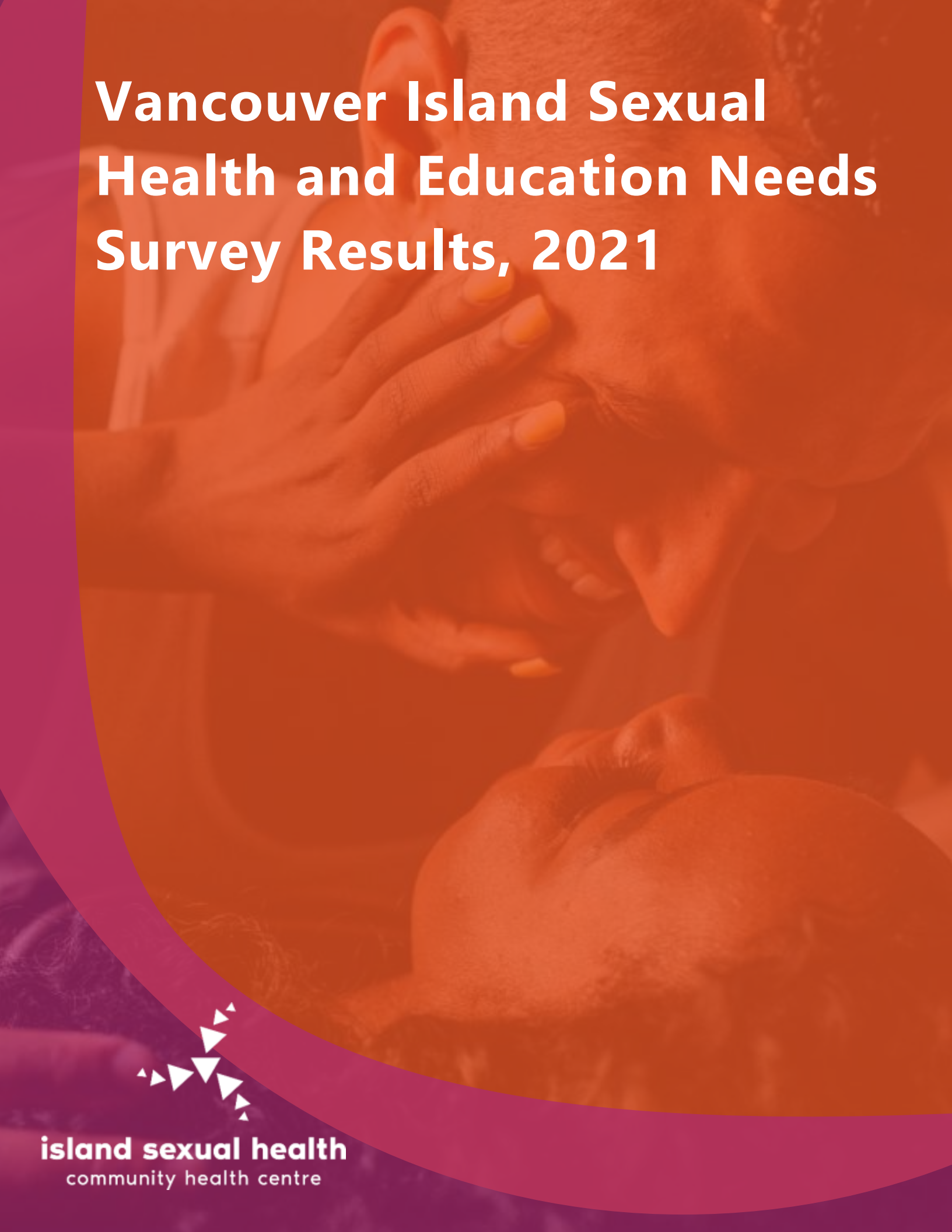
Vancouver Island Sexual Health and Education Needs Survey Results, 2021



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About this Report

This report provides an overview of results from the *Vancouver Island Sexual Health and Education Needs Survey*, which was developed by the Island Sexual Health Society's (*ISHS*) Education Team, based on consultations with patients, volunteers, and staff.

Funded with generous support from the Vancouver Island BC SUPPORT Unit, the purpose of the survey was to assess the sexual health and education needs of people living on Vancouver Island for the intent of quality assurance, quality improvement, and program evaluation of ISHS educational and clinical services. These assessments were needed to help guide the clinic as it undertook an expansion of its clinical services in order to provide primary health care for people with intersecting sexual, social, and physical health challenges.

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About Island Sexual Health

Island Sexual Health Community Health Care Centre is a non-profit agency that has served the Greater Victoria, Vancouver Island, and Gulf Islands communities since 1969. ISHS was formerly a part of Planned Parenthood, and became an independent society in 1986. We are privileged to provide clinical and education services to more than 40,000 people in Greater Victoria yearly.

We offer sexual health clinical care, primary care for priority populations, community education, and a retail store – open to everyone – that carries gender affirming apparel such as binders, packers, gaffs (*including children's*), and underwear and products for pleasure and sexual health.

To learn more about Island Sexual Health visit *www.islandsexualhealth.org*.

Methodology

The Vancouver Island Sexual Health and Education Needs Survey was designed and piloted by patients, staff, and board directors at Island Sexual Health Society.

Facebook and Instagram were purposively selected as a recruitment venue in order to reach a broad sample. Paid advertisements were used to increase the distribution of our survey beyond the community of users who follow ISHS social media accounts. Ads were targeted to users 18 years of age or older living on Vancouver Island or the surrounding Gulf Islands.

Participation was incentivized by offering participants an opportunity to enroll in a prize-draw for a $200 CAD VISA Gift Card. The odds of winning were pre-set at 1 in 50 and multiple gift cards were distributed to account for increasing sample sizes. All responses were collected anonymously using SurveyMonkey and recruitment occurred in Winter 2021 during the COVID-19 pandemic when the Vancouver Island Health Region was seeing approximately 10-30 cases of COVID-19 per day.

Analyses of survey data were weighted to adjust for age, sex, race and ethnicity, income level, and social media engagement levels. Weights were based on the combined 2016 Census profiles for the Northern, Central, and Southern Island Health Service Delivery Areas.

Acknowledgements

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The authors would like to acknowledge thank the patient and volunteer advisors, ISHS staff and board directors, and academic research partners who contributed to the development of the survey, the analysis of the data, and the review of results as provided in this report.

The Vancouver Island Sexual Health and Education Needs Survey was funded by the Vancouver Island BC SUPPORT Unit. We would also like to thank Nathan Lachowsky, Karyn Fulcher, Anabelle Bernard Fournier, and Leo Rutherford for their support in preparing our funding application and designing the survey instrument.

The views expressed in this report are not necessarily those of the funders.

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Executive Summary

Findings from the *Vancouver Island Sexual Health and Education Needs Survey* highlight the vital importance of the mission and values of the Island Sexual Health Society.

Across Vancouver Island, residents are struggling with their mental and physical health – facing a wide variety of chronic health conditions and disability. Anxiety and depression are common experiences of residents and many of us report challenges arising from our substance use. While most people are satisfied with their sexual health, a large proportion of residents reported sexual dissatisfaction and dysfunction. Holistic care addressing all these issues is therefore critical in order to support the health and wellbeing of Vancouver Island residents.

The challenges faced by those in our community are compounded by difficulty accessing essential health and educational services. While many of us are confident in our ability to access common sexual health and primary care programming, others feel that accessing care is too hard or that critical services are simply already at capacity with no access for new patients. Furthermore, many services that are available do not adequately meet the needs of clients. For example, many participants reported that their sexual health education lacked essential information about LGBTQ2S+ and gender identity issues, pleasure and consent, birth control options, and other critical aspects of sexual health.

Of significant concern, results from our survey again and again demonstrated that barriers to healthcare access and utilization reflect broader social conditions and health inequities. Specialized services that are culturally appropriate are therefore essential to addressing these barriers to care.

Participant Demographics

Participants were invited to participate in the online survey using paid Facebook advertisements if they were (*1*) 18 years of age or older, (*2*) lived on Vancouver Island or one of the neighboring Gulf Islands, and (*3*) agreed to participate after reading a brief informed consent page. This section details the characteristics of participants in our survey, including a focus on demographic characteristics (*e.g., age, gender, sexual orientation, ethnicity, relationship status, and sexual orientation*).

Age

The average age of our sample was 44.32 years (*18.03*).

Gender

Approximately half of the sample identified as a woman (*49.1%*) and 44.4% identified as a man. Non-binary participants made up 5.5% of the sample. One in 65 participants (*1.5%*) were not living as the gender they identified with and 4.9% were living as their preferred gender only some of the time. Two-Spirit individuals made up 6.0% of indigenous participants in this sample.

Among those who had a different birth sex and gender (*n = 85*), the majority of participants were either planning to transition, currently transitioning or have medically transitioned (*58.8%*).

Which of the following applies to your current situation regarding your use of hormones and/or surgery?	N	%	Weighted %
I am in the process of medically transitioning	20	23.5	26.3
I am not planning to medically transition	8	9.4	11.1
I am not sure whether I am going to medically transition	11	12.9	10.5
I am planning to transition, but have not begun (*e.g., on waitlist, do not meet age requirements*)	5	5.9	3.7
I have medically transitioned (*hormones and/or surgery*)	21	24.7	28.8
The concept of "transitioning" does not apply to me	20	23.5	19.6

Sexual Orientation

Straight-identified participants made up 60.1% of the sample. The remaining participants identified as bisexual (*15.1%*), gay (*7.3%*), pansexual (*6.9%*), queer (*3.8%*), asexual (*1.7%*) or lesbian (*1.6%*).

Ethnicity

Participants were primarily white (*92.5%*) and born in Canada (*85.4%*). Indigenous participants comprised 8.2% of the sample. Of participants identifying as Indigenous (*8.2%*), 52.5% were First Nations, 2.3% were Inuit, 30.3% were Metis and 14.9% identified as Other.

What is your ethnicity?	N	%	Weighted %
African, Caribbean or Black	4	0.5	0.9
East Asian	20	2.6	4.7
Indigenous	38	4.9	8.2
Latin American	8	1.0	1.7
Middle Eastern	4	0.5	0.5
South Asian	9	1.2	2.0
South East Asian	4	0.5	1.0
White	679	96.3	92.5

Relationship Status

Most participants were in a monogamous relationship (*57.8%*). Of those in a relationship, 44.8% had been in a relationship for over 10 years.

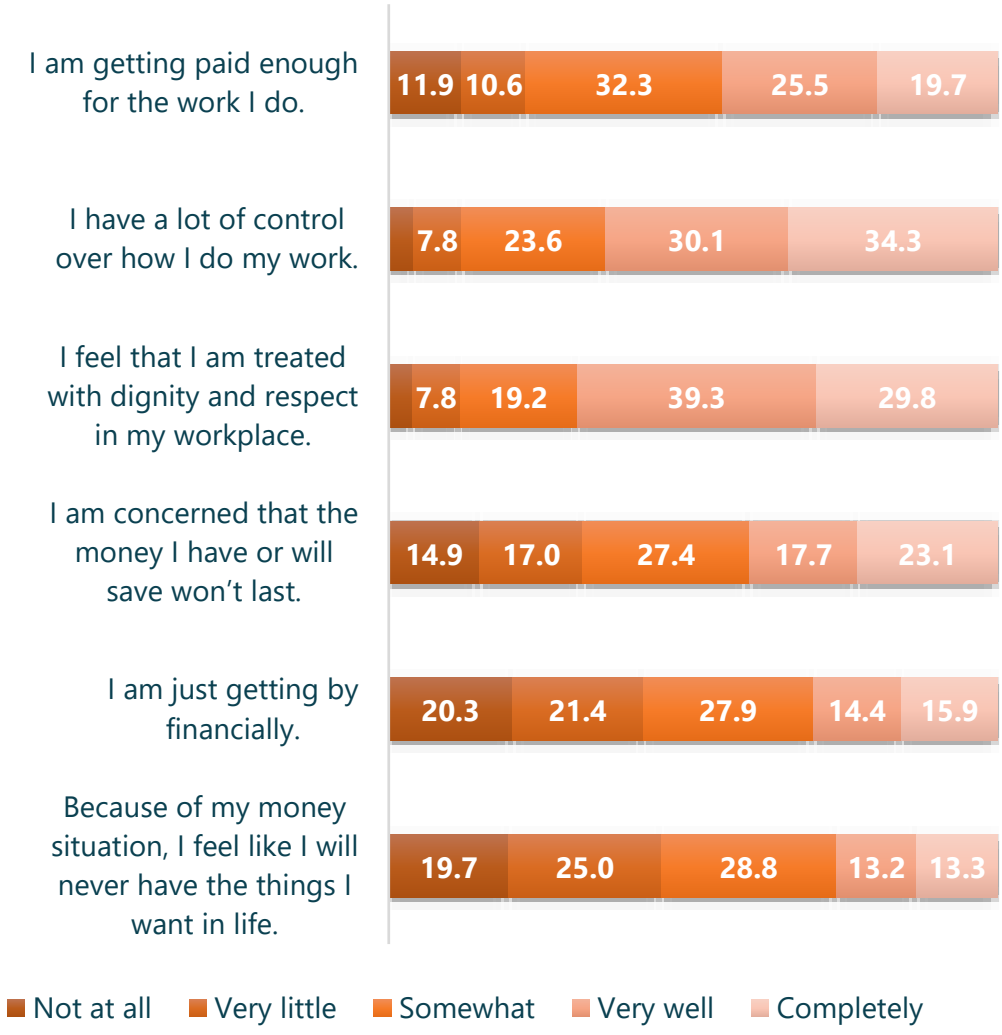
What is your current relationship status?	N	%	Weighted %
In a monogamous relationship	522	59.9	57.8
In a non-monogamous (*but not open*) relationship	31	3.6	3.9
In a non-monogamous (*open*) relationship	34	3.9	4.7
In a polyamorous (*multiple people relationship*)	28	3.2	3.1
Single and dating	82	9.4	9.5
Single and not dating	171	19.6	19.1

Socioeconomic Status

Participants were most likely to receive income from employment (*44.2%*), CERB (*32.0%*) or pension (*24.6%*). The sample contained 16.3% of participants who did not receive any income from these sources. Approximately one in five participants (*19.3%*) received less than $29,999 per year, 52.2% received $30,000 - $99,999 per year and 28.5% received more than $100,000 a year in income. Nearly one in ten (*9.4%*) participants indicated they were full-time students and 6.6% were part-time students.

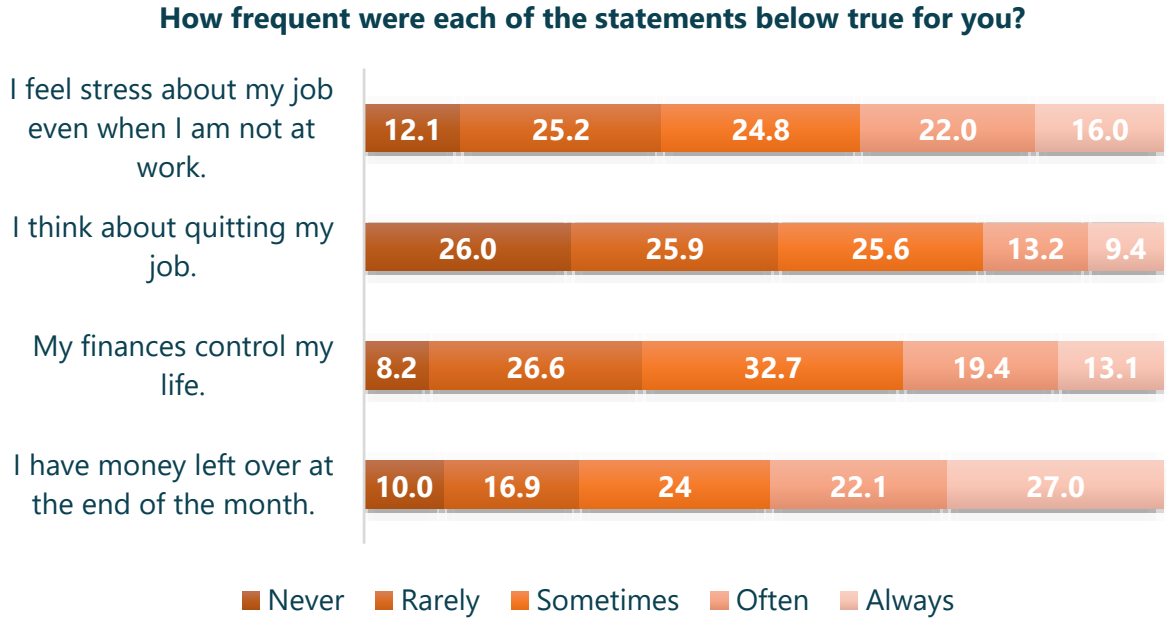
A significant proportion of participants reported financial difficulties: 26.5% of participants feel the statement "because of my money situation, I feel like I will never have the things I want in life" describes them "very well" or "completely". Almost one third of participants (*30.3%*) were just getting by financially and 40.8% believe the money they have won't last. More than one in five participants (*22.5%*) feel they were not paid well for their work.

How well do each of the statements describe you?



Furthermore, 38.0% of participants often or always feel stressed about their job even when they were not there. More than one in five participants (*22.6%*) think about quitting their job "often" or "always". A third of participants (*32.5%*) "often" or "always" feel that finances control

their life, and nearly half (*49.1%*) "often" or "always" have money left over at the end of the month.

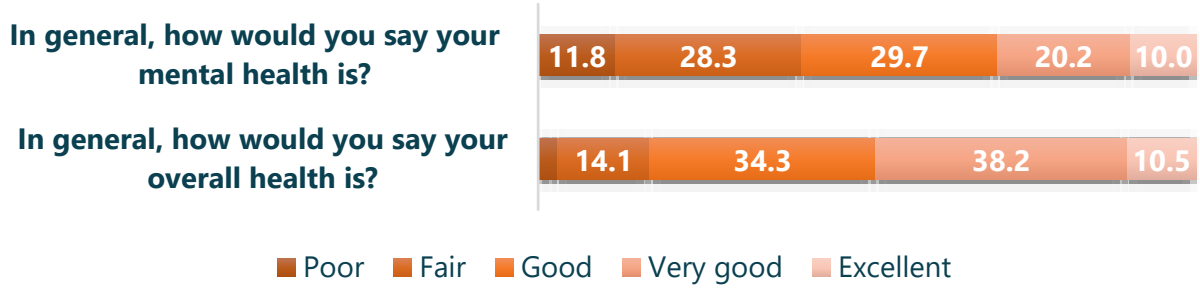


Physical and Mental Health

Participants were questioned about their overall physical and mental health, if they lived with a chronic disability, and which disability they lived with. Participants were asked to report the frequency of depression and anxiety symptoms in the past two weeks. Symptoms of post-traumatic stress disorder were assessed, with participants asked to report their symptoms over the past month.

