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Evaluation of Air Quality Program Outreach and Engagement

Final Report

Prepared for Health Canada

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Canada 

Evaluation of Air Quality Health Program Outreach and Engagement Final report

Prepared for Health Canada by Environics Research

March 2026

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Table of Contents

Executive summary	i
A. Background and objectives	i
B. Methodology	i
C. Contract value	ii
D. Key findings	ii
E. Political neutrality statement and contact information	vi
About this report.....	7
II. Detailed findings	8
1. Outdoor Air Quality and Air Pollution Perceptions and Information Sources	8
2. AQHI – Familiarity and Use/Actions	16
3. Wildfire Smoke Perceptions, Actions and Information Sources	29
4. Indoor Air Quality Perceptions, Actions and Information Sources	42
5. Communication and Trust.....	49
II. Appendix A: Methodology	54
III. Appendix B: Questionnaire	59

Executive summary

A. Background and objectives

A key objective of Health Canada's Air Quality Program is to raise awareness of the health risks associated with air quality and empower individuals to take actions to protect their health. For outdoor air quality, the Air Quality Healthy Index (AQHI) is a communications tool that calculates local air quality levels and reports it on a simple scale from one to ten plus. The higher the number, the greater the risk to health. The scale is also accompanied by protective health messages, both for general and priority populations. The AQHI has been publicly available in Canada for over a decade, and one of the program's key objectives is to have people in Canada adapt their behaviour when outdoor air quality is poor, to protect their health. For indoor air quality, Health Canada develops guidance materials that seek to have people in Canada adapt behaviours to improve the air quality within their homes.

In 2021, Environics conducted research on behalf of Health Canada to measure behaviour change from AQHI use and indoor air information consumption, principally among at-risk populations. This survey helped the Air Quality Program to establish a baseline to help measure its effectiveness. There is now a need to assess the progress of the Air Quality Program's outreach and engagement efforts. In addition, the results are required to publicly report on the associated performance indicators in the Departmental Sustainable Development Strategy.

The survey results will also help Health Canada refine communication materials designed to help the public understand the risks associated with exposure to indoor and outdoor air pollution.

The primary objective of this research is to assess the progress of the Air Quality Program's outreach and engagement efforts to ensure that people in Canada, and particularly populations disproportionately impacted by air pollution, receive important health information in an effective, understandable and timely manner.

Specifically, the research gauges:

- People in Canada's awareness and understanding of the AQHI;
- People in Canada's awareness of the health impacts of poor indoor and outdoor air quality;
- Whether people in Canada understand Health Canada's air quality messaging and change their behaviour according to the advice provided.

B. Methodology

Environics Research conducted an online survey from February 17 to March 3, 2026. The findings are based on two key target audiences:

- General population (n = 2,022 adults living in Canada).
- Priority populations, defined as those with chronic health conditions, caregivers of children or elderly relatives, seniors 65 and older, and newcomers to Canada (n = 2,466, including 1,327 identified in the general population sample plus an additional oversample of 1,139).¹

Priority populations are groups that may be at higher risk of poor health outcomes, experience greater exposure to poor air quality, or face barriers to accessing and using air quality information. These increased risks can be influenced by biological, socioeconomic, cultural, and environmental factors. Results are presented separately for the general population and priority populations to better understand differences in awareness, experiences, and needs related to air quality and health.

Environics designed the sample to be reflective of gender, age, socio-economic status (household income, employment status) and region, using a disproportionate sample to provide more robust sample sizes for analysis of smaller regions (such as the Atlantic region and the Prairies); the final data were weighted back to actual population parameters per Census data. Survey respondents were selected from registered members of an opt-in online panel. Since a sample drawn from an online panel is not a random probability sample, no formal estimates of sampling error can be calculated.

More information about the methodology for research is included in Appendix A of the full report.

C. Contract value

The contract value was \$99,927.48 (HST included).

D. Key findings

The survey results reveal that, despite moderate overall awareness of the Air Quality Health Index (AQHI), messaging about the health risks of poor outdoor air quality is getting through to many people in Canada - likely due to increased experiences of wildfire smoke. As perceived local risk has increased, familiarity with air quality information has also grown, and reported use of direct digital air quality push alerts has doubled since 2021.

People in Canada rely on multiple sources to understand and respond to air quality issues, drawing on both media and government sources. Media sources play a prominent role especially during wildfire smoke events, while federal government sources remain a widely trusted source of health guidance around outdoor and indoor air quality.

