36	48	33	34	43	45	61
People from countries where HIV is more widespread	38	38	52	22	30	43	34	50
African, Caribbean and Black communities	31	29	43	23	24	40	35	46
Bisexual people	28	30	28	25	24	31	31	21
Heterosexual women (e.g., women who are sexually attracted to men)	22	27	18	15	24	22	21	21
Heterosexual men (e.g., men who are sexually attracted to women)	16	24	6	12	19	13	18	21
Women who have sex with other women	12	16	6	8	16	13	14	18
People who have hemophilia, a bleeding disorder in which the blood does not clot properly)	4	3	6	5	3	3	8	11
All groups/any/anyone can get infected/anyone having sex	<1	1	-	-	-	1	-	-
People who have unprotected sex	<1	-	-	2	-	1	-	-
Other	2	2	5	-	-	3	1	-
Don't know	6	6	5	10	7	3	9	4

Q16. Based on your experience, which of the following groups do you feel are disproportionately affected by syphilis? (Select all that apply)

Base: Total sample

### Demographics

- Female practitioners (85%) are more likely to cite people with multiple sexual partners as being disproportionately affected by syphilis, compared to male practitioners (74%).
- Older health care professionals, aged 55+, are more likely to mention each of the following compared to those who are younger (under 45 years of age): people from countries where HIV is widespread (49% vs. 32%, respectively) and heterosexual women (31% vs. 15%).

### Region and Community Type

- Health care professionals located in major urban centers (1 million or more population size) are more likely than those working in towns and suburbs of under 100,000 population to mention each of the following groups: sex workers (86% vs. 70%, respectively), men who have sex with other men (59% vs. 40%), Indigenous Peoples (49% vs. 32%), and the ACB community (39% vs. 21%).

## D. Syphilis – Knowledge Index

As with the survey of the general population, health care professionals were shown a series of 14 statements about syphilis and asked to indicate whether the statement was true or false. The results of this exercise were used to create a knowledge index, classifying health care professionals as having low, moderate or a high level of knowledge about syphilis. This index and the scoring scheme used to classify respondents is described in further detail below.

Results on each of the 14 statements are highlighted in

TABLE 74 below, showing the percentage of respondents who answered each statement correctly. Over nine in ten health care professionals correctly indicate the following four statements to be false:

- Women are not at risk of getting syphilis (98%);
- Syphilis is a thing of the past (95%);
- Syphilis is not dangerous because it can be treated (92%); and
- Syphilis is never deadly (92%).

At least four in five, but fewer than nine in ten, correctly responded to five of the 14 statements:

- *People can get syphilis from toilet seats (89% say false);*
- *It is important for people who are pregnant to be tested for syphilis (87% say this is true);*
- *A person who gets syphilis once will be immune from getting it again (87% respond this is false);*
- *Syphilis can be cured with treatment (85% say this is true); and*
- *Syphilis can be spread through oral sex (81% say this is true).*

Two thirds to just under four in five health care professionals correctly responded to each of the following:

- *Most people who have syphilis will show symptoms (77% say false);*
- *When receiving a pap test, patients are automatically tested for syphilis (74% say false);*
- *People should get tested for syphilis, even if they don't have symptoms (73% say true); and*
- *Syphilis is a public health priority in Canada (66% say this is true).*

The one statement for which fewer than half of health care professionals responded correctly was with respect to *syphilis testing being included in regular screening for STBBI* – just 40% knew this to be false.

Of note, across the 14 statements the proportion responding 'don't know' ranges from 1% to 16%, with higher levels of uncertainty expressed regarding whether testing for syphilis is done coincident with pap tests and testing for other STBBI.

By profession, physicians and nurses are more likely, as compared to dentists/pharmacists to have responded correctly to the following statements:

- *It is important for people who are pregnant to be tested for syphilis (95%; 90%; and 73% respectively say this is true); and*
- *People should get tested for syphilis, even if they don't have symptoms (80%; 77%; and 58% respectively say this is true).*

Physicians (92%) are also more likely than dentists/pharmacists (78%) to say the *syphilis can be cured with treatment*, which is a true statement.

Results are reasonably consistent across professional settings with a few exceptions. Relative to practitioners in some other settings, those working in a clinic are more likely to provide the correct response on each of the following:

- *People can get syphilis from toilets (94% say this is false vs. 84% in a hospital setting who say the same);*
- *Syphilis can be cured with treatment (90% say this is true vs. 81% in a community setting who say the same);*
- *When receiving a pap test, patients are automatically tested for syphilis (83% say this is false vs. 68% among those in hospital and community settings who say the same); and*
- *Syphilis testing is always included in regular screening for STBBI (50% say this is false, vs. 34% among those in a hospital setting who say the same).*

Additionally, those working in a community setting (73%) are more likely to say it is true that *syphilis is a public health priority in Canada*, compared to those in a hospital setting (61%).

**TABLE 74. TRUE/FALSE STATEMENTS RELATED TO SYPHILIS – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
<i>(Correct answers in parenthesis below.)</i>								
Women are not at risk of getting syphilis. (F)	98	98	98	95	98	99	97	100
Syphilis is a thing of the past. (F)	95	94	97	95	94	98	96	96
Syphilis is not dangerous because it can be treated. (F)	92	96	92	83	93	94	90	89
Syphilis is never deadly. (F)	92	94	97	82	93	93	92	89
People can get syphilis from toilet seats. (F)	89	86	97	87	84	94	89	96
It is important for people who are pregnant to be tested for syphilis. (T)	87	90	95	73	89	91	87	96
A person who gets syphilis once will be immune from getting it again. (F)	87	89	88	82	88	89	85	93
Syphilis can be cured with treatment. (T)	85	85	92	78	84	90	81	82
Syphilis can be spread through oral sex. (T)	81	82	78	82	83	82	80	82
Most people who have syphilis will show symptoms. (F)	77	78	83	68	78	77	76	89
When receiving a pap test, patients are automatically tested for syphilis. (F)	74	72	97	53	68	83	68	75
People should get tested for syphilis, even if they don't have symptoms. (T)	73	77	80	58	70	78	69	71
Syphilis is a public health priority in Canada. (T)	66	68	66	63	61	69	73	64
Syphilis testing is always included in regular screening for sexually transmitted infections (STIs). (F)	40	42	46	28	34	50	40	43

Q17. Please indicate whether the following statements about syphilis are true or false.

Base: Total sample

### Demographics



Knowledge levels are fairly consistent by gender, the one exception being that a higher proportion of female (78%) versus male practitioners (65%) accurately respond (e.g. ‘true’) that *people should get tested for syphilis, even if they don’t have symptoms*.

Some variations are evident by age. Older practitioners (aged 55+), as compared to those under age 45 are more likely to correctly claim:

- As true, that *syphilis can be cured with treatment* vs. those under age 45 (93% vs. 80%, respectively); and
- As false, that *when receiving a pap test, patients are automatically tested for syphilis* (83% vs. 68%).

### Region and Community Type

By community type:

- Practitioners working in towns or suburbs of under 100,000 population are more likely to say it is true that *syphilis can be cured with treatment* (94%), relative to those in major urban areas of 1 million or more people (85%) or those in smaller urban areas of 100,000 to just under 1 million (81%). Those working in towns/suburbs are also more aware of the inaccuracy that *people can get syphilis from toilet seats* (96%), relative to those in major urban areas (84%). The discrepancy between these two groups is apparent as well in the proportion claiming it is incorrect to say that *syphilis testing is always included in regular screening for STBBI* (49% vs. 32%). Notably over half of those working in major urban areas (56%) believe this is in fact the case (e.g., responded that this statement is true).
- Those working in smaller urban areas are more likely to claim as false that *most people who have syphilis will show symptoms* (84%), compared to those in communities of less than 100,000 people (68%). Practitioners in smaller urban areas are also more likely to know it is inaccurate to say that *syphilis is not dangerous because it can be treated* (97%), compared to their counterparts working in major urban centers (88%).

Based on the results from the true/false exercise, a knowledge index was created to measure the proportion of Canadian health care professionals who exhibit a high, moderate and low levels of knowledge about syphilis. The scoring system applied mirrors that used for the general population with the possibility of a respondent scoring anywhere from -14 to +14 points based on assigning a value of +1 to those providing a correct response and -1 to those providing an incorrect response. Respondents were then assigned to a ‘low,’ ‘moderate’ or ‘high’ knowledge category based on their overall score as follows:

Knowledge Level	Categorization (Based on Total Score)
Low	-14 to -8
Moderate	-7 to +7
High	+8 to +14

The results (as shown below) closely mirror knowledge levels of health care professionals regarding HIV/AIDS. The vast majority of health care professionals exhibit high levels of knowledge (84%) of syphilis, while just 16% are categorized as having a moderate level of knowledge. None are classified as having low knowledge levels.

Across professions and professional settings, more than four in five are classified as having a high level of knowledge of syphilis, although a higher proportion of physicians (97%) fall into this category as compared to nurses (83%). This is also the case for those working in a clinic setting (89%), relative to those working in a hospital setting (80%).

**TABLE 75. SYPHILIS KNOWLEDGE INDEX – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Low	--	--	--	--	--	--	--	--
Moderate	16	17	3	29	20	11	17	18
High	84	83	97	71	80	89	83	82

Q17a-n. Please indicate whether you think each of the following statements about syphilis is true or false.

Base: Total sample

### Demographics

By age, a higher share of health care professionals who are 55+ (92%) are classified as having high knowledge of syphilis, compared to those aged 45-54 (82%) and those under age 45 (81%).

### Region and Community Type

Findings vary minimally across the regions and by community type. With the exception of respondents in British Columbia/North, more than four in five in every region and community type are classified as exhibiting a high knowledge of syphilis. In British Columbia/North, this drops to two thirds (66%), with the remainder (34%) being classified as having a moderate level of knowledge, although given the small base sizes these results should be considered as directional only.

## E. Stigma Associated with Syphilis

Coincident with their high knowledge of syphilis, nine in ten health care practitioners (91%) say they are comfortable caring for a patient who has syphilis, with very few (8%) expressing discomfort in doing so.

Findings do not vary significantly by profession or across professional settings. Overall, almost nine in ten or more health care professionals are comfortable caring for patients with syphilis. Notably, however, the proportion saying they are *very comfortable* is higher among physicians (77%) and nurses (74%) as compared to pharmacists/dentists (58%). This proportion is also higher among those in a hospital setting (80%), compared to others working in a clinic (69%) or community setting (65%).

**TABLE 76. COMFORTABILITY PROVIDING CARE TO A PATIENT WITH SYPHILIS – HEALTH CARE PRACTITIONERS**

*Providing care to a patient who is living with syphilis*

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
TOTAL COMFORTABLE	91	91	94	87	92	88	90	96
Very comfortable	71	74	77	58	80	69	65	71
Somewhat comfortable	20	17	17	28	12	19	25	25
Somewhat uncomfortable	5	5	3	7	4	6	6	4
Very uncomfortable	3	2	3	3	2	3	3	-
TOTAL UNCOMFORTABLE	8	7	6	10	7	10	9	4
Don't know	2	2	-	3	1	2	1	-

Q20c. How comfortable or uncomfortable would you be with each of the following situations? – *Providing care to a patient who is living with syphilis*

Base: Total sample

There are no variations of note across demographic groups or by region and community type.

The relatively small number of respondents (n=68) who expressed some discomfort caring for patients with syphilis identified a variety of training and resources which would enhance their overall comfort level. The findings on this question are very much in line with results on a similar question regarding HIV/AIDS and include: additional training related to syphilis and other STBBI (82%), guidance on navigating patients' experiences of stigma and discrimination (60%), handouts/resources/guides on facilitating discussions about syphilis and other STBBI with patients (59%), resources on local community-based organizations to which they could refer patients (59%), culturally appropriate resources in multiple languages which could be made available to patients (57%) and resources pertaining to trauma-informed and culturally sensitive approaches to care (56%). Just 3% report not needing any additional training or resources.

Keeping in mind the small sample who responded to this question, nurses are more likely to say that additional training related to syphilis and other STBBI would be helpful in increasing their comfort level, relative to dentists/pharmacists (100% vs. 61%, respectively). This type of resource is also identified more frequently by those in a hospital setting (100%), compared to those in a clinic (83%) or community setting (82%). Those working in a hospital setting (82%) are also somewhat more likely to identify resources on

relevant local community-based organizations to which patients could be referred, relative to those in a clinic setting (54%).

**TABLE 77. RESOURCES WHICH WOULD ENHANCE COMFORT CARING FOR PATIENTS WITH SYPHILIS – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	68	30	15	23	17	35	33	8
	%	%	%	%	%	%	%	%
Additional training related to syphilis and other sexually transmitted and blood-borne infections	82	100	80	61	100	83	82	88
Guidance on how to navigate patients' experiences of stigma, discrimination, social and structural barriers, and other forms of oppression	60	73	53	48	76	63	61	75
Handouts, resources or guides on facilitating discussions about syphilis and other sexually transmitted.	59	73	47	48	76	63	64	75
Resources on relevant local community-based organizations to refer your patients to	59	70	53	48	82	54	64	88
Patient resources available in multiple languages and/or tailored to be culturally appropriate	57	63	40	61	65	54	58	63
Resources pertaining to trauma-informed and culturally sensitive approaches to care	56	63	47	52	71	60	58	63
Other	1	-	7	-	-	3	-	-
I don't need any additional training or resources.	3	-	-	9	-	6	-	-

Q22. What would help you feel more comfortable providing care to a patient who is living with syphilis?

Base: Those expressing discomfort providing care to a patient with Syphilis

### Demographics

- Although the base sizes are quite small in some instances, directionally, female health care practitioners express higher interest in many of the tools and resources listed, including guidance on navigating patients' experiences of stigma and discrimination (73% vs. 41% for men), handouts/resources/guides (70% vs. 41%), resources in multiple languages and/or culturally

appropriate (68% vs. 41%), and resources pertaining to trauma-informed and culturally sensitive approaches to care (65% vs. 41%).

- By age, professionals under age 45 are more likely than those 55+ to have identified guidance on how to navigate patients' experiences of stigma and discrimination (72% vs. 32%, respectively), resources on relevant local community-based organizations (67% vs. 37%), and resources pertaining to trauma-informed and culturally sensitive approaches to care (64% vs. 37%).

No significant differences are evident across the regions or by community type.

## F. Perceived Barriers for Patients Seeking Testing and Treatment for Syphilis

Health care professionals are of the view that patients with syphilis face a similar set of barriers when seeking to access health care supports and services related as do those living with HIV/AIDS. Over four in five report each of the following as a *moderate or significant barrier*: a lack of access to a family physician (87%; 68% who say this is a *significant barrier*), limited knowledge of and awareness of STBBI (84%; 55% *significant barrier*), cultural or household taboo related to sexual health and STBBI (84%; 54% *significant barrier*), limited access to services and supports (82%; 58% *significant barrier*), operational barriers including wait times, hours of operation and access to testing or treatment facilities (80%; 50% *significant barrier*), and previous experiences of stigma or discrimination in the healthcare system (80%; 52% *significant barrier*). Just under four in five identified limited access to culturally or linguistically appropriate care as a barrier (78%; 45% *significant barrier*).

By profession, nurses are more likely to identify each of the following as a barrier, compared to dentists/pharmacists: sexual health and STBBI being taboo topics (89% vs. 73%, respectively), limited access to services and supports (86% vs. 73%), previous experiences of stigma in the health care system (85% vs. 67%), and limited access to culturally and/or linguistically appropriate care (85% vs. 63%). Regarding the last barrier, physicians (80%) are also more likely than dentists/pharmacists to have flagged this issue.

Across professional settings, those working in a hospital setting (88%) are more inclined to cite limited access to culturally appropriate care as a barrier, relative to those in a clinic (78%) or community setting (74%). Those in a clinic setting (85%) are more likely to cite previous experiences of stigma and discrimination in the health care system, compared to those in a community setting (75%).

**TABLE 78. BARRIERS TO CARE FOR SYPHILIS – HEALTH CARE PRACTITIONERS**

*%Significant/Moderate Barrier*

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Patients not having a family physician.	87	90	91	78	91	90	86	89
Limited knowledge and awareness of sexually transmitted and blood-borne infections	84	87	83	78	88	84	86	96
Sexual health and sexually transmitted and blood-borne infections being taboo topics in the patients' culture or household	84	89	83	73	87	84	85	89
Limited access to services and supports	82	86	80	73	89	84	81	89
Operational barriers such as long wait times, hours of operation, testing or treatment facilities not on a transit route, etc.	80	86	75	73	83	81	81	93
Previous experiences of stigma and discrimination in the healthcare system	80	85	82	67	81	85	75	86
Limited access to culturally and/or linguistically appropriate care	78	85	80	63	88	78	74	86

Q25a-g. How much of a barrier do you feel each of the following are to patients accessing supports and services related to testing and treatment for syphilis?

Base: Total sample

### Demographics

Female practitioners, compared to their male counterparts, are more likely to cite previous experiences of stigma/discrimination (85% vs. 70%) and operational issues (84% vs. 72%) as barriers.

### Region and Community Type

Although the base sizes in some regions are small, health care practitioners in Quebec are generally less likely to cite any of the issues listed as being a moderate or significant barrier to testing and treatment for those with syphilis. Nevertheless, the proportion of respondents in this province identifying each as a barrier ranges from 66% up to 75%.

All respondents were asked if there were any other barriers, other than those covered in the previous question which would prevent patients from accessing supports and services for syphilis testing and treatment. Almost three quarters (74%) did not have anything else to add. A few mention issues such as a general lack of knowledge or education on the topic (9%), financial constraints or the cost of treatments (4%), and access to care/lack of doctors (3%). A myriad of other issues was identified by 2% or fewer respondents including issues such as stigma, wait times for services, being in denial, language barriers and lack of transportation, among others.

Given the small number of people who identified any additional barriers, there are few notable differences across professional groups or by professional setting, the exception being that pharmacists/dentists (87%) are more likely not to have reported any other issues as compared to nurses (72%) and physicians (68%).

**TABLE 79. OTHER BARRIERS TO CARE FOR SYPHILIS – HEALTH CARE PRACTITIONERS**

	TOTAL	PROFESSION			PROFESSIONAL SETTING			
		NURSE	PHYSICIAN	PHARMACIST/ DENTIST	HOSPITAL	CLINIC	NET COMMUNITY	NET OTHER
n=	250	125	65	60	90	124	97	28
	%	%	%	%	%	%	%	%
Lack of knowledge/education	9	7	12	8	13	10	10	21
Financial reasons/cost of treatment and medications/lack of insurance coverage	4	7	-	-	4	2	5	7
Access to care/lack of doctors	3	4	3	2	2	5	4	-
Stigma/fear of being ostracized/feeling ashamed to seek care	2	2	6	-	1	4	2	4
Compliance/wait time for services/inability to get time off	2	2	3	-	2	2	1	-
Denial/thinking it's not a big deal	1	-	3	2	2	1	1	4
Language barrier	1	1	3	-	1	2	1	4
Transportation	1	1	2	-	2	1	1	4
Homelessness	<1	1	-	-	1	-	-	-
Lack of internet access	<1	-	2	-	-	1	-	-
Other	6	9	3	2	7	7	6	4
Not Stated	1	1	2	2	1	2	-	-
No other barriers	74	72	68	87	73	70	74	68

Q26. Other than those already mentioned, are there any other barriers that prevent patients from accessing supports and services related to testing and treatment for sypphilis?