Self-Rated Mental and Physical Health

We asked participants to rate their physical and mental health on a scale from "Poor" to "Excellent". A large portion of participants (*40.1%*) described their mental health as "Fair" or "Poor". Only 17.0% of participants described their overall health as "Fair" or "Poor".



Differences by Age
Participants 65+ were more likely to describe their overall health as "very good" or "excellent" (*29 and younger: 39.4%, 30 to 64: 45.5%, 65+: 67.2%, p = 0.005*). Participants 65+ were more likely to describe their mental health as "very good" or "excellent" (*29 and younger: 10.9%, 30 to 64: 31.9%, 65+: 51.2%, p < 0.001*).

Differences by Gender
Women were more likely to describe their mental health as "fair" or "poor" (*Women: 48.6%, Men: 29.5%, Non-binary: 44.1%, p = 0.005*).

Differences by 2SLGBT+ Identity
Participants identifying as 2SLGBT+ were more likely to describe their mental health as "fair" or "poor" (*50.6% versus 33.1%; p = 0.017*) than non-2SLGBT+ participants. Non-2SLGBT+ were more likely to describe their mental health as "very good" or "excellent" (*35.9% versus 21.6%; p = 0.017*).

Differences by Client Status
Non-clients were more likely to describe their mental health as "very good" or "excellent" (*33.1% versus 22.4%; p = 0.034*) than ISHS clients.

Chronic Health Conditions and Disabilities

We asked participants about their experiences with chronic health conditions and disability. Many participants were living with a mental health disability (*43.2%*). Nearly one in four participants had chronic pain (*23.6%*). Only 22.1% of participants reported living with no disability or condition.

Disability and chronic health conditions impact most of us, not just a small minority. In fact, three-in-four participants reported at least one chronic health condition or disability.

Were you currently living with any of the following?	N	%	Weighted %
An intellectual disability	13	1.7	0.9
Learning disability	50	6.5	5.6
Autism, Asperger's or neuro diverse spectrum	56	7.2	5.6
Mental health disability (*including anxiety and depression*)	407	52.5	43.2
A current user or survivor of the psychiatric system	51	6.6	5.2
Blind, low vision or visual impairment	21	2.7	3.4
Communication disability (*use of augmentative or alternative communication*)	1	0.1	0.1
Physical or mobility disability	60	7.7	7.4
Chronic pain	210	27.1	23.6
Chronic illness	114	14.7	11.7
Deafness, or difficulty hearing	30	3.9	6.8
Sexual Transmitted Infection	42	5.4	4.3
Another sexual health condition	19	2.5	2.8
A reproductive health condition	60	7.7	5.2
None of the above	149	19.2	22.1

Differences by Age

When compared to other age groups participants 29 and younger were more likely to have a learning disability (*29 and younger: 8.6%, 30 to 64: 6.4%, 65+: 0.0%, $p = 0.006$*), a mental health disability (*29 and younger: 59.3%, 30 to 64: 42.0%, 65+: 25.1%, $p < 0.001$*) or a reproductive health condition (*29 and younger: 8.0%, 30 to 64: 6.0%, 65+: 0.0%, $p = 0.005$*). Participants 30 to 64 were more likely to have a sexually transmitted infection (*29 and younger: 2.2%, 30 to 64: 6.9%, 65+: 1.4%, $p = 0.003$*). Participants 65+ were more likely to have a mobility issue (*29 and younger: 4.6%, 30 to 64: 5.0%, 65+: 15.7%, $p = 0.003$*) or have difficulty hearing (*29 and younger: 1.9%, 30 to 64: 3.1%, 65+: 20.7%, $p < 0.001$*).

Differences by Gender

Women were more likely to live with a mental health disability (*Women: 54.9%, Men: 27.6%, Non-binary: 45.4%, $p < 0.001$*), to have a chronic

illness (*Women: 17.0%, Men: 5.8%, Non-binary: 9.2%, p = 0.007*) or to have a reproductive health condition (*Women: 8.8%, Men: 0.0%, Non-binary: 6.9%, p < 0.001*). Non-binary participants were more likely to live with a mobility disability (*Women: 7.7%, Men: 1.1%, Non-binary: 21.9%, p < 0.001*).

Differences by Ethnicity

Participants identifying as Indigenous were more likely to have a learning disability (*13.7% versus 4.8%; p = 0.019*) than non-Indigenous participants. Indigenous participants were also more likely to have a mental health disability (*67.8% versus 41.0%; p = 0.013*) or a reproductive condition (*16.4% versus 4.2%; p = 0.002*) than non-Indigenous participants.

Differences by 2SLGBT+ Identity

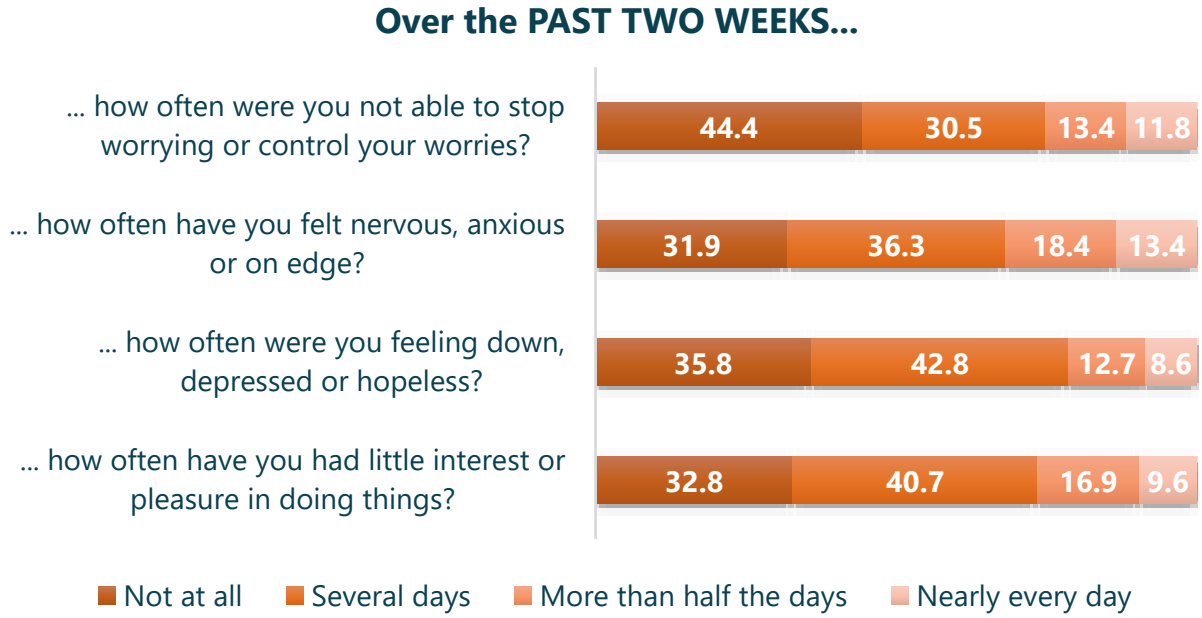
2SLGBT+ participants were more likely to live with an intellectual disability (*1.9% versus 0.3%; p = 0.003*) or a learning disability (*8.1% versus 3.9%; p = 0.038*) than non-2SLGBT+ participants. 2SLGBT+ participants were also more likely to have autism or Asperger's (*10.2% versus 2.4%; p = 0.003*). Additionally, 2SLGBT+ participants were more likely to live with a mental health disability (*57.4% versus 33.7%; p < 0.001*) or be a survivor of the psychiatric system (*9.4% versus 2.5%; p = 0.003*). 2SLGBT+ participants are also more likely to have a reproductive condition (*8.6% versus 3.0%; p = 0.001*) than non-2SLGBT+ participants. Non-2SLGBT+ participants were more likely to be deaf or have difficulty hearing (*9.0% versus 3.6%; p = 0.033*) than 2SLGBT+ participants.

Differences by Client Status

ISHS clients were more likely to have a learning disability (*11.0% versus 3.5%; p < 0.001*) and autism or Asperger's (*9.6% versus 4.2%; p = 0.014*). Non-clients were more likely to have a physical or mobility issue (*8.8% versus 3.6%; p = 0.02*) and difficulty hearing (*8.5% versus 2.3%; p = 0.009*).

Anxiety and Depression

We asked participants about symptoms related to anxiety and depression. One in four participants experienced uncontrolled worrying at least more than half the days (*25.2%*). Nearly a third of participants (*31.8%*) felt anxious at least more than half the days, 21.3% felt depressed more than half the days and 26.5% had little interest or pleasure in doing things more than half the days.



Differences by Age

Participants 65+ were the most likely to report they had no symptoms of worry (*29 and younger: 24.2%, 30 to 64: 46.2%, 65+: 66.5%, p < 0.001*), anxiety (*29 and younger: 9.2%, 30 to 64: 33.1%, 65+: 58.4%, p < 0.001*), depression (*29 and younger: 21.6%, 30 to 64: 37.2%, 65+: 51.6%, p = 0.002*), or little interest in things (*29 and younger: 17.2%, 30 to 64: 35.4%, 65+: 47.6%, p = 0.01*).

Differences by Gender

Men were the most likely to report they had symptoms of worry (*Men: 57.9%, Women: 30.0%, Non-binary: 53.1%, p < 0.001*), anxiety (*Men: 45.9%, Women: 18.7%, Non-binary: 35.1%, p < 0.001*), depression (*Men: 47.4%, Women: 30.1%, Non-binary: 28.7%, p = 0.013*), or little interest in things (*Men: 46.0%, Women: 25.3%, Non-binary: 28.2%, p = 0.004*).

Differences by Ethnicity

Indigenous participants were more likely to experience anxiety and nervousness more than half or nearly every day (*55.9% versus 29.7%; p = 0.033*) than non-Indigenous participants'.

Differences by 2SLGBT+ Identity

Non-LQBTQ2S+ were more likely to report that they had no symptoms of worry (*50.9% versus 34.5%; p = 0.003*), anxiety (*42.6% versus 15.8%; p <*

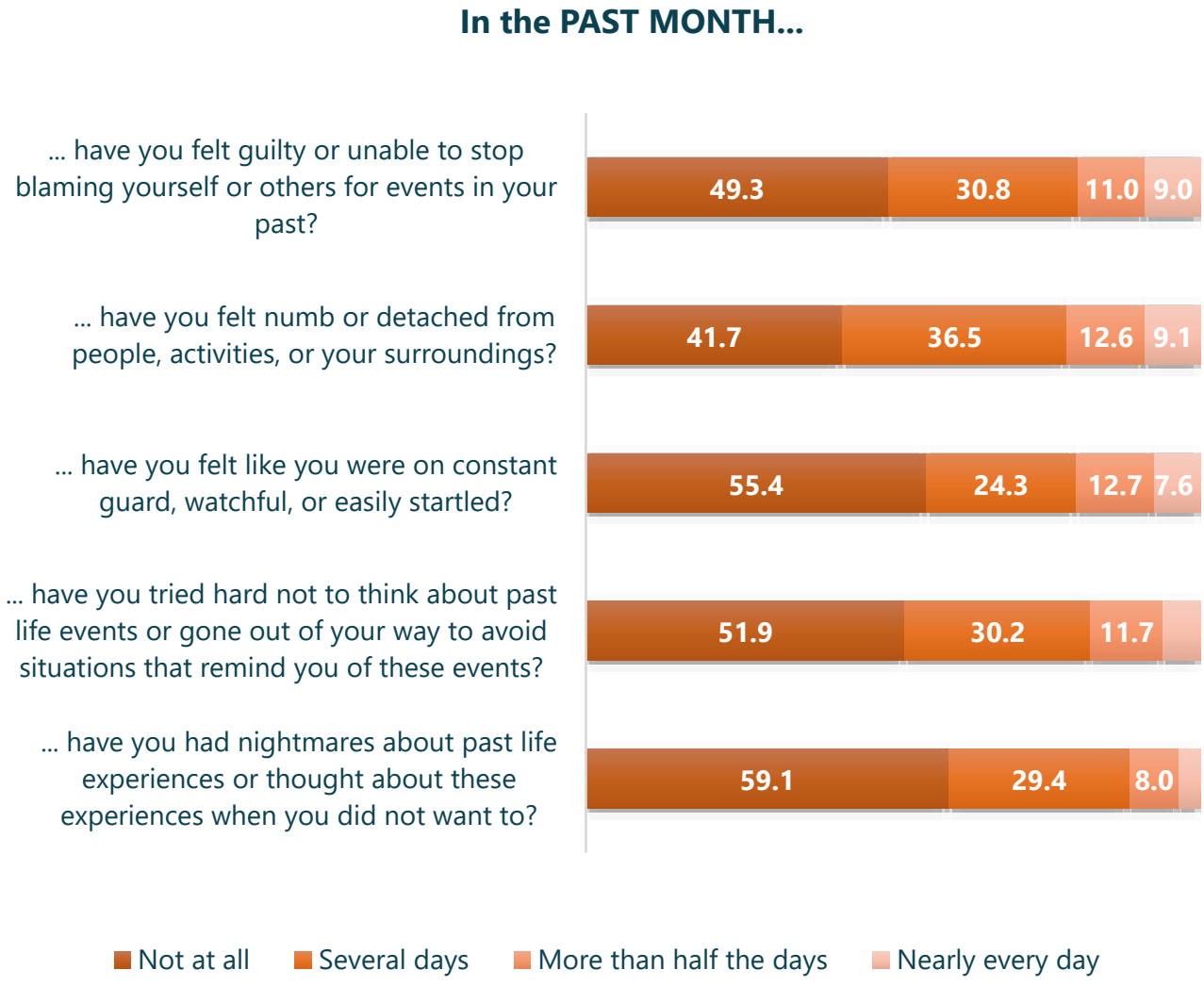
0.001), depression (*43.1% versus 24.9%; p < 0.001*) or little interest in things (*39.2% versus 23.2%; p = 0.009*) than 2SLGBT+ participants.

Differences by Client Status

Non-clients were more likely to report that they had no symptoms of anxiety (*36.2% versus 20.4%; p = 0.008*) than clients.

Post-Traumatic Stress Disorder

We asked participants about symptoms related to post-traumatic stress disorder. At least more than half the days, 20% of participants felt guilty or blamed themselves, 21.7% felt numb, 20.3% felt on constant guard, 17.9% tried hard not to think about past events and 11.6% had nightmares about past experiences.



Differences by Age

Participants 65+ were more likely to report no symptoms of dwelling on the past (*29 and younger: 36.9%, 30 to 64: 54.3%, 65+: 66.0%, p = 0.014*), no symptoms of feeling guarded (*29 and younger: 40.0%, 30 to 64: 59.4%, 65+: 67.0%, p = 0.009*) or no symptoms of feeling numb (*29 and younger: 22.7%, 30 to 64: 43.7% 65+: 61.9%, p < 0.001*).

Differences by Gender

Men were more likely to report no symptoms of nightmares (*Men: 78.3%, Women: 44.5%, Non-binary: 57.7%, p < 0.001*) or dwelling on the past (*Men: 65.3%, Women: 40.4%, Non-binary: 59.1%, p = 0.003*).

Differences by Ethnicity

Indigenous participants were more likely to report that had nightmares more than half or nearly every day (*27.9% versus 10.1%; p = 0.018*). Indigenous participants were more likely to report that they dwelled on past events more than half or nearly every day (*30.8% versus 16.9%; p = 0.024*). Indigenous participants were more likely to report self-blame more than half or nearly every day (*34.7% versus 18.7%; p = 0.016*).

Differences by 2SLGBT+ Identity

Non-2SLGBT+ participants were more likely to report that they had no symptoms of feeling guilty (*50.6% versus 47.1%; p = 0.019*), feeling numb (*47.5% versus 32.9%; p = 0.001*), feeling guarded (*62.0% versus 45.4%; p = 0.005*) or dwelling on past events (*58.2% versus 42.3%; p = 0.011*) than 2SLGBT+ participants.

Differences by Client Status

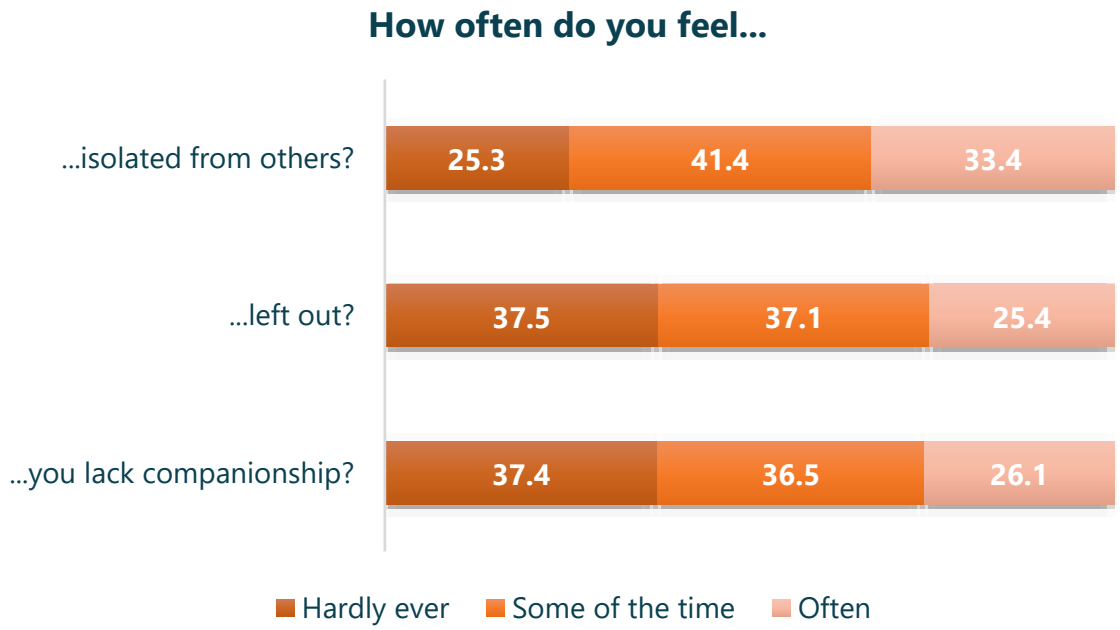
Non-clients were more likely to report that they had no symptoms of feeling numb (*45.5% versus 31.5%; p = 0.035*), dwelling on past events (*55.8% versus 41.4%; p = 0.014*) or having nightmares (*63.8% versus 46.8%; p = 0.004*) than ISHS clients.

Social Connectedness and Wellbeing

Participants were asked about their experiences with loneliness and social isolation. Participants rated how frequently they felt isolated, left out or lacked companionship. Social media use was also examined, with participants self-reporting how many minutes a day they used Facebook.