As in 2021, perceptions of risk and relevance continue to shape behaviour: those who see air quality as a serious local health issue are more likely to take protective action, while those who discount the risk tend to see less need. Risk perception is a stronger driver of action than membership in a priority group (as defined in this research). Because many individuals within the priority population do not view themselves as being at a higher risk, in most cases their perspectives on air quality issues are broadly similar to those of others; the following sections highlight instances where the views of priority populations are more pronounced.

¹ The priority population was previously referred to as “vulnerable population” in the 2021 Public Opinion Research, and is modified here to also include newcomers.

Outdoor air quality perceptions and information sources

- **There is broad recognition of the health risks of air pollution, and increasing recognition since 2021 that this presents a risk in their own community.** Almost eight in ten (78%) believe air pollution affects the health of people in Canada at least somewhat, if not a great deal, which is largely unchanged since 2021. Moreover, a majority (56%, also consistent with 2021) continue to say the risk exists at any level of air pollution and not just when it reaches a certain threshold. At the same time, perceptions of local risk have intensified: a clear majority now view air pollution in their own community as a serious health hazard (57%), a ten-point increase since 2021.
- **Familiarity with air quality information has also improved since 2021.** Nearly half of people in Canada (45%) now say they are very or somewhat familiar with air quality information for their community, up from one-third (34%) in 2021. Reported use remains situational rather than routine: People in Canada are most likely to seek information during wildfire season (31%) or when they suspect poor air quality (28%), while routine year-round consultation remains limited (13%). Familiarity and use are consistently higher in Western provinces - where wildfire smoke has been more frequent and visible - than in Eastern regions, highlighting the role of lived experience in shaping information needs.
- **How people receive air quality information has also shifted, with direct digital delivery becoming more common since 2021.** Four in ten (41%) now receive air quality information through electronic push alerts, led by app-based notifications – twice as many as in 2021. For information about air quality and health, people turn either to a media source, mainly the Weather Network, or a government source, most often the Weather Office or Government of Canada (GOC) web pages.
- **Priority populations generally report similar perceptions of outdoor air quality risks as the general population.** They are just as likely to view air pollution as a serious health issue (59% vs 57% for the general population), although slightly more likely to report familiarity with air quality information (50% vs 45% for the general population).

AQHI Familiarity and Use/Actions

- **Awareness of the AQHI name remains modest.** Two percent name the AQHI, without prompting, as the scale that provides air quality information for their community, unchanged from 2021. When prompted, just under four in ten (38%) recognize the AQHI name, a small increase from 2021 (up four percentage points).
- **Beyond its name, there also remains limited recognition of the scale based on its features.** Half of people in Canada (53%) definitely or may recall a numbered air quality scale, and since 2021, a growing minority of this group correctly identify it as using a 1 to 10 scale (41%, translating to 22% of the general population). However, people in Canada are no better than before at identifying the colours used to indicate different air quality levels: only ten percent correctly identify the AQHI's blue to red spectrum.

- **People in Canada who are aware of the AQHI report encountering health messaging and taking appropriate protective action.** One-quarter of people in Canada who are aware of the AQHI recall hearing or seeing information about it in the past month, mainly about current and forecast air quality conditions, but also about the potential health effects of air pollution. Two-thirds (67%) of those who are aware of the AQHI report taking steps to reduce their exposure based on AQHI information, most commonly by reducing time outdoors and limiting strenuous activity. Among those aware of the AQHI who did not take protective action, the primary barrier appears to be perceptions of risk: pollution levels were not seen as high enough to warrant changes in behaviour.
- **Overall, the perceived adequacy of air quality information has improved since 2021.** Half (50%) agree the available air quality information meets their needs, up from one-third in 2021. Among those who feel available information does not meet their needs, the most common gaps relate to how long poor air quality conditions will last and how conditions apply locally.
- **As before, health professionals are not a widespread source of information about the negative health effects of air pollution.** One in ten (11%) say they had a conversation with their doctor about this topic, unchanged from 2021. Such conversations are more widely reported by newcomers (35%) and caregivers (23%) than by people with chronic conditions (16%) or seniors (6%).
- **Awareness of the AQHI is similarly modest among both the priority population and the general population.** However, those in the priority population are slightly more likely to take protective action when aware of the AQHI (72% vs. 67% of the general population aware of the AQHI).