Base: Total sample

Small base sizes preclude any additional analysis of responses to this question by gender, age, region or community type.

## Section E: Methodology



## Methodology

### A. Sample Design

This study consisted of two separate target audiences: Canadians, 16 years of age and older and health care professionals. Two separate surveys were drafted (with some overlapping questions) and employed. Within the main audience of the general public, three additional priority groups were identified at the outset of the study (n=200 each) – Indigenous Peoples, Canadians from at-risk ethnic minority communities (including African, Black, and Caribbean), and members of the 2SLGBTQI+ community.

Two separate online panels were employed to conduct the survey, as follows:

- A sample of n=3,100 were surveyed via a nationwide online panel.
- A sample of n=250 were surveyed via a nationwide online panel specifically for individuals working in medical professions. In appreciation of their time, incentives were provided to all health care professionals (ranging from \$70 to \$165).

To achieve good representation from regions such as Atlantic Canada and Manitoba/Saskatchewan within the general public sample, a disproportionate sample was obtained in order to conduct regional analysis. However, to ensure the final sample was representative of the Canadian population by region, the following weights, shown in the table below, were applied to the n=2,500 (excluding oversamples obtained for priority groups).

**TABLE 80. WEIGHTING SCHEME OF GENERAL PUBLIC AUDIENCE BY REGION**

Region	Province	% of population (Source: Statistics Canada, 2021 Census)	Unweighted Sample Size (n)	Weight	Weighted Sample Size (n)	% of Total Sample
Atlantic		7%				
	Newfoundland	2%	77	0.454545	35	1.4%
	PEI	<1%	22	0.5	11	0.4%
	Nova Scotia	3%	140	0.485714	68	2.7%
	New Brunswick	2%	108	0.453704	49	2.0%
Quebec	Quebec	23%	500	1.15	575	23.0%
Ontario	Ontario	38%	600	1.603333	962	38.5%
Prairies		19%				
	Manitoba	4%	188	0.494681	93	3.7%
	Saskatchewan	3%	163	0.472393	77	3.1%
	Alberta	12%	351	0.826211	290	11.6%
Pacific	British Columbia/North	13%	351	0.968661	340	13.6%
<b>Total</b>		<b>100%</b>	<b>2,500</b>		<b>2,500</b>	<b>100%</b>

In addition to region, disproportionate quotas by age were set. To ensure the final sample was representative of the Canadian population by age, the following weights were applied.

**TABLE 81. WEIGHTING SCHEME OF GENERAL PUBLIC AUDIENCE BY AGE**

Age	% of population (Source: Statistics Canada, 2021 Census)	Unweighted Sample Size (n)	Weight	Weighted Sample Size (n)	% of Total Sample
16 – 24	13%	500	0.65	325	13%
25 – 34	16%	598	0.668896321	400	16%
35 – 44	16%	401	0.997506234	400	16%
45 – 54	15%	300	1.25	375	15%
55 – 64	17%	350	1.214285714	425	17%
65+	23%	351	1.638176638	575	23%
<b>Total</b>	<b>100%</b>	<b>2,500</b>		<b>2,500</b>	<b>100%</b>

To boost the sample size of each priority audience, an oversample of n=200 was set. In addition to the main target audience of Canadians, aged 16+, quotas were set for the priority groups according to region and are outlined in the table (Quotas by Priority Group) below. Quotas outlined below include the oversample of n=200 and the expected natural fall-out within the main general public sample. Note that quotas were not set regionally for members of the 2SLGBTQI+ community and no weighting was applied to the data for any target audience. All quotas were monitored throughout fielding to ensure the data was not skewed.

**TABLE 82. QUOTAS BY PRIORITY GROUP**

Region	Members of the Black community (n)	Indigenous Peoples (n)	Members of the 2SLGBTQI+ community (n)
Atlantic	9	26	280
Quebec	83	36	
Ontario	154	72	
Manitoba/Saskatchewan/Nunavut	12	84	
Alberta/Northwest Territories	38	55	
BC/Yukon	12	52	
<b>Total</b>	<b>308</b>	<b>325</b>	<b>280</b>

For the sample of health care professionals, quotas were set only by profession (see table below). Due to the small sample size, additional quotas were not set by region, age or community type (urban/rural).

Healthcare profession	Target (n)
Nurses	125
Family physicians	50
OBGYN	15
Dentists	20
Pharmacists	40
<b>Total</b>	<b>250</b>

## Additional Information on Online Panel

Our online panel partner for this study, Logit, has extensive experience managing panels for online research across Canada. The panels are recruited through various online portals to ensure demographically balanced respondents. Logit manages all aspects of the panel, from recruitment, registration, survey administration and removal of those who would like to retire from the panel. Strict guidelines are also enforced ensuring that each panelist only participates in research surveys no more than twice a month. However, to be a respondent to this type of Government of Canada survey, panel members may not have participated in any Government of Canada survey as a member of Logit's panel, or a survey on similar subject matter, within the past 30 days. Additionally, for the panel with health care professionals, a rigorous enrolment process is enforced. Panellists are validated via professional sources (e.g., license numbers), work email, address, and telephone number when registering. Each panellist is tracked for poor performance and removed from the panel if they consistently fail quality checks.

## B. Questionnaire Design

The Strategic Counsel worked with Health Canada to develop a questionnaire for each target audience (general public and health care professionals) that ensured all research objectives were met and that it adhered to Government of Canada standards for public opinion research. All research materials can be found in the Appendix. A core set of questions related to knowledge and awareness of HIV, syphilis and other STBBI was asked of both audiences.

## C. Pre-test

Following the [Government of Canada's Standards for Public Opinion Research for Online Surveys](#), The Strategic Counsel conducted a pre-test for each audience prior to launching the survey. The results are detailed below.

### General Public

The survey was pre-tested online on November 3, 2023, among n=26 respondents in a soft launch (15 in English and 11 in French) prior to running live.

Based on the 26 completes from the pre-test, the average length of completion was approximately 12 minutes.

Overall, the findings from the pre-test were very positive. The vast majority of respondents surveyed agreed, either somewhat or strongly, that:

- The questions asked were easy to complete (96%);
- The questions were straightforward and easy to understand (100%); and
- The length of the survey was reasonable (100%).

Moreover, the majority of respondents also found the topic interesting (96%) and stated that they had learned something from the survey (88%). Any additional feedback in terms of comments in the open-ends were positive such as "Good survey", "Interesting" or "Thank you for the information."

Given the positive findings, TSC recommended to Health Canada that the online survey for the general public be fully launched with no additional changes.

### Health Care Professionals

The survey was pre-tested online on November 6, 2023, among n=26 respondents in a soft launch (15 in English and 11 in French) prior to running live.

Based on the 26 completes from the pre-test, the average length of completion was approximately 16 minutes.

Overall, the findings from the pre-test were very positive. The vast majority of respondents surveyed agreed, either somewhat or strongly, that:

- The questions asked were easy to complete (100%);
- The questions were straightforward and easy to understand (100%); and
- The length of the survey was reasonable (96%).

Moreover, the majority of respondents also found the topic interesting (100%) and stated that they had learned something from the survey (85%). Any additional feedback in terms of comments in the open-ends were positive such as “It was informative” or “Excellent and thought provoking.”

Given the positive findings, TSC recommended to Health Canada that the online survey for health care professionals be fully launched with no additional changes.

### D. Fieldwork and Length of Survey

Following the pre-test, the fieldwork for the general public survey was conducted from November 3<sup>rd</sup> to November 23<sup>rd</sup>, 2023. On average, the survey took 14 minutes to complete. Following the pre-test, the fieldwork for the health care professionals survey was conducted from November 6<sup>th</sup> to November 17<sup>th</sup>, 2023. On average, it took 16 minutes to complete.

### E. Final Dispositions

#### General Public

A total of 7,448 entered the survey online. Among those, 3,100 individuals qualified and completed the survey. The overall completion rate was 90% and the overall participation rate was 73%, according to the calculations shown below.

Response Rate =	$\frac{\text{Interviews Started}}{\text{Respondents E-mailed}}$	Completion Rate =	$\frac{\text{Completes + Screen outs + Quota full}}{\text{Total \# of Click Ins}}$
75% =	$\frac{8,807}{11,783}$	79% =	$\frac{(3,100 + 1,279 + 2,562) = 6,941}{8,807}$

**TABLE 83. ONLINE DISPOSITIONS – GENERAL PUBLIC**

<b>Disposition</b>	<b>N</b>
Total Entered Survey	8,807
Completed	3,100
Not Qualified/Screen Outs	1,279
Quota Full	2,562
Suspend/Drop-Off	507

### Health care Professionals

A total of 7,448 entered the survey online. Among those, 3,100 individuals qualified and completed the survey. The overall completion rate was 90% and the overall participation rate was 73%, according to the calculations shown below.

$$\begin{array}{l}
 \text{Response Rate} = \frac{\text{Interviews Started}}{\text{Respondents E-mailed}} \\
 77\% = \frac{387}{501}
 \end{array}
 \qquad
 \begin{array}{l}
 \text{Completion Rate} = \frac{\text{Completes + Screen outs + Quota full}}{\text{Total \# of Click Ins}} \\
 97\% = \frac{(250 + 98 + 28) = 376}{387}
 \end{array}$$

**TABLE 84. ONLINE DISPOSITIONS – HEALTH CARE PROFESSIONALS**

<b>Disposition</b>	<b>N</b>
Total Entered Survey	387
Completed	250
Not Qualified/Screen Outs	98
Quota Full	28
Suspend/Drop-Off	10

## F. Study Limitations

The use of an online opt-in panel means that only those who have volunteered to participate in online surveys were asked to complete the survey. In addition, online surveys by nature only include respondents with the basic literacy skills to navigate the Internet. As such, a margin of error cannot be applied to the final sample and no inferences can be made to the broader target population.

Additionally, nonresponse bias can exist when respondents refuse, are unable or unwilling to complete the survey. With nonresponse bias, those who willingly participate in a survey and nonrespondents may differ in their attitudes and behaviours. Therefore, the sample may not be representative of the target population as a whole. Furthermore, those without internet access or even reduced internet access would have been excluded from this study.

## Section F: Appendices

## Appendices

---

### A. General Population Questionnaire (English and French)

**FINAL Questionnaire – STBBI Baseline Survey (Gen Pop)  
October 31, 2023**

#### **Introduction**

The Government of Canada is conducting a survey on **important public health issues in Canada**. The **Strategic Counsel** has been hired to administer the survey. Si vous préférez répondre au sondage en français, veuillez cliquer sur français [**Direct the respondent to the French language version**]. The survey takes **about 15 minutes** to complete, and your participation is voluntary and confidential.

Your answers will not be attributed to you and the information you provide will be administered according to the requirements of the *Privacy Act*, the *Access to Information Act*, and any other pertinent legislation. Your decision to participate or not is yours alone and there will be no consequences if you decide not to participate. Review the questions below for more information about how any personal information collected in this survey is handled.

#### **How will your personal information be handled? [PN: COLLAPSIBLE PARAGRAPH – ONLY SHOW TEXT IF RESPONDENT CLICKS ON THE QUESTION]**

The personal information you provide to the Public Health Agency of Canada is handled in accordance with the *Privacy Act* and is being collected under the authority of Section 4 of the *Department of Health Act* and Section 3 of the *Public Health Agency of Canada Act* in accordance with the Treasury Board Directive on Privacy Practices. We only collect the information we need to conduct the research project.

#### **Why are we collecting your personal information? [PN: COLLAPSIBLE PARAGRAPH – ONLY SHOW TEXT IF RESPONDENT CLICKS ON THE QUESTION]**

The aim of this survey is to understand your views on various public health issues. We require your personal information such as demographic information to better understand the topic of the research. However, your responses are always combined with the responses of others for analysis and reporting; you will never be directly identified.

We will not ask you to provide us with any information that could directly identify who you are, such as your name, or full date of birth. However, it's possible the responses you provide could be used alone, or in combination with other available information, to identify you. The protection of your personal information is very important to us, and we will make every effort to safeguard it and reduce the risk that you are identified.

#### **Will we use or share your personal information for any other reason? [PN: COLLAPSIBLE PARAGRAPH – ONLY SHOW TEXT IF RESPONDENT CLICKS ON THE QUESTION]**

The survey firm, The Strategic Counsel, will be responsible for collecting survey data from all participants. Once data collection is complete, The Strategic Counsel will provide the Public Health Agency of Canada with a dataset that will not include any directly identifying responses to reduce the risk that you could be identified. All the responses received will be grouped for analysis and presented in grouped form. The

dataset will also be available to federal and provincial governments, organizations, and researchers across Canada, if requested. Any reports or publications produced based on this research will use grouped data and will not identify you or link you to these survey results.

**What are your rights? [PN: COLLAPSIBLE PARAGRAPH – ONLY SHOW TEXT IF RESPONDENT CLICKS ON THE QUESTION]**

You have a right to complain to the Privacy Commissioner of Canada if you feel your personal information has been handled improperly. For more information about these rights, or about how we handle your personal information, please contact Trista Heney, Associate, The Strategic Counsel, at 416-975-4465 ext. 272.

To verify the authenticity of this survey, click here. **[POP UP IN NEW BROWSER WINDOW]**

This research is sponsored by the Public Health Agency of Canada. Note that your participation will remain completely confidential and it will not affect your dealings with the Government of Canada, including the Public Health Agency of Canada, in any way.  
To verify the legitimacy of this survey please [click here](#) and enter the Project Code 20231031-TH807.

If you would like to request an alternative format of the survey, please contact:

Trista Heney  
Phone: 416-975-4465 ext. 272  
Email: [theney@thestrategiccounsel.com](mailto:theney@thestrategiccounsel.com)

**Screening and Quota Monitoring Questions**

1. Do you, or does anyone in your household, work for any of the following organizations? Please select all that apply.

A marketing research firm	<input type="checkbox"/>	<b>TERMINATE</b>
A magazine or newspaper	<input type="checkbox"/>	<b>TERMINATE</b>
An advertising agency	<input type="checkbox"/>	<b>TERMINATE</b>
A political party	<input type="checkbox"/>	<b>TERMINATE</b>
A radio or television station	<input type="checkbox"/>	<b>TERMINATE</b>
A media company, including online media	<input type="checkbox"/>	<b>TERMINATE</b>
A public relations company	<input type="checkbox"/>	<b>TERMINATE</b>
The federal or provincial/territorial government	<input type="checkbox"/>	<b>TERMINATE</b>
None of these organizations	<input type="checkbox"/>	<b>CONTINUE</b>

2. In what year were you born? **[PN: RECORD YEAR – YYYY. TERMINATE THOSE BORN 2008 OR LATER. MONITOR QUOTAS BY AGE GROUP]**

Prefer not to answer  **[CONTINUE TO 2A]**



2a. Would you be willing to indicate in which of the following age categories you belong?

16-17	<input type="checkbox"/>	<b>CONTINUE</b>
18-24	<input type="checkbox"/>	<b>CONTINUE</b>
25-34	<input type="checkbox"/>	<b>CONTINUE</b>
35-44	<input type="checkbox"/>	<b>CONTINUE</b>
45-54	<input type="checkbox"/>	<b>CONTINUE</b>
55-64	<input type="checkbox"/>	<b>CONTINUE</b>
65 or older	<input type="checkbox"/>	<b>CONTINUE</b>
Prefer not to answer	<input type="checkbox"/>	<b>TERMINATE</b>

3. Which of the following best describes the racial or ethnic community that you belong to? We recognize this list may not exactly match how you would describe yourself. Please select all that apply to you. *The question collects information in accordance with the Employment Equity Act and its Regulations and Guidelines to support programs that promote equal opportunity for everyone to share in social, cultural, and economic life of Canada.* **[MONITOR QUOTAS FOR INDIGENOUS (FN/MÉTIS, INUIT), AND BLACK/ACB COMMUNITY]**

Black (e.g., African, Afro-Caribbean, African descent)	<input type="checkbox"/>
East/Southeast Asian (e.g., Chinese, Korean, Japanese, Taiwanese, Filipino, Vietnamese, Cambodian, Thai, Indonesian, other East/Southeast Asian descent)	<input type="checkbox"/>
Indigenous (includes First Nations (status, non-status, treaty, or non-treaty), Inuit, and/or Métis)	<input type="checkbox"/>
Indigenous (from another part of the world)	<input type="checkbox"/>
Latino/Latina (e.g., Latin American, Hispanic descent)	<input type="checkbox"/>
Middle Eastern and North African (e.g., Arab, Algerian, Egyptian, West Asian descent such as Iranian, Israeli, Lebanese, Turkish, Kurdish, etc.)	<input type="checkbox"/>
South Asian (e.g., Indian, Pakistani, Bangladeshi, Sri Lankan, Afghan, etc.)	<input type="checkbox"/>
White European	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>
Don't know <b>[EXCLUSIVE]</b>	<input type="checkbox"/>
Prefer not to answer <b>[EXCLUSIVE]</b>	<input type="checkbox"/>

4. **[IF 'INDIGENOUS' AT Q.3, ASK]** Do you identify as First Nations, Métis and/or Inuk (Inuit)? Please select all that apply.

First Nations	<input type="checkbox"/>
Métis	<input type="checkbox"/>
Inuk (Inuit)	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

5. May I have the first three characters of your postal code? [PN: MONITOR QUOTAS BY PROVINCE/REGION]

Prefer not to answer

5a. [ASK ONLY OF THOSE WHO SAY 'PREFER NOT TO ANSWER' AT Q.5] In which province or territory do you currently reside? [PN: MONITOR QUOTAS BY PROVINCE/REGION]

Alberta	<input type="checkbox"/>
British Columbia	<input type="checkbox"/>
Manitoba	<input type="checkbox"/>
New Brunswick	<input type="checkbox"/>
Newfoundland and Labrador	<input type="checkbox"/>
Northwest Territories	<input type="checkbox"/>
Nova Scotia	<input type="checkbox"/>
Nunavut	<input type="checkbox"/>
Ontario	<input type="checkbox"/>
Prince Edward Island	<input type="checkbox"/>
Quebec	<input type="checkbox"/>
Saskatchewan	<input type="checkbox"/>
Yukon	<input type="checkbox"/>
Outside of Canada [PN: TERMINATE]	<input type="checkbox"/>
Prefer not to answer [PN: TERMINATE]	<input type="checkbox"/>

6. Please indicate your sex assigned at birth.

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

7. What gender do you identify as? *Gender refers to your identified gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents. As a reminder, please do not type any information that may lead to identification such as your name or contact information.* [PN: ONE RESPONSE ONLY. MONITOR FOR APPROX. 50/50 MALE/FEMALE QUOTAS]

Woman	<input type="checkbox"/>
Man	<input type="checkbox"/>
Non-binary	<input type="checkbox"/>
Transgender woman	<input type="checkbox"/>
Transgender man	<input type="checkbox"/>
Two-spirit/Bi-spirit	<input type="checkbox"/>
Another gender, please specify:	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

8. What is your sexual orientation? Please select all that apply. [PN: MONITOR QUOTAS FOR 2SLGBTQI+ BASED ON RESPONSES AT Q.7 AND Q.8]

Gay	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Asexual	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>

Pansexual	<input type="checkbox"/>
Queer	<input type="checkbox"/>
Two-Spirit	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

**General Level of Concern About STBBI Relative to Other Public Health Issues**

9. How concerned are you about each of the following issues?

ROTATE ITEMS A-I	Not at all concerned	Not that concerned	Somewhat concerned	Very concerned	Don't know
a. The opioid crisis (drug use, overdose, addiction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tobacco and alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rates of HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental illness and suicide among children and youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mental illness and suicide among adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. E-cigarette use and vaping among children and youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. E-cigarette use and vaping among adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Rates of syphilis infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Knowledge and Perceived Level of Personal Risk**

10. How knowledgeable would you say you are about each of the following?

ROTATE ITEMS A-C	Not at all knowledgeable	Not that knowledgeable	Somewhat knowledgeable	Very knowledgeable	Don't know
a. HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other sexually transmitted and blood-borne infections (STBBI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How knowledgeable would you say you are about ... ?