Loneliness

Three out of four participants felt isolated from others at least some of the time (*74.7%*). Nearly two thirds (*62.5%*) of participants felt left out at least some of the time, and 62.6% of participants felt they lack companionship at least some of the time.



Differences by Age

Participants 29 and younger were more likely to report often feeling isolated (*29 and younger: 45.5%, 30 to 64: 31.1%, 65+: 22.4%, p = 0.002*).

Differences by 2SLGBT+ Identity

Non-2SLGBT+ participants were more likely to hardly ever feel left out (*42.7% versus 29.9%; p = 0.028*) or isolated (*32.2% versus 14.8%; p = 0.001*) than 2SLGBT+ participants.

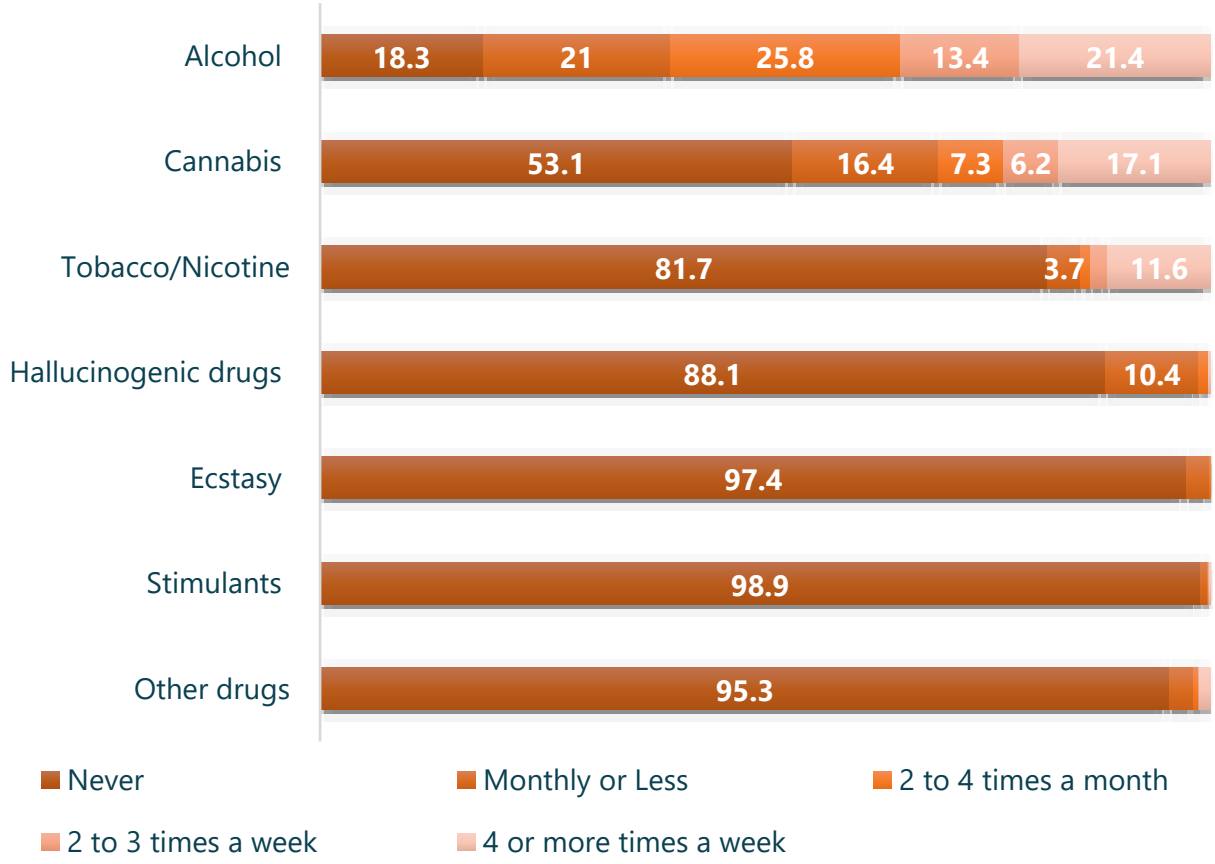
Substance Use

Participants were asked about how frequently they used specific substances in the past six months. Participants were also asked to report whether they had any problems with substance use and if they wanted to increase their access and type of substances.

Prevalence of Substance Use

Alcohol was the most popular substance, with 81.7% of participants using alcohol at least monthly or less and 21.4% of participants drinking 4 or more times a week. Nearly half (*46.9%*) of participants used cannabis at least monthly or less, with 17.1% using it 4 or more times a week. Of participants who used substances in the past six months, 18.3% of participants used nicotine at least monthly or less and 11.6% smoked 4 or more times a week.

In the past 6 months, how often have you consumed the following substances without a prescription?



Differences by Age

Participants 29 and younger and 30 to 64 were more likely to use hallucinogens than participants 65+ (*p = 0.005*). Participants 65+ used alcohol more frequently (*4 or more times a week*) (*29 and younger: 7.0%, 30 to 64: 20.4%, 65+: 42.0%, p < 0.001*).

Differences by Gender

Men were more likely to frequently consume alcohol (*4 or more times a week*) than women and non-binary participants ($p = 0.015$). Women were more likely to never smoke nicotine than men or non-binary participants ($p = 0.005$).

Differences by Ethnicity

Indigenous participants were more likely to use stimulants ($p = 0.006$), nicotine ($p = 0.015$) and ecstasy ($p = 0.024$) than non-Indigenous participants.

Differences by 2SLGBT+ Identity

Non-2SLGBT+ participants were more likely to use alcohol more frequently ($p = 0.004$) than 2SLGBT+ participants. 2SLGBT+ participants were more likely to use cannabis more frequently ($p < 0.001$), and slightly more likely to use stimulants more frequently ($p = 0.03$) than non-LGBTQ2S+ participants.

Differences by Region

Participants from Victoria were less likely to use alcohol ($p= 0.014$) and more likely to use stimulants ($p= 0.042$).

Differences by Client Status

Clients were more likely to use cannabis ($p = 0.017$), hallucinogens ($p = 0.014$), ecstasy ($p < 0.001$) and stimulants ($p = 0.037$) more frequently than non-clients.

Substance Use Problems

Nearly one third (*30.6%*) of participants would like to cut down on their substance use, and 19.9% felt guilty about their substance use. When asked if they would like to use more substances than they currently use, 14.1% admitted they would, and 18.9% also admitted they would like to try new substances they have not used before.

In the PAST SIX MONTHS...	N	%	Weighted %
...have you felt that you ought to cut down on your drinking or drug use?	287	32.8	30.6
...have people annoyed you by criticizing your drinking or drug use?	69	7.9	6.1

…have you felt bad or guilty about your drinking or drug use?	198	22.6	19.9
…have you had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	71	8.1	6.7
… have you wanted help reducing the amount of drugs you use (*including alcohol and tobacco*)?	129	14.7	12.2
… have you wanted help quitting using drugs (*including alcohol and tobacco*)?	101	11.5	11.2
…have you wanted easier access to drugs?	96	11	9.8
… have you wanted to use drugs more than you currently do?	138	15.8	14.1
…have you wanted to try new drugs that you have not used before?	157	17.9	18.9

Differences by Age

Participants 29 and younger were more likely to have felt annoyed at being criticized for their substance use (*29 and younger: 10.6%, 30 to 64: 6.2%, 65+: 0.0%, p = 0.002*), felt guilty about their substance use (*29 and younger: 26.8%, 30 to 64: 21.1%, 65+: 8.6%, p = 0.032*), used substances in the morning (*29 and younger: 9.9%, 30 to 64: 8.0%, 65+: 0.0%, p = 0.004*), wanted to use substances more than they do (*29 and younger: 21.0%, 30 to 64: 15.2%, 65+: 2.9%, p = 0.001*) and wanted to try new substances they haven't used before (*29 and younger: 28.3%, 30 to 64: 19.5%, 65+: 5.8% p = 0.011*). Participants 30 to 64 were more likely to want easier access to substances (*29 and younger: 9.6%, 30 to 64: 14.0%, 65+: 1.8%, p = 0.001*).

Differences by 2SLGBT+ Identity

2SLGBT+ participants were more likely to feel annoyed by criticism about their drinking and drug use (*8.5% versus 4.5%; p = 0.043*), to want easier access to drugs (*14.9% versus 6.5%; p = 0.002*), to want to use more drugs (*22.5% versus 8.5%; p < 0.001*) and to want to try new drugs than before (*25.4% versus 14.7%; p = 0.009*) than non-2SLGBT+ participants.

Differences by Client Status

ISHS clients were more likely to want to try new drugs they have not used before (*25.9% versus 16.3%; p = 0.025*) than non-clients.

Sexual Wellbeing

Participants were asked to rate their sex life satisfaction. Participants were also asked to rate their level of arousal and sexual desire. Sexual function was also explored, with participants responding to questions about their ability to orgasm (*alone or with a partner*), self-lubricate and maintain an erection.

Sexual Satisfaction

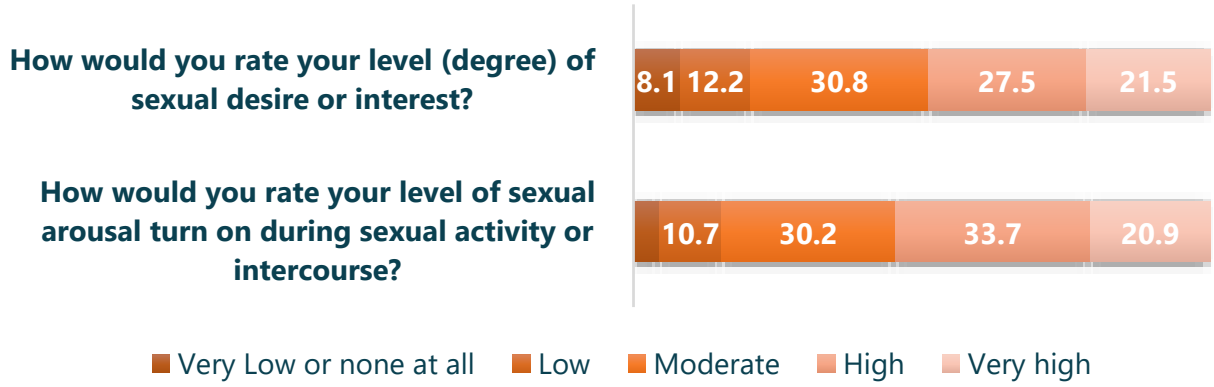
Over one third of participants (*37.8%*) of participants were moderately satisfied with their sex life, 16.4% were very satisfied and 10.8% were very dissatisfied.

Differences by Region

Participants outside Victoria were more sexually satisfied than participants from Victoria ($p = 0.021$).

Sexual Desire and Arousal

Nearly half of participants (*49.0%*) have high or very high sexual desire. One in five (*20.3%*) participants have low or very low sexual desire. Over half of participants (*54.6%*) have high or very high sexual arousal during sexual activity and 15.2% of participants have low or very low sexual arousal during sexual activity.

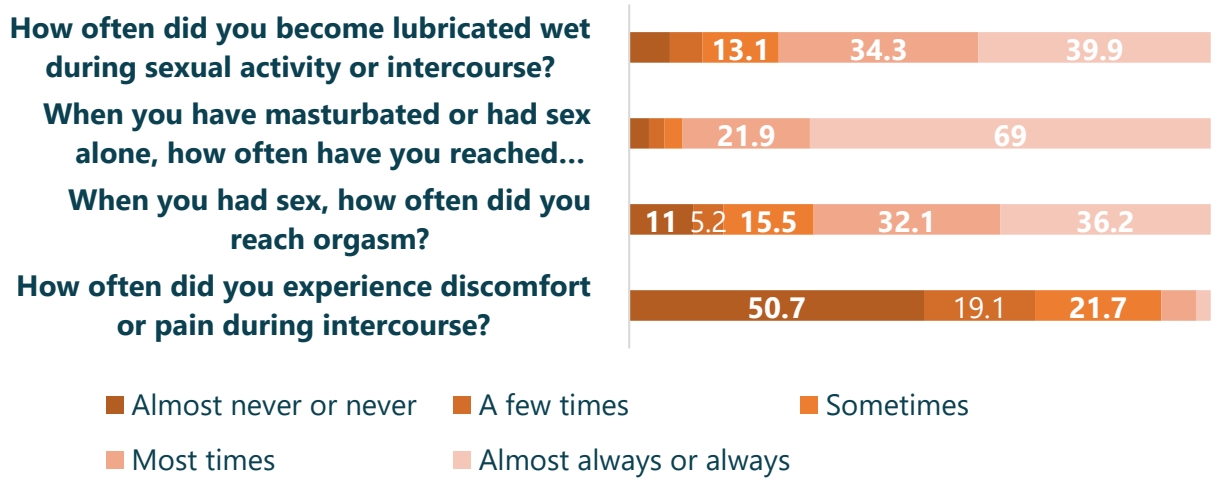


Differences by Gender

Men were the most likely to report a high level of sexual arousal than women and non-binary participants ($p < 0.001$). Men were the most likely to report a high level of sexual interest than women and non-binary participants ($p < 0.001$).

Sexual Function

A majority (*69.0%*) of participants always or almost always reach orgasm when they masturbate. Only 36.2% of participants always or almost always reach orgasm during sex. Nearly half of participants have experienced discomfort during sex at least a few times (*49.3%*). More than half of participants had trouble, at least a few times or more often, lubricating during sex (*60.1%*).



Differences by Age

Participants 29 and younger were the most likely to become lubricated during sex, followed by participants 30 to 64 and 65+ ($p = 0.032$). Participants 29 and younger were most likely to experience sexual discomfort, followed by 30 to 64 and 65+ ($p < 0.001$). Participants 65+ were the most likely to orgasm during sex followed by participants 29 and younger and 30 to 64 ($p < 0.001$). Participants 30 to 64 were most likely to orgasm while masturbating, followed by participants 29 and younger and 65+ ($p = 0.032$).

Differences by Gender

Women were the least likely to have an orgasm during sex ($p < 0.001$) or when they masturbate ($p = 0.003$) than men or non-binary participants. Women were the most likely to experience sexual discomfort than men and non-binary participants ($p < 0.001$).

Differences by Ethnicity

BIPOC participants reported more frequent experiences of sexual discomfort ($p = 0.034$) than White Participants.

Differences by Client Status

Non-client participants were more likely to become lubricated during sexual activity ($p = 0.031$) and orgasm during sex ($p = 0.004$). ISHS clients were more likely to experience sexual discomfort ($p = 0.001$).

Access to Sexual Health Information

Participants were asked about their knowledge of a variety of sexual health information topics and what their sources of sexual health information were. Participants were also asked about the likelihood of using specific sexual health resources and where they received sexual health information. Participants were asked to report what topics had been missing from their sexual health education.

Sexual Health Knowledge

Nearly all participants knew about IUDs (*97.5%*) and condoms (*99.4%*). Participants were least knowledgeable about pre-exposure prophylaxis (*PrEP*) (*32.7%*) and Nexplanon (*38.2%*).

Please read the following statements. Each of the statements were true. For each, select if you knew this before taking this survey or not. N = 774	N	%	Weighted %
The intrauterine device (*IUD*) is a small, often T-shaped birth control device that is inserted into the uterus by a doctor to prevent pregnancy for up to 5-10 years (*depending on the model*), or until it is removed.	766	99	97.5
People living with HIV who take their medications and have an undetectable viral load cannot pass on the virus to their sexual partners.	463	59.8	58
Condoms were an effective and reliable way of preventing sexually transmitted infections and pregnancy.	769	99.5	99.4
Syphilis is a common sexually transmitted infection and can be transmitted by anal, oral, or vaginal sex.	652	84.5	87.9
Pre-Exposure Prophylaxis ("*PrEP*" *or* "*Truvada*") is HIV medication that HIV-negative people can take before and after sex to prevent getting HIV.	268	34.7	32.7
Nexplanon is a long-acting birth control implant inserted in the upper arm, providing up to 3 years of continuous pregnancy protection.	371	47.9	38.2
The Island Sexual Health Clinic is a community health centre in Victoria, British Columbia that provides integrated sexual and general health services, including gender-affirming care, screening and treatment for sexually transmitted infections, and a variety of reproductive health services.	494	63.8	54.2

Differences by Age

Participants 65+ were less likely to know about IUDs than other age groups (*29 and younger: 98.8%, 30 to 64: 98.8%, 65+: 93.2%, p = 0.046*). Participants 65+ were also less likely to know about PrEP (*29 and younger: 41.5%, 30 to 64: 33.8%, 65+: 18.6%, p = 0.036*), Nexplanon (*29 and younger: 48.6%, 30 to 64: 38.5%, 65+: 24.6%, p = 0.012*), and ISHS (*29 and younger: 60.8%, 30 to 64: 58.2%, 65+: 37.6%, p = 0.015*). Participants 65+ were more likely to know about syphilis (*29 and younger: 84.4%, 30 to 64: 85.6%, 65+: 96.9%, p = 0.033*).

Differences by Gender

Women were most likely to know about Nexplanon (*Women: 51.6%, Men: 25.5%, Non-binary: 27.2%, $p < 0.001$*). Women participants were also more likely to have heard of the ISHS clinic (*Women: 65.4%, Men: 44.9%, Non-binary: 38.4%, $p < 0.001$*).

Differences by Ethnicity

Indigenous participants were less likely to know about syphilis versus non-indigenous participants (*74.2% versus 89.1%; $p = 0.018$*).

Differences by 2SLGBT+ Identity

2SLGBT+ participants were more likely to know about undetectable viral load (*70.6% versus 49.7%; $p < 0.001$*), PrEP (*54.5% versus 18.0%; $p < 0.001$*) and about the ISHS clinic (*64.2% versus 47.8%; $p = 0.002$*) versus non-2SLGBT+ participants.

Differences by Region

Participants from Victoria were more likely to have heard of the ISHS clinic than participants who did not live in Victoria (*72.0% versus 34.7%; $p < 0.001$*)

Differences by Client Status

ISHS clients were more knowledgeable about undetectable viral load (*70.6% versus 53.2%; $p < 0.001$*), PrEP (*46.8% versus 27.4%; $p < 0.001$*), and the ISHS clinic (*98.1% versus 37.7%; $p < 0.001$*) than non-clients.

Sexual Health Information Sources

The majority of participants accessed sexual health information from search engines (*65.5%*), medical and health websites (*66.4%*) and a healthcare provider (*57.9%*). Pornography (*8.8%*) and newspapers and magazines (*7.9%*) were the least popular sources.