Wildfire Specific Perceptions, Actions and Information Sources

- **There is widespread concern about the health impacts of wildfire smoke, reflecting growing personal experience with wildfire smoke events.** Nearly eight in ten (78%) express concern about the health effects of wildfire smoke, including one third (34%) who are very concerned; this is comparable to proportions who believe air pollution affects health. Notably, half indicated that they experienced a wildfire smoke event in the last 12 months.
- **When people in Canada actually experience wildfire smoke, almost everyone takes protective action.** Among those who indicated that they experienced a wildfire smoke event in the past year, two-thirds report a tangible health impact, most commonly eye, nose or throat irritation, and nearly nine in ten (88%) took at least one protective action, mainly to reduce exposure by closing windows/doors or limiting time outdoors.
- **There is good understanding that wildfire smoke poses health risks even beyond visibly smoky conditions, though misperceptions persist.** Majorities correctly disagree with statements suggesting wildfire smoke is only harmful when it smells smoky (60% disagree) or that living far from wildfires offers protection (56% disagree). Yet sizeable minorities hold these misperceptions (31% and 39% agree, respectively), indicating that understanding of smoke exposure remains incomplete.

- **People in Canada widely anticipate a wildfire smoke event in the next two years, but household preparedness for such an occurrence is mixed.** Two-thirds (66%) say wildfire smoke will affect their community in the next 24 months. Just over half (56%) say their household has taken at least one step to prepare for wildfire smoke events, most commonly sealing windows and doors or cleaning or replacing air filters. On the other hand, more than one-third report taking no preparatory actions, citing lack of perceived local relevance (i.e., wildfire smoke rarely affects their area) or lack of salience (i.e., have not thought about preparing).
- **People in Canada feel reasonably informed about the health risks of wildfire smoke.** About six in ten (58%) say they know at least something about the health risks of wildfire smoke, but few – 11 percent – feel very informed. Information about wildfire smoke and health is reaching people in Canada primarily through media channels (87%), with half who turn to government sources.
- **There is a clear regional pattern in the survey findings, with wildfire smoke experience, impacts and behaviour changes most evident in the Western provinces.** Residents of the Western provinces, and particularly those in Alberta, Manitoba and Saskatchewan, are substantially more likely than the provinces to the east to report recent wildfire smoke exposure, higher concern about the health effects of wildfire smoke and greater uptake of both preparedness and protective actions.
- **Priority populations stand out for their elevated concern about the health effects of wildfire smoke events.** In turn, they also report higher rates of preparedness for wildfire smoke events (44% agree their household is well prepared, vs 39% of the general population) and are relatively more likely to feel informed about the health impacts of wildfire smoke events (64% vs 58% of the general population).

Indoor Air Quality Perceptions and Information Sources

- **There continues to be broad recognition that indoor air quality affects health, although perceived risk has declined since 2021.** Nearly three-quarters (74%) say indoor air quality affects health at least somewhat, down from more than eight in ten (85%) in 2021. As in 2021, few people in Canada see indoor air quality as a personal risk: most continue to rate the air quality in their own home positively, with about eight in ten (79%) describing it as excellent (16%) or good (62%), compared with fewer than two in ten who say it is only fair or poor.
- **People in Canada remain most likely to identify poor ventilation as a cause of poor indoor air quality.** Since 2021, mentions of dirty ducts, vents or furnace filters (from 10% to 15%), and outdoor air pollution (from 8% to 13%) as a cause have both increased.
- **Despite widespread recognition that indoor air quality affects health, relatively few people in Canada have taken action to address indoor air quality.** Just over one-third (36%) report taking steps to improve indoor air quality because of health concerns. The most common actions include opening windows when outdoor air quality is good, using bathroom or kitchen fans, minimizing dust, or cleaning or changing filters. Among those who have not acted despite experiencing only fair to poor indoor air quality in their home, the main reasons are simply not having thought about it (36%), not knowing what to do (32%) or the inability to afford changes (26%).

- **For indoor air quality and health information, people in Canada rely on government and media sources in roughly equal measure;** by contrast, media sources play a more dominant role for information about outdoor air quality (71% vs 60% for all governments) and wildfire smoke and health (87% vs 50% for all governments, among those who recall information about the health effects of wildfire smoke in the past year).
- **Perceptions of indoor air quality and its health impacts are broadly similar among priority and general populations.** While priority populations are not markedly more likely to rate their home air quality as poor or to consider indoor air as a health risk when compared to the general population, they are relatively more likely to have taken action to address their indoor air quality (45% vs 36% of the general population).