ROTATE ITEMS A-I	Not at all knowledgeable	Not that knowledgeable	Somewhat knowledgeable	Very knowledgeable	Don't know
a. Preventing HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Testing for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Treatments for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Preventing Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Testing for Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Treatments for Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. Preventing other sexually transmitted and blood-borne infections (STBBI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Testing for other sexually transmitted and blood-borne infections (STBBI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Treatments for other sexually transmitted and blood-borne infections (STBBI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How concerned are you about your personal risk of contracting each of the following?

ROTATE ITEMS A-K	Not at all concerned	Not that concerned	Somewhat concerned	Very concerned	Don't know
a. HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Genital warts (Condyloma acuminata)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Genital herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Human papillomavirus (HPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Trichomoniasis (or "trich")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you know anybody that currently has (or has had) syphilis? Please select all that apply.

Myself	<input type="checkbox"/>
Partner/spouse	<input type="checkbox"/>
Parent	<input type="checkbox"/>
Sibling	<input type="checkbox"/>
Extended family member	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Neighbour	<input type="checkbox"/>
Colleague at work	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
I don't know anyone who has had syphilis [PN: EXCLUSIVE]	<input type="checkbox"/>

14. Have you ever known anybody who is (or was) living with HIV?? Please select all that apply.

Myself	<input type="checkbox"/>
Partner/spouse	<input type="checkbox"/>
Parent	<input type="checkbox"/>
Sibling	<input type="checkbox"/>

Extended family member	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Neighbour	<input type="checkbox"/>
Colleague at work	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
I don't know anyone who has had HIV [ <b>PN: EXCLUSIVE</b> ]	<input type="checkbox"/>

15. Have you ever been tested for any of the following types of sexually transmitted and blood-borne infections (STBBI)? Please select all that apply.

HIV	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>
Genital warts (Condyloma acuminata)	<input type="checkbox"/>
Genital herpes	<input type="checkbox"/>
Human papillomavirus (HPV)	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>
Trichomoniasis (or "trich")	<input type="checkbox"/>
I don't know if I have been tested for any of these [ <b>PN: EXCLUSIVE</b> ]	<input type="checkbox"/>
I have not been tested for any of these [ <b>PN: EXCLUSIVE</b> ]	<input type="checkbox"/>

16. Have you ever been diagnosed with any of the following types of sexually transmitted and blood-borne infections (STBBI)? Please select all that apply.

HIV	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>
Genital warts (Condyloma acuminata)	<input type="checkbox"/>
Genital herpes	<input type="checkbox"/>
Human papillomavirus (HPV)	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>
Trichomoniasis (or "trich")	<input type="checkbox"/>
I have not been diagnosed with any of these [ <b>PN: EXCLUSIVE</b> ]	<input type="checkbox"/>

**PN: ROTATE Q.17-Q.19 AND Q.20 – HALF SAMPLE SHOULD BE ASKED Q.17-Q.19 FIRST/HALF Q.20 FIRST THEN FOLLOWED BY Q.17-Q.19.**

17. Which of the following groups do you think are most at risk of HIV? Please select all that apply. **RANDOMIZE LIST.**

Heterosexual men (e.g., men who are sexually attracted to women)	<input type="checkbox"/>
Heterosexual women (e.g., women who are sexually attracted to men)	<input type="checkbox"/>
People from countries where HIV is more widespread	<input type="checkbox"/>
People who inject drugs	<input type="checkbox"/>
People who have hemophilia, a bleeding disorder in which the blood does not clot properly)	<input type="checkbox"/>
Sex workers	<input type="checkbox"/>
Indigenous Peoples	<input type="checkbox"/>
African, Caribbean and Black communities	<input type="checkbox"/>
Bisexual people	<input type="checkbox"/>
Men who have sex with other men	<input type="checkbox"/>
Women who have sex with other women	<input type="checkbox"/>
People who have multiple sexual partners	<input type="checkbox"/>
People who have another type of sexually transmitted infection like chlamydia, gonorrhea or syphilis	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

18. To the best of your knowledge, can HIV be cured? *[HC 2012]*

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

19. How effective do you believe that HIV treatments are in helping people with HIV lead full and healthy lives? *[HC 2012]*

Not at all effective	<input type="checkbox"/>
Not very effective	<input type="checkbox"/>
Somewhat effective	<input type="checkbox"/>
Very effective	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

20. Which of the following groups do you think are most at risk of getting syphilis? Please select all that apply. **RANDOMIZE LIST.**

Heterosexual men (e.g., men who are sexually attracted to women)	<input type="checkbox"/>
Heterosexual women (e.g., women who are sexually attracted to men)	<input type="checkbox"/>
People from countries where HIV is more widespread	<input type="checkbox"/>
People who use drugs	<input type="checkbox"/>

People who have hemophilia, a bleeding disorder in which the blood does not clot properly)	<input type="checkbox"/>
Sex workers	<input type="checkbox"/>
Indigenous people	<input type="checkbox"/>
African, Caribbean and Black communities	<input type="checkbox"/>
Bisexual people	<input type="checkbox"/>
Men who have sex with other men	<input type="checkbox"/>
Women who have sex with other women	<input type="checkbox"/>
People who have multiple sexual partners	<input type="checkbox"/>
People who have another type of sexually transmitted infection like chlamydia, gonorrhea	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**PN: ROTATE Q.21 AND Q.22 – HALF SAMPLE SHOULD BE ASKED Q.21 FIRST/HALF Q.22 FIRST.**

21. Please indicate whether you think each of the following statements about syphilis is true or false.

ROTATE ITEMS A-N	True	False	Don't know
a. Syphilis can be cured with treatment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is important for people who are pregnant to be tested for syphilis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Syphilis is a thing of the past.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Most people who have syphilis will show symptoms.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Syphilis can be spread through oral sex.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Syphilis is not dangerous because it can be treated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. If you get syphilis once, you will be immune from getting it again.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. You can get syphilis from toilet seats.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Women are not at risk of getting syphilis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. When receiving a pap test, you are automatically tested for syphilis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Syphilis is never deadly.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. I should get tested for syphilis, even if I don't have symptoms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Syphilis testing is always included in regular screening for sexually transmitted infections (STIs).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n. Syphilis is a public health priority in Canada.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Please indicate whether you think each of the following statements about HIV and AIDS is true or false.

ROTATE ITEMS A-N	True	False	Don't know
a. HIV and AIDS are the same thing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. When receiving a blood test for any purpose, you are automatically tested for HIV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. HIV is not treatable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. You can live a long and healthy life with HIV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You can contract HIV through sharing items like cutlery, cups, dishes, towels or toothbrushes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. People who inject drugs can get HIV from sharing needles or syringes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Women living with HIV cannot have children without passing on the virus.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Women are less likely than men to get HIV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. HIV will always progress to AIDS.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. HIV treatment can be as simple as taking a pill daily.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. HIV testing is always included in regular screening for sexually transmitted infections (STIs).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. People with HIV can prevent passing on HIV to a sexual partner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Condoms and dental dams are the only way to prevent HIV from being passed during sex.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n. HIV is not passed on through sex when a person living with HIV is on treatment and the amount of HIV in their blood remains very low.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Stigma and Barriers to Diagnosis/Treatment**

23. To what extent do you agree or disagree with each of the following statements.

ROTATE ITEMS A-E	Completely disagree 1	2	3	Neither agree nor disagree 4	5	6	Completely agree 7	Don't know
a. People with HIV should be allowed to serve the public in positions like dentists, hairdressers, and restaurant workers, etc. [PCO 2023]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel uncomfortable around people with HIV.[HC 2012 - modified]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



c. People living with HIV have the same right to health care as I do. [HC 2012]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People often have negative assumptions about people living with HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sexually transmitted and blood-borne infections (STBBI) are a very minor health concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. How comfortable or uncomfortable would you be with each of the following situations?

ROTATE ITEMS A-L	Very uncomfortable	Somewhat uncomfortable	Somewhat comfortable	Very comfortable	Don't know
a. A close friend or family member dating someone living with HIV. [PCO 2023]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Speaking with health professionals about sexually transmitted and blood-borne infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Asking a healthcare professional for an STBBI test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Inviting somebody who has syphilis into your home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Discussing a friend or family member's diagnosis of syphilis with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Discussing a friend or family member's diagnosis of HIV with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inviting somebody living with HIV into your home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Your child attending a school where one of the students was known to have HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. You worked in an office where someone working with you had HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Shopping at a small neighbourhood grocery store, if you found out that the owner had HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Using a clean restaurant drinking glass once used by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a person living with HIV/AIDS					
I. Wearing a sweater once worn by a person living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Which of the following, if any, might prevent you (or have prevented you) from getting tested or seeking treatment if you thought you might have a sexually transmitted and blood-borne infection (STBBI)? Please select all that apply. **RANDOMIZE LIST.**

Fear that I might test positive	<input type="checkbox"/>
Previous experience(s) of stigma and/or discrimination from healthcare providers/the healthcare system	<input type="checkbox"/>
Lack of access to a healthcare provider in order to get tested and/or treated	<input type="checkbox"/>
Location of testing/treatment facilities is not convenient or easy to get to	<input type="checkbox"/>
Long travel times to get to testing/treatment facilities	<input type="checkbox"/>
Not sure where to go to get tested	<input type="checkbox"/>
Long wait times/difficulty booking timely appointments	<input type="checkbox"/>
Concerns about anonymity and the confidentiality of my personal data and information	<input type="checkbox"/>
Lack of culturally appropriate care (ex. language barriers, traditional forms of healing, etc.)	<input type="checkbox"/>
Fear and/or discomfort regarding testing procedures (e.g., test involves taking blood, genital secretion or urine samples)	<input type="checkbox"/>
Feelings of shame or embarrassment	<input type="checkbox"/>
Fear of having to disclose certain behaviours (e.g., sexual history, having multiple partners, drug use, etc.)	<input type="checkbox"/>
Fear of disclosing sexual orientation, gender identify or gender-affirming surgery	<input type="checkbox"/>
Lack of time due to competing medical priorities	<input type="checkbox"/>
Other, please specify (please do not provide any personal information about yourself or another individual in your response):	<input type="checkbox"/>
Nothing would prevent me/has prevented me from getting tested or seeking treatment if I thought I had a sexually transmitted and blood-borne infection (STBBI). <b>[PN: EXCLUSIVE]</b>	<input type="checkbox"/>

**Awareness of U=U Campaign and Information Preferences**

26. How interested are you in knowing more about the risks, testing options, and treatments for sexually transmitted and blood-borne infections (STBBI)? **[ONE RESPONSE ONLY]**

Very interested	<input type="checkbox"/>
Somewhat interested	<input type="checkbox"/>
Not that interested	<input type="checkbox"/>
Not interested at all	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

27. **[IF 'SOMEWHAT/VERY INTERESTED' AT Q.26, ASK]:** How would you prefer to receive information or learn more about sexually transmitted and blood-borne infections (STBBI)? Please select all that apply. **[RANDOMIZE]**

From my family doctor/primary care provider	<input type="checkbox"/>
E-mail	<input type="checkbox"/>
News stories	<input type="checkbox"/>
Podcasts	<input type="checkbox"/>
Social media (Facebook, X (formerly Twitter), Instagram, etc.)	<input type="checkbox"/>
Radio	<input type="checkbox"/>
Television	<input type="checkbox"/>
Video sites such as YouTube	<input type="checkbox"/>
Government websites	<input type="checkbox"/>
Charities'/Non-profit organizations' websites	<input type="checkbox"/>
Through stories of people with lived experience with STBBI	<input type="checkbox"/>
Social media influencers with expertise (e.g., healthcare provider) or lived experience with sexually transmitted and blood borne infections	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

28. Have you heard about the concept of “Undetectable=Untransmittable or U=U?”

Yes, definitely	<input type="checkbox"/>
Yes, vaguely	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

29. What do you think Undetectable=Untransmittable means? *Please do not include any information which could personally identify you or someone else within your response.* **[PN: OPEN-END]**

Don't know

### **Additional Socio-Demographics**

These last few questions will allow us to compare the survey results among different groups of respondents. Your answers will remain confidential and not link to any directly identifying information.

30. Which of the following best describes you? **[PN: ONE RESPONSE ONLY]**

Married	<input type="checkbox"/>
Common-law, living with a partner	<input type="checkbox"/>
Divorced, separated, widowed	<input type="checkbox"/>
Single, never been married	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

31. What is the highest level of formal education that you have completed? **[PN: ONE RESPONSE ONLY]**

Grade 8 or less	<input type="checkbox"/>
Some high school	<input type="checkbox"/>
High school diploma or equivalent	<input type="checkbox"/>
Registered apprenticeship or other trades certificate or diploma	<input type="checkbox"/>
College, CEGEP or other non-university certificate or diploma	<input type="checkbox"/>
University certificate or diploma below bachelor's level	<input type="checkbox"/>
Bachelor's degree	<input type="checkbox"/>
Postgraduate degree above bachelor's level	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

32. Which of the following categories best describes your current employment status? **[PN: ONE RESPONSE ONLY]**

Working full-time (35 or more hours per week)	<input type="checkbox"/>
Working part-time (less than 35 hours per week)	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>
Unemployed, but looking for work	<input type="checkbox"/>
A student attending school full-time	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Not in the workforce (full-time homemaker, unemployed, not looking for work)	<input type="checkbox"/>
Other employment status	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

33. **[IF 'F/T,' 'P/T,' OR 'SELF-EMPLOYED AT Q.32, ASK]:** Are you currently employed as a health worker in Canada? *A health worker is any staff within the health care system. This includes paid work at least 20 hours per week. The definition includes physicians, nurses, allied health professionals and auxiliary health workers such as: community care and hospital staff (personal support workers, cleaning or laundry personnel, patient transporters, catering staff, medical waste handlers, etc.).*

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

34. Do you identify as a person with a disability? *A person with a disability has a longer-term or recurring impairment which limits their daily activities inside or outside the home (such as at school, work, or in the community in general). Disabilities may affect vision, hearing, mobility, flexibility, dexterity, pain, learning, developmental, memory, mental health, etc.*

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

35. Which of the following best describes your total household income last year, before taxes, for all sources for all household members? **[PN: ONE RESPONSE ONLY]**

Under \$20,000	<input type="checkbox"/>
\$20,000 to \$29,999	<input type="checkbox"/>
\$30,000 to \$39,999	<input type="checkbox"/>
\$40,000 to \$49,999	<input type="checkbox"/>
\$50,000 to \$59,999	<input type="checkbox"/>
\$60,000 to \$69,999	<input type="checkbox"/>
\$70,000 to \$79,999	<input type="checkbox"/>
\$80,000 to \$89,999	<input type="checkbox"/>
\$90,000 to \$99,999	<input type="checkbox"/>
\$100,000 to 149,999	<input type="checkbox"/>
\$150,000 or more	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

36. What language do you speak most often at home? Please select all that apply.

English	<input type="checkbox"/>
French	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

37. Have you experienced houselessness in the past 5 years? This includes any period of time without stable, permanent, appropriate housing, or the immediate ability to secure housing.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

38. [ASK ONLY OF THOSE WHO SAY 'PREFER NOT TO ANSWER' AT Q.5] Do you live in an urban or a rural area?

Urban (in a city or large town)	<input type="checkbox"/>
Rural (outside a city or a large town)	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

39. [PN: NOT ASKED] RECORD LANGUAGE IN WHICH SURVEY WAS COMPLETED.

English	<input type="checkbox"/>
French	<input type="checkbox"/>

**Questionnaire FINAL - Enquête de référence  
sur les infections transmissibles sexuellement et par le sang (ITSS)  
30 octobre 2023**

**Introduction**

Le gouvernement du Canada mène un sondage sur d'importantes questions de santé publique au Canada. Le cabinet de recherche The Strategic Counsel a été sélectionné pour développer et mettre en place ce sondage. Si vous préférez répondre au sondage en anglais, veuillez cliquer sur « Anglais » **[DONNER ACCÈS À LA VERSION ANGLAISE DU SONDAGE]**. La durée du sondage est d'environ 15 minutes et votre participation est volontaire et confidentielle.

Vos réponses ne vous seront pas attribuées et les renseignements que vous fournirez seront traités conformément aux exigences de la *Loi sur la protection des renseignements personnels*, de la *Loi sur l'accès à l'information* et de toute autre loi applicable. La décision de participer ou non au sondage vous appartient et il n'y aura aucune conséquence à ne pas y participer.

Les questions ci-dessous vous fourniront plus d'information sur le traitement des renseignements personnels recueillis à votre sujet.

**À quelles fins vos renseignements personnels seront-ils utilisés? [NP : PARAGRAPHE RÉDUCTIBLE – MONTRER LE TEXTE UNIQUEMENT SI LE RÉPONDANT CLIQUE SUR LA QUESTION]**

Les renseignements personnels que vous fournissez à l'Agence de Santé Publique du Canada sont régis par la *Loi sur la protection des renseignements personnels* et sont recueillis en vertu de l'article 4 de la *Loi sur le ministère de la Santé* et de l'article 3 de la *Loi sur l'Agence de la santé publique du Canada*, conformément à la directive du Conseil du Trésor sur les pratiques relatives à la protection de la vie privée. La collecte porte uniquement sur les renseignements nécessaires à la réalisation du projet de recherche.

**Pourquoi recueillons-nous vos renseignements personnels? [NP : PARAGRAPHE RÉDUCTIBLE — MONTRER LE TEXTE UNIQUEMENT SI LE RÉPONDANT CLIQUE SUR LA QUESTION]**

Le présent sondage est réalisé dans le but de comprendre vos opinions concernant divers enjeux en matière de santé publique. Nous avons besoin de vos renseignements personnels, incluant vos données démographiques, afin de mieux comprendre le sujet de la recherche. Cependant, vos réponses seront toujours regroupées avec celles des autres répondants au moment de l'analyse et des rapports; vous ne serez jamais directement identifié(e).

Aucun renseignement permettant de vous identifier directement, comme votre nom ou votre date de naissance complète, ne vous sera demandé. Il se pourrait toutefois que les réponses que vous nous fournirez soient utilisées seules ou en combinaison avec d'autres renseignements disponibles, afin de vous identifier. Nous accordons une grande importance à la protection de vos renseignements personnels et nous ferons tout notre possible afin de les préserver et réduire les risques potentiels liés à votre identification.