Where do you get information about your sexual and reproductive health? N = 775	N	%	Weighted %
A School or Community based Sexual Education Program	142	18.3	16.8
Search engines and directories (*like Google, Yahoo ...*)	537	69.3	65.5
Books	192	24.8	25.6
Newspapers and Magazines	56	7.2	7.9
Websites of newspapers or magazines	138	17.8	16.0
Podcasts	121	15.6	11.4

Authorized medical and health Web sites such as government websites, university, hospitals and health centers (*e.g., WebMD*)	547	70.6	66.4
Social networking sites (*like Facebook, Reddit,...etc.*)	174	22.5	20.9
Blogs	85	11.0	9.2
From a healthcare provider	527	68.0	57.9
Brochures or other materials provided in a clinic or doctor's office	235	30.3	23.4
From friends, parents, or siblings	298	38.5	32.5
Pornography	47	6.1	8.8
Other	40	5.2	4.9
None of the above	11	1.4	3.4

Differences by Age

Participants 65+ were more likely to select "none of the above" as a source of sexual health information (*29 and younger: 1.4%, 30 to 64: 1.1%, 65+: 10.3%, p = 0.001*).Participants 29 and younger were the most likely to utilize search engines (*29 and younger: 82.2%, 30 to 64: 64.6%, 65+: 46.2%, p < 0.001*). Participants who were 30 to 64 were the most likely to use websites of magazines (*29 and younger: 16.2%, 30 to 64: 21.3%, 65+: 4.9%, p = 0.011*). Participants who were 30 to 64 were the most likely to visit authorized medical websites (*29 and younger: 63.3%, 30 to 64: 74.5%, 65+: 53.8%, p = 0.017*). Participants 29 and younger were the most likely to visit social networking sites (*29 and younger: 34.1%, 30 to 64: 19.6%, 65+: 6.6%, p < 0.001*). Participants 29 and younger were also the most likely to use blogs (*29 and younger: 15.5%, 30 to 64: 9.7%, 65+: 0.0%, p < 0.001*). Participants 29 and younger were more likely to get their sexual health information from family and friends (*29 and younger: 44.7%, 30 to 64: 30.4%, 65+: 21.0%, p = 0.013*). Participants 65+ were less likely to get information from a healthcare provider (*29 and younger: 59.1%, 30 to 64: 65.9%, 65+: 40.3%, p = 0.005*).

Differences by Gender

Non-binary participants were the least likely to select "none of the above" as a source of sexual health information (*Women: 0.8%, Men: 3.6%, Non-binary: 11.0%, p = 0.019*). Non-binary participants were the least likely to use medical websites (*Women: 71.8%, Men: 66.6%, Non-binary: 48.6%, p = 0.014*). Participants identifying as men were more likely to utilize books as a resource (*Women: 22.0%, Men: 33.6%, Non-binary: 15.6%, p = 0.01*). Men were less likely to listen to podcasts (*Women: 13.3%, Men: 6.3%, Non-binary: 12.4%, p = 0.044*). Men

were significantly more likely to use pornography as a resource (*Women: 4.7%, Men: 16.8%, Non-binary: 4.4%, p < 0.001*). Women were most likely to get information from a healthcare provider (*Women: 68.3%, Men: 50.4%, Non-binary: 49.3%, p = 0.007*).

Differences by Ethnicity

BIPOC participants were less likely to use a school sex education program (*6.0% versus 17.9%; p = 0.02*). BIPOC participants were more likely to use search engines (*100.0 versus 61.9%; p < 0.001*) and blogs (*21.7% versus 7.9%; p = 0.009*) than white participants. Indigenous participants were more likely to utilize blogs as a sexual health resource (*19.3% versus 8.3%; p = 0.047*).

Differences by 2SLGBT+ Identity

2SLGBT+ participants were less likely to select "none of the above" (*0.3% vs 5.4%; p < 0.001*) and newspapers and magazines (*3.6% versus 10.8%; p = 0.002*) as a source of information. 2SLGBT+ participants were more likely to use search engines (*73.1% versus 60.4%; p = 0.013*), authorized medical websites (*72.7% versus 62.1%; p = 0.03*), podcasts (*17.2% versus 7.5%; p = 0.001*), social networking sites (*29.6% versus 15.2%; p < 0.001*) and blogs (*15.0% versus 5.4%; p < 0.001*) as a source of sexual health information.

Differences by Region

Participants from Victoria were more likely to use search engines (*71.5% versus 58.8%; p = 0.018*), social networking sites (*26.8% versus 14.9%; p = 0.003*) and blogs (*12.4% versus 5.8%; p = 0.011*) as a source of sexual health information.

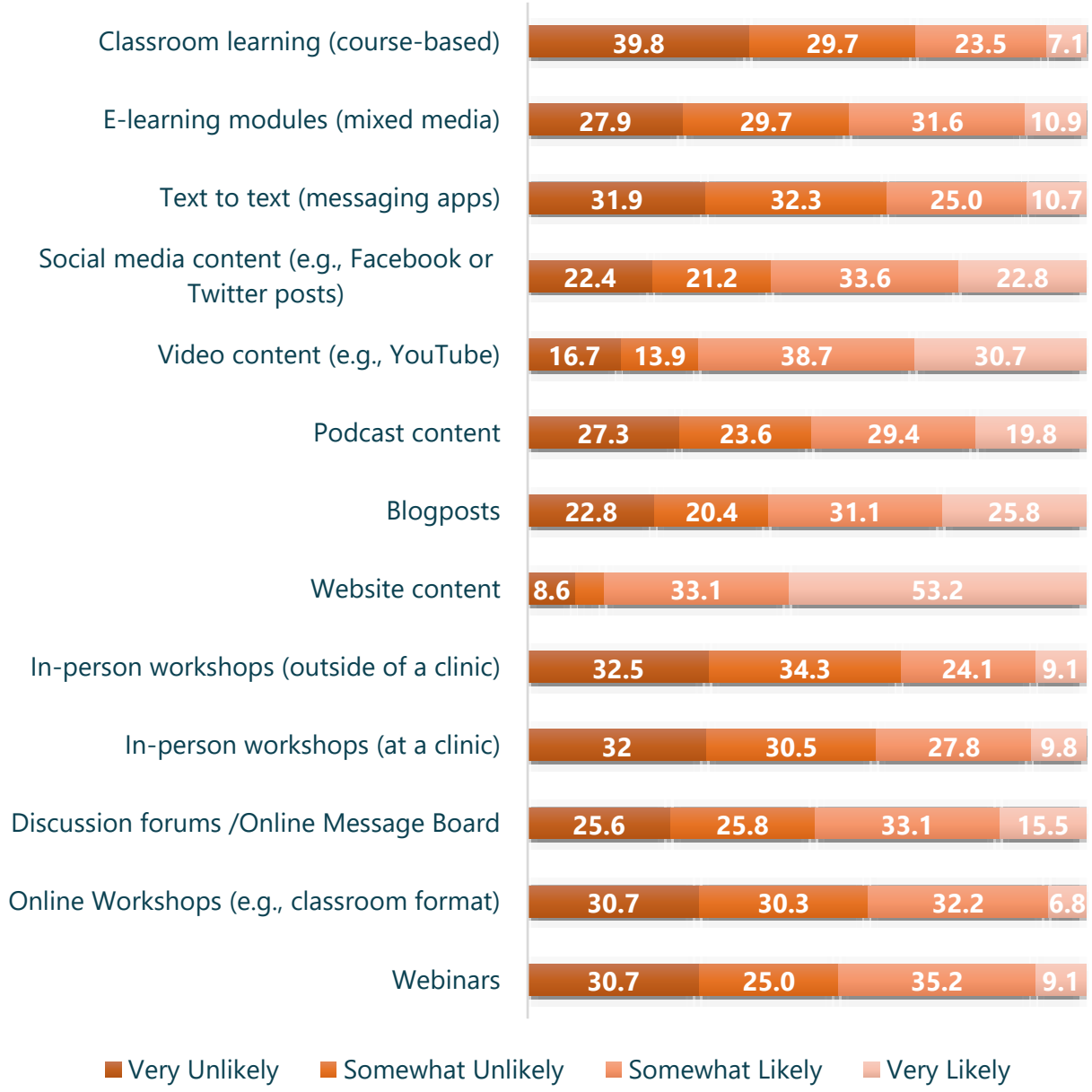
Differences by Client Status

ISHS clients were more likely to use search engines and directories as a source of sexual health information versus non-clients (*73.3% versus 62.6%; p= 0.036*). Clients were less likely to use books (*19.2% versus 28.0%; p = 0.031*). Clients were more likely to use podcasts (*15.9% versus 9.7%; p = 0.032*), authorized medical websites (*76.8% versus 62.5%; p = 0.003*), social networking sites (*27.6% versus 18.4%; p = 0.024*), blogs (*14.5% versus 7.2%; p = 0.001*), a healthcare provider (*72.4% versus 52.5%; p < 0.001*), brochures (*33.0% versus 19.8%; p = 0.001*), and friends and family (*39.4% versus 29.9%; p = 0.044*) as a source of sexual and reproductive health information.

Likelihood of Using Specific Educational Sources

Participants were mostly likely to utilize websites as an educational resource, with 33.1% being "somewhat likely" to use and 53.2% "very likely" to use. Classroom learning was the least popular option for participants. Only 27.6% would be "somewhat" or "very likely" to engage with course-based learning.

How likely or unlikely would you be to use any of the following educational resources to learn about your sexual and reproductive health?



Differences by Age

Participants aged 29 and younger were more likely to choose either "somewhat likely" or "very likely" to use websites (*29 and younger: 95.4%, 30 to 64: 91.1%, 65+: 62.7%, p < 0.001*), blogs posts (*29 and younger: 78.4%, 30 to 64: 61.2%, 65+: 15.5%, p < 0.001*), podcasts (*29 and younger: 62.2%, 30 to 64: 53.6%, 65+: 18.8%, p < 0.001*), videos (*29 and younger: 82.2%, 30 to 64: 71.6%, 65+: 46.7%, p < 0.001*), social media (*29 and younger: 78.8%, 30 to 64: 58.5%, 65+: 20.7%, p < 0.001*), text-to-text (*29 and younger: 44.6%, 30 to 64: 38.9%, 65+: 16.3%, p = 0.003*) and e-learning (*29 and younger: 48.2%, 30 to 64: 47.8%, 65+: 22.5%, p = 0.001*).

Differences by Gender

Women were more likely to select "somewhat" or "very likely" to using websites (*Women: 93.3%, Men: 83.2%, Non-binary: 76.5%, p = 0.01*), blogposts (*Women: 67.3%, Men: 53.6%, Non-binary: 35.4%, p = 0.005*), podcasts (*Women: 56.7%, Men: 47.7%, Non-binary: 32.4%, p = 0.015*) and social media (*Women: 68.7%, Men: 43.7%, Non-binary: 49.2%, p = 0.003*). Participants identifying as non-binary participants were more likely to select somewhat or very likely to using text-to-text (*Women: 40.4%, Men: 26.3%, Non-binary: 45.2%, p = 0.016*).

Differences by Ethnicity

BIPOC participants were more likely to select somewhat or very likely to use forums (*63.8% versus 46.9%; p = 0.001*), websites (*100.0% versus 84.9%; p = 0.032*), blogposts (*86.2% versus 53.9%; p = 0.001*), social media (*87.8% versus 53.4%; p < 0.001*) and e-learning (*64.0% versus 40.3%; p = 0.006*) than white participants.

Differences by Region

Participants in Victoria were more likely to select "somewhat" or "very likely" to use blogposts (*64.3% versus 48.4%; p = 0.024*) and social media (*64.2% versus 48.2%; p = 0.039*)

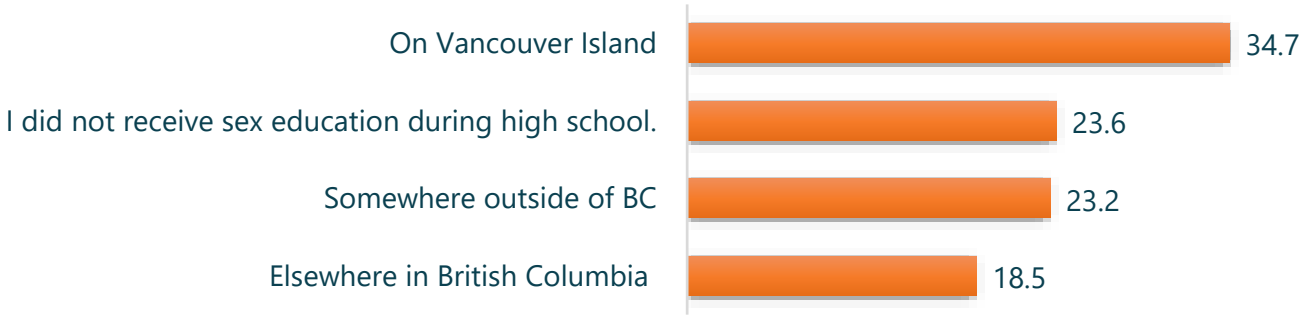
Differences by Client Status

ISHS clients were more likely to select "somewhat" or "very likely" to use forums (*57.4% versus 45.2%; p = 0.022*), websites (*92.9% versus 83.6%; p = 0.007*), blogposts (*73.3% versus 50.4%; p < 0.001*), podcasts (*62.8% versus 43.7%; p < 0.001*), videos (*82.8% versus 64.2%; p < 0.001*), social media (*71.4% versus 50.7%; p < 0.001*) and e-learning (*49.8% versus 39.7%; p = 0.018*) than non-client participants.

Where Participants Received High School Sex Education

One third of participants received sex education on Vancouver Island (*34.7%*). One in four (*23.6%*) participants received no sex education in high school.

Where did you complete sex education during high school? N = 775



Differences by Age

Participants 65+ were the least likely to have received education somewhere else in BC (*29 and younger: 22.8%, 30 to 64: 22.8%, 65+: 4.2%, p < 0.001*). Participants 65+ were more likely to have not had any sex education (*29 and younger: 7.4%, 30 to 64: 15.1%, 65+: 61.5%, p < 0.001*). Participants 29 and younger were most likely to have had sex education on Vancouver Island (*29 and younger: 52.0%, 30 to 64: 36.0%, 65+: 10.0%, p < 0.001*).

Differences by Gender

Women were the least likely to have not received sex education (*Women: 12.2%, Men: 30.4%, Non-binary: 34.2%, p < 0.001*). Women were most likely to have had sex education on Vancouver Island (*Women: 46.3%, Men: 24.3%, Non-binary: 28.6%, p < 0.001*).

Differences by 2SLGBT+ Identity

2SLGBT+ participants were less likely to have not received sex education in high school (*14.2% versus 29.9%; p = 0.003*). 2SLGBT+ participants were more likely to have received sex education somewhere else in BC (*24.0% versus 14.9%; p = 0.003*).

Differences by Client Status

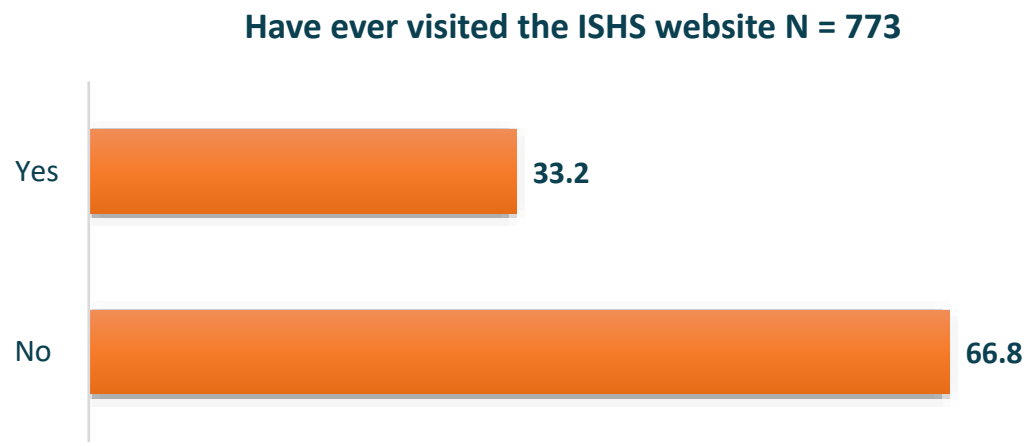
ISHS clients were most likely to have had sex education in high school on Vancouver Island (*51.5% versus 28.4%; p < 0.001*). ISHS clients were less likely to report that they had not received sex education (*11.5% versus 28.1%; p < 0.001*).

Topics Missing from Sexual Education

Most common responses to "What topics do you feel were missing from the sex education you received?". A substantial portion of participants felt that their sexual education was lacking discussions of LGBTQ2S+ topics, gender identity, pleasure and consent.

Use of Island Sexual Health Website

Only 33.2% of participants had ever visited Island Sexual Health Society's website prior to taking the survey.



Differences by Age

Participants 29 and younger were the most likely to visit the website and those over 65 were the least likely (*29 and younger: 40.3%, 30 to 64: 39.9%, 65+: 10.6%, p = 0.002*).

Differences by Gender

Women were the most likely to visit the website (*Women: 41.0%, Men: 26.1%, Non-binary: 31.0%, p = 0.03*).

Differences by Ethnicity

BIPOC participants were more likely to have visited the website than white participants (*57.0% versus 30.7%; p = 0.006*).

Differences by 2SLGBT+ Identity

2SLGBT+ participants were more likely to visit the website than non-2SLGBT+participants (*47.4% versus 23.8%; p < 0.001*).