Communication and Trust

- **Health Canada web pages are a notable source of information about outdoor and indoor air quality and health for some people in Canada, with room to improve the user experience.** About two in ten have used a Health Canada web page for this information, and among users, three in ten say the pages are very easy to navigate. Roughly four in ten users report difficulty finding some information, most commonly about how long poor air quality conditions will last, how conditions apply locally, or how individuals can reduce air pollution.
- **The federal government remains among the most trusted sources of air quality information.** Nearly three-quarters rank the federal government among their top three most trustworthy sources for this information, a level that is unchanged from 2021 and higher than for any other potential source, including the media, NGOs or social media.

E. Political neutrality statement and contact information

I hereby certify as senior officer of Environics that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada, and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leaders.

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About this report

This report begins with an executive summary outlining key findings and conclusions, followed by detailed analysis of the quantitative results. A detailed set of “banner tables” is provided under separate cover; this presents results for all survey questions by segments such as region, age and gender as well as by priority populations and high advisory zone residents.

Findings in the report are discussed in terms of key segments defined as follows:

- **Canadian general population (people in Canada):** based on the online panel sample of 2,020 people in Canada. Unless otherwise noted, all demographic comparisons (age, gender, region, income, education, etc.) are based on this sample.
- **Priority population:** there are 2,466 people in Canada from priority groups (defined in this study as seniors, caregivers, those with chronic health conditions and newcomers) in the final sample, based on the oversample of 1,139 respondents identified as priority groups plus members of priority groups from the general population sample (n = 1,327).

The quantitative results are expressed as percentages unless otherwise noted. Results may not add to 100% due to rounding or multiple responses. Net results cited in the text may not exactly match individual results shown in the charts due to rounding. Base size is the total sample of either n=2,020 general population or n=2,466 priority population unless otherwise specified; these two groups are reported separately, recognizing there is overlap between the two.

Notes on comparability: Where applicable, results are compared to the 2021 Air Quality Health Index (AQHI) and Indoor Air Behaviour Change Survey conducted by Environics, and the 2017 Air Quality Health Index Omnibus survey conducted by Leger. The 2017 survey of 2,002 adults in Canada was conducted using a mixed telephone and online methodology, unlike the 2021 and 2026 surveys, which were conducted entirely online.

Due to methodological differences, comparisons between the 2026 and earlier studies should be interpreted with caution. For example, the 2021 survey had regional quotas to obtain representation of respondents living in high advisory zones, which the survey results indicated were more likely to consult the AQHI. Comparability of results may also be affected by question order: in 2026, AQHI questions appear earlier, whereas in 2021 they followed more air quality questions, which may have influenced responses.

Another factor that may affect comparability with the 2021 survey is the composition of the “vulnerable population” sample. In 2026, the chronic conditions definition was modified², and newcomers to Canada were newly included in this group named “priority population”.

² Chronic conditions accepted in the 2026 survey were slightly different than in previous surveys. They included: asthma; another chronic lung disease such as emphysema, chronic bronchitis or cystic fibrosis; a heart condition such as angina, high blood pressure, heart failure, heart attack; cancer; diabetes (Type 1/Type 2); any other long-term condition that can make it difficult breathe (ex. severe hay fever or seasonal/environmental allergies).

II. Detailed findings

1. Outdoor Air Quality and Air Pollution Perceptions and Information Sources

Impact of air pollution on health

Close to eight in ten people in Canada, and a similar proportion of the priority population, believe that air pollution affects health.

A strong majority of the general population see air pollution as a factor that affects health. Around eight in ten of both the general population (78%) and priority population (81%) say that air pollution affects health “somewhat” or “a great deal.” This is generally similar to the 2021 findings.

Perceived effect of air pollution on health

Effect on health of people in Canada	Top 2 Net	A great deal	Somewhat	Not very much	Not at all	Not sure	2021 Top 2 Net
General population n = 2,020	78%	31%	47%	15%	3%	4%	83%
Priority population n = 2,466	81%	34%	48%	14%	2%	3%	85%

Q1. *In your view, to what extent does air pollution affect the health of people in Canada? Does it affect them... (in 2021: the health of Canadians)*

Among the general population, the perception that air pollution affects health “a great deal” is more widespread among:

- Women (36%, compared to 25% for men).
- Those with children under age 18 (37%, vs. 28% with no children in the household) (note this is age-related, since younger people are more likely to have children at home).
- Those with a household pregnancy planned or currently in progress (45%, vs. 30% without) (note this is age-related, since younger people are more likely to be pregnant).