**Allons-nous utiliser ou divulguer vos renseignements personnels à d'autres fins? [NP : PARAGRAPHE RÉDUCTIBLE – MONTRER LE TEXTE UNIQUEMENT SI LE RÉPONDANT CLIQUE SUR LA QUESTION]**

La société de sondage The Strategic Counsel se chargera de recueillir les données du sondage auprès des participants. Une fois la collecte terminée, The Strategic Counsel remettra à l'Agence de Santé Publique du Canada un ensemble de données ne comportant aucune réponse individuelle, afin de réduire le risque que l'on puisse vous identifier. Les réponses reçues seront regroupées aux fins d'analyse et de présentation des résultats. L'ensemble de données sera également accessible, sur demande, aux gouvernements fédéral et provinciaux, à des organisations et au milieu de la recherche canadien. Les rapports et autres publications

déoulant de cette étude présenteront des données agrégées ainsi que des résultats du sondage qui garantiront votre anonymat et votre confidentialité par rapport à tout résultat spécifique.

**Quels sont vos droits? [NP : PARAGRAPHE RÉDUCTIBLE – MONTRER LE TEXTE UNIQUEMENT SI LE RÉPONDANT CLIQUE SUR LA QUESTION]**

Vous avez le droit de porter plainte auprès du Commissariat à la protection de la vie privée du Canada si vous estimez que vos renseignements personnels n’ont pas été traités de manière appropriée. Pour plus d’information sur ces droits ou sur nos pratiques en matière de protection de la vie privée, veuillez communiquer avec Trista Heney, associée, The Strategic Counsel, au 416-975-4465, poste 272.

Pour vérifier l’authenticité du présent sondage, cliquer ici. **[[AFFICHER DANS UNE NOUVELLE FENÊTRE DU NAVIGATEUR]**

La présente étude est commanditée par l’Agence de santé publique du Canada. Veuillez noter que votre participation demeurera strictement confidentielle et qu’elle n’affectera en rien vos interactions avec le gouvernement du Canada, y compris avec l’Agence de Santé Publique du Canada.  
Pour vérifier l’authenticité du présent sondage, veuillez [cliquer ici](#) et saisir le code du projet suivant : 20231031-TH807.

Pour obtenir le sondage sous un autre format, veuillez communiquer avec :

Trista Heney  
Téléphone : 416-975-4465, poste 272  
Courriel : [theney@thestrategiccounsel.com](mailto:theney@thestrategiccounsel.com)

**Questions aux fins de la sélection et du suivi des quotas**

1. Est-ce que vous ou un membre de votre ménage travaillez pour l’une des organisations suivantes? Veuillez choisir toutes les réponses qui s’appliquent.

Une société de recherche marketing	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Un magazine ou un journal	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Une agence de publicité	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Un parti politique	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Une station de radio ou de télévision	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Une entreprise médiatique, y compris les médias numériques	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Une agence de relations publiques	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Le gouvernement fédéral, un gouvernement provincial ou territorial	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Aucune de ces organisations	<input type="checkbox"/>	<b>CONTINUER</b>

2. Quelle est votre année de naissance? **[NP : NOTER L’ANNÉE — AAAA. METTRE FIN AU SONDRAGE POUR LES PERSONNES NÉES EN 2008 OU APRÈS. SURVEILLER LES QUOTAS EN FONCTION DU GROUPE D’ÂGE]**

Je préfère ne pas répondre  **[PASSER À LA Q2A]**



2a. Accepteriez-vous d'indiquer à laquelle des tranches d'âge suivantes vous appartenez?

16 à 17 ans	<input type="checkbox"/>	<b>CONTINUER</b>
18 à 24 ans	<input type="checkbox"/>	<b>CONTINUER</b>
25 à 34 ans	<input type="checkbox"/>	<b>CONTINUER</b>
35 à 44 ans	<input type="checkbox"/>	<b>CONTINUER</b>
45 à 54 ans	<input type="checkbox"/>	<b>CONTINUER</b>
55 à 64 ans	<input type="checkbox"/>	<b>CONTINUER</b>
65 ans ou plus	<input type="checkbox"/>	<b>CONTINUER</b>
Je préfère ne pas répondre	<input type="checkbox"/>	<b>METTRE FIN AU SONDAGE</b>

3. Quel(s) de ces groupes raciaux ou culturels vous représente(nt) le mieux? Nous reconnaissons que les éléments de cette liste pourraient ne pas correspondre exactement à la manière dont vous vous décriez. Veuillez cocher toutes les réponses pertinentes. *La question vise à recueillir de l'information conformément à la Loi sur l'équité en matière d'emploi et à ses règlements et lignes directrices afin de soutenir des programmes qui favorisent une participation à parts égales de tous les Canadiens à la vie sociale, culturelle et économique du pays. [SURVEILLER LES QUOTAS POUR LA COMMUNAUTÉ AUTOCHTONE (PREMIÈRES NATIONS/MÉTIS/INUITS) ET NOIRE/AFRICAINNE, CARIBÉENNE ET NOIRE]*

Noir (p. ex. d'origine africaine, afro-caribéenne, africaine)	<input type="checkbox"/>
Asiatique de l'est/du sud-est (p. ex. chinois, coréen, japonais, taiwanais, philippin, vietnamien, cambodgien, thaïlandais, indonésien, autre origine asiatique de l'est ou du sud-est)	<input type="checkbox"/>
Autochtone (comprend les Premières Nations [indien inscrit, non inscrit, des traités ou non soumis aux traités], Inuit, et Métis)	<input type="checkbox"/>
Autochtone (originaires d'une autre partie du monde)	
Latino (p. ex. d'origine latino-américaine, hispanique)	<input type="checkbox"/>
Moyen-oriental et nord-africain (p. ex. algérien, égyptien, habitant de l'Asie occidentale, c'est-à-dire iranien, libanais, turc, kurde, entre autres)	<input type="checkbox"/>
Asiatique du sud (p. ex. indien, pakistanais, bangladais, sri-lankais, afghan, entre autres).	
Européen de race blanche	<input type="checkbox"/>
Autre groupe racial ou culturel, veuillez préciser	<input type="checkbox"/>
Je ne sais pas <b>[EXCLUSIF]</b>	<input type="checkbox"/>
Je préfère ne pas répondre <b>[EXCLUSIF]</b>	<input type="checkbox"/>

4. **[SI ON A RÉPONDU « AUTOCHTONE » À LA Q.3, POSER LA QUESTION SUIVANTE]** Vous identifiez-vous en tant que membre des Premières Nations, Métis ou Inuit? Veuillez choisir toutes les réponses qui s'appliquent.

Premières Nations	<input type="checkbox"/>
Métis	<input type="checkbox"/>
Inuit	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

5. Puis-je avoir les trois premiers caractères de votre code postal? **[NP : SURVEILLER LES QUOTAS PAR PROVINCE OU RÉGION]**

Je préfère ne pas répondre

- 5a. **[QUESTION À POSER UNIQUEMENT À CEUX QUI ONT RÉPONDU « JE PRÉFÈRE NE PAS RÉPONDRÉ » À LA Q5]**  
Dans quelle province ou territoire habitez-vous actuellement? **[NP : SURVEILLER LES QUOTAS PAR PROVINCE OU RÉGION]**

Alberta	<input type="checkbox"/>
Colombie-Britannique	<input type="checkbox"/>
Manitoba	<input type="checkbox"/>
Nouveau-Brunswick	<input type="checkbox"/>
Terre-Neuve-et-Labrador	<input type="checkbox"/>
Territoires du Nord-Ouest	<input type="checkbox"/>
Nouvelle-Écosse	<input type="checkbox"/>
Nunavut	<input type="checkbox"/>
Ontario	<input type="checkbox"/>
Île-du-Prince-Édouard	<input type="checkbox"/>
Québec	<input type="checkbox"/>
Saskatchewan	<input type="checkbox"/>
Yukon	<input type="checkbox"/>
À l'extérieur du Canada [NP : METTRE FIN AU SONDAGE]	<input type="checkbox"/>
Je préfère ne pas répondre [NP : METTRE FIN AU SONDAGE]	<input type="checkbox"/>

6. Veuillez indiquer le sexe qui vous a été attribué à la naissance.

Femme	<input type="checkbox"/>
Homme	<input type="checkbox"/>
Autre	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

7. À quel genre vous identifiez-vous? *Le genre désigne le sexe actuel, qui peut différer du sexe attribué à la naissance et qui peut différer de ce qui est indiqué sur les documents juridiques. Nous vous rappelons de ne jamais fournir de renseignements permettant de vous identifier, tels que votre nom ou vos coordonnées. [NP : UNE RÉPONSE SEULEMENT. SURVEILLER AFIN DE RESPECTER DES QUOTAS HOMMES/FEMMES À PEU PRÈS ÉGAUX (50/50).]*

Femme	<input type="checkbox"/>
Homme	<input type="checkbox"/>
Non binaire	<input type="checkbox"/>
Femme transgenre	<input type="checkbox"/>
Homme transgenre	<input type="checkbox"/>
Bispirituel	<input type="checkbox"/>
Autre genre, veuillez préciser	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

8. Quelle est votre orientation sexuelle? Veuillez choisir toutes les réponses qui s'appliquent. [NP : SURVEILLEZ LES QUOTAS POUR LES MEMBRES DE LA COMMUNAUTÉ 2ELGBTQI+ EN FONCTION DES RÉPONSES À LA Q7 ET À LA Q8.]

Gai	<input type="checkbox"/>
Lesbienne	<input type="checkbox"/>
Bisexuel	<input type="checkbox"/>
Asexué	<input type="checkbox"/>
Hétérosexuel	<input type="checkbox"/>
Pansexuel	<input type="checkbox"/>
Queer	<input type="checkbox"/>
Bispirituel	<input type="checkbox"/>
Autre orientation sexuelle, veuillez préciser :	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

**Niveau général de préoccupation concernant les ITSS par rapport à d'autres problèmes de santé publique**

9. Dans quelle mesure êtes-vous préoccupé(e) par les problèmes suivants?

[ROTATION DES CHOIX A à I]	Pas du tout préoccupé(e)	Pas très préoccupé(e)	Assez préoccupé(e)	Très préoccupé(e)	Je ne sais pas
a. La crise des opioïdes (usage de drogues, surdose, dépendance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tabagisme et consommation d'alcool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taux de VIH/SIDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Obésité	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Santé mentale et suicide parmi les enfants et les jeunes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Santé mentale et suicide parmi les adultes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Usage de cigarettes électroniques et vapotage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

parmi les enfants et les jeunes					
h. Usage de cigarettes électroniques et vapotage parmi les adultes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Taux d'infection à la syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Connaissance et perception du niveau de risque personnel**

10. Dans quelle mesure diriez-vous que vous êtes bien informé(e) sur chacun des points suivants?

<b>ROTATION DES CHOIX A à C</b>	Pas bien informé(e) du tout	Pas très bien informé(e)	Assez bien informé(e)	Très bien informé(e)	Je ne sais pas
a. VIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Autres infections transmissibles sexuellement et par le sang (ITSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Dans quelle mesure diriez-vous que vous êtes bien informé(e) sur...?

<b>ROTATIONS DES CHOIX A à I</b>	Pas bien informé(e) du tout	Pas très bien informé(e)	Assez bien informé(e)	Très bien informé(e)	Je ne sais pas
a. Prévention du VIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dépistage du VIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Traitements pour le VIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Prévention de la syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Dépistage de la syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Traitements pour la syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Prévention d'autres infections transmissibles sexuellement et par le sang (ITSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dépistage d'autres infections transmissibles sexuellement et par le sang (ITSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Traitements pour d'autres infections transmissibles sexuellement et par le sang (ITSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Dans quelle mesure êtes-vous préoccupé(e) par votre risque personnel de contracter chacune des infections suivantes ?

ROTATION DES CHOIX A à K	Pas du tout préoccupé(e)	Pas très préoccupé	Assez préoccupé(e)	Très préoccupé(e)	Je ne sais pas
a. VIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hépatite A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hépatite B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hépatite C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Gonorrhée	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Verrues génitales (Condyloma acuminata)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Herpès génital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Virus du papillome humain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Trichomonas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Connaissez-vous quelqu'un qui est actuellement atteint (ou qui a été atteint) de la syphilis? Veuillez choisir toutes les réponses qui s'appliquent.

Moi-même	<input type="checkbox"/>
Mon partenaire ou ma partenaire/mon conjoint ou ma conjointe	<input type="checkbox"/>
Parent	<input type="checkbox"/>
Un frère ou une sœur	<input type="checkbox"/>
Membre de la famille élargie	<input type="checkbox"/>
Ami(e)	<input type="checkbox"/>
Voisin(e)	<input type="checkbox"/>
Collègue de travail	<input type="checkbox"/>
Autre, (veuillez préciser) :	<input type="checkbox"/>
Je ne connais personne qui a eu la syphilis [NP : EXCLUSIF]	<input type="checkbox"/>

14. Avez-vous déjà connu quelqu'un qui est (ou était) atteint du VIH? Veuillez choisir toutes les réponses qui s'appliquent.

Moi-même	<input type="checkbox"/>
Mon partenaire ou ma partenaire/mon conjoint ou ma conjointe	<input type="checkbox"/>
Parent	<input type="checkbox"/>
Un frère ou une sœur	<input type="checkbox"/>
Membre de la famille élargie	<input type="checkbox"/>
Ami(e)	<input type="checkbox"/>
Voisin(e)	<input type="checkbox"/>
Collègue de travail	<input type="checkbox"/>
Autre, (veuillez préciser) :	<input type="checkbox"/>
Je ne connais personne qui a eu le VIH [NP : EXCLUSIF]	<input type="checkbox"/>

15. Avez-vous déjà passé un test de dépistage pour l'un des types d'infections transmissibles sexuellement et par le sang (ITSS) suivants? Veuillez choisir toutes les réponses qui s'appliquent.

VIH	<input type="checkbox"/>
Hépatite A	<input type="checkbox"/>
Hépatite B	<input type="checkbox"/>
Hépatite C	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>
Gonorrhée	<input type="checkbox"/>
Verrues génitales (Condyloma acuminata)	<input type="checkbox"/>
Herpès génital	<input type="checkbox"/>
Virus du papillome humain	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>
Trichomonas	<input type="checkbox"/>
Je ne sais pas si j'ai déjà passé un test de dépistage pour ces infections <b>[NP : EXCLUSIF]</b>	<input type="checkbox"/>
Je n'ai jamais passé de test de dépistage pour ces infections <b>[NP : EXCLUSIF]</b>	<input type="checkbox"/>

16. Avez-vous déjà reçu un diagnostic pour l'un des types d'infections transmissibles sexuellement et par le sang (ITSS) suivants? Veuillez choisir toutes les réponses qui s'appliquent.

VIH	<input type="checkbox"/>
Hépatite A	<input type="checkbox"/>
Hépatite B	<input type="checkbox"/>
Hépatite C	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>
Gonorrhée	<input type="checkbox"/>
Verrues génitales (Condyloma acuminata)	<input type="checkbox"/>
Herpès génital	<input type="checkbox"/>
Virus du papillome humain	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>
Trichomonas	<input type="checkbox"/>
Je n'ai jamais reçu de diagnostic pour l'une des de ces infections : <b>[NP EXCLUSIF]</b>	<input type="checkbox"/>

**NP : ROTATION DES QUESTIONS 17 à 19 ET Q20 — LES QUESTIONS 17 à 19 DEVRAIENT ÊTRE POSÉE À UNE MOITIÉ DE L'ÉCHANTILLON D'ABORD/LA Q20 À L'AUTRE MOITIÉ D'ABORD SUIVIE DES QUESTIONS 17 à 19.**

17. Parmi les groupes suivants, quels sont, selon vous, ceux qui sont le plus exposés au risque d'infection par le VIH? Veuillez choisir toutes les réponses qui s'appliquent. **RANDOMISER LA LISTE**

Les hommes hétérosexuels (c.-à-d. qui ont une attirance pour les femmes)	<input type="checkbox"/>
Les femmes hétérosexuelles (c.-à-d. qui ont une attirance pour les hommes)	<input type="checkbox"/>
Les personnes issues de pays dans lesquels le VIH est plus répandu	<input type="checkbox"/>
Les utilisateurs de drogues par injection	<input type="checkbox"/>

Les personnes atteintes d'hémophilie, un trouble hémorragique empêchant une coagulation adéquate du sang	<input type="checkbox"/>
Les personnes qui participent à la vente de sexe	<input type="checkbox"/>
Les Autochtones	<input type="checkbox"/>
Les communautés africaine, caribéenne et noire	<input type="checkbox"/>
Les personnes bisexuelles	<input type="checkbox"/>
Les hommes qui ont des rapports sexuels avec d'autres hommes	<input type="checkbox"/>
Les femmes qui ont des rapports sexuels avec d'autres femmes	<input type="checkbox"/>
Les personnes qui ont plusieurs partenaires sexuels	<input type="checkbox"/>
Les personnes atteintes d'un autre type d'infection transmissible sexuellement comme la chlamydia, la gonorrhée ou la syphilis	<input type="checkbox"/>
Autre, (veuillez préciser) :	<input type="checkbox"/>
Je ne sais pas	<input type="checkbox"/>

18. À votre connaissance, le VIH peut-il être guéri? [SC 2012]

Oui	<input type="checkbox"/>
Non	<input type="checkbox"/>
Je ne sais pas	<input type="checkbox"/>

19. Dans quelle mesure estimez-vous que les traitements contre le VIH sont efficaces pour aider les personnes séropositives à mener une vie saine et épanouie? [SC 2012]

Pas du tout efficaces	<input type="checkbox"/>
Pas très efficaces	<input type="checkbox"/>
Assez efficaces	<input type="checkbox"/>
Très efficaces	<input type="checkbox"/>
Je ne sais pas	<input type="checkbox"/>

20. Parmi les groupes suivants, lesquels sont, selon vous, les plus exposés au risque de contracter la syphilis? Veuillez cocher toutes les réponses pertinentes. **RANDONISER LA LISTE**

Les hommes hétérosexuels (c.-à-d. qui ont une attirance pour les femmes)	<input type="checkbox"/>
Les femmes hétérosexuelles (c.-à-d. qui ont une attirance pour les hommes)	<input type="checkbox"/>
Les personnes issues de pays dans lesquels le VIH est plus répandu	<input type="checkbox"/>
Les personnes qui font usage de drogues	<input type="checkbox"/>
Les personnes atteintes d'hémophilie, un trouble hémorragique empêchant une coagulation adéquate du sang	<input type="checkbox"/>

Les personnes qui participent à la vente de sexe	<input type="checkbox"/>
Les Autochtones	<input type="checkbox"/>
Les communautés africaine, caribéenne et noire	<input type="checkbox"/>
Les personnes bisexuelles	<input type="checkbox"/>
Les hommes qui ont des rapports sexuels avec d'autres hommes	<input type="checkbox"/>
Les femmes qui ont des rapports sexuels avec d'autres femmes	<input type="checkbox"/>
Les personnes qui ont plusieurs partenaires sexuels	<input type="checkbox"/>
Les personnes atteintes d'un autre type d'infection transmissible sexuellement comme la chlamydia, ou la gonorrhée.	<input type="checkbox"/>
Autre, (veuillez préciser) :	<input type="checkbox"/>
Je ne sais pas	<input type="checkbox"/>

**[NP : ALTERNER ENTRE Q21 ET Q22 — LA Q21 DEVRAIT ÊTRE POSÉE À UNE MOITIÉ DE L'ÉCHANTILLON D'ABORD/LA Q22 À L'AUTRE MOITIÉ D'ABORD.]**

21. Veuillez indiquer si, selon vous, chacun des énoncés suivants au sujet de la syphilis est vrai ou faux.

[ROTATION DES CHOIX A à I]	Vrai	Faux	Je ne sais pas
a. La syphilis peut être guérie au moyen d'un traitement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Il est important que les femmes enceintes se fassent dépister pour la syphilis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. La syphilis est considérée comme une maladie du passé.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. La plupart des personnes atteintes de la syphilis présentent des symptômes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. La syphilis peut se transmettre lors de rapports sexuels oraux.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. La syphilis n'est pas dangereuse, car elle peut être traitée.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Si on contracte la syphilis une fois, on est immunisé contre toute nouvelle infection.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Il est possible d'attraper la syphilis en touchant un siège de toilette.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Les femmes ne courent aucun risque d'attraper la syphilis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Lors d'un test Pap, vous êtes automatiquement dépisté(e) pour la syphilis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. La syphilis n'entraîne jamais la mort.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Je devrais subir un test de dépistage de la syphilis même si je n'en présente pas les symptômes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



m. Le dépistage de la syphilis est toujours inclus dans le dépistage régulier des infections transmissibles sexuellement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n. La syphilis constitue une priorité en matière de santé publique au Canada.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Veuillez indiquer si, selon vous, chacun des énoncés suivants au sujet du VIH et du SIDA est vrai ou faux.