Differences by Region

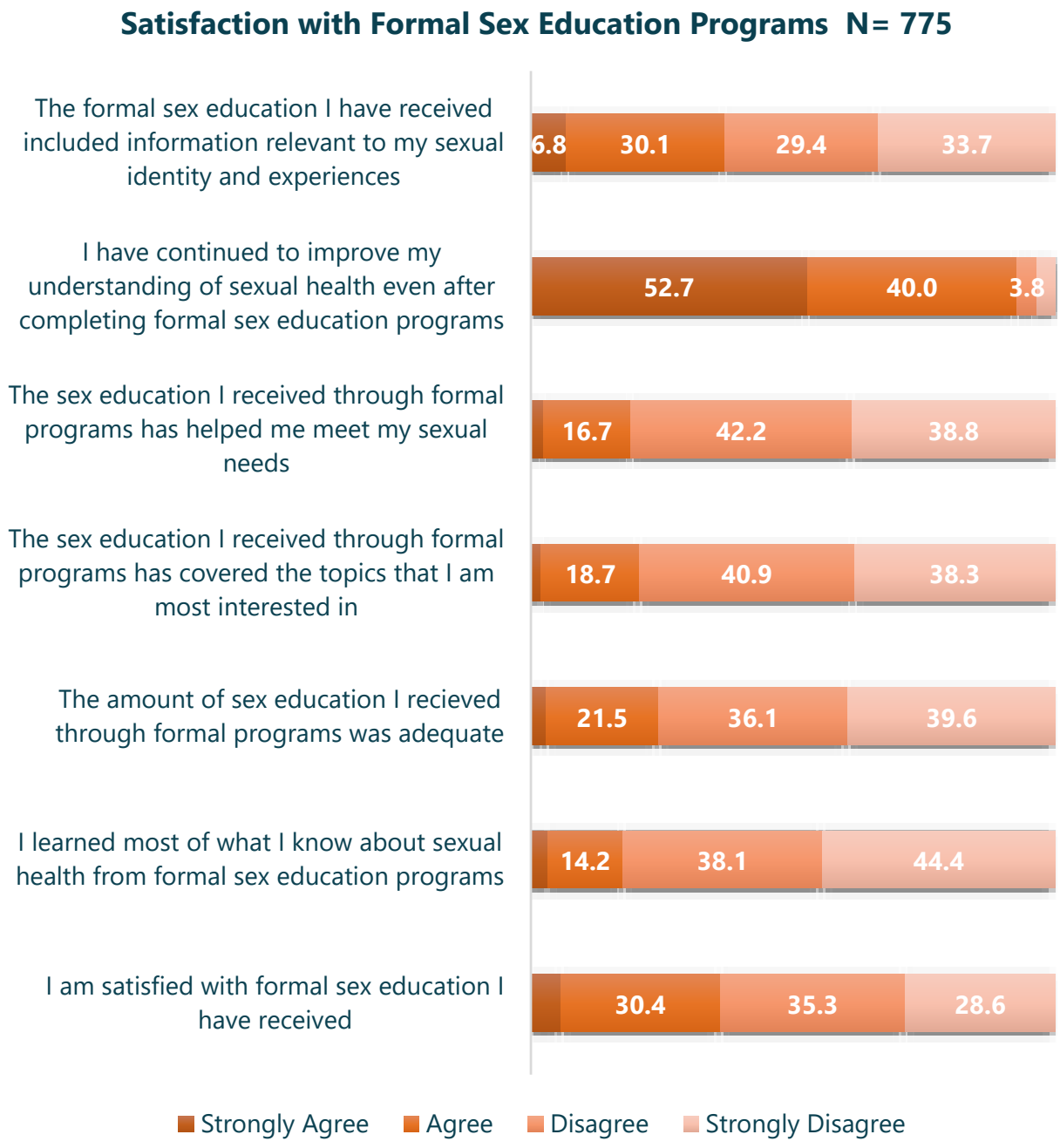
Participants residing in Victoria were more likely to visit the website (*47.4% versus 18.2%; p < 0.001*) than participants who lived outside of Victoria.

Differences by Client Status

ISHS clients were significantly more likely to have visited the ISHS website (*78.0% versus 16.5%; p < 0.001*).

Satisfaction with Formal Sexual Health Programs

Nearly all of participants "strongly agreed" or "agreed" that they continued to self-educate after completing sex education programs (*92.7%*). Only 36.9% of participants "agreed" or "strongly agreed" that formal sex education program had information that was inclusive of their sexual identity and experiences. Many participants were disappointed with their sexual education, with only 36.1% reporting satisfaction with the education they received.



Differences by Age

Participants 29 years and younger (*29 and younger: 60.5%, 30 - 64: 55.5%, 65+: 30.1%, p = 0.003*).) were more likely to "strongly agree" that they continued to improve their sexual education.

Differences by Gender

Men were more likely to strongly agree that their sexual health education met their needs (*Women: 0.7%, Men: 5.6%, Non-binary: 0.7%, p= 0.014*).

Differences by Ethnicity

Indigenous participants were less likely to agree that they were satisfied with their sexual education when compared to non-indigenous participants (*p = 0.011*).

Differences by 2SLGBT+ Identity

2SLGBT+ participants were less likely to agree (*13.0% versus 22.9%*), less likely to strongly agree (*0.4% versus 3.2%*) and more likely to strongly disagree (*46.7% versus 32.4%*) that sexual education covered topics they were most interested in (*p = 0.003*). 2SLGBT+ participants were more likely to strongly agree (*61.5% versus 46.4%*) and less likely to strongly disagree (*1.8% versus 4.8%*) or agree (*32.7% versus 45.4%*) that they have continued to improve their sexual education beyond formal sexual education programs (*p = 0.017*). 2SLGBT+ participants were less likely to agree (*13.3% versus 42.9%*) and more likely to strongly disagree (*50.4% versus 21.0%*) that sexual education programs included topics relevant to their sexual and gender identity (*p < 0.001*).

Differences by Client Status

ISHS clients were more likely to strongly agree that they have continued to improve their sexual health knowledge versus participants who were not ISHS clients (*71.9% versus 44.8%; p < 0.001*). ISHS clients were more likely to strongly disagree that their sexual health education was relevant to their sexual identity and experiences (*42.7% versus 29.8%; p = 0.022*).

Reasons for Visiting Island Sexual Health Website

Participants who visited the website were asked the reasons why they decided to visit the website. The most popular reasons to visit the

website were to learn more about services offered (*23.0%*) and to schedule an appointment (*18.2%*).

Why did you visit Island Sexual Health Society's Website? N = 775	N	%	Weighted %
To schedule an appointment	180	23.2	18.2
To learn more about the services offered	235	30.3	23
To purchase personal lubricants, sex toys, or other sexual health products	15	1.9	1.4
To make a donation	5	0.6	0.3
To learn about the Community Education Program	22	2.8	2.2
To learn about Birth Control Options	84	10.8	6.4
To learn about Sexually Transmitted Infections	66	8.5	6.5
To learn about Self-Exams	27	3.5	2.6
To learn about Sexual Pleasure	7	0.9	0.8
To learn about Gender and Sexuality	23	3	2
To learn about Relationships and Social Wellness	13	1.7	1.3
To learn how to talk to others about sex	10	1.3	0.8
To find other local resources (*such as contact information for a sexual assault centre*)	49	6.3	4.8
None of the above	9	1.2	0.5
Other	21	2.7	2.6

Differences by Age

Participants 29 and younger and 30 to 64 were more likely to visit the website to book an appointment than participants 65+ (*29 and younger: 24.9%, 30 to 64: 21.0%, 65+: 3.9%, p = 0.027*). Participants 29 and younger and 30 to 64 were more likely to visit the website to learn more about services offered than participants 65+ (*p = 0.006*)(*29 and younger: 27.1%, 30 to 64: 29.8%, 65+: 3.8%, p = 0.006*), to learn about birth control options (*29 and younger: 12.2%, 30 to 64: 6.0%, 65+: 0.0%, p < 0.001*), to learn about sexually transmitted infections (*29 and younger: 7.4%, 30 to 64: 9.2%, 65+: 0.0%, p = 0.002*), to learn about self-exams (*29 and younger: 4.0%, 30 to 64: 3.0%, 65+: 0.0%, p = 0.044*), learn about gender and sexuality (*29 and younger: 4.3%, 30 to 64: 1.6%, 65+: 0.0%, p = 0.012*) and to find other local resources (*29 and younger: 8.0%, 30 to 64: 5.1%, 65+: 0.0%, p = 0.005*).

Differences by Gender
Men were less likely to visit the website to schedule an appointment (*Women: 25.2%, Men: 9.8%, Non-binary: 18.5%, p = 0.01*), seek birth control options (*Women: 11.2%, Men: 0.0%, Non-binary: 7.5%, p < 0.001*) and learn about gender and sexuality (*Women: 2.6%, Men: 0.2%, Non-binary: 4.4%, p = 0.003*).

Differences by Ethnicity
BIPOC participants were more likely to visit the website to book an appointment than white participants (*44.1% versus 15.4%; p < 0.001*).

Differences by 2SLGBT+ Identity
2SLGBT+ participants were more likely to visit the website to schedule an appointment (*28.1% versus 11.7%; p < 0.001*), learn more about services offered (*30.8% versus 17.9%; p = 0.001*), learn about birth control options (*9.2% vs. 4.5%; p= 0.003*), to learn about self-exams (*4.9% versus 1.1%; p = 0.001*), learn about gender and sexuality (*4.4% versus 0.5%; p < 0.001*) and to find other local resources (*8.1% versus 2.6%; p = 0.001*).

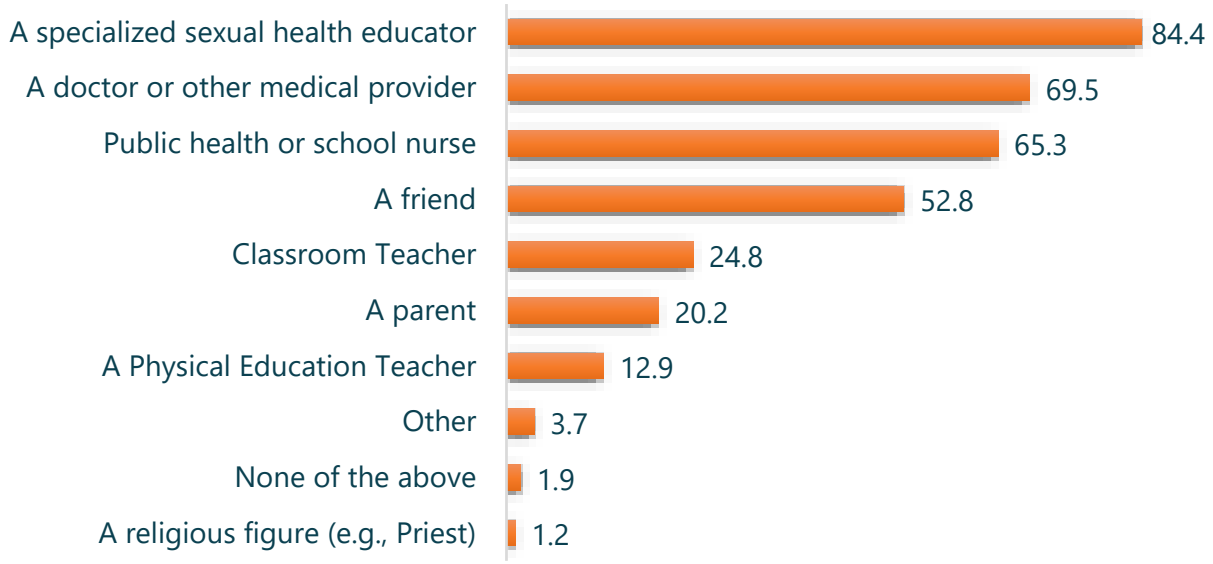
Differences by Region
Participants from Victoria were more likely to visit the website to schedule an appointment (*28.7% versus 7.1%; p < 0.001*), learn more about services offered (*33.7% versus 11.5%; p < 0.001*), to purchase sexual health products (*2.4% versus 0.3%; p = 0.001*), learn about birth control options (*9.8% versus 2.7%; p < 0.001*), to learn about sexually transmitted infections (*10.0% versus 2.9%; p < 0.001 to learn about self-exams* (*4.6% versus 0.3%; p < 0.001*) and to find other local resources (*7.0% versus 2.2%; p = 0.002*).

Differences by Client Status
Clients were significantly more likely than non-clients to visit the website to schedule an appointment (*57.6% versus 3.4%; p < 0.001*), learn more about services (*52.6% versus 11.9%; p < 0.001*), to purchase sexual health products (*4.2% versus 0.3%; p < 0.001*), to make a donation (*0.8% versus 0.1%; p = 0.009*), to learn about the community health education program (*4.3% versus 1.5%; p = 0.029*), to learn about birth control (*16.2% versus 2.7%; p < 0.001*), to learn about sexually transmitted infections (*17.5% versus 2.4%; p < 0.001*), learn about self-exams (*7.0% versus 1.0%; p < 0.001*) learn about gender and sexuality (*5.3% versus 0.8%; p < 0.001*), learn about sexual pleasure (*2.5% versus 0.1%; p < 0.001*), learn how to talk to others about sex (*2.0% versus 0.4%; p = 0.011*) and to find other local resources (*9.1% versus 3.1%; p = 0.001*).

Comfort with Health Educators

The majority of participants felt comfortable receiving sexual education from a health educator (*84.4%*), doctor (*69.5%*) or nurse (*65.3%*).

Who would you feel comfortable receiving sexual health information from? N = 775



Differences by Age

Participants who were 65+ were the least likely to feel comfortable discussing sexual health topics with a classroom teacher (*29 and younger: 33.8%, 30 to 64: 28.0%, 65+: 6.9%, p = 0.004*), a physical education teacher (*29 and younger: 15.2%, 30 to 64: 17.4%, 65+: 0.7%, p < 0.001*), a public school nurse (*29 and younger: 75.8%, 30 to 64: 72.5%, 65+: 37.2%, p < 0.001*), a specialized health educator (*29 and younger: 92.7%, 30 to 64: 88.0%, 65+: 66.4%, p < 0.001*), a parent (*29 and younger: 34.1%, 30 to 64: 18.8%, 65+: 5.3%, p = 0.001*) or a friend (*29 and younger: 71.8%, 30 to 64: 54.7%, 65+: 24.9%, p < 0.001*).

Differences by Gender

Non-binary participants were less likely to feel comfortable with a classroom teacher (*Women: 26.2%, Men: 29.3%, Non-binary: 12.7%, p = 0.037*), a physical education teacher (*Women: 16.9%, Men: 11.8%, Non-binary: 4.5%, p = 0.013*), a nurse (*Women: 72.4%, Men: 62.0%, Non-binary: 53.6%, p = 0.047*), or a specialized sexual educator (*Women: 91.1%, Men: 79.8%, Non-binary: 72.9%, p = 0.01*). Men were the least likely

to feel comfortable speaking with a parent (*Women: 26.1%, Men: 13.1%, Non-binary: 21.1%, p = 0.023*).

Differences by Ethnicity
BIPOC participants were more likely to seek information from a physical education teacher (*25.5% versus 11.5%; p = 0.02*), a health educator (*96.5% versus 83.1%; p = 0.003*) and a friend (*71.2% versus 50.9%; p = 0.033*) than white participants.

Differences by 2SLGBT+ Identity
2SLGBT+ participants were more likely to feel comfortable receiving sexual education from a nurse (*75.4% versus 58.4%; p = 0.001*) and a sexual health educator (*92.5% versus 79.0%; p = 0.001*) than non-2SLGBT+ participants.

Differences by Client Status
ISHS clients were more likely to choose physical education teacher (*18.4% versus 10.8%; p = 0.02*), nurse (*76.2% versus 61.1%; p = 0.002*), health educator (*95.1% versus 80.4%; p < 0.001*) and a friend (*66.7% versus 47.6%; p < 0.001*) as sources of comfort.

Community Sexual Health Education Program

The Island Sexual Health Society hosts a well-established and well respected comprehensive sexual health education program that offers sexual health education programming to schools, as well as workshops for community groups, parents, and other community members in the Greater Victoria area. In the 2019/2020 year, we facilitated education to 21,000+ participants in 1,000+ workshops in the Greater Victoria area. Our comprehensive workshops support health literacy and healthy decision-making for participants of all ages, genders, orientations, backgrounds, and beliefs and values.

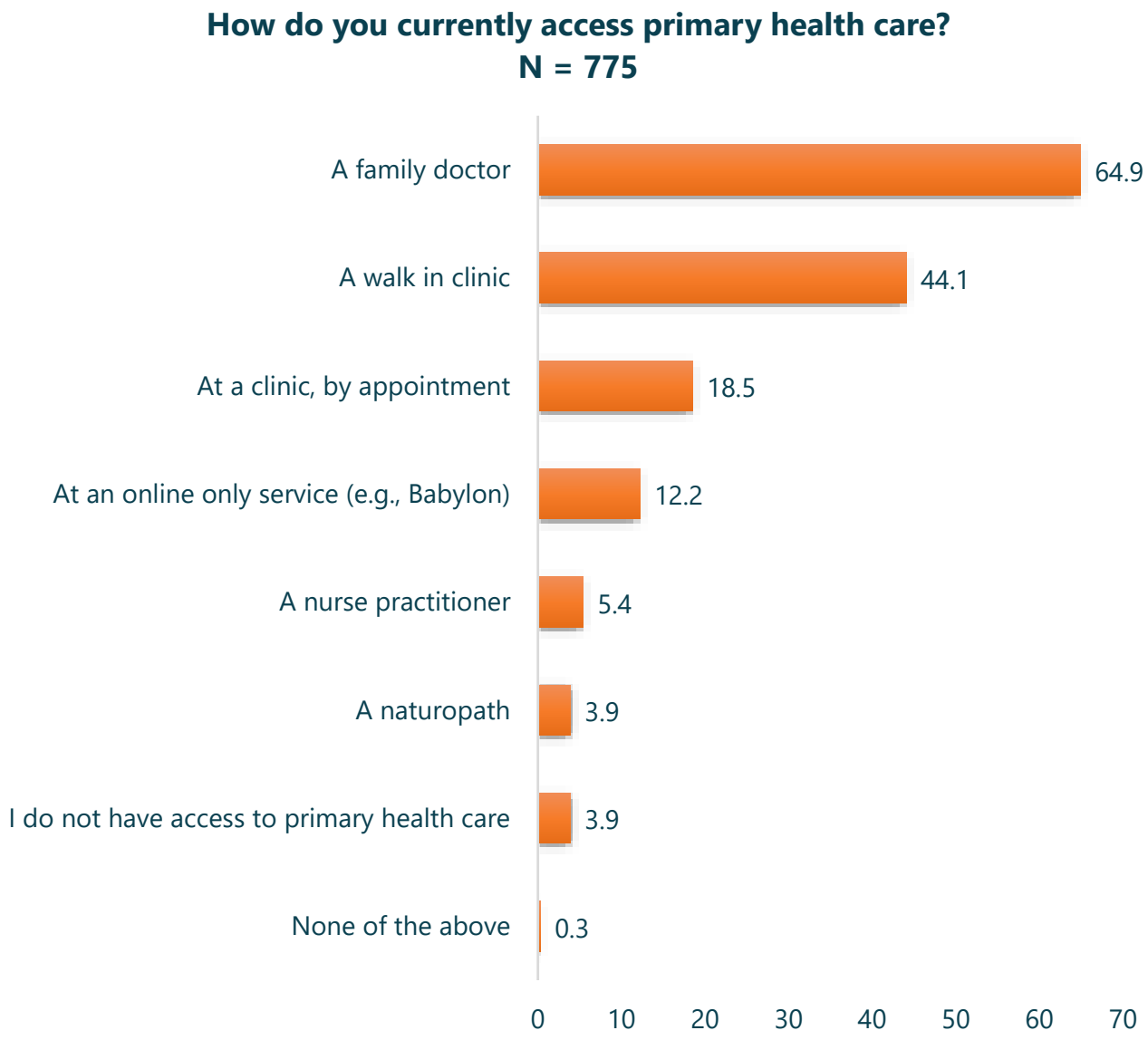
To find out more information about or to book sexual health workshops, visit https://www.islandsexualhealth.org/education/.