Among the priority population, the perception that air pollution affects health “a great deal” does not vary across subgroups. However, the perception that air pollution affects health “at least somewhat” is relatively less common among newcomers (75% vs. 83% of the other priority segments).

Threshold levels for health effects of air pollution

A slim majority of people in Canada believe that health can be affected by air pollution even at very low levels.

As in 2021, more than half of the general population (56%) believe any level of air pollution affects health, while a minority (35%) think there is a health impact only when air pollution reaches a certain level. This distribution of views is similar among the priority population.

Level at which air pollution affects health

Air pollution affects people's health...	At any level	Only when it reaches certain level	Not sure	2021 At any level
General population n = 2,020	56%	35%	9%	58%
Priority population n = 2,466	57%	37%	7%	57%

Q2. Do you think that air pollution affects people's health...

The view that air pollution affects health even at very low levels is held by a majority in all regions and by all priority population groups. This view is more commonly held by:

- Women (60%, compared to 53% for men).
- Those with household incomes of \$100,000 or more (61%) compared to those with \$80,000 or less (53%), who are the most likely to not know.
- Those with a household pregnancy planned or currently in progress (67%, vs. 56% without).

Health hazards to local population

Close to six in ten people in Canada now believe that air pollution in their own community poses a health hazard, a ten-point increase from 2021.

People in Canada are increasingly likely to acknowledge that air pollution presents a health hazard to people in their own community. When asked to consider air pollution specifically where they live, close to six in ten (57% of those in the general population and 59% of those in the priority population) believe it poses a very or somewhat serious health hazard. This is a notable increase from 2021 for both target populations (up 10 and 12 points, respectively).

Perceived health hazard of air pollution to local population

Level of hazard	Net: Serious	Very serious	Some- what serious	Not serious	No hazard at all	Not sure	2021: Net Serious
General population n = 1,509	57%	15%	42%	32%	6%	6%	47%
Priority population n = 2,050	59%	18%	41%	32%	6%	4%	47%

Q3. How much of a hazard do you believe air pollution presents to the health of people living in your area?

Those most likely to see air pollution as a very or somewhat serious hazard to the health of people in their area include:

- Younger people (70% ages 18 to 34).
- Women (62%, vs. 52% of men).
- Those with children under age 18 (69%, vs. 53% with no children in the household)
- Those with a household pregnancy planned or currently in progress (73%, vs. 56% without)
- Among the priority population, those who are caregivers (68%) and newcomers (72%), ahead of those with chronic conditions (59%) or seniors (48%).

Types of people deemed most susceptible to negative health effects of air pollution

People in Canada identify people with lung conditions, seniors and those with weak immune systems as the groups most at risk from the negative health effects of air pollution.

In a new question³, respondents were asked what types of people (from a list provided) they believe are most likely to experience health effects from air pollution. Both the general and priority populations consider the top at-risk groups to be people with lung diseases or conditions, the elderly/seniors, and those with weak immune systems or preexisting health problems. Fewer, albeit still at least half, identify pregnant women, smokers and people working or exercising outdoors as facing greater risk from air pollution.

Types of people most likely to experience health effects from air pollution

Type of person	General population (n=2,020)	Priority population (n=2,466)
People with asthma/other lung disease/conditions	82%	83%
Elderly/seniors	79%	81%
People with weak immune systems	70%	72%
People with preexisting health problems	66%	68%
Children/infants/young people	58%	61%
People with heart disease/conditions	56%	58%
People working/exercising outdoors	54%	56%
Smokers	53%	58%
Pregnant women	53%	53%
Other	1%	1%
None of the above	1%	0%
Not sure	4%	2%

Q4 What types of people do you believe are most likely to experience health effects from air pollution?

Women and those aged 35 and older have a greater tendency than men and those under 35 to identify most groups as being at-risk. Belief that people working or exercising outdoors are at greater risk from air pollution is also higher among those with a university education (58%) and those with higher household incomes (59% with \$100K or more).