[ROTATION DES CHOIX A à N]	Vrai	Faux	Je ne sais pas
a. Le VIH et le SIDA, c'est la même chose.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Lors d'une prise de sang, quelle qu'en soit la raison, vous êtes automatiquement soumis à un test de dépistage du VIH.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Le VIH ne peut être traité	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Il est possible de vivre une vie longue et saine même en étant atteint du VIH.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Il est possible de contracter le VIH en échangeant des couverts, des tasses, de la vaisselle, des serviettes ou des brosses à dents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Les utilisateurs de drogue par injection peuvent contracter le VIH en partageant des aiguilles ou des seringues.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Une femme atteinte du VIH ne peut avoir d'enfants sans lui transmettre le virus.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Les femmes sont moins susceptibles de contracter le VIH que les hommes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. L'évolution du VIH mène toujours au SIDA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Le traitement du VIH peut être aussi simple que la prise quotidienne d'un comprimé.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Le dépistage du VIH est toujours inclus dans le dépistage régulier des infection transmissibles sexuellement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Les personnes atteintes du VIH peuvent empêcher toute transmission du VIH à un partenaire sexuel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Les préservatifs et les digues dentaires sont les seuls moyens de prévenir la transmission du VIH pendant un rapport sexuel.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n. Le VIH ne se transmet pas par contact sexuel lorsqu'une personne vivant avec le VIH est sous traitement et que la quantité de VIH dans leur sang demeure très faible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Stigmatisation et obstacles au diagnostic et au traitement**

23. Veuillez indiquer dans quelle mesure vous êtes d'accord ou en désaccord avec les énoncés suivants.

[ROTATION DES CHOIX A à E]	Tout à fait en désaccord 1	2	3	Ni d'accord ni en désaccord 4	5	6	Tout à fait d'accord 7	Je ne sais pas
a. Les personnes vivant avec le VIH devraient être autorisées à occuper des postes de service public tels que dentiste, coiffeur, employé de restaurant, entre autres. [BCP 2023]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Je ne me sens pas à l'aise en présence de personnes vivant avec le VIH. [SC 2012 — modifié]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Les personnes vivant avec le VIH ont les mêmes droits aux soins de santé que moi. [SC 2012]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Les gens ont souvent des préjugés négatifs à l'égard des personnes vivant avec le VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Les infections transmissibles sexuellement et par le sang (ITSS) constituent un problème de santé tout à fait mineur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Dans quelle mesure seriez-vous à l'aise ou mal à l'aise dans chacune des situations suivantes?

[ROTATION DES CHOIX A à L]	Très mal à l'aise	Assez mal à l'aise	Assez à l'aise	Très à l'aise	Je ne sais pas
a. Si un ami proche ou un membre de la famille avait des rendez-vous galants avec une personne vivant avec le VIH. [BCP 2023]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. De parler d'infections transmissibles sexuellement et par le sang à un professionnel de la santé.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. De demander à passer un test de dépistage des ITSS à un professionnel de la santé.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. D'inviter chez vous une personne atteinte de la syphilis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. De discuter avec un(e) ami(e) ou un membre de la famille du diagnostic de syphilis qu'il ou elle a reçu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. De discuter avec un(e) ami(e) ou un membre de la famille du diagnostic de VIH qu'il ou elle a reçu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. D'inviter chez vous une personne vivant avec le VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Si votre enfant fréquentait une école où l'on sait qu'un des élèves est atteint du VIH/SIDA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Si vous travailliez dans un bureau avec un collègue atteint du VIH/SIDA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. De faire vos courses dans une petite épicerie de quartier après avoir appris que le propriétaire était atteint du VIH/SIDA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. De boire dans le verre propre d'un restaurant dans lequel a déjà bu une personne atteinte du VIH/SIDA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. De porter un chandail qu'une personne vivant avec le VIH/SIDA a déjà porté.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Parmi les facteurs suivants, lesquels pourraient vous empêcher (ou vous ont empêché) de vous faire dépister ou de demander un traitement si vous pensiez être atteint d'une infection transmissible sexuellement et par le sang (ITSS)? Veuillez choisir toutes les réponses pertinentes. **RANDONISER LA LISTE.**

La crainte d'être diagnostiqué(e) positif(ve)	<input type="checkbox"/>
Expériences antérieures de stigmatisation ou de discrimination de la part de professionnels de la santé ou du système de santé	<input type="checkbox"/>
Accès restreint à un professionnel de la santé afin d'être testé ou traité	<input type="checkbox"/>
L'emplacement des centres de dépistage et de traitement n'est pas pratique ou facile d'accès	<input type="checkbox"/>
Longs trajets pour se rendre dans les centres de dépistage et de traitement	<input type="checkbox"/>
Je ne sais pas trop où aller pour passer un test de dépistage	<input type="checkbox"/>
Longs délais d'attente/difficultés à prendre des rendez-vous en temps voulu	<input type="checkbox"/>

Inquiétudes concernant l’anonymat et la confidentialité de mes données personnelles et de mes renseignements	<input type="checkbox"/>
Absence de soins culturellement appropriés (p. ex. barrières linguistiques, formes traditionnelles de guérison, etc.)	<input type="checkbox"/>
Crainte ou gêne concernant les procédures de dépistage (p. ex. prélèvement de sang, de sécrétions génitales ou d’échantillons d’urine)	<input type="checkbox"/>
Sentiment de honte ou de gêne	<input type="checkbox"/>
Peur de devoir révéler certains comportements (p. ex., antécédents sexuels, partenaires multiples, consommation de drogues, etc.)	<input type="checkbox"/>
Peur de révéler son orientation sexuelle, son identité de genre ou sa chirurgie d’affirmation du genre	<input type="checkbox"/>
Manque de temps dû à des priorités médicales concurrentes	<input type="checkbox"/>
Autre, veuillez préciser (prière de veiller à ce que votre réponse ne contienne pas de renseignements personnels vous concernant ou concernant une autre personne)	<input type="checkbox"/>
Rien ne m’empêcherait/ne m’a empêché de me faire tester ou de demander un traitement si je pensais/lorsque je pensais être atteint d’une infection transmissible sexuellement et par le sang (ITSS). <b>[NP : EXCLUSIF]</b>	<input type="checkbox"/>

### **Sensibilisation à la campagne I=I et préférences en matière de renseignements**

26. Dans quelle mesure désirez-vous en apprendre davantage sur des risques, les options de dépistage et le traitement des infections transmissibles sexuellement et par le sang (ITSS)? **[UNE RÉPONSE SEULEMENT]**

Très désireux (se)	<input type="checkbox"/>
Assez désireux (se)	<input type="checkbox"/>
Pas très désireux (se)	<input type="checkbox"/>
Pas désireux (se) du tout	<input type="checkbox"/>
Je ne sais pas	<input type="checkbox"/>

27. **[SI ON A RÉPONDU « ASSEZ DÉSIÉREUX (SE) » OU « TRÈS DÉSIÉREUX (SE) » À LA Q.26, POSER LA QUESTION SUIVANTE]** : Comment préféreriez-vous recevoir de l’information ou en savoir plus sur les infections transmissibles sexuellement ou par le sang (ITSS)? Veuillez choisir toutes les réponses pertinentes. **[RANDONISER]**

De mon médecin de famille/professionnel de la santé	<input type="checkbox"/>
Courriel	<input type="checkbox"/>
Articles d’actualités	<input type="checkbox"/>
Podcast	<input type="checkbox"/>

Médias sociaux (Facebook, X [anciennement Twitter], Instagram, etc.)	<input type="checkbox"/>
Radio	<input type="checkbox"/>
Télévision	<input type="checkbox"/>
Sites vidéo comme YouTube	<input type="checkbox"/>
Sites Web du gouvernement	<input type="checkbox"/>
Sites Web d'organisations caritatives ou à but non lucratif	<input type="checkbox"/>
Par le biais de témoignages de personnes atteintes ou ayant été atteintes d'une ITSS	<input type="checkbox"/>
D'influenceurs sur les réseaux sociaux ayant une expertise (p.ex. un fournisseur de soins de santé) ou une expérience vécue en matière d'infections transmissibles sexuellement et par le sang.	<input type="checkbox"/>
Autre préférence, (veuillez préciser) :	<input type="checkbox"/>

28. Avez-vous entendu parler du concept « Indétectable=Intransmissible ou I=I? »

Oui, bien sûr	<input type="checkbox"/>
Oui, vaguement	<input type="checkbox"/>
Non	<input type="checkbox"/>
Je ne sais pas	<input type="checkbox"/>

29. Que signifie, selon, vous, Indétectable=Intransmissible? *Veuillez ne pas inclure dans votre réponse de renseignements qui pourraient permettre de vous identifier ou d'identifier quelqu'un d'autre.* [NP : QUESTION OUVERTE]

Je ne sais pas

#### **Données sociodémographiques supplémentaires**

Ces dernières questions nous permettront de comparer les résultats du sondage entre différents groupes de répondants. Vos réponses resteront confidentielles et ne renverront à aucune information permettant de vous identifier directement.

30. Laquelle des réponses suivantes vous décrit le mieux? [NP : UNE RÉPONSE SEULEMENT]

Vous êtes marié(e)	<input type="checkbox"/>
Vous vivez avec un(e) conjoint(e) de fait ou un(e) partenaire	<input type="checkbox"/>
Vous êtes divorcé(e), séparé(e), veuf ou veuve	<input type="checkbox"/>
Vous êtes célibataire et n'avez jamais été marié(e)	<input type="checkbox"/>
Autre situation (veuillez préciser)	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

31. Quel est le niveau de scolarité officiel le plus élevé que vous ayez atteint? [NP : UNE RÉPONSE SEULEMENT]

École primaire	<input type="checkbox"/>
Études secondaires partielles	<input type="checkbox"/>
Diplôme d'études secondaires ou l'équivalent	<input type="checkbox"/>
Certificat ou diplôme d'apprenti inscrit ou d'une école de métiers	<input type="checkbox"/>

Certificat ou diplôme d'un collège, d'un CÉGEP ou d'un autre établissement non universitaire	<input type="checkbox"/>
Certificat ou diplôme universitaire inférieur au baccalauréat	<input type="checkbox"/>
Baccalauréat	<input type="checkbox"/>
Diplôme universitaire supérieur au baccalauréat	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

32. Laquelle des catégories suivantes décrit le mieux votre situation d'emploi actuelle? **[NP : UNE RÉPONSE SEULEMENT]**

Emploi à temps plein (30 heures ou plus par semaine)	<input type="checkbox"/>
Emploi à temps partiel (moins de 30 heures par semaine)	<input type="checkbox"/>
Travail autonome	<input type="checkbox"/>
Sans emploi, mais à la recherche d'un travail	<input type="checkbox"/>
Aux études à temps plein	<input type="checkbox"/>
À la retraite	<input type="checkbox"/>
Pas sur le marché du travail (au foyer à temps plein, sans emploi et ne cherchant pas de travail)	<input type="checkbox"/>
Autre situation	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

33. **[SI ON A RÉPONDU « TEMPS PLEIN », « TEMPS PARTIEL » OU « TRAVAIL AUTONOME À LA Q32, POSER LA QUESTION SUIVANTE]** : Travaillez-vous actuellement comme travailleur (euse) de la santé au Canada? Le terme « travailleur(euse) de la santé » désigne tout employé faisant partie du système de soins de santé. Cela comprend tout emploi rémunéré d'au moins 20 heures par semaine. La définition comprend les médecins, les infirmiers(ères), les professionnels paramédicaux ainsi que les travailleurs (euses) auxiliaires de la santé comme : le personnel hospitalier et de soins de santé communautaire (aides-soignants, personnel de nettoyage ou de blanchisserie, transporteurs de patients, personnel de restauration, personnes chargées du traitement des déchets médicaux, etc.).

Oui	<input type="checkbox"/>
Non	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

34. Vous identifiez-vous comme une personne vivant avec un handicap? *Toute personne vivant avec un handicap souffre d'une déficience durable ou récurrente limitant ses activités quotidiennes à l'intérieur ou à l'extérieur de son domicile (à l'école, au travail ou au sein de la communauté en général). Un handicap peut affecter la vision, l'audition, la mobilité, la flexibilité, la dextérité, la douleur, l'apprentissage, le développement, la mémoire, la santé mentale, entre autres.*

Oui	<input type="checkbox"/>
Non	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

35. Laquelle des catégories suivantes décrit le mieux le revenu total de votre ménage l'année dernière, avant impôts, toutes sources confondues, pour tous les membres de votre ménage? **[NP : UNE RÉPONSE SEULEMENT]**

Moins de 20 000 \$	<input type="checkbox"/>
20 000 \$ à 29 999 \$	<input type="checkbox"/>
30 000 \$ à 39 999 \$	<input type="checkbox"/>
40 000 \$ à 49 999 \$	<input type="checkbox"/>
50 000 \$ à 59 999 \$	<input type="checkbox"/>
60 000 \$ à 69 999 \$	<input type="checkbox"/>
70 000 \$ à 79 999 \$	<input type="checkbox"/>
80 000 \$ à 89 999 \$	<input type="checkbox"/>
90 000 \$ à 99 999 \$	<input type="checkbox"/>
100 000 \$ à 149 000 \$	<input type="checkbox"/>
150 000 \$ ou plus	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

36. Quelle langue parlez-vous le plus souvent à la maison? Veuillez choisir toutes les réponses pertinentes.

Anglais	<input type="checkbox"/>
Français	<input type="checkbox"/>
Autre préférence, (veuillez préciser) :	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

37. Avez-vous été en situation d'itinérance au cours des cinq dernières années? Cela comprend toute période passée sans logement stable, permanent et approprié, ou sans capacité immédiate de trouver un logement.

Oui	<input type="checkbox"/>
Non	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

38. **[QUESTION À POSER SEULEMENT À CEUX QUI ONT RÉPONDU « JE PRÉFÈRE NE PAS RÉPONDRE » À LA Q.5]**  
Vivez-vous en région urbaine ou rurale?

Urbaine (dans une ville ou une grande agglomération)	<input type="checkbox"/>
Rurale (à l'extérieur d'une ville ou d'une grande agglomération)	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

39. **[NP : [NE PAS POSER LA QUESTION] NOTER LA LANGUE DANS LAQUELLE LE SONDAGE S'EST DÉROULÉ.]**

Anglais	<input type="checkbox"/>
Français	<input type="checkbox"/>

## B. Health Care Practitioner Questionnaire (English and French)

### FINAL Questionnaire – STBBI Baseline Survey (Health Care Practitioners) November 2, 2023

#### **Introduction**

The Government of Canada is conducting a survey with health care professionals on **sexually transmitted and blood-borne infections**. The Strategic Counsel has been hired to administer the survey. Si vous préférez répondre au sondage en français, veuillez cliquer sur français **[Direct the respondent to the French language version]**. The survey takes **about 15 minutes** to complete, and your participation is voluntary and confidential.

Your answers will not be attributed to you and the information you provide will be administered according to the requirements of the *Privacy Act*, the *Access to Information Act*, and any other pertinent legislation. Your decision to participate or not is yours alone and there will be no consequences if you decide not to participate. Review the questions below for more information about how any personal information collected in this survey is handled.

#### **How will your personal information be handled? [PN: COLLAPSIBLE PARAGRAPH – ONLY SHOW TEXT IF RESPONDENT CLICKS ON THE QUESTION]**

The information you provide to the Public Health Agency of Canada about you personally or the practice in which you work is handled in accordance with the *Privacy Act* and is being collected under the authority of Section 4 of the *Department of Health Act* and Section 3 of the *Public Health Agency of Canada Act* in accordance with the Treasury Board Directive on Privacy Practices. We only collect the information we need to conduct the research project.

#### **Why are we collecting your personal information? [PN: COLLAPSIBLE PARAGRAPH – ONLY SHOW TEXT IF RESPONDENT CLICKS ON THE QUESTION]**

The Government of Canada is committed to accelerating prevention, diagnosis and treatment to reduce the health impacts of sexually transmitted and blood-borne infections (STBBI), including syphilis, in Canada by 2030. Your responses, including your demographic information, will be used to understand the level of awareness and barriers to access among Canadians aged 16 and over, and those at the highest risk of contracting STBBI. However, your responses are always combined with the responses of others for analysis and reporting; you will never be directly identified.

We will not ask you to provide us with any information that could directly identify who you are, such as your name, or full date of birth. However, it's possible the responses you provide could be used alone, or in combination with other available information, to identify you. The protection of your personal information is very important to us, and we will make every effort to safeguard it and reduce the risk that you are identified.

#### **Will we use or share your personal information for any other reason? [PN: COLLAPSIBLE PARAGRAPH – ONLY SHOW TEXT IF RESPONDENT CLICKS ON THE QUESTION]**

The survey firm, The Strategic Counsel, will be responsible for collecting survey data from all participants. Once data collection is complete, The Strategic Counsel will provide the Public Health Agency of Canada with a dataset that will not include any directly identifying responses to reduce the risk that you could be identified. All the responses received will be grouped for analysis and presented in grouped form. The dataset will also be available to federal and provincial governments, organizations, and researchers across Canada, if requested. Any reports or publications produced based on this research will use grouped data and will not identify you or link you to these survey results.



**What are your rights? [PN: COLLAPSIBLE PARAGRAPH – ONLY SHOW TEXT IF RESPONDENT CLICKS ON THE QUESTION]**

You have a right to complain to the Privacy Commissioner of Canada if you feel your personal information has been handled improperly. For more information about these rights, or about how we handle your personal information, please contact Trista Heney, Associate, The Strategic Counsel, at 416-975-4465 ext. 272.