Health Service Access and Utilization

Participants were asked about their access to primary care, the local clinics they have visited and what healthcare supports they would like access to.

Access to Primary Care

Nearly two thirds of participants (*64.9%*) were accessing care through a family doctor. Less than half (*44.1%*) of participants received care through a walk-in clinic. Only 3.9% of participants had no access to primary care.



Differences by Age

Participants 29 and younger were the least likely to have a family doctor (*29 and younger: 48.4%, 30 to 64: 70.7%, 65+: 73.9%, p = 0.003*). Participants 29 and younger were the most likely to visit a walk in clinic (*29 and younger: 59.2%, 30 to 64: 42.9%, 65+: 27.4%, p = 0.003*), a clinic by appointment (*29 and younger: 28.9%, 30 to 64: 14.1%, 65+: 14.1%, p = 0.02*), and use an online-only service (*29 and younger: 19.3%, 30 to 64: 13.1%, 65+: 1.4%, p < 0.001*). 29 and younger were also most likely to not have access to any primary care (*29 and younger: 5.6%, 30 to 64: 4.7%, 65+: 0.0%, p = 0.044*).

Differences by Gender

Women were the most likely to visit a naturopath (*Women: 7.3%, Men: 1.2%, Non-binary: 0.5%, p < 0.001*). Women participants were also more likely to use online-only services (*Women: 18.9%, Men: 4.7%, Non-binary: 0.5%, p < 0.001*).

Differences by Ethnicity

BIPOC participants were more likely to select "none of the above" than white participants (*1.4% versus 0.2%; p = 0.042*). BIPOC participants were also more likely to utilize an online-only service (*25.9% versus 10.7%; p = 0.009*).

Differences by 2SLGBT+ Identity

2SLGBT+ participants were less likely to have a family doctor than straight participants (*55.2% versus 71.3%; p = 0.002*).

Differences by Region

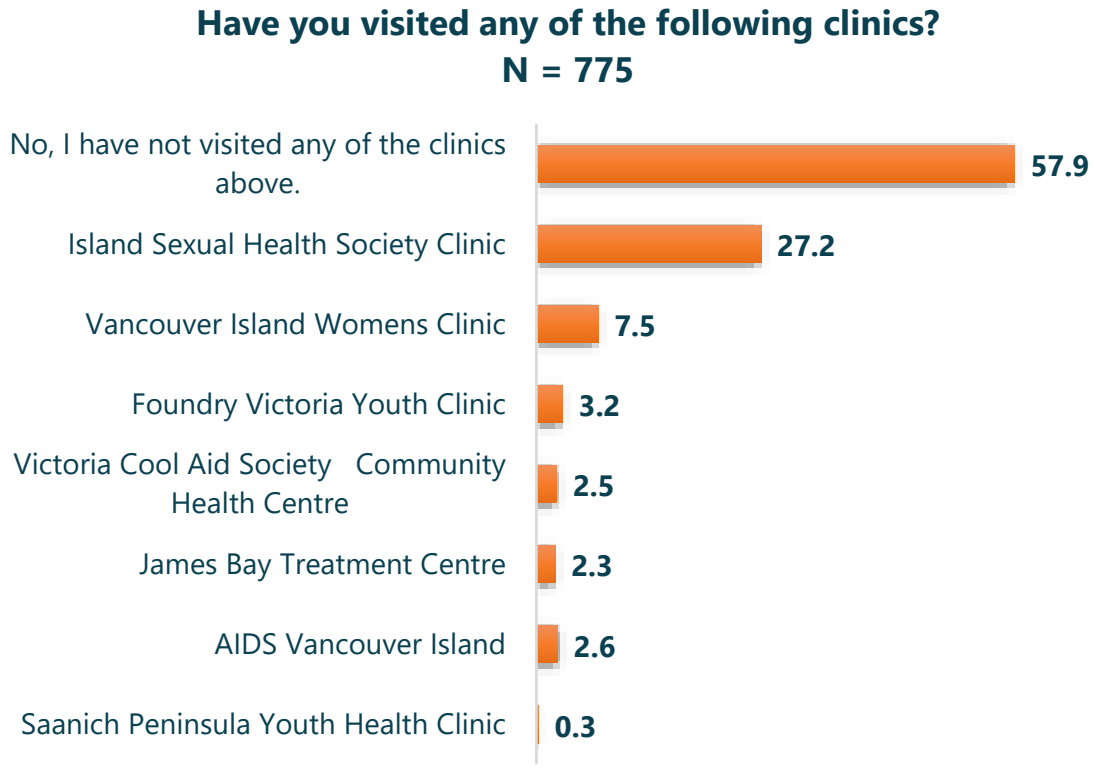
Participants from Victoria were less likely to have a family doctor (*54.2% versus 76.1%; p < 0.001*), and were also less likely to see a nurse practitioner (*3.0% versus 7.8%; p = 0.013*). Participants from Victoria were more likely to use a walk-in clinic (*53.0% versus 34.6%; p < 0.001*) and online services (*17.6% versus 6.6%; p < 0.001*).

Differences by Client Status

ISHS clients were most likely to access a naturopath (*7.1% versus 2.7%; p = 0.002*), walk-in clinic (*53.9% versus 40.4%; p = 0.008*) and an online-only service (*23.1% versus 8.1%; p < 0.001*). ISHS clients were less likely to have a family doctor than non-clients (*55.3% versus 68.4%; p = 0.009*).

Clinic Utilization

The most popular clinic among participants was Island Sexual Health Society Clinic (*27.2%*). However, many participants have not accessed any of the identified clinics (*57.9%*).



Differences by Age

Participants 29 and younger were the least likely to have not visited any of these clinics (*29 and younger: 44.4%, 30 to 64: 52.0%, 65+: 86.9%, $p < 0.001$*). Participants 29 and younger were more likely to visit ISHS (*29 and younger: 36.5%, 30 to 64: 33.8%, 65+: 2.0%, $p < 0.001$*), Foundry youth clinic (*29 and younger: 8.5%, 30 to 64: 1.5%, 65+: 0.0%, $p < 0.001$*) and Vancouver Island Women's Clinic (*29 and younger: 11.0%, 30 to 64: 8.9%, 65+: 0.0%, $p < 0.001$*).

Differences by Gender

Women were the least likely to have not visited any clinics (*Women: 44.8%, Men: 71.6%, Non-binary: 63.0%, $p < 0.001$*). Women participants were the most likely to visit the ISHS clinic (*Women: 37.1%, Men: 16.9%, Non-binary: 23.5%, $p < 0.001$*) as well as the Vancouver Island Women's Clinic (*Women: 13.7%, Men: 0.0%, Non-binary: 5.9%, $p < 0.001$*).

Differences by Ethnicity

BIPOC participants were more likely to have visited the Victoria Cool Aid Society Clinic (*13.6% versus 1.3%; $p < 0.001$*). BIPOC participants were less likely to have not visited any of the above clinics (*35.8% versus 60.2%; $p = 0.016$*).

Differences by 2SLGBT+ Identity

2SLGBT+ participants were more likely to visit ISHS (*38.1% versus 20.1%; $p < 0.001$*), Victoria Cool Aid clinic (*5.8% versus 0.3%; $p < 0.001$*), Foundry youth clinic (*5.4% versus 1.8%; $p = 0.013$*) and AIDS Vancouver Island (*5.1% versus 0.9%; $p = 0.005$*).

Differences by Region

Participants located in Victoria were more likely to visit ISHS (*40.7% versus 12.0%; $p < 0.001$*), Victoria Cool Aid clinic (*4.5% versus 0.3%; $p < 0.001$*), Foundry Youth Clinic (*6.0% versus 0.3%; $p < 0.001$*), James Bay Treatment Centre (*4.4% versus 0.0%; $p = 0.001$*), and Vancouver Island Women's Clinic (*11.5% versus 3.0%; $p < 0.001$*).

Differences by Client Status

ISHS clients were more likely to visit the Foundry Youth Clinic (*7.4% versus 1.7%; $p < 0.001$*), James Bay Treatment Centre (*4.7% versus 1.4%; $p = 0.022$*) and the Vancouver Island Women's Clinic (*17.0% versus 3.9%; $p < 0.001$*).

Healthcare Needs

Of participants that wanted to access health supports, 56.6% had an ongoing health condition that needed attention and 33.6% of participants were seeking care for a new health condition. Nearly two thirds of participants needed dental care (*62.0%*). Nearly half of participants wanted to access mental health services (*43.2%*).

In the PAST SIX MONTHS, have you wanted to access any of the following supports and services?	N	%	Weighted %
Primary care or general healthcare related to an ongoing health condition	487	62.8	56.6
Primary care or general healthcare related to a new health condition	311	40.1	33.6
Dental care	502	64.8	62
Birth control/Bleed Control	186	24	16.1

Reproductive services (*e.g., pregnancy, fertility*)	68	8.8	6.4
Testing, Treatment, and Support for Sexually Transmitted Infections	131	16.9	14.8
Prevention for Sexually Transmitted Infections (*e.g., Vaccination, PrEP*)	35	4.5	5.2
Counselling for Mental Health	406	52.4	43.2
Counselling for Substance Use	14	1.8	1
Referrals for social supports (*e.g., housing, income, food*)	44	5.7	3.9
Spiritual, religious, or cultural resources	50	6.5	6.8
Indigenous focused services and supports	12	1.5	2.7
Peer support groups	54	7	7
Emergency medical services	52	6.7	4.5
Gender affirming care	65	8.4	8.1
Midlife Care (*e.g., Menopause/Andropause*)	40	5.2	2.5
Seniors Care	13	1.7	2.6
No, I have not wanted to access any of the above.	44	5.7	8.2

Differences by Age

Participants 29 and younger were most likely to want new primary care (*29 and younger: 38.1%, 30 to 64: 37.3%, 65+: 20.2%, p = 0.038*), birth control/bleed control (*29 and younger: 33.1%, 30 to 64: 13.1%, 65+: 0.6%, p < 0.001*), fertility care (*29 and younger: 11.5%, 30 to 64: 6.4%, 65+: 0.0%, p < 0.001*), counselling for mental health (*29 and younger: 63.9%, 30 to 64: 42.7%, 65+: 17.7%, p < 0.001*) and indigenous-focused supports (*29 and younger: 6.2%, 30 to 64: 1.9%, 65+: 0.0%, p = 0.02*). Participants in the 30 to 64 age group were most likely to want social supports (*29 and younger: 4.3%, 30 to 64: 5.5%, 65+: 0.0%, p = 0.014*) and midlife care (*29 and younger: 0.0%, 30 to 64: 4.7%, 65+: 1.3%, p = 0.001*). Participants 65+ were most likely to want access to senior's care (*29 and younger: 0.0%, 30 to 64: 0.3%, 65+: 10.5%, p < 0.001*).

Differences by Gender

Women were most likely to want ongoing primary care (*Women: 64.9%, Men: 43.5%, Non-binary: 61.8%, p = 0.003*), new primary care (*Women: 43.5%, Men: 24.2%, Non-binary: 27.0%, p = 0.002*), birth control/bleed control (*Women: 28.9%, Men: 1.2%, Non-binary: 13.0%, p < 0.001*), fertility

services (*Women: 10.0%, Men: 0.6%, Non-binary: 9.2%, p < 0.001*), counselling for mental health (*Women: 53.1%, Men: 29.2%, Non-binary: 49.6%, p = 0.001*) and midlife care (*Women: 4.9%, Men: 0.0%, Non-binary: 1.5%, p < 0.001*). Non-binary participants were the most likely to want dental care (*Women: 66.4%, Men: 51.7%, Non-binary: 75.5%, p = 0.003*), peer group support (*Women: 7.1%, Men: 2.7%, Non-binary: 17.5%, p = 0.002*) and gender affirming care (*Women: 6.8%, Men: 4.0%, Non-binary: 21.9%, p < 0.001*).

Differences by Ethnicity

BIPOC participants were more likely to want prevention for STIs versus white participants (*20.9% versus 3.5%; p < 0.001*). Non-indigenous participants were more likely to have not wanted to access any services (*8.9% versus 1.4%; p = 0.033*). Indigenous participants were more likely to want to access birth control (*30.7% versus 14.8%; p = 0.015*), reproductive services (*18.0% versus 5.4%; p = 0.003*), referrals for social supports (*9.5% versus 3.4%; p = 0.023*), indigenous-focused services (*23.9% versus 0.9%; p < 0.001*) and gender affirming care (*19.5% versus 7.1%; p = 0.036*) than non-indigenous participants.

Differences by 2SLGBT+ Identity

2SLGBT+ participants were more likely to want primary care for a new health condition (*41.2% versus 28.3%; p = 0.006*), birth control (*19.9% versus 13.4%; p = 0.021*), testing and treatment for STIs (*23.1% versus 9.3%; p < 0.001*), prevention for STIs (*9.3% versus 2.4%; p = 0.002*), counselling for mental health (*57.0% versus 33.9%; p < 0.001*), counselling for substance use (*1.9% versus 0.4%; p = 0.011*), referrals for social supports (*6.3% versus 2.3%; p = 0.005*), peer support groups (*11.3% versus 4.3%; p = 0.012*) and gender-affirming care (*18.0% versus 1.6%; p < 0.001*) than non-2SLGBT+ participants. 2SLGBT+ participants were less likely to want seniors care (*0.2% versus 4.1%; p < 0.001*).

Differences by Region

Participants from Victoria were more likely to want prevention for STIs (*8.0% versus 2.2%; p = 0.007*) than participants outside Victoria.

Differences by Client Status

ISHS clients were more likely to want primary care for new condition (*42.0% versus 30.4; p = 0.014*), dental care (*71.3% versus 58.5%; p = 0.008*), birth control (*22.8% versus 13.6%; p = 0.003*), testing and treatment for STIs (*25.6% versus 10.7%; p < 0.001*), counselling for mental health (*55.1% versus 38.7%; p = 0.001*) and referrals for social supports (*6.6% versus 2.8%; p = 0.015*).

Barriers to Healthcare Utilization

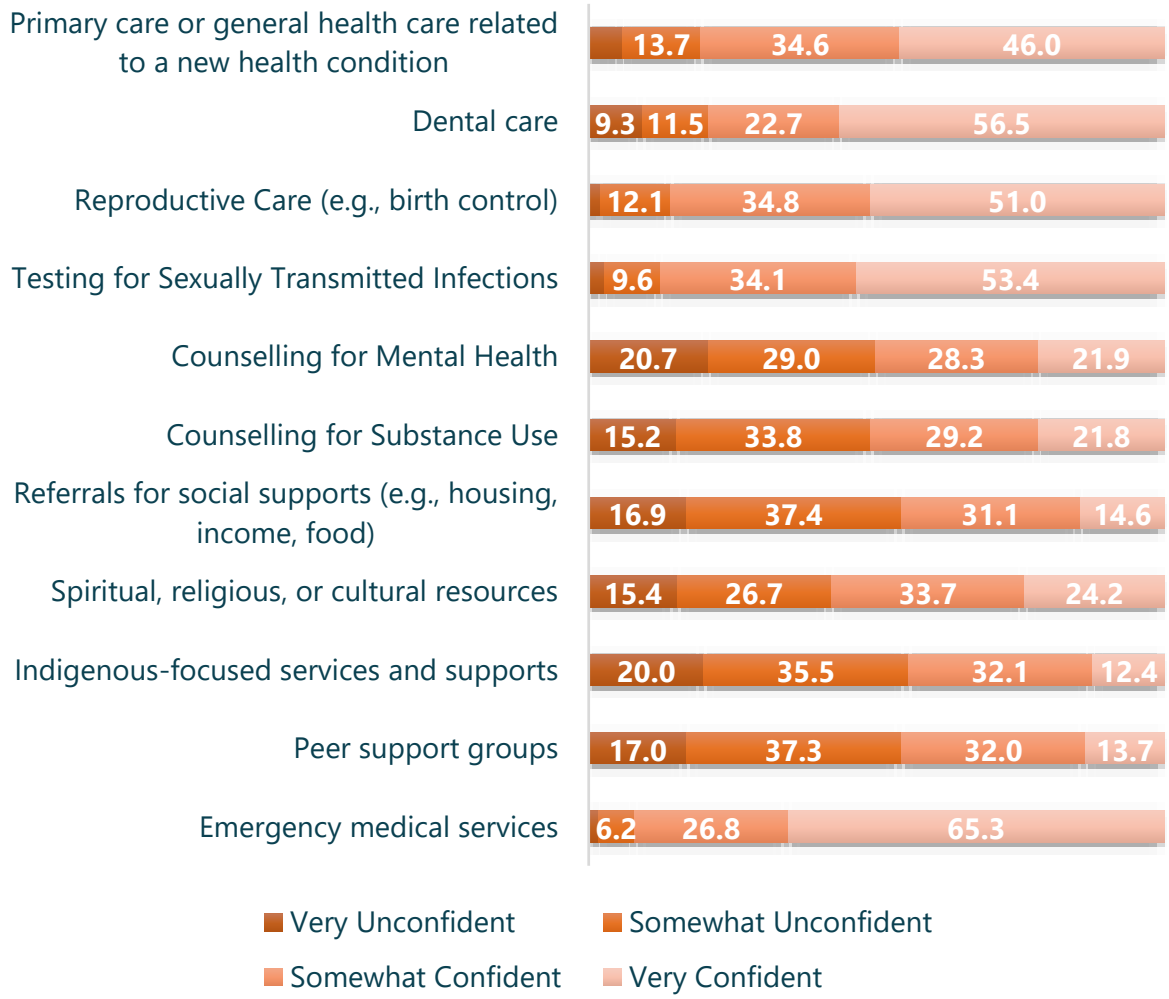
Participants were asked how confident they were to access a selection of health services and supports and what barriers they have accessing care. Participants were also asked what type of health insurance coverage they currently have.

Confidence in Ability to Access Health Services

At least half of participants were either "somewhat" or "very unconfident" that they could access counselling for mental health (*49.7%*), counselling for substance use (*49.0%*), referrals for social supports (*54.3%*), Indigenous-focused services (*55.5%*) and peer support groups (*54.3%*).

While many of us are confident in our ability to access common sexual health and primary care services, others feel that accessing care is too hard or that critical services are simply out of reach.

How confident were you that you could access the following services, supports, or resources REGARDLESS OF WHETHER YOU WANTED TO?



Differences by Age

Participants in the 29 and younger group were either somewhat or very unconfident that they were able to access ongoing primary care (*29 and younger: 25.8%, 30 to 64: 19.3%, 65+: 11.5%, p = 0.006*). Participants in the 29 and younger group were either somewhat or very unconfident that they were able to access new primary care (*29 and younger: 25.7%, 30 to 64: 19.3%, 65+: 11.6%, p = 0.031*). Participants in the 29 and younger group were either somewhat or very confident that they were able to access birth control (*29 and younger: 89.2%, 30 to 4: 86.4%, 65+: 60.1%, p = 0.04*). Participants in 65+ group were either somewhat or very unconfident that they were able to access counseling services (*29 and*

younger: 53.1%, 30 to 64: 44.7%, 65+: 57.5%, p = 0.015). Participants in 65+ group were either somewhat or very unconfident that they were able to access indigenous focused care (*29 and younger: 48.5%, 30 to 64: 54.5%, 65+: 90.2%, p = 0.011*).