Belief that children/infants/young people are at elevated risk from air pollution is higher among those with a child age 6 or under (66%) than those with a child age 7 to 12 (57%) or those without children (58%).

³ This is a variation of a question asked in the 2010 Survey of Knowledge and Attitudes about Air Quality and Air Quality Indices in Canada, conducted by Environics on behalf of Health Canada. That survey was conducted by telephone and the response categories were unprompted, so it is not directly comparable, but in that survey the top responses were similar: the elderly, young children/infants, and those with pre-existing medical conditions.

Familiarity with air quality information in community

There has been an increase in self-proclaimed familiarity with air quality information, with close to half now at least somewhat familiar with what is available for their community. Familiarity has also increased among the priority population, with half claiming to be familiar.

Just under half (45%) of the general population now say they are very or somewhat familiar with the air quality information available for their community, up from one in three in 2021 (34%). Familiarity with air quality information is comparatively higher among those in the priority population, and this has also increased (50%, up from 39% in 2021).

Familiarity with air quality information available for community

Familiarity	Net: Familiar	Very familiar	Some- what familiar	Not very familiar	Not at all familiar	Not sure	2021 Net: Familiar	2017 Net: Familiar
General population n = 2,020	45%	9%	36%	35%	16%	4%	34%	34%
Priority population n = 2,466	50%	11%	40%	34%	13%	2%	39%	N/A

Q5. How familiar are you with the air quality information available for your community?

Familiarity (very or somewhat) with air quality information is higher among the following:

- Residents of Alberta (63%).
- Age 18 to 34 (52%)
- Men (49%, vs. 42% of women).
- Those with children under age 18 (55%, vs. 43% with no children in the household)
- Those with a household pregnancy planned or currently in progress (63%, vs. 45% without)
- Those who consider air pollution a very (65%) or somewhat (50%) serious local health hazard (vs. 37% who say it is not serious).

Among the priority population, seniors are least likely to say they are familiar with local air quality information (44%, vs. 53% to 63% of other priority groups).

When air quality information is sought

People in Canada tend to look for air quality information in the summer/during wildfire season, or when prompted by poor air quality or an alert; just over one in ten check routinely.

A new question asked people in Canada when they typically seek out air quality information (from a list of four response options). A plurality of three in ten (31%) say they typically look for air quality information in the summer/during wildfire season, and just under this (28%) say it is when they suspect poor air quality or hear about an alert (28%). Just over one in ten say they look for this information routinely (13% daily or every few days). Two in ten (22%) say they rarely or never look for air quality information.

When air pollution information is typically sought

When information is sought	General population (n=2,020)	Priority population (n=2,466)
In the summer / during wildfire season	31%	31%
When I suspect poor air quality or hear about an air quality alert	28%	32%
Routinely throughout the year (daily or every few days)	13%	16%
I rarely or never look for air quality information	22%	18%
Not sure/it varies	6%	4%

Q6. Which of the following best describes when you typically look for air quality information?

Checking for air quality information routinely throughout the year is a minority among all groups but slightly higher among the following:

- Younger people (16% age 18 to 34, vs. 11% aged 35 or older).
- Those with children under age 18 (20%, vs. 10% with no children in the household).
- Those with a household pregnancy planned or currently in progress (23%, vs. 12% without).
- Those who consider air pollution a very (33%) serious local health hazard (vs. 12% who say it is somewhat serious and 7% not serious).
- Among the priority population, those who are newcomers (26%) or caregivers (20%), ahead of seniors (13%) or those with chronic conditions (17%).

Sources of information about air quality issues and health

For information about air quality and health, people in Canada turn either to a media source, mainly the Weather Network, or a government source, most often the Weather Office or GOC web pages.

People in Canada were asked where they most likely would go for information about air quality and health issues (from a list provided). Seven in ten (71%) in the general population say they look for information from a media source, largely the Weather Network (52%). Six in ten (60%) turn to a government source, with over half (54%) choosing a Government of Canada source; this is most often the Weather Office web site (30%) or another GOC web page (25%), while two in ten (19%) indicate using the WeatherCAN app.

The sources used by the priority population are very similar to the general population. Within this group, newcomers are somewhat less likely to use media sources than are other target priority groups, and marginally more likely to turn to a government source. Seniors are notably less likely than others to use social media or word of mouth (friends/family) for air quality health information.