To verify the authenticity of this survey, click here. **[POP UP IN NEW BROWSER WINDOW]**

This research is sponsored by the Public Health Agency of Canada. Note that your participation will remain completely confidential and it will not affect your dealings with the Government of Canada, including the Public Health Agency of Canada, in any way.  
To verify the legitimacy of this survey please [click here](#) and enter the Project Code 20231031-TH807.

If you would like to request an alternative format of the survey, please contact:

Trista Heney  
Phone: 416-975-4465 ext. 272  
Email: [theney@thestrategiccounsel.com](mailto:theney@thestrategiccounsel.com)

**Screening and Quota Monitoring Questions**

1. Do you, or does anyone in your household, work for any of the following organizations? Please select all that apply.

A marketing research firm	<input type="checkbox"/>	<b>TERMINATE</b>
A magazine or newspaper	<input type="checkbox"/>	<b>TERMINATE</b>
An advertising agency	<input type="checkbox"/>	<b>TERMINATE</b>
A political party	<input type="checkbox"/>	<b>TERMINATE</b>
A radio or television station	<input type="checkbox"/>	<b>TERMINATE</b>
A media company, including online media	<input type="checkbox"/>	<b>TERMINATE</b>
A public relations company	<input type="checkbox"/>	<b>TERMINATE</b>
The federal or provincial/territorial government	<input type="checkbox"/>	<b>TERMINATE</b>
None of these organizations	<input type="checkbox"/>	<b>CONTINUE</b>

2. Are you currently employed as a health worker in Canada? A health worker is any staff within the health care system. This includes paid work at least 20 hours per week. The definition includes physicians, pharmacists, nurses, allied health professionals and auxiliary health workers such as: community care and hospital staff (personal support workers, cleaning or laundry personnel, patient transporters, catering staff, medical waste handlers, etc.).

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>
Prefer not to answer	<input type="checkbox"/>	<b>TERMINATE</b>

The next few questions will help us to better understand the nature of your work and where you practice.

3. In what capacity are you employed in the “Health Worker” industry in Canada? If you are employed in more than one position, please indicate the position in which you spend the majority of your time. **[SELECT ONE RESPONSE ONLY]**

Licensed Practical Nurse	<input type="checkbox"/>	<b>CONTINUE</b>
Nurse Practitioner	<input type="checkbox"/>	<b>CONTINUE</b>
Registered Nurse	<input type="checkbox"/>	<b>CONTINUE</b>
Registered Psychiatric Nurse	<input type="checkbox"/>	<b>CONTINUE</b>
General/Family Physician	<input type="checkbox"/>	<b>CONTINUE</b>
OB/GYN Physician	<input type="checkbox"/>	<b>CONTINUE</b>
Other Specialist Physician	<input type="checkbox"/>	<b>TERMINATE</b>
Dentist	<input type="checkbox"/>	<b>CONTINUE</b>
Dental Hygienist	<input type="checkbox"/>	<b>TERMINATE</b>
Pharmacist	<input type="checkbox"/>	<b>CONTINUE</b>
Pharmacist Assistant	<input type="checkbox"/>	<b>TERMINATE</b>
Midwife	<input type="checkbox"/>	<b>CONTINUE</b>
Other	<input type="checkbox"/>	<b>TERMINATE</b>
Prefer not to answer <b>[EXCLUSIVE]</b>	<input type="checkbox"/>	<b>TERMINATE</b>

4. In which province or territory do you currently work? If you work in more than one province/territory, please select the one where you spend the majority of your time. **[SELECT ONE RESPONSE ONLY]**

Alberta	<input type="checkbox"/>
British Columbia	<input type="checkbox"/>
Manitoba	<input type="checkbox"/>
New Brunswick	<input type="checkbox"/>
Newfoundland and Labrador	<input type="checkbox"/>
Northwest Territories	<input type="checkbox"/>
Nova Scotia	<input type="checkbox"/>
Nunavut	<input type="checkbox"/>
Ontario	<input type="checkbox"/>
Prince Edward Island	<input type="checkbox"/>
Quebec	<input type="checkbox"/>
Saskatchewan	<input type="checkbox"/>
Yukon	<input type="checkbox"/>
Outside of Canada <b>[PN: TERMINATE]</b>	<input type="checkbox"/>
Prefer not to answer <b>[PN: TERMINATE]</b>	<input type="checkbox"/>

5. Which of the following best describes where you practice? *A remote area can range from non-isolated to isolated. Non-isolated remote areas are located between 50 and 90 kilometers from the nearest year-round health service centre, like a doctor, hospital or clinic. Remote isolated are areas over 90 kilometers from the nearest year-round health service centre and without year-round road access (e.g., fly-in/fly-out services).* **[SELECT ONE RESPONSE ONLY]**

A city of 1,000,000 people or more	<input type="checkbox"/>
A city of 100,000 to just under 1,000,000 people	<input type="checkbox"/>
A town/city of 1,000 to just under 100,000 people	<input type="checkbox"/>
A rural, but not remote, community (of less than 1,000 people)	<input type="checkbox"/>
A rural and remote community (of less than 1,000 people)	<input type="checkbox"/>

Prefer not to answer [PN: TERMINATE]	<input type="checkbox"/>
--------------------------------------	--------------------------

6. Which setting best describes your current workplace? Please select all that apply.

Hospital setting	<input type="checkbox"/>
Clinic setting	<input type="checkbox"/>
Community setting	<input type="checkbox"/>
Community pharmacy	<input type="checkbox"/>
Older Adult Care Facility setting	<input type="checkbox"/>
Telehealth	<input type="checkbox"/>
Academic Health Science Centre (ASHC)	<input type="checkbox"/>
Other setting (please specify):	<input type="checkbox"/>
I don't work in any of the above-noted settings [PN: EXCLUSIVE. TERMINATE]	

7. Which of the following groups have you had contact with in your role as a health worker over the last 5 years? Please select as many as apply. [DO NOT RANDOMIZE LIST]

First Nations, Inuit or Métis Peoples	<input type="checkbox"/>
Rural and remote populations	<input type="checkbox"/>
Members of the 2SLGBTQI+ community	<input type="checkbox"/>
Newcomers to Canada (immigrants and/or refugees)	<input type="checkbox"/>
Racialized people	<input type="checkbox"/>
People who inject drugs	<input type="checkbox"/>
Sex workers and/or their clients	<input type="checkbox"/>
People living with HIV or syphilis	<input type="checkbox"/>
People experiencing homelessness	<input type="checkbox"/>
Women (among the above-noted populations)	<input type="checkbox"/>
Youth (among the above-noted populations)	<input type="checkbox"/>
I have not had contact with any of these groups [EXCLUSIVE]	<input type="checkbox"/>

8. Please indicate your sex assigned at birth. [NO GENDER QUOTAS SET, BUT SHOULD MONITOR TO ENSURE NO SIGNIFICANT SKEW]

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

**General Level of Concern About STBBI Relative to Other Public Health Issues**

9. From a public health perspective, how concerned are you about each of the following issues?

<b>ROTATE ITEMS A-I</b>	Not at all concerned	Not that concerned	Somewhat concerned	Very concerned	Don't know
a. The opioid crisis (drug use, overdose, addiction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tobacco and alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rates of HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental illness and suicide among children and youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mental illness and suicide among adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. E-cigarette use and vaping among children and youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. E-cigarette use and vaping among adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Rates of syphilis infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Apart from those issues just mentioned, what other public health issues are you concerned about? *Please do not include any information which could personally identify you or someone else within your response.*

**[PN: OPEN-END]**

No other issues

**Knowledge and Perceived Level of Risk Among Various Groups**

11. How knowledgeable would you say you are about each of the following?

<b>ROTATE ITEMS A-C</b>	Not at all knowledgeable	Not that knowledgeable	Somewhat knowledgeable	Very knowledgeable	Don't know
a. HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Screening and treatment for sexually transmitted and blood-borne infections (STBBI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How knowledgeable would you say you are about ... ?

ROTATE ITEMS A-I	Not at all knowledgeable	Not that knowledgeable	Somewhat knowledgeable	Very knowledgeable	Don't know
a. Preventing HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Testing for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Treatments for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Preventing Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Testing for Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Treatments for Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Preventing other sexually transmitted and blood-borne infections (STBBI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Testing for other sexually transmitted and blood-borne infections (STBBI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Treatments for other sexually transmitted and blood-borne infections (STBBI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PN: ROTATE Q.13-Q.15 AND Q.16 – HALF SAMPLE SHOULD BE ASKED Q.13-Q.15 FIRST/HALF Q.14 FIRST FOLLOWED BY Q.13-Q.15.**

13. Based on your experience, which of the following groups do you feel are disproportionately affected by HIV in Canada?? Please select all that apply. **RANDOMIZE LIST.**

Heterosexual men (e.g., men who are sexually attracted to women)	<input type="checkbox"/>
Heterosexual women (e.g., women who are sexually attracted to men)	<input type="checkbox"/>
People from countries where HIV is more widespread	<input type="checkbox"/>
People who inject drugs	<input type="checkbox"/>
People who have hemophilia, a bleeding disorder in which the blood does not clot properly	<input type="checkbox"/>
Sex workers	<input type="checkbox"/>
Indigenous Peoples	<input type="checkbox"/>
African, Caribbean and Black communities	<input type="checkbox"/>
Bisexual people	<input type="checkbox"/>
Men who have sex with other men	<input type="checkbox"/>
Women who have sex with other women	<input type="checkbox"/>
People who have multiple sexual partners	<input type="checkbox"/>
People who have another type of sexually transmitted infection like chlamydia, gonorrhea or syphilis	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

Don't know	<input type="checkbox"/>
------------	--------------------------

14. To the best of your knowledge, can HIV be cured? [HC 2012]

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

15. How effective do you believe that HIV treatments are in helping people with HIV lead full and healthy lives? [HC 2012]

Not at all effective	<input type="checkbox"/>
Not very effective	<input type="checkbox"/>
Somewhat effective	<input type="checkbox"/>
Very effective	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

16. Based on your experience, which of the following groups do you feel are disproportionately affected by sypilis? Please select all that apply. **RANDOMIZE LIST.**

Heterosexual men (e.g., men who are sexually attracted to women)	<input type="checkbox"/>
Heterosexual women (e.g., women who are sexually attracted to men)	<input type="checkbox"/>
People from countries where HIV is more widespread	<input type="checkbox"/>
People who use drugs	<input type="checkbox"/>
People who have hemophilia, a bleeding disorder in which the blood does not clot properly	<input type="checkbox"/>
Sex workers	<input type="checkbox"/>
Indigenous Peoples	<input type="checkbox"/>
African, Caribbean and Black communities	<input type="checkbox"/>
Bisexual people	<input type="checkbox"/>
Men who have sex with other men	<input type="checkbox"/>
Women who have sex with other women	<input type="checkbox"/>
People who have multiple sexual partners	<input type="checkbox"/>
People who have another type of sexually transmitted infection like chlamydia, gonorrhea	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**PN: ROTATE Q.17 AND Q.18 – HALF SAMPLE SHOULD BE ASKED Q.17 FIRST/HALF Q.18 FIRST.**

17. Please indicate whether you think each of the following statements about syphilis is true or false.

ROTATE ITEMS A-N	True	False	Don't know
a. Syphilis can be cured with treatment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is important for people who are pregnant to be tested for syphilis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Syphilis is a thing of the past.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Most people who have syphilis will show symptoms.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Syphilis can be spread through oral sex.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Syphilis is not dangerous because it can be treated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. A person who gets syphilis once will be immune from getting it again.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. People can get syphilis from toilet seats.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Women are not at risk of getting syphilis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. When receiving a pap test, patients are automatically tested for syphilis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Syphilis is never deadly.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. People should get tested for syphilis, even if they don't have symptoms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Syphilis testing is always included in regular screening for sexually transmitted infections (STIs).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n.- Syphilis is a public health priority in Canada.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Please indicate whether you think each of the following statements about HIV/AIDS is true or false.

ROTATE ITEMS A-O	True	False	Don't know
a. HIV and AIDS are the same thing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. When receiving a blood test for any purpose, patients are automatically tested for HIV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. HIV is not treatable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. People can live a long and healthy life with HIV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. People can contract HIV through sharing items like cutlery, cups, dishes, towels or toothbrushes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. People who inject drugs can get HIV from sharing needles or syringes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Women living with HIV cannot have children without passing on the virus.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Women are less likely than men to get HIV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. HIV will always progress to AIDS.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. HIV treatment can be as simple as taking a pill daily.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

k. HIV testing is always included in regular screening for sexually transmitted infections (STIs).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. People with HIV can prevent passing on HIV to a sexual partner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Condoms and dental dams are the only way to prevent HIV from being passed during sex.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n. HIV is not passed on through sex when a person living with HIV is on treatment and the amount of HIV in their blood remains very low.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Stigma and Barriers to Diagnosis/Treatment**

19. To what extent do you agree or disagree with each of the following statements.

<b>ROTATE ITEMS A-E</b>	Completely disagree 1	2	3	Neither agree nor disagree 4	5	6	Completely agree 7	Don't know
a. People with HIV should be allowed to serve the public in positions like dentists, hairdressers, and restaurant workers, etc. <i>[PCO 2023]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel uncomfortable around people with HIV. <i>[HC 2012 - modified]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. People living with HIV have the same right to health care as I do. <i>[HC 2012]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People often have negative assumptions about people living with HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sexually transmitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



and blood-borne infections (STBBI) are a very minor health concern.								
---	--	--	--	--	--	--	--	--

20. How comfortable or uncomfortable would you be with each of the following situations?

ROTATE ITEMS A-D	Very uncomfortable	Somewhat uncomfortable	Somewhat comfortable	Very comfortable	Don't know
a. A close friend or family member dating someone living with HIV. <i>[PCO 2023]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Providing care to a patient who is living with HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Providing care to a patient who is living with syphilis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Engaging in conversations about sexual health or sexually transmitted and blood-borne infections with patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. **[IF 'VERY/SOMEWHAT UNCOMFORTABLE OR SOMEWHAT COMFORTABLE' AT Q.20B, ASK]:** What would help you feel more comfortable providing care to a patient who is living with HIV? Select all that apply. **[PN: RANDOMIZE LIST. MAINTAIN 'OTHER: SPECIFY' AND 'NOTHING ELSE' AS ANCHORS AT END OF LIST]**

Additional training related to HIV and other sexually transmitted and blood-borne infections	<input type="checkbox"/>
Handouts, resources or guides on facilitating discussions about HIV and other sexually transmitted and blood-borne infections with patients	<input type="checkbox"/>
Guidance on how to navigate patients' experiences of stigma, discrimination, social and structural barriers, and other forms of oppression	<input type="checkbox"/>
Resources pertaining to trauma-informed and culturally sensitive approaches to care	<input type="checkbox"/>
Resources on relevant local community-based organizations to refer your patients to	<input type="checkbox"/>
Patient resources available in multiple languages and/or tailored to be culturally appropriate	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

I don't need any additional training or resources. [PN: EXCLUSIVE]	<input type="checkbox"/>
--	--------------------------

22. [IF 'VERY/SOMEWHAT UNCOMFORTABLE OR SOMEWHAT COMFORTABLE' AT Q.20C, ASK]: What would help you feel more comfortable providing care to a patient who is living with syphilis? Select all that apply.  
[PN: RANDOMIZE LIST. MAINTAIN 'OTHER: SPECIFY' AND 'NOTHING ELSE' AS ANCHORS AT END OF LIST]

Additional training related to syphilis and other sexually transmitted and blood-borne infections	<input type="checkbox"/>
Handouts, resources or guides on facilitating discussions about syphilis and other sexually transmitted and blood-borne infections with patients	<input type="checkbox"/>
Guidance on how to navigate patients' experiences of stigma, discrimination, social and structural barriers, and other forms of oppression	<input type="checkbox"/>
Resources pertaining to trauma-informed and culturally sensitive approaches to care	<input type="checkbox"/>
Resources on relevant local community-based organizations to refer your patients to	<input type="checkbox"/>
Patient resources available in multiple languages and/or tailored to be culturally appropriate	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
I don't need any additional training or resources. [PN: EXCLUSIVE]	<input type="checkbox"/>

PN: ROTATE Q.23/24 AND Q.25/26 – HALF SAMPLE SHOULD BE ASKED Q.23/24 FIRST/HALF Q.25/26 FIRST.

23. How much of a barrier do you feel each of the following are to patients accessing supports and services related to testing and treatment for HIV?

ROTATE ITEMS A-G	Not a barrier	Somewhat of a barrier	A moderate barrier	A significant barrier	Don't know
a. Previous experiences of stigma and discrimination in the healthcare system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Limited access to culturally and/or linguistically appropriate care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Limited access to services and supports (e.g., people living in rural/remote communities).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Limited knowledge and awareness of sexually transmitted and blood-borne infections (e.g., uncertainty about symptoms).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Sexual health and sexually transmitted and blood-borne infections being taboo topics in the patient's culture or household.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Operational barriers such as long wait times, hours of operation, testing or treatment facilities not on a transit route, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Patients not having a family physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Other than those already mentioned, are there any other barriers that prevent patients from accessing supports and services related to testing and treatment for HIV? *Please do not include any information which could personally identify you or someone else within your response.* [PN: OPEN-END]

No other barriers

25. How much of a barrier do you feel each of the following are to patients accessing supports and services related to testing and treatment for syphilis?

ROTATE ITEMS A-G	Not a barrier	Somewhat of a barrier	A moderate barrier	A significant barrier	Don't know
a. Previous experiences of stigma and discrimination in the healthcare system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Limited access to culturally and/or linguistically appropriate care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Limited access to services and supports (e.g., people living in rural/remote communities).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Limited knowledge and awareness of sexually transmitted and blood-borne infections (e.g., uncertainty about symptoms).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sexual health and sexually transmitted and blood-borne infections being taboo topics in the patient's culture or household.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Operational barriers such as long wait times, hours of operation, testing or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

treatment facilities not on a transit route, etc.					
g. Patients not having a family physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Other than those already mentioned, are there any other barriers that prevent patients from accessing supports and services related to testing and treatment for syphilis? *Please do not include any information which could personally identify you or someone else within your response.* **[PN: OPEN-END]**

No other barriers

#### **Awareness of U=U Campaign and Information Preferences**

27. How interested are you in knowing more about the risks, testing options, and treatments for sexually transmitted and blood-borne infections (STBBI)? **[ONE RESPONSE ONLY]**

Very interested	<input type="checkbox"/>
Somewhat interested	<input type="checkbox"/>
Not that interested	<input type="checkbox"/>
Not interested at all	<input type="checkbox"/>

28. How would you prefer to receive information or learn more about sexually transmitted and blood-borne infections (STBBI)? Please select all that apply. **[RANDOMIZE]**

Professional organizations	<input type="checkbox"/>
Academic journals	<input type="checkbox"/>
Traditional training (classroom setting)	<input type="checkbox"/>
Webinars, seminars and/or conferences	<input type="checkbox"/>
E-learning courses	<input type="checkbox"/>
E-mail	<input type="checkbox"/>
News stories	<input type="checkbox"/>
Podcasts	<input type="checkbox"/>
Social media (Facebook, X (formerly Twitter), Instagram, etc.)	<input type="checkbox"/>
Radio	<input type="checkbox"/>
Television	<input type="checkbox"/>
Video sites such as YouTube	<input type="checkbox"/>
Government websites	<input type="checkbox"/>
Print resources (e.g., brochures, pamphlets, etc)	
Charities'/Non-profit organizations' websites	<input type="checkbox"/>
Through stories of people with lived experience with STBBI	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

29. Have you heard about the concept of “Undetectable=Untransmittable or U=U?”

Yes, definitely	<input type="checkbox"/>
Yes, vaguely	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

30. What do you think Undetectable=Untransmittable means? *Please do not include any information which could personally identify you or someone else within your response.* [PN: OPEN-END]

Don't know

31. [IF ‘YES’ AT Q.29, ASK]: How important is it to communicate the “Undetectable=Untransmittable (U=U)” message to patients living with HIV?