Difference by Gender

Men were more likely to be "somewhat unconfident" or "very unconfident" that they were able to access indigenous focused care versus women and non-binary participants (*Women: 50.9%, Men: 75.7%, Non-binary: 34.9%, p = 0.013*).

Differences by Ethnicity

Participants that identify as indigenous were either "confident" or "very confident" that they can access substance use supports (*58.9% versus 50.3%; p = 0.033*). Participants that identify as indigenous were "very unconfident" that they cannot access indigenous focused care (*38.9% versus 15.1%; p = 0.021*).

Differences by 2SLGBT+ Identity

Participants that identify as 2SLBGTQ+ were either "confident" or "very confident" that they can access primary care for an ongoing medical condition (*77.5% versus 82.5%; p < 0.001*), primary care for a new medical condition (*77.1% versus 82.8%; p = 0.007*), dental services (*71.4% versus 84.4%; p = 0.001*), birth control (*82.9% versus 88.2%; p = 0.041*) and counselling services (*51.0% versus 49.9%; p = 0.003*).

Differences by Region

Participants from Victoria were more likely to be "somewhat" or "very unconfident" that they can access a doctor for a new health condition (*22.7% versus 15.6%; p = 0.018*) and more likely to feel "very" or somewhat confident" they could access peer support groups (*50.0% versus 40.4%; p = 0.019*). Participants from Victoria were less likely to feel "very confident" they could access emergency medical services (*58.3% versus 73.0%; p = 0.016*).

Differences by Client Status

ISHS clients were more likely to be "very" or "somewhat unconfident" that they could access social support (*65.2% versus 49.9%; p = 0.017*). ISHS clients were less likely to be "very confident" that they could access peer support groups (*7.0% versus 16.4%; p = 0.039*) than non-clients.

Barriers to Care

Approximately one in five participants felt that inconvenient hours (*21.4%*), negative experiences with healthcare providers (*19.5%*), having a mental health condition (*22.3%*), being unable to afford care (*21.9%*), no health insurance coverage for particular services (*20.0%*) and long wait times for providers (*23.5%*) as barriers to accessing care. One third of participants were unable to access care due to clinics not taking new patients (*33.2%*). COVID-19 affected the accessibility of clinics, with 31.7% indicating it was too risky to visit a clinic and 33.9% participants found that their clinic was closed due to COVID-19.

What barriers (*if any*) have you faced in trying to access health services, supports, and resources in the PAST SIX MONTHS?	**N**	**%**	**Weighted %**
I think that it is too risky to visit a clinic (*risk of COVID-19*)	246	31.7	27.2
Clinics were closed or not available to me (*because of COVID-19*)	263	33.9	30.3
Clinics or doctor's offices were at capacity and/or not taking new patients	257	33.2	29.2
I am too busy	159	20.5	19.1
I don't like scheduling appointments	103	13.3	11.6
Services were too far away	80	10.3	8.6
Hours were inconvenient	166	21.4	18.8
There is a lack of privacy at clinics	22	2.8	4.3
I am concerned about confidentiality (*e.g., others finding out I go there*)	27	3.5	2.7
Clinics weren't friendly to people like me	43	5.5	5.1
Caregiving or parenting responsibilities make it difficult to access a doctor	61	7.9	6
I don't trust health care services or providers	42	5.4	3.5
I have had negative past experiences with health care	151	19.5	14.9
There were no services that support people like me	23	3	2.9
I don't think a doctor can help me (*e.g., waste of time*)	89	11.5	8.1

Nearby clinics were not in a safe area for me (*e.g., afraid to run into enemies, perpetrators, exes, or other dangers*)	2	0.3	0.1
I can't get the type of services or supports that I want	78	10.1	6.7
I am too stressed out, anxious or depressed	173	22.3	19
I cannot afford it	170	21.9	18.1
I do not have health insurance	43	5.5	3.9
My health insurance does not cover the services I need	155	20	16.5
Waiting room times in clinics were too long	116	15	11.5
It takes too long to get in to see a doctor	182	23.5	19.8
I don't know where to go	67	8.6	6.2
I have a health condition or disability that prevents me	35	4.5	2.5
None of the above	95	12.3	16.8

Differences by Age

Participants 29 and younger were more likely select too busy (*29 and younger: 28.3%, 30 to 64: 20.8%, 65+: 3.8%, p = 0.013*), not liking schedule appointments (*29 and younger: 19.8%, 30 to 64: 12.1%, 65+: 0.0%, p < 0.001*), services were too far away (*29 and younger: 12.4%, 30 to 64: 10.0%, 65+: 0.7%, p = 0.001*), hours inconvenient (*29 and younger: 33.0%, 30 to 64: 19.2%, 65+: 0.0%, p < 0.001*), negative past experiences with healthcare (*29 and younger: 23.3%, 30 to 64: 15.1%, 65+: 3.8%, p = 0.001*), a doctor can't help them (*29 and younger: 12.8%, 30 to 64: 8.9%, 65+: 0.6%, p < 0.001*), they can't get the supports they need (*29 and younger: 9.8%, 30 to 64: 7.0%, 65+: 2.0%, p = 0.011*), feel stressed out, anxious or depressed (*29 and younger: 31.2%, 30 to 64: 17.6%, 65+: 6.1%, p = 0.001*), unable to afford care (*29 and younger: 29.8%, 30 to 64: 15.5%, 65+: 8.4%, p = 0.001*), no health insurance (*29 and younger: 6.0%, 30 to 64: 4.0%, 65+: 0.7%, p = 0.032*), no insurance that covers what they need (*29 and younger: 27.1%, 30 to 64: 14.8%, 65+: 6.4%, p < 0.001*), and to not know where to go for services (*29 and younger: 8.7%, 30 to 64: 7.4%, 65+: 0.6%, p = 0.002*) as barriers to care. Participants 30 to 64 were more likely to be concerned about confidentiality (*29 and younger: 2.1%, 30 to 64: 4.4%, 65+: 0.0%, p = 0.019*) and have caregiving responsibilities (*29 and younger: 5.1%, 30 to 64: 9.5%, 65+: 0.0%, p = 0.002*) as barriers to care.

Differences by Gender

Women were more likely to select it is too risky to visit a clinic (*Women: 34.3%, Men: 18.3%, Non-binary: 29.2%, p = 0.011*), caregiving responsibilities (*Women: 8.9%, Men: 4.7%, Non-binary: 1.1%, p = 0.026*), they have had negative experiences with health care (*Women: 20.6%, Men: 6.0%, Non-binary: 18.2%, p < 0.001*), they don't think a doctor can help them (*Women: 12.2%, Men: 4.4%, Non-binary: 5.3%, p = 0.009*), too stressed out, anxious or depressed (*Women: 26.8%, Men: 10.8%, Non-binary: 16.5%, p = 0.001*), they cannot afford it (*Women: 26.4%, Men: 10.5%, Non-binary: 12.1%, p < 0.001*), they don't have insurance (*Women: 6.2%, Men: 1.7%, Non-binary: 1.9%, p = 0.012*), and insurance doesn't cover what they need (*Women: 23.1%, Men: 9.7%, Non-binary: 14.2%, p = 0.002*) as barriers to care. Men were more likely to select there is a lack of privacy at clinics (*Women: 2.3%, Men: 8.6%, Non-binary: 1.1%, p = 0.002*). Non-binary participants were more likely to select that clinics aren't friendly to people like them (*Women: 5.6%, Men: 1.5%, Non-binary: 12.5%, p = 0.001*), they don't trust healthcare services (*Women: 4.7%, Men: 0.7%, Non-binary: 6.8%, p = 0.002*), they can't get the services that they want (*Women: 8.3%, Men: 2.1%, Non-binary: 12.4%, p = 0.004*) and they have a health condition as barriers to care (*Women: 3.3%, Men: 0.5%, Non-binary: 4.4%, p = 0.007*).

Differences by Ethnicity

BIPOC participants were more likely to select that they don't think a doctor can help them as a barrier to care when compared to white participants (*17.1% versus 7.2% p = 0.03*). Indigenous participants were more likely to indicate that having to schedule appointments is a barrier to accessing healthcare services (*25.8% versus 10.3% p = 0.008*). Indigenous participants were also more likely to select that clinics weren't friendly to them (*16.2% versus 4.1% p = 0.004*), parental responsibilities (*16.7% versus 5.0% p = 0.005*), negative past experiences with healthcare providers (*30.6% versus 13.5% p = 0.009*) and feeling stressed out, anxious or depressed (*54.5% versus 15.8%; p < 0.001*) as barriers to care.

Differences by 2SLGBT+ Identity

2SLBGTQ+ participants were more likely to find capacity at doctor's offices and clinics a barrier to care (*36.4% versus 24.5%; p = 0.011*). 2SLBGTQ+ participants were also more likely to be too busy to access care (*24.0% versus 15.9%; p = 0.036*), not access care because they don't like scheduling appointments (*16.8% versus 8.0%; p = 0.003*), the services were too far away (*13.4% versus 5.2%; p = 0.001*), hours of clinics too

inconvenient (*26.1% versus 13.9%; p = 0.001*), concerns about confidentiality (*4.7% versus 1.4%; p = 0.006*), clinics weren't friendly to people like them (*10.1% versus 1.8%; p < 0.001*), lack of trust (*6.1% versus 1.8%; p = 0.014*), previous negative experience with healthcare (*26.3% versus 7.3%; p < 0.001*), they don't think a doctor can help them (*12.0% versus 5.6%; p = 0.003*), believe they cannot get the type of services or supports that they want (*10.6% versus 4.0%; p < 0.001*), they were too stressed out, anxious and depressed (*27.7% versus 13.3%; p < 0.001*), they cannot afford it (*28.3% versus 11.4%; p < 0.001*), they do not have health insurance (*5.8% versus 2.6%; p = 0.018*), the insurance they have doesn't covers the services they need (*24.8% versus 11.0%; p < 0.001*), they don't know where to go to get care (*9.0% versus 4.3%; p = 0.012*) and they have a health condition (*4.9% versus 0.9%; p < .001*) as barriers to care.

Differences by Region

Participants in Victoria were more likely to select that they were too busy (*22.9% versus 15.2%; p = 0.042*), they don't think a doctor can help them (*10.8% versus 5.2%; p = 0.005*), and wait times in clinics were too long (*15.1% versus 7.2;% p = 0.002*) as barriers to care when compared with participants outside Victoria.

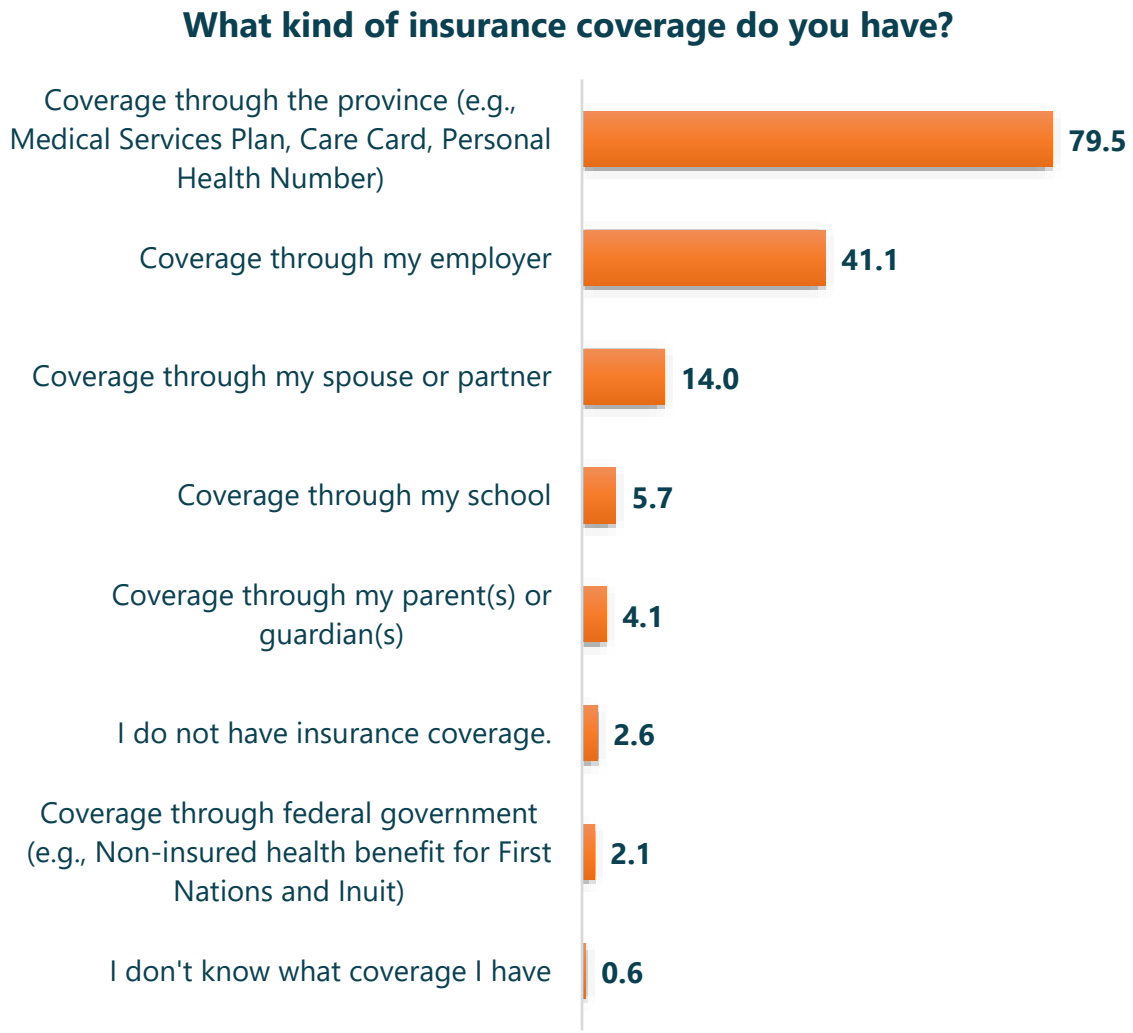
Differences by Client Status

ISHS clients were more likely to select that it was too risky to visit a clinic (*34.5% versus 24.5%; p = 0.021*), doctor's offices were at capacity (*38.4% versus 25.8%; p = 0.007*), report being too busy (*26.3% versus 16.4%; p = 0.011*), hours were inconvenient (*24.5% versus 16.7%; p = 0.041*), negative past experiences with healthcare provider (*26.4% versus 10.6%; p < 0.001*), a doctor can't help them (*12.4% versus 6.5%; p = 0.011*), too stressed out, anxious or depressed (*24.8% versus 16.8%; p = 0.035*), they cannot afford it (*29.2% versus 13.9%; p < 0.001*), no health insurance (*7.0% versus 2.7%; p = 0.005*), no insurance coverage for desired services (*24.9% versus 13.4%; p = 0.001*) and wait times at clinic were too long (*17.2% versus 9.4%; p = 0.008*) as barriers to care when compared to non-clients.

Again and again, results from our survey show that barriers to healthcare access and utilization reflect broader social conditions and health inequities. Specialized services that are culturally appropriate are therefore essential to addressing these barriers to care.

Health Insurance Coverage

Most participants (*79.5%*) had coverage through MSP and 41.1% had coverage through an employer. Only 2.6% of participants had no coverage of any kind.



Differences by Age

Participants 65+ were the most likely to have coverage through a medical service plan (*29 and younger: 70.3%, 30 to 64: 78.5%, 65+: 93.3%, p = 0.018*). Participants 30 to 64 were the most likely to have coverage through an employer (*29 and younger: 29.6%, 30 to 64: 58.2%, 65+: 20.9%, p < 0.001*) or a spouse (*29 and younger: 10.6%, 30 to 64: 21.1%, 65+: 3.8%, p = 0.005*). Participants 29 and younger were more likely to have coverage through school (*29 and*

younger: 17.3%, 30 to 64: 1.3%, 65+: 0.0%, p < 0.001) or their parents (*29 and younger: 13.1%, 30 to 64: 0.4%, 65+: 0.0%, p < 0.001*).

Differences by Gender

Men were the most likely to have insurance coverage through an employer (*Women: 39.0%, Men: 50.9%, Non-binary: 30.9%, p = 0.035*).

Differences by Ethnicity

BIPOC participants were more likely to have coverage through school than white participants (*14.4% versus 4.8%; p = 0.036*). Indigenous participants were more likely to have coverage through the federal government than non-indigenous participants (*15.6% versus 0.9%; p < 0.001*).

Differences by 2SLGBT+ Identity

2SLGBT+ participants were more likely to have insurance coverage through school (*8.8% versus 3.6%; p = 0.021*) and to not know what coverage they have (*1.5% versus 0.0%; p = 0.03*). 2SLGBT+ participants were less likely to have coverage through a spouse (*10.3% versus 16.5%; p = 0.038*).