Information sources for air quality issues and health

Information source	General population n = 2,020	Priority population n = 2,466
Any media mention (net)	71%	74%
Weather Network (TV, website, app)	52%	55%
Television	24%	29%
News sources (newspaper, website, app)	22%	25%
Radio	15%	18%
Any government mention (net)	60%	64%
Any Government of Canada mention (net)	54%	57%
Weather Office website	30%	32%
GOC web pages	25%	28%
WeatherCAN app	19%	21%
Public health office website	14%	17%
Provincial/territorial/municipal website	13%	13%
Social media/Facebook/Twitter	13%	14%
Friend/family member	9%	9%
Community-based organization	3%	5%
Other	3%	2%
Not sure	8%	5%

Q7. Where are you most likely to look for information about air quality issues and health?

The sources used for air quality health information are generally similar across most subgroups. Use of government sources is higher among those who rate air pollution as a very or somewhat serious local hazard, and those very or somewhat familiar with the air quality information for their community.

Direct air quality information

Direct air quality alerts are now used by four in ten people in Canada overall, double the proportion in 2021.

Four in ten people in Canada (41%), and a marginally higher proportion of those in the priority population (45%), receive air quality information directly from electronic push alert sources, the most common being an app (33% general population, 36% priority population). This is twice as many as in 2021.

Regularly receive air quality information sent directly from source

Format	2026 General population n = 2,020	2026 Priority population n = 2,466	2021 General population n = 1,509	2021 Vulnerable population n = 2,050
Receive any (net)	41%	45%	21%	21%
Through an app	33%	36%	15%	15%
Through a social media (2021: Twitter) feed	16%	18%	3%	2%
As a text message alert	11%	14%	4%	4%
As an e-mail alert	8%	11%	4%	4%
As a free telephone message alert	8%	10%	3%	2%
None of the above	59%	55%	79%	79%

Q8. Do you get air quality information sent directly to you on a regular basis in any of the following ways?

Those more likely to receive at least one of these types of direct alerts include:

- Residents of Alberta (50%) and the Prairies (Manitoba/Saskatchewan) (49%).
- Age 18 to 34 (65%).
- Those with children under age 18 (59%, vs. 35% with no children in the household).
- Those with a household pregnancy planned or currently in progress (75%, vs. 39% without).
- Those who consider air pollution a very (57%) or somewhat (45%) serious local health hazard (vs. 33% who say it is not serious).
- Those very familiar with their local air quality information (70%, vs. 55% somewhat familiar, and 27% not familiar).
- Among the priority population, those who are newcomers (77%), caregivers (58%), or those with chronic conditions (45%), versus seniors (29%).

2. AQHI – Familiarity and Use/Actions

Recall of numbered scale for air quality or air pollution

Just over half of people in Canada definitely or may recall a numbered air quality scale, which is similar to 2021; this proportion has increased modestly among the priority population to almost six in ten.

Around one-third of the general population, and four in ten of the priority population, say they recall a numbered scale that measures air quality for their community. Combined with those who say “maybe” to this question, the proportion with potential recall of the scale is just over half of the general population (53%) and almost six in ten for the priority population (58%), the latter representing a modest improvement since 2021.

Recalling seeing or hearing about numbered scale for air quality / air pollution

Recall numbered scale	Yes	Maybe	Net: Yes / maybe	No	Not sure	2021 Net: Yes / maybe	2017 Net: Yes / maybe
General population n = 2,020	35%	17%	53%	39%	8%	51%	40%
Priority population n = 2,466	39%	19%	58%	34%	8%	53%	N/A

Q9. Do you recall seeing or hearing about a numbered scale that measures air quality or air pollution for your community?

Definite recall (“yes”) of a numbered scale for air quality is higher among the following subgroups:

- Residents of Western provinces (45%, vs. 31% of Eastern provinces).
- Age 18 to 34 (40%).
- Household incomes of \$100,000 or more (42%).
- Those with post-secondary education (38%, vs 27% with high school or less).
- Those with children under age 18 (42%, vs. 33% with no children in the household).
- Those with a household pregnancy planned or currently in progress (57%, vs. 34% without).
- Those who consider air pollution a very (46%) serious local health hazard (vs. 38% who say it is somewhat serious, and 33% who say it is not serious).
- Among the priority population, those who are caregivers (44%) or have a chronic condition (41%) are more aware than seniors (37%).

Recalling specific numbered scale for air quality or air pollution

Among those who recall a scale for air quality, there is improved recall of the 1 to 10 scale used for the AQHI (at four in ten, up from one-third in 2021). A similar pattern is evident among the priority population.