Very important	<input type="checkbox"/>
Somewhat important	<input type="checkbox"/>
Not that important	<input type="checkbox"/>
Not important at all	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

32. [IF ‘YES’ AT Q.29, ASK]: In your work, about how frequently do you communicate the “Undetectable=Untransmittable (U=U)” message to your patients living with HIV?

On a daily basis	<input type="checkbox"/>
Several times a week, but not necessarily on a daily basis	<input type="checkbox"/>
Several times a month, but not necessarily on a weekly basis	<input type="checkbox"/>
A few times a year, but not necessarily on a monthly basis	<input type="checkbox"/>
Once a year or less often	<input type="checkbox"/>
Never	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

### **Additional Socio-Demographics**

These last few questions will allow us to compare the survey results among different groups of respondents. Your answers will remain confidential and not link to any directly identifying information.

33. Please indicate in which of the following age categories you belong?

Under 25 years of age	<input type="checkbox"/>
25-34	<input type="checkbox"/>
35-44	<input type="checkbox"/>
45-54	<input type="checkbox"/>
55-64	<input type="checkbox"/>
65 or older	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

34. What language do you speak most often in your practice? Please select all that apply.

English	<input type="checkbox"/>
French	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

35. [PN: NOT ASKED] RECORD LANGUAGE IN WHICH SURVEY WAS COMPLETED.

English	<input type="checkbox"/>
French	<input type="checkbox"/>

**Questionnaire final - Enquête de référence  
sur les infections transmissibles sexuellement et par le sang (ITSS) (travailleur de la santé)  
2 novembre 2023**

**Introduction**

Le gouvernement du Canada mène un sondage sur **les infections transmissibles sexuellement et par le sang**. Le cabinet de recherche The Strategic Counsel a été sélectionné pour développer et mettre en place ce sondage. Si vous préférez répondre au sondage en anglais, veuillez cliquer sur « Anglais » **[donner accès à la version anglaise du sondage]**. La durée du sondage est d'environ 15 minutes et votre participation est volontaire et confidentielle.

Vos réponses ne vous seront pas associées et les renseignements que vous fournirez seront traités conformément aux exigences de la *Loi sur la protection des renseignements personnels*, de la *Loi sur l'accès à l'information* et de toute autre loi applicable. La décision de participer ou non au sondage vous appartient et il n'y aura aucune conséquence à ne pas y participer.

Les questions ci-dessous vous fourniront plus d'information sur le traitement des renseignements personnels recueillis à votre sujet.

**À quelles fins vos renseignements personnels seront-ils utilisés? [NP : PARAGRAPHE RÉDUCTIBLE – MONTRER LE TEXTE UNIQUEMENT SI LE RÉPONDANT CLIQUE SUR LA QUESTION]**

Les renseignements personnels que vous fournissez à l'Agence de la santé publique du Canada à votre sujet ou au sujet de la profession que vous exercez sont régis par la *Loi sur la protection des renseignements personnels* et sont recueillis en vertu de l'article 4 de la *Loi sur le ministère de la Santé* et de l'article 3 de la *Loi sur l'Agence de la santé publique du Canada*, conformément à la directive du Conseil du Trésor sur les pratiques relatives à la protection de la vie privée. La collecte porte uniquement sur les renseignements nécessaires à la réalisation du projet de recherche. **Pourquoi recueillons-nous vos renseignements personnels? [NP : PARAGRAPHE RÉDUCTIBLE — MONTRER LE TEXTE UNIQUEMENT SI LE RÉPONDANT CLIQUE SUR LA QUESTION]**

Le gouvernement du Canada s'est engagé à accélérer la prévention, le diagnostic et le traitement des infections transmissibles sexuellement et par le sang (ITSS), y compris la syphilis, d'ici 2030, afin de réduire les impacts sur la santé de ces infections au Canada. Vos réponses, y compris vos données démographiques, serviront à déterminer le niveau de sensibilisation et à identifier ce qui fait obstacle à l'accès à des soutiens et des services chez les Canadiens âgés de 16 ans et plus, ainsi que chez ceux qui courent le plus grand risque de contracter une ITSS. Cependant, vos réponses seront toujours regroupées avec celles des autres répondants au moment de l'analyse et des rapports; vous ne serez jamais directement identifié(e).

Aucun renseignement permettant de vous identifier directement, comme votre nom ou votre date de naissance complète, ne vous sera demandé. Il se pourrait toutefois que les réponses que vous nous fournirez soient utilisées seules ou en combinaison avec d'autres renseignements disponibles, afin de vous identifier. Nous accordons une grande importance à la protection de vos renseignements personnels et nous ferons tout notre possible afin de les préserver et réduire les risques potentiels liés à votre identification.

**Allons-nous utiliser ou divulguer vos renseignements personnels à d'autres fins? [NP : PARAGRAPHE RÉDUCTIBLE – MONTRER LE TEXTE UNIQUEMENT SI LE RÉPONDANT CLIQUE SUR LA QUESTION]**

La société de sondage The Strategic Counsel se chargera de recueillir les données du sondage auprès des participants. Une fois la collecte terminée, The Strategic Counsel remettra à l'Agence de Santé Publique du Canada un ensemble de données ne comportant aucune réponse individuelle, afin de réduire le risque que l'on puisse vous identifier. Les réponses reçues seront regroupées aux fins d'analyse et de présentation des résultats. Les gouvernements fédéral et provinciaux, des organisations et des chercheurs de partout au Canada pourront également, sur demande, avoir accès à l'ensemble de données. Les rapports et autres

publications découlant de cette étude présenteront des données agrégées ainsi que des résultats du sondage qui garantiront votre anonymat et votre confidentialité par rapport à tout résultat spécifique.

**Quels sont vos droits? [NP : PARAGRAPHE RÉDUCTIBLE – MONTRER LE TEXTE UNIQUEMENT SI LE RÉPONDANT CLIQUE SUR LA QUESTION]**

Vous avez le droit de porter plainte auprès du Commissariat à la protection de la vie privée du Canada si vous estimez que vos renseignements personnels n'ont pas été traités de manière appropriée. Pour plus d'information sur ces droits ou sur nos pratiques en matière de protection de la vie privée, veuillez communiquer avec Trista Heney, associée, The Strategic Counsel, au 416-975-4465, poste 272.

Pour vérifier l'authenticité du présent sondage, cliquer ici. **[AFFICHER DANS UNE NOUVELLE FENÊTRE DU NAVIGATEUR]**

La présente étude est commanditée par l'Agence de santé publique du Canada. Veuillez noter que votre participation demeurera strictement confidentielle et qu'elle n'affectera en rien vos interactions avec le gouvernement du Canada, y compris avec l'Agence de Santé Publique du Canada.  
Pour vérifier l'authenticité du présent sondage, veuillez [cliquer ici](#) et saisir le code du projet suivant : 20231031-TH807.

Pour obtenir le sondage sous un autre format, veuillez communiquer avec :

Trista Heney  
Téléphone : 416-975-4465, poste 272  
Courriel : [theney@thestrategiccounsel.com](mailto:theney@thestrategiccounsel.com)

**Questions aux fins de la sélection et du suivi des quotas**

1. Est-ce que vous ou un membre de votre ménage travaillez pour l'une des organisations suivantes? Veuillez choisir toutes les réponses pertinentes.

Une société de recherche marketing	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Un magazine ou un journal	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Une agence de publicité	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Un parti politique	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Une station de radio ou de télévision	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Une entreprise médiatique, y compris les médias numériques	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Une agence de relations publiques	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Le gouvernement fédéral, un gouvernement provincial ou territorial	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>
Aucune de ces organisations	<input type="checkbox"/>	<b>CONTINUER</b>

2. Travaillez-vous actuellement comme professionnel de la santé au Canada? Le terme « professionnel de la santé » désigne tout employé faisant partie du système de soins de santé. Cela comprend tout emploi rémunéré d'au moins 20 heures par semaine. La définition comprend les médecins, les pharmaciens(es), les infirmiers(ères), les professionnels paramédicaux ainsi que les travailleurs (euses) auxiliaires de la santé comme: le personnel hospitalier et de soins de santé communautaire (aides-soignants, personnel de nettoyage ou de blanchisserie, transporteurs de patients, personnel de restauration, personnes chargées du traitement des déchets médicaux, etc.).

Oui	<input type="checkbox"/>	<b>CONTINUER</b>
Non	<input type="checkbox"/>	<b>METTRE FIN AU SONDRAGE</b>



Je préfère ne pas répondre	<input type="checkbox"/>	<b>METTRE FIN AU SONDAGE</b>
----------------------------	--------------------------	------------------------------

Les quelques questions suivantes nous aideront à mieux comprendre la nature de votre travail et l'endroit où vous exercez vos fonctions.

3. À quel titre êtes-vous employé(e) au sein de l'industrie des « professionnels de la santé » au Canada? Si vous occupez plus d'un poste, veuillez indiquer le poste auquel vous consacrez la majeure partie de votre temps.  
**[CHOISIR UNE RÉPONSE SEULEMENT]**

Infirmier(ère) auxiliaire autorisé(e)	<input type="checkbox"/>	<b>CONTINUER</b>
Infirmier(ère) praticien(ne)	<input type="checkbox"/>	<b>CONTINUER</b>
Infirmier(ère) autorisé(e)	<input type="checkbox"/>	<b>CONTINUER</b>
Infirmier(ère) psychiatrique autorisé(e)	<input type="checkbox"/>	<b>CONTINUER</b>
Médecin généraliste/de famille	<input type="checkbox"/>	<b>CONTINUER</b>
Gynécologue/obstétricien	<input type="checkbox"/>	<b>CONTINUER</b>
Autre médecin spécialiste	<input type="checkbox"/>	<b>METTRE FIN AU SONDAGE</b>
Dentiste	<input type="checkbox"/>	<b>CONTINUER</b>
Hygiéniste dentaire	<input type="checkbox"/>	<b>METTRE FIN AU SONDAGE</b>
Pharmacien(ne)	<input type="checkbox"/>	<b>CONTINUER</b>
Aide-pharmacien(ne)	<input type="checkbox"/>	<b>METTRE FIN AU SONDAGE</b>
Sage-femme	<input type="checkbox"/>	<b>CONTINUER</b>
Autre	<input type="checkbox"/>	<b>METTRE FIN AU SONDAGE</b>
Je préfère ne pas répondre <b>[EXCLUSIF]</b>	<input type="checkbox"/>	<b>METTRE FIN AU SONDAGE</b>

4. Dans quelle province ou dans quel territoire travaillez-vous actuellement? Si vous travaillez dans plus d'un territoire ou plus d'une province, veuillez choisir celui ou celle dans lesquels vous passez la plupart de votre temps. **[CHOISIR UNE SEULE RÉPONSE SEULEMENT]**

Alberta	<input type="checkbox"/>
Colombie-Britannique	<input type="checkbox"/>
Manitoba	<input type="checkbox"/>
Nouveau-Brunswick	<input type="checkbox"/>
Terre-Neuve-et-Labrador	<input type="checkbox"/>
Territoires du Nord-Ouest	<input type="checkbox"/>
Nouvelle-Écosse	<input type="checkbox"/>
Nunavut	<input type="checkbox"/>
Ontario	<input type="checkbox"/>
Île-du-Prince-Édouard	<input type="checkbox"/>
Québec	<input type="checkbox"/>
Saskatchewan	<input type="checkbox"/>
Yukon	<input type="checkbox"/>
À l'extérieur du Canada <b>[NP : METTRE FIN AU SONDAGE]</b>	<input type="checkbox"/>
Je préfère ne pas répondre <b>[NP : METTRE FIN AU SONDAGE]</b>	<input type="checkbox"/>

5. Laquelle des options suivantes décrit le mieux l'endroit où vous pratiquez? *Une région éloignée peut être isolée ou non isolée. Une région éloignée non isolée est généralement située entre 50 et 90 kilomètres du centre de santé le plus proche ouvert toute l'année, tel qu'un cabinet d'un médecin, un hôpital ou une clinique. Une région éloignée et isolée est généralement située à plus de 90 kilomètres du centre de santé le plus proche ouvert toute l'année et à laquelle il n'y a pas d'accès routier toute l'année (p. ex. services assurés par navettage aérien).* **[CHOISIR UNE RÉPONSE SEULEMENT]**

Une ville d'un million ou plus d'habitants	<input type="checkbox"/>
Une ville de 100 000 à un peu moins d'un million d'habitants	<input type="checkbox"/>
Une ville ou agglomération de 1 000 à un peu moins de 100 000 habitants	<input type="checkbox"/>
Une collectivité rurale, mais non éloignée (de moins de 1 000 habitants)	<input type="checkbox"/>
Une collectivité rurale et éloignée (de moins de 1 000 habitants)	<input type="checkbox"/>
Je préfère ne pas répondre <b>[NP : METTRE FIN AU SONDAGE]</b>	<input type="checkbox"/>

6. Lequel des milieux suivants décrit le mieux votre lieu de travail actuel? Veuillez choisir toutes les réponses pertinentes.

Milieu hospitalier	<input type="checkbox"/>
Milieu clinique	<input type="checkbox"/>
Milieu communautaire	<input type="checkbox"/>
Pharmacie communautaire	<input type="checkbox"/>
Établissement de soins aux aînés	<input type="checkbox"/>
Télésanté	<input type="checkbox"/>
Centre universitaire des sciences de la santé	<input type="checkbox"/>
Autre milieu, (veuillez préciser) :	<input type="checkbox"/>
Je ne travaille dans aucun des milieux de travail susmentionnés <b>[NP : EXCLUSIF. METTRE FIN AU SONDAGE]</b>	

7. Parmi les groupes suivants, quels sont ceux avec lesquels vous avez été en contact dans le cadre de votre rôle de professionnel de la santé au cours des cinq dernières années? (Cochez toutes les réponses pertinentes.) **[NE PAS RANDONISER LA LISTE]**

Premières Nations, Inuit, Métis	<input type="checkbox"/>
Populations rurales et éloignées	<input type="checkbox"/>
Membres de la communauté 2ELGBTQI+	<input type="checkbox"/>
Nouveaux arrivants au Canada (immigrants ou réfugiés)	<input type="checkbox"/>
Personnes racialisées	<input type="checkbox"/>
Les utilisateurs de drogues par injection	<input type="checkbox"/>
Les personnes qui participent à la vente ou à l'achat de sexe	<input type="checkbox"/>
Personnes atteintes du VIH ou de la syphilis	<input type="checkbox"/>
Personnes en situation d'itinérance	<input type="checkbox"/>
Femmes (parmi les populations ci-haut)	<input type="checkbox"/>

Jeunes (parmi les populations ci-haut)	<input type="checkbox"/>
Je n'ai jamais été en contact avec l'un de ces groupes : [EXCLUSIF]	<input type="checkbox"/>

8. Veuillez indiquer le sexe qui vous a été attribué à la naissance. [AUCUN QUOTA DE FIXÉ CONCERNANT LE GENRE, MAIS UNE SUPERVISION EST NÉCESSAIRE POUR ÉVITER TOUTE DISPARITÉ SIGNIFICATIVE]

Femme	<input type="checkbox"/>
Homme	<input type="checkbox"/>
Autre	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

**Niveau général de préoccupation au sujet des ITSS comparativement à d'autres problèmes de santé publique**

9. Sur le plan de la santé publique, dans quelle mesure êtes-vous préoccupé par chacun des problèmes suivants?

[ROTATION DES CHOIX A à I]	Pas du tout préoccupé(e)	Pas très préoccupé(e)	Assez préoccupé(e)	Très préoccupé(e)	Je ne sais pas
a. La crise des opioïdes (usage de drogues, surdose, dépendance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tabagisme et consommation d'alcool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taux de VIH/SIDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Obésité	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Santé mentale et suicide parmi les enfants et les jeunes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Santé mentale et suicide parmi les adultes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Usage de cigarettes électroniques et vapotage parmi les enfants et les jeunes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Usage de cigarettes électroniques et vapotage parmi les adultes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Taux d'infection à la syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Outre les problèmes susmentionnés, quels autres problèmes de santé publique vous préoccupent? *Prière de veiller à ce que votre réponse ne contienne pas de renseignements permettant de vous identifier personnellement ou d'identifier quelqu'un d'autre.* [NP : QUESTION OUVERTE]

Aucun autre problème

**Connaissance des risques et niveau de risque parmi divers groupes**

11. Dans quelle mesure diriez-vous que vous êtes bien informé(e) sur chacun des points suivants?

[ROTATION DES CHOIX A à C]	Pas bien informé(e) du tout	Pas très bien informé(e)	Assez bien informé(e)	Très bien informé(e)	Je ne sais pas
a. VIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dépistage et traitement des infections transmissibles sexuellement et par le sang (ITSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Dans quelle mesure diriez-vous que vous êtes bien informé(e) sur chacun des points suivants?