Differences by Region

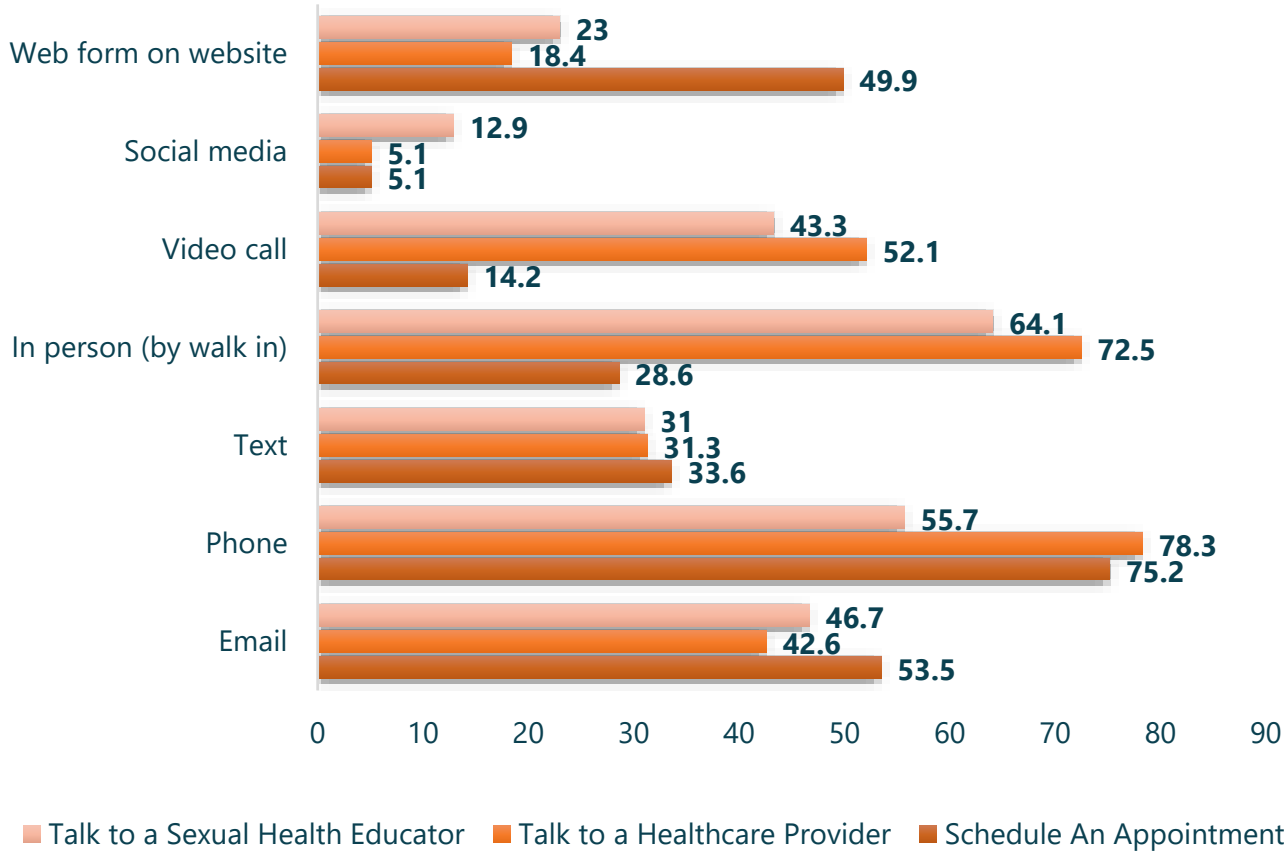
Participants in Victoria were more likely to have insurance coverage through school than participants who live outside of Victoria (*8.2% versus 3.1%; p = 0.002*).

Preferences for Healthcare and Sexual Education

Participants were asked about how they would like to book appointments to access the clinic and how they would like to speak to a healthcare provider or sexual health educator. Participants were also asked to select their interest in learning about a variety of sexual health topics.

Preferences for Scheduling Health Appointments

The majority of participants like to book appointments using the phone (*75.2%*). Over half of participants prefer email (*53.5%*) or a form on a website (*53.6%*). Preferred methods for communicating with a doctor or nurse were phone (*78.3%*) or in-person (*72.5%*). When learning about sexual and reproductive care, the majority of participants prefer in-person visits (*64.1%*) or phone (*55.7%*).



Differences by Age

Participants 29 and younger were more likely to want to book an appointment using email (*29 and younger: 64.6%, 30 to 64: 59.2%, 65+: 27.7%, $p < 0.001$*), text (*29 and younger: 41.1%, 30 to 64: 40.6%, 65+: 9.9%, $p < 0.001$*) or a web form on website (*29 and younger: 71.0%, 30 to 64: 55.8%, 65+: 10.8%, $p < 0.001$*). Participants 29 and younger were more likely to ask questions about their health using text (*29 and younger: 38.5%, 30 to 64: 35.9%, 65+: 12.9%, $p = 0.003$*), walk-in (*29 and younger: 77.1%, 30 to 64: 75.7%, 65+: 60.0%, $p = 0.04$*), social media (*29 and younger: 8.8%, 30 to 64: 5.4%, 65+: 0.0%, $p = 0.025$*) or web form (*29 and younger: 29.4%, 30 to 64: 19.1%, 65+: 2.9%, $p = 0.002$*). Participants 29 and younger were more likely to want to about sexual health using the phone (*29 and younger: 63.9%, 30 to 64: 63.3%, 65+: 29.9%, $p < 0.001$*), in-person (*29 and younger: 71.1%, 30 to 64: 68.1%, 65+: 46.9%, $p = 0.007$*), video call (*29 and younger: 50.9%, 30 to 64: 48.1%, 65+: 24.1%, $p = 0.004$*), social media (*29 and younger: 20.7%, 30 to 64: 12.2%, 65+: 4.2%, $p = 0.014$*) or a form on a website (*29 and younger: 33.8%, 30 to 64: 25.2%, 65+: 4.9%, $p < 0.001$*).

Participants 30 to 64 were more likely to ask questions about their health using email (*29 and younger: 50.4%, 30 to 64: 50.9%, 65+: 15.6%, p < 0.001*) or video call (*29 and younger: 57.3%, 30 to 64: 57.8%, 65+: 34.0%, p = 0.007*). Participants 30 to 64 were more likely to want to learn about sexual health using email (*29 and younger: 55.0%, 30 to 64: 57.3%, 65+: 14.5%, p < 0.001*) or text message (*29 and younger: 38.9%, 30 to 64: 39.9%, 65+: 2.7%, p < 0.001*). Participants 65+ were more likely to want to book an appointment by phone (*29 and younger: 65.3%, 30 to 64: 73.3%, 65+: 91.5%, p = 0.001*).

Differences by Gender

Women were more likely to use a web form to book an appointment (*Women: 61.6%, Men: 42.6%, Non-binary: 37.5%, p = 0.001*), and less likely to book an appointment by walk-in (*Women: 22.5%, Men: 34.2%, Non-binary: 38.0%, p = 0.041*). Participants identifying as non-binary participants were less likely to ask a healthcare provider questions using a video call (*Women: 57.7%, Men: 56.7%, Non-binary: 32.3%, p = 0.003*). Participants identifying as non-binary participants were less likely to learn about sexual education using a phone call (*Women: 61.7%, Men: 53.4%, Non-binary: 40.8%, p = 0.034*), in-person (*Women: 66.7%, Men: 71.2%, Non-binary: 48.7%, p = 0.027*), or video call (*Women: 53.2%, Men: 41.6%, Non-binary: 19.7%, p < 0.001*).

Differences by Ethnicity

BIPOC participants were more likely to ask a health provider questions using a web form (*33.0% versus 16.8%; p = 0.032*) than white participants. BIPOC participants were also more likely to use a web form to learn about sexual health (*44.8% versus 20.7%; p = 0.004*) than white participants. Indigenous participants were less likely to want to book an appointment using the phone (*57.1% versus 76.8%; p = 0.019*) than non-indigenous participants. Indigenous participants were more likely to want to book on social media (*15.0% versus 4.2%; p = 0.035*) than non-indigenous participants. Indigenous participants were more likely to want to learn about sexual health via email (*65.3% versus 45.0%; p = 0.025*) and text message (*56.2% versus 28.7%; p = 0.002*) than non-indigenous participants.

Differences by 2SLGBT+ Identity

2SLGBT+ participants were more likely to book an appointment via email (*63.2% versus 47.1%; p = 0.002*), text message (*41.8% versus 28.2%; p = 0.004*), web form (*60.8% versus 42.5%; p = 0.001*) and in-person (*80.1% versus 67.5%; p = 0.005*) than straight participants.2SLGBT+ participants were more likely to want to learn about sexual education through email

(*55.6% versus 40.8%; p = 0.005*), in-person (*71.0% versus 59.6%; p = 0.023*), video call (*49.8% versus 39.0%; p = 0.036*) and social media (*18.6% versus 9.1%; p = 0.004*) compared to straight participants.

Differences by Region

Participants from Victoria were more likely to want to schedule an appointment using video (*18.3% versus 10.0%; p = 0.033*) or a web form (*56.0% versus 43.7%; p = 0.024*) than participants outside Victoria. Participants from Victoria were more likely to ask questions from a healthcare provider via video call (*58.6% versus 45.7%; p = 0.019*) than participants outside Victoria. Participants from Victoria were more likely to learn about sexual health using a phone call (*61.1% versus 49.1%; p = 0.027*) or a video call (*48.8% versus 37.2%; p = 0.029*) than participants outside Victoria.

Differences by Client Status

ISHS clients were more likely to book an appointment using email (*66.5% versus 48.6%; p < 0.001*), text (*44.2% versus 29.6% versus 3.4%; p = 0.013*) and web form (*67.4% versus 43.3%; p < 0.001*) than non-clients. ISHS clients were more likely to ask a healthcare provider questions using email (*52.4% versus 38.9%; p = 0.007*), text (*38.2% versus 28.8%; p = 0.044*), video call (*65.1% versus 47.3%; p = 0.001*), social media (*11.4% versus 2.8%; p < 0.001*) and form on a website (*25.6% versus 15.7%; p = 0.015*) than non-clients. ISHS clients were more likely to learn about sexual education via email (*55.8% versus 43.3%; p = 0.013*), phone (*66.6% versus 51.7%; p = 0.003*), text (*38.8% versus 28.1%; p = 0.019*), in-person (*75.2% versus 59.9% p = 0.001*), video call (*62.1% versus 36.3% p < 0.001*), social media (*22.9% versus 9.1% p < 0.001*) and a web form (*31.2% versus 19.9% p = 0.008*) than non-clients.

Sexual Health Topics of Interest

More than half of participants were interested in learning about mental health (*60.6%*), nutrition (*52.1%*), sexuality across the lifespan (*55.7%*) and enhancing sexual pleasure (*56.0%*). The least popular topics were safer drug use (*6.6%*), pregnancy and fertility (*11.4%*) and quitting drugs (*10.0%*).

Which of the following topics would you like to learn more about?	N	%	Weighted %
Mental health	538	69.4	60.6
Nutrition	447	57.7	52.1
Exercise	372	48	45.4

Birth Control Options	171	22.1	16.4
Pregnancy and Fertility	117	15.1	11.4
Safer drug use	61	7.9	6.6
Quitting drugs (*including legal drugs such as alcohol and nicotine*)	94	12.1	10
Sexually transmitted infections	156	20.1	19.6
Safer sex	157	20.3	19.8
Sexuality across the lifespan	443	57.2	55.7
Communication with youth about sex	219	28.3	20.3
Communication with sexual partners	367	47.4	44
Consent for Sex	171	22.1	19
Enhancing sexual pleasure	434	56	56
Sexual Orientation	180	23.2	21.1
Gender Identity	170	21.9	18
Gender transition and affirmation, including gender affirming care and apparel	133	17.2	13.7
Polyamory and Group Sex	186	24	21.4
Emotional intimacy	290	37.4	30.2
Virtual play (*e.g., camming, cybersex, zoomers*)	115	14.8	14.2
Sex toys	250	32.3	28.6
Kink	210	27.1	27
BDSM	179	23.1	22.8
None of the above	37	4.8	6.1

Differences by Age

Participants 29 and younger were more likely to want to learn about mental health (*29 and younger: 78.3%, 30 to 64: 65.3%, 65+: 28.5%, $p < 0.001$*), birth control (*29 and younger: 34.2%, 30 to 64: 13.3%, 65+: 0.0%, $p < 0.001$*), pregnancy and fertility (*29 and younger: 21.4%, 30 to 64: 10.8%, 65+: 0.0%, $p < 0.001$*), sexually transmitted infections (*29 and younger: 30.5%, 30 to 64: 18.2%, 65+: 8.8%, $p = 0.011$*), safer sex (*29 and younger: 36.6%, 30 to 64: 18.1%, 65+: 2.0%, $p < 0.001$*), communication with sexual partners (*29 and younger: 63.7%, 30 to 64: 43.1%, 65+: 20.7%, $p < 0.001$*), consent (*29 and younger: 34.5%, 30 to 64: 16.7%, 65+:4.2%, $p < 0.001$*), enhancing sexual pleasure (*29 and younger: 71.5%, 30 to 64: 52.4%, 65+: 43.3%, $p = 0.003$*), sexual orientation (*29 and younger: 38.8%, 30 to 64: 18.7%, 65+: 3.6%, $p < 0.001$*), gender identity (*29 and younger: 32.2%, 30 to 64: 17.7%, 65+: 0.7%, $p < 0.001$*), gender transition (*29 and younger: 21.5%, 30 to 64: 13.4%, 65+: 4.3%, $p = 0.011$*), polyamory (*29 and younger: 27.3%, 30 to 64: 26.0%, 65+: 4.5%, $p = 0.008$*), emotional intimacy (*29 and*

younger: 43.8%, 30 to 64: 28.9%, 65+: 15.7%, p = 0.002), virtual play (*29 and younger: 23.1%, 30 to 64: 13.9%, 65+: 3.5%, p = 0.008*), sex toys (*29 and younger: 45.2%, 30 to 64: 28.2%, 65+: 8.4%, p < 0.001*), kink (*29 and younger: 44.3%, 30 to 64: 26.6%, 65+: 5.8%, p < 0.001*) and BDSM (*29 and younger: 40.1%, 30 to 64: 19.6%, 65+: 7.4%, p < 0.001*). Participants 30 to 64 were more likely to want to learn about nutrition (*29 and younger: 57.9%, 30 to 64: 58.8%, 65+: 31.2%, p = 0.001*) and communication with youth about sex (*29 and younger: 24.8%, 30 to 64: 27.1%, 65+: 0.7%, p < 0.001*).

Differences by Gender

Women were more likely to want to learn about mental health (*Women: 70.2%, Men: 53.9%, Non-binary: 52.6%, p = 0.015*), nutrition (*Women: 60.9%, Men: 47.5%, Non-binary: 40.3%, p = 0.017*), birth control (*Women: 27.4%, Men: 5.2%, Non-binary: 10.8%, p < 0.001*), pregnancy and fertility (*Women: 17.5%, Men: 6.2%, Non-binary: 7.0%, p = 0.006*), communication with youth about sex (*Women: 27.1%, Men: 13.0%, Non-binary: 18.1%, p = 0.003*) and emotional intimacy (*Women: 39.6%, Men: 17.4%, Non-binary: 33.4%, p < 0.001*). Non-binary participants were more likely to want to learn about communication with sexual partners (*Women: 49.8%, Men: 33.1%, Non-binary: 55.9%, p = 0.007*), consent (*Women: 23.4%, Men: 12.0%, Non-binary: 24.9%, p = 0.023*), sexual orientation (*Women: 24.4%, Men: 12.2%, Non-binary: 33.6%, p = 0.003*), gender identity (*Women: 21.1%, Men: 6.6%, Non-binary: 36.3%, p < 0.001*) and gender transition (*Women: 17.6%, Men: 3.5%, Non-binary: 26.4%, p < 0.001*).

Differences by Ethnicity

BIPOC participants were more likely to want to learn more about nutrition (*72.5% versus 50.0%; p = 0.017*), sexually transmitted infections (*50.2% versus 16.4%; p < 0.001*), safer sex (*41.1% versus 17.6%; p = 0.003*), enhancing sexual pleasure (*78.1% versus 53.6%; p = 0.028*), sexual orientation (*40.3% versus 19.1%; p = 0.008*) and gender identity (*31.8% versus 16.6%; p = 0.036*) than white participants. Indigenous participants were more likely to want to learn more about quitting substances (*22.2% versus 8.9%; p = 0.038*), safer sex (*37.5% versus 18.3%; p = 0.021*), sexuality across the lifespan (*77.2% versus 53.8%; p = 0.005*), sexual orientation (*36.0% versus 19.8% p = 0.043*), gender identity (*37.4% versus 16.3%; p = 0.004*), polyamory (*41.8% versus 19.6%; p = 0.005*), kink (*45.9% versus 25.3%; p = 0.018*) and BDSM (*41.4% versus 21.2%; p = 0.014*) than non-indigenous participants.

Differences by 2SLGBT+ Identity

2SLGBT+ participants were more likely to want to learn about mental health (*72.8% versus 52.6%; p < 0.001*), nutrition (*58.7% versus 47.7% p = 0.036*), birth control options (*20.8% versus 13.4%; p = 0.019*), safer drug use (*10.1%; versus 4.4% p = 0.016*), sexually transmitted infections (*26.1% versus 15.4%; p = 0.01*), safer sex (*27.8% versus 14.6%; p = 0.001*), how to communicate with partner about sex (*59.2% versus 34.0%; p < 0.001*), consent (*29.1% versus 12.4%; p < 0.001*), enhancing sexual pleasure (*62.8% versus 51.5%; p = 0.033*), sexual orientation (*41.8% versus 7.5%; p < 0.001*), gender identity (*36.4% versus 6.0%; p < 0.001*), gender transition (*28.5% versus 3.9%; p < 0.001*), polyamory (*44.2% versus 6.4%; p < 0.001*), emotional intimacy (*40.9% versus 23.2%; p < 0.001*), virtual play (*20.6% versus 10.0%; p = 0.003*), sex toys (*37.8% versus 22.4%; p = 0.001*), kink (*42.0% versus 17.1%; p < 0.001*) and BDSM (*35.2% versus 14.6%; p < 0.001*) than straight participants.

Differences by Region

Participants from Victoria were more likely to want to learn about mental health resources (*66.2% versus 54.6%; p = 0.037*), sexually transmitted infections (*24.5% versus 14.7%; p = 0.016*), gender identity (*22.6% versus 12.5%; p = 0.003*) and emotional intimacy (*35.1% versus 24.9%; p = 0.024*) than participants outside Victoria.

Differences by Client Status

ISHS clients were more likely to want to learn about mental health (*74.1% versus 55.5%; p < 0.001*), nutrition (*60.7% versus 49.0%; p = 0.02*), birth control options (*24.6% versus 13.3%; p = 0.001*), fertility (*20.2% versus 8.1%; p < 0.001*), safer drug use (*10.8% versus 5.1%; p = 0.016*), quitting drugs (*15.2% versus 8.1%; p = 0.022*), sexually transmitted infections (*26.8% versus 16.9%; p = 0.019*), safer sex (*28.9% versus 16.5%; p = 0.004*), sexuality across the lifespan (*65.3% versus 52.1%; p = 0.008*), how to communicate with youth about sex (*27.7% versus 17.5%; p = 0.004*), how to communicate with partner about sex (*59.3% versus 38.2%; p < 0.001*), consent (*27.4% versus 15.9%; p < 0.001*), enhancing sexual pleasure (*64.3% versus 52.9%; p = 0.025*), sexual orientation (*31.8% versus 17.2%; p < 0.001*), gender identity (*29.9% versus 13.6%; p < 0.001*), gender transition (*22.7% versus 10.3%; p < 0.001*), polyamory (*31.0% versus 17.8%; p = 0.001*), emotional intimacy (*42.5% versus 25.6%; p < 0.001*), virtual play (*20.2% versus 11.9%; p = 0.02*), sex toys (*41.1% versus 23.9%; p < 0.001*), kink (*37.5% versus 23.1%; p = 0.001*) and BDSM (*31.0% versus 19.8%; p = 0.009*) than non-clients.

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