[ROTATION DES CHOIX A à I]	Pas bien informé(e) du tout	Pas très bien informé(e)	Assez bien informé(e)	Très bien informé(e)	Je ne sais pas
a. Prévention du VIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dépistage du VIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Traitements pour le VIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Prévention de la syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Dépistage de la syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Traitements pour la syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Prévention d'autres infections transmissibles sexuellement et par le sang (ITSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dépistage des infections transmissibles sexuellement et par le sang (ITSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Traitement des infections transmissibles sexuellement et par le sang (ITSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NP : ALTERNER ENTRE LES QUESTIONS 13 à 15 ET LA Q.16 — LES QUESTIONS 13 à 15 DEVRAIENT ÊTRE POSÉES À UNE MOITIÉ DE L'ÉCHANTILLON D'ABORD/LA Q14 À L'AUTRE MOITIÉ D'ABORD, SUIVIE DES QUESTIONS 13 ET 15.**

13. D'après votre expérience, lesquels des groupes suivants sont à votre avis touchés de manière disproportionnée par le VIH au Canada? Veuillez choisir toutes les réponses pertinentes. **RANDOMISER LA LISTE.**

Les hommes hétérosexuels (c.-à-d. qui ont une attirance pour les femmes)	<input type="checkbox"/>
Les femmes hétérosexuelles (c.-à-d. qui ont une attirance pour les hommes)	<input type="checkbox"/>

Les personnes issues de pays dans lesquels le VIH est plus répandu	<input type="checkbox"/>
Les utilisateurs de drogues par injection	<input type="checkbox"/>
Les personnes atteintes d'hémophilie, un trouble hémorragique empêchant une coagulation adéquate du sang	<input type="checkbox"/>
Les personnes qui participent à la vente de sexe	<input type="checkbox"/>
Les Autochtones	<input type="checkbox"/>
Les communautés africaine, caribéenne et noire	<input type="checkbox"/>
Les personnes bisexuelles	<input type="checkbox"/>
Les hommes qui ont des rapports sexuels avec d'autres hommes	<input type="checkbox"/>
Les femmes qui ont des rapports sexuels avec d'autres femmes	<input type="checkbox"/>
Les personnes qui ont plusieurs partenaires sexuels	<input type="checkbox"/>
Les personnes atteintes d'un autre type d'infection transmissible sexuellement comme la chlamydia, la gonorrhée ou la syphilis	<input type="checkbox"/>
Autre (veuillez préciser) :	<input type="checkbox"/>
Je ne sais pas	<input type="checkbox"/>

14. À votre connaissance, le VIH peut-il être guéri? [SC 2012]

Oui	<input type="checkbox"/>
Non	<input type="checkbox"/>
Je ne sais pas	<input type="checkbox"/>

15. Dans quelle mesure estimez-vous que les traitements contre le VIH sont efficaces pour aider les personnes séropositives à mener une vie saine et épanouie? [SC 2012]

Pas du tout efficaces	<input type="checkbox"/>
Pas très efficaces	<input type="checkbox"/>
Assez efficaces	<input type="checkbox"/>
Très efficaces	<input type="checkbox"/>
Je ne sais pas	<input type="checkbox"/>

16. D'après votre expérience, lesquels des groupes suivants sont à votre avis touchés de manière disproportionnée par la syphilis au Canada? Veuillez choisir toutes les réponses pertinentes. **RANDOMISER LA LISTE**

Les hommes hétérosexuels (c.-à-d. qui ont une attirance pour les femmes)	<input type="checkbox"/>
Les femmes hétérosexuelles (c.-à-d. qui ont une attirance pour les hommes)	<input type="checkbox"/>

Les personnes issues de pays dans lesquels le VIH est plus répandu	<input type="checkbox"/>
Les personnes qui font usage de drogues	<input type="checkbox"/>
Les personnes atteintes d'hémophilie, un trouble hémorragique empêchant une coagulation adéquate du sang	<input type="checkbox"/>
Les personnes qui participent à la vente de sexe	<input type="checkbox"/>
Les Autochtones	<input type="checkbox"/>
Les communautés africaine, caribéenne et noire	<input type="checkbox"/>
Les personnes bisexuels	<input type="checkbox"/>
Les hommes qui ont des rapports sexuels avec d'autres hommes	<input type="checkbox"/>
Les femmes qui ont des rapports sexuels avec d'autres femmes	<input type="checkbox"/>
Les personnes qui ont plusieurs partenaires sexuels	<input type="checkbox"/>
Les personnes atteintes d'un autre type d'infection transmissible sexuellement comme la chlamydia, ou la gonorrhée.	<input type="checkbox"/>
Autre (veuillez préciser) :	<input type="checkbox"/>
Je ne sais pas	<input type="checkbox"/>

[NP : ALTERNER ENTRE Q17 ET Q18 — LA Q17 DEVRAIT ÊTRE POSÉE À UNE MOITIÉ DE L'ÉCHANTILLON D'ABORD/LA Q18 À L'AUTRE MOITIÉ D'ABORD.]

17. Veuillez indiquer si, selon vous, chacun des énoncés suivants au sujet de la syphilis est vrai ou faux.

[ROTATION DES CHOIX A à N]	Vrai	Faux	Je ne sais pas
a. La syphilis peut être guérie au moyen d'un traitement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Il est important que les femmes enceintes se fassent dépister pour la syphilis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. La syphilis est considérée comme une maladie du passé.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. La plupart des personnes atteintes de la syphilis présentent des symptômes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. La syphilis peut se transmettre lors de rapports sexuels oraux.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. La syphilis n'est pas dangereuse, car elle peut être traitée.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Si on contracte la syphilis une fois, on est immunisé contre toute nouvelle infection.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Il est possible d'attraper la syphilis en touchant un siège de toilette.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Les femmes ne courent aucun risque d'attraper la syphilis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

j. Lors d'un test Pap, les patients sont automatiquement testés pour le dépistage de la syphilis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. La syphilis n'entraîne jamais la mort.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Les gens devraient subir un test de dépistage de la syphilis même s'ils n'en présentent pas les symptômes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Le dépistage de la syphilis est toujours inclus dans le dépistage régulier des infections transmissibles sexuellement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n. La syphilis constitue une priorité en matière de santé publique au Canada.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Veuillez indiquer si, selon vous, chacun des énoncés suivants au sujet du VIH/SIDA est vrai ou faux.

[ROTATION DES CHOIX A à O]	Vrai	Faux	Je ne sais pas
a. Le VIH ou le SIDA, c'est la même chose.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Lors d'une prise de sang, quelle qu'en soit la raison, vous êtes automatiquement testé pour le dépistage du VIH.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Le VIH ne peut pas être traité	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Il est possible de vivre une vie longue et saine même en étant atteint du VIH.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Il est possible de contracter le VIH en échangeant des couverts, des tasses, de la vaisselle, des serviettes ou des brosses à dents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Les utilisateurs de drogue par injection peuvent contracter le VIH en partageant des aiguilles ou des seringues.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Une femme atteinte du VIH ne peut avoir d'enfant sans lui transmettre le virus.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Les femmes sont moins susceptibles de contracter le VIH que les hommes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. L'évolution du VIH mène toujours au SIDA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Le traitement du VIH peut être aussi simple que la prise quotidienne d'un comprimé.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Le dépistage du VIH est toujours inclus dans le dépistage régulier des infection transmissibles sexuellement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Les personnes atteintes du VIH peuvent empêcher toute transmission à un partenaire sexuel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Les préservatifs et les digues dentaires sont les seuls moyens de prévenir la transmission du VIH pendant un rapport sexuel.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n. Le VIH ne se transmet pas par voie sexuelle lorsqu'une personne vivant avec le	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIH est sous traitement et que la quantité de VIH dans le sang reste très faible.			
---	--	--	--

**Stigmatisation et obstacles au diagnostic et au traitement**

19. Veuillez indiquer dans quelle mesure vous êtes d'accord ou en désaccord avec les énoncés suivants.

[ROTATION DES CHOIX A à E]	Tout à fait en désaccord 1	2	3	Ni d'accord ni en désaccord 4	5	6	Tout à fait d'accord 7	Je ne sais pas
a. Les personnes vivant avec le VIH devraient être autorisées à occuper des postes de service public tels que dentiste, coiffeur, employé de restaurant, entre autres. <i>[BCP 2023]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Je ne me sens pas à l'aise en présence de personnes vivant avec le VIH. <i>[SC 2012 — modifié]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Les personnes vivant avec le VIH ont les mêmes droits aux soins de santé que moi. <i>[SC 2012]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Les gens ont souvent des préjugés négatifs à l'égard des personnes vivant avec le VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Les infections transmissibles sexuellement et par le sang	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



constituent un problème de santé tout à fait mineur.								
--	--	--	--	--	--	--	--	--

20. Dans quelle mesure seriez-vous à l'aise ou mal à l'aise dans chacune des situations suivantes?

[ROTATION DES CHOIX A à I]	Très mal à l'aise	Assez mal à l'aise	Assez à l'aise	Très à l'aise	Je ne sais pas
a. Si un ami proche ou un membre de la famille avait une liaison avec une personne vivant avec le VIH. [BCP 2 023]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prodiger des soins à un patient vivant avec le VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Prodiger des soins à un patient atteint de la syphilis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Entamer des discussions sur la santé sexuelle ou les infections transmissibles sexuellement et par le sang avec des patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. [SI ON A RÉPONDU « TRES/ASSEZ MAL À L'AISE OU ASSEZ À L'AISE À LA Q.20, POSER LA QUESTION SUIVANTE] : Qu'est-ce qui vous aiderait à vous sentir plus à l'aise de prodiger des soins à un patient atteint du VIH? Veuillez choisir toutes les réponses pertinentes. [NP : RANDONISER LA LISTE. CONSERVER « AUTRE : VEUILLEZ PRÉCISER » ET RIEN D'AUTRE » COMME ANCRAGES À LA FIN DE LA LISTE].

Formation supplémentaire sur le VIH et autres infections transmissibles sexuellement et par le sang.	<input type="checkbox"/>
Dépliants, ressources ou guides pour faciliter les discussions portant sur le VIH et autres infections transmissibles sexuellement et par le sang avec des patients.	<input type="checkbox"/>
Conseils sur la façon de gérer les cas de stigmatisation, de discrimination, d'obstacles sociaux et structurels et autres formes d'oppression vécus par les patients.	<input type="checkbox"/>
Ressources relatives aux approches de soins tenant compte des traumatismes et de la culture.	<input type="checkbox"/>
Ressources sur les organismes communautaires locaux pertinents vers lesquels diriger vos patients.	<input type="checkbox"/>

Ressources destinées aux patients disponibles en plusieurs langues ou adaptées de manière à tenir compte des spécificités culturelles.	<input type="checkbox"/>
Autre (veuillez préciser) :	<input type="checkbox"/>
Je n'ai pas besoin de formation ou de ressources supplémentaires. <b>[NP : EXCLUSIF]</b>	<input type="checkbox"/>

22. **[SI ON A RÉPONDU « TRES/ASSEZ MAL À L'AISE » OU « ASSEZ À L'AISE » À LA Q.20, POSER LA QUESTION SUIVANTE] :** Qu'est-ce qui vous aiderait à vous sentir plus à l'aise de prodiguer des soins à un patient atteint de la syphilis? Veuillez choisir toutes les réponses pertinentes. **[NP : RANDONISER LA LISTE. CONSERVER « AUTRE : VEUILLEZ PRÉCISER » ET « RIEN D'AUTRE » COMME ANCRAGES À LA FIN DE LA LISTE]**

Formation supplémentaire sur la syphilis et autres infections transmissibles sexuellement et par le sang.	<input type="checkbox"/>
Dépliants, ressources ou guides pour faciliter les discussions portant sur la syphilis et autres infections transmissibles sexuellement et par le sang avec des patients.	<input type="checkbox"/>
Conseils sur la façon de gérer les cas de stigmatisation, de discrimination, de barrières sociales et structurelles et autres formes d'oppression vécus par les patients.	<input type="checkbox"/>
Ressources relatives aux approches de soins tenant compte des traumatismes et de la culture.	<input type="checkbox"/>
Ressources sur les organismes communautaires locaux pertinents vers lesquels diriger vos patients.	<input type="checkbox"/>
Ressources destinées aux patients disponibles en plusieurs langues ou adaptées de manière à tenir compte des spécificités culturelles.	<input type="checkbox"/>
Autre (veuillez préciser) :	<input type="checkbox"/>
Je n'ai pas besoin de formation ou de ressources supplémentaires. <b>[NP : EXCLUSIF]</b>	<input type="checkbox"/>

**[NP : ALTERNER ENTRE Q23/Q24 ET Q25/Q26 — Q23/Q24 DEVRAIT ÊTRE POSÉE À UNE MOITIÉ DE L'ÉCHANTILLON D'ABORD/ Q25/Q26 À L'AUTRE MOITIÉ D'ABORD.]**

23. Dans quelle mesure chacune des réponses suivantes constitue-t-elle un obstacle pour les personnes souhaitant accéder à des soutiens et à des services liés au dépistage et au traitement du VIH?

<b>[ROTATION DES CHOIX A à G]</b>	Ne constitue pas un obstacle	Constitue un obstacle	Constitue un léger obstacle	Constitue un obstacle important	Je ne sais pas
a. Stigmatisation ou discrimination antérieurement vécue dans le système de soins de santé	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accès limité à des soins appropriés sur les plans linguistique et culturel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Accès limité à des services et des soutiens (p. ex. personnes vivant dans des collectivités rurales ou éloignées)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Connaissance et sensibilisation limitées en ce qui a trait aux infections transmissibles sexuellement et par le sang (p. ex. incertitude quant aux symptômes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Le fait que la santé sexuelle et les infections transmissibles sexuellement et par le sang soient des sujets tabous dans la culture ou au sein du ménage du patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obstacles opérationnels tels que les longs temps d'attente, les heures d'ouverture, les centres de dépistage ou de traitement ne se trouvant pas sur un itinéraire de transport en commun, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Les patients n'ayant pas de médecin de famille.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Outre les obstacles qui ont déjà été mentionnés, y a-t-il d'autres obstacles empêchant les patients d'accéder à des soutiens et à des services liés au dépistage et au traitement du VIH?  *Prière de veiller à ce que votre réponse ne contienne pas de renseignements permettant de vous identifier personnellement ou d'identifier quelqu'un d'autre. [NP : QUESTION OUVERTE]*

Aucun autre obstacle

25. Dans quelle mesure chacune des réponses suivantes constitue-t-elle un obstacle pour les personnes souhaitant accéder à des soutiens et à des services liés au dépistage et au traitement du syphilis?

[ROTATION DES CHOIX A à G]	Ne constitue pas un obstacle	Constitue un obstacle	Constitue un léger obstacle	Constitue un obstacle important	Je ne sais pas
a. Stigmatisation ou discrimination antérieurement vécue dans le système de soins de santé	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accès limité à des soins appropriés sur les plans linguistique et culturel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Accès limité à des services et des soutiens (p. ex. personnes vivant dans des collectivités rurales ou éloignées)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Connaissance et sensibilisation limitées en ce qui a trait aux infections transmissibles sexuellement et par le sang (p. ex. incertitude quant aux symptômes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Le fait que la santé sexuelle et les infections transmissibles sexuellement et par le sang soient des sujets tabous dans la culture ou au sein du ménage du patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obstacles opérationnels tels que les longs temps d'attente, les heures d'ouverture, les centres de dépistage ou de traitement ne se trouvant pas sur un itinéraire de transport en commun, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Les patients n'ayant pas de médecin de famille.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Outre les obstacles qui ont déjà été mentionnés, y a-t-il d'autres obstacles empêchant les patients d'accéder à du soutien et à des services liés au dépistage et au traitement de la syphilis? *Prière de veiller à ce que votre réponse ne contienne pas de renseignements permettant de vous identifier personnellement ou d'identifier quelqu'un d'autre.* [NP : QUESTION OUVERTE]

Aucun autre obstacle

**Sensibilisation à la campagne I = I et préférences en matière de renseignements**

27. Dans quelle mesure êtes-vous désireux (se) d'en savoir plus au sujet des risques, des options de dépistage et du traitement des infections transmissibles sexuellement et par le sang (ITSS)? [UNE SEULE RÉPONSE SEULEMENT]

Très désireux (se)	<input type="checkbox"/>
Assez désireux (se)	<input type="checkbox"/>
Pas très désireux (se)	<input type="checkbox"/>
Pas désireux (se) du tout	<input type="checkbox"/>

28. Comment préféreriez-vous recevoir de l'information ou en savoir plus sur les infections transmissibles sexuellement ou par le sang (ITSS)? Veuillez choisir toutes les réponses pertinentes. **[RANDONISER]**

Organisations professionnelles	<input type="checkbox"/>
Journaux universitaires	<input type="checkbox"/>
Formation traditionnelle (en salle de classe)	<input type="checkbox"/>
Webinaires, séminaires et conférences	<input type="checkbox"/>
Cours d'apprentissage en ligne	<input type="checkbox"/>
Courriel	<input type="checkbox"/>
Articles d'actualités	<input type="checkbox"/>
Podcast	<input type="checkbox"/>
Médias sociaux (Facebook, X [anciennement Twitter], Instagram, etc.)	<input type="checkbox"/>
Radio	<input type="checkbox"/>
Télévision	<input type="checkbox"/>
Sites vidéo comme YouTube	<input type="checkbox"/>
Sites Web du gouvernement	<input type="checkbox"/>
Ressources imprimées (brochures, dépliants, etc.)	
Sites Web d'organisations caritatives ou à but non lucratif	<input type="checkbox"/>
Par le biais de témoignages de personnes atteintes ou ayant été atteintes d'une ITSS	<input type="checkbox"/>
Autre (veuillez préciser) :	<input type="checkbox"/>

29. Avez-vous entendu parler du concept « Indétectable=Intransmissible ou I=I? »

Oui, bien sûr	<input type="checkbox"/>
Oui, vaguement	<input type="checkbox"/>
Non	<input type="checkbox"/>
Je ne sais pas	<input type="checkbox"/>

30. Que signifie, selon, vous, Indétectable=Intransmissible? *Prière de veiller à ce que votre réponse ne contienne pas de renseignements permettant de vous identifier personnellement ou d'identifier quelqu'un d'autre.* **[NP : QUESTION OUVERTE]**

Je ne sais pas

31. **[SI ON A RÉPONDU « OUI » À LA Q29, POSER LA QUESTION SUIVANTE]** : Dans quelle mesure est-il important de communiquer le message « Indétectable = Intransmissible (I = I) » aux patients vivant avec le VIH?

Très important	<input type="checkbox"/>
Assez important	<input type="checkbox"/>
Pas très important	<input type="checkbox"/>
Pas important du tout	<input type="checkbox"/>
Je ne sais pas	<input type="checkbox"/>

32. [SI ON A RÉPONDU « OUI » À LA Q29, POSER LA QUESTION SUIVANTE] : Dans le cadre de votre travail, approximativement à quelle fréquence communiquez-vous le message « Indéfectable = Intransmissible (I = I) » aux patients vivant avec le VIH?

Quotidiennement	<input type="checkbox"/>
Plusieurs fois par semaine, mais pas nécessairement tous les jours	<input type="checkbox"/>
Plusieurs fois par mois, mais pas nécessairement toutes les semaines	<input type="checkbox"/>
Quelques fois par année, mais pas nécessairement tous les mois	<input type="checkbox"/>
Une fois par année ou moins souvent que cela	<input type="checkbox"/>
Jamais	<input type="checkbox"/>
Je ne sais pas	<input type="checkbox"/>

#### Données sociodémographiques supplémentaires

Ces dernières questions nous permettront de comparer les résultats du sondage entre différents groupes de répondants. Vos réponses resteront confidentielles et ne renverront à aucune information permettant de vous identifier directement.

33. Veuillez indiquer à laquelle des tranches d'âge suivantes vous appartenez.

Moins de 25 ans	<input type="checkbox"/>
25 à 34 ans	<input type="checkbox"/>
35 à 44 ans	<input type="checkbox"/>
45 à 54 ans	<input type="checkbox"/>
55 à 64 ans	<input type="checkbox"/>
65 ans ou plus	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

34. Quelle langue parlez-vous le plus souvent dans le cadre de votre pratique? Veuillez choisir toutes les réponses pertinentes.

Anglais	<input type="checkbox"/>
Français	<input type="checkbox"/>
Autre langue, (veuillez préciser) :	<input type="checkbox"/>
Je préfère ne pas répondre	<input type="checkbox"/>

35. [NP : NE PAS POSER LA QUESTION] NOTER LA LANGUE DANS LAQUELLE LE SONDAGE S'EST DÉROULÉ.

Anglais	<input type="checkbox"/>
Français	<input type="checkbox"/>