Of those who definitely or may recall a numbered scale for air quality, four in ten of both the general population (41%) and priority population (40%) correctly identify it as a 1 to 10 scale (from a list provided). When calculated as a function of the total sample, the proportion with correct recall of the 1 to 10 scale translates to 22% of the general population (up from 17% in 2021) and 23% of the priority population (up from 18% in 2021).

Recall numbers used in scale for air quality / air pollution

Numbers in scale recalled (among those who definitely or may recall a scale)	1 to 10 scale	0 to 100 scale	0 to 120 scale	Other	Not sure	2021 1 to 10 scale
General population n = 1,080	41%	16%	2%	2%	38%	34%
Priority population n = 1,432	40%	17%	2%	2%	39%	34%

Q10. Can you recall what kind of numbers are shown on this scale to indicate different levels of air quality? BASE: Those who recall seeing a numbered scale (Gen Pop n = 1,080, Priority n = 1,432).

Correct recall of the 1 to 10 scale is broadly consistent across sub-groups, but is higher:

- In Alberta (59%) and Manitoba/Saskatchewan (57%).
- Among those with a postsecondary education (43%, vs. 30% with high school or less).
- Among those who are very familiar with local air quality information (57%).

Among the priority population, there is no difference in ability to identify the 1 to 10 scale across the target groups.

Recall colours used to indicate air quality levels

People in Canada remain largely unaware of the colours used to denote air quality levels, with one in ten correctly identifying the blue to red scale.

Asked about the colours used to indicate different levels of air quality (from a list provided), over half (55% of the general population, and 54% of the priority population) are unsure. One in ten (10%) correctly identify the AQHI's blue to red spectrum used to denote air quality, with a larger proportion (24%) incorrectly guessing it uses a red to green spectrum. Those in priority populations answer in a similar way.

Recall colours used in scale for air quality levels

Colours in scale recalled	Red to green (or Rainbow) spectrum	CORRECT: Blue to red/brown spectrum	Red	Other	Not sure	2021 CORRECT
General population n = 2,020	24%	10%	8%	2%	55%	6%
Priority population n = 2,466	24%	10%	9%	4%	54%	6%

Q11. Can you recall any particular colour(s) that is/are used to indicate different levels of air quality?

The groups most likely to provide the correct colour spectrum include:

- Younger people (17% aged 18 to 34, vs. 8% aged 35 or older).
- Those with children under age 18 (16%, vs. 8% with no children in the household).
- Those with a household pregnancy planned or currently in progress (20%, vs. 10% without).
- Those who say they are very familiar with their community's air quality information (22%).
- Among the priority population, those who are newcomers (19%) or caregivers (14%), ahead of seniors (6%) or those with chronic conditions (10%).

AQHI awareness

There continues to be generally low overall awareness of the AQHI. Two percent of people in Canada can name it without prompting, and just under four in ten recognize the name when prompted. The priority population is no more able to name the index than are members of the general population.

Unaided awareness. When asked to type in the name of the scale used for air quality (unaided, with no list provided), most of the general population (84%) could not hazard a guess. Of the few who do offer a name, “Air Quality Index” is a more common response (7%) than Air Quality Health Index (2%). These findings are consistent among the priority population and basically the same as the 2021 survey findings.

Unaided awareness of AQHI

Name of index or scale	2026 General population n = 2,020	2026 Priority population n = 2,466	2021 General population n = 1,509	2021 Vulnerable population n = 2,050
Air Quality Index/AQI	7%	7%	7%	7%
Air Quality Health Index/AQHI	2%	3%	2%	2%
Air Pollution index	<1%	<1%	1%	1%
Other	7%	9%	7%	6%
Not sure	84%	81%	84%	85%

Q12. Can you recall the name(s) of the index(es) or scale that provides air quality information for your community?

Large majorities in all regions and subgroups say they are unsure about the index name, even among those who are very familiar with local air quality information (68% of whom cannot provide any name).

Aided awareness. Asked directly if they have heard of the AQHI, close to four in ten (38%) within the general population and a similar proportion within the priority population (40%) say they have. Aided recall of the AQHI has marginally increased since 2021 among both audiences.

Aided awareness of AQHI

Recall hearing about AQHI	Yes	No	Not sure	2021 Yes	2017 Yes
General population n = 2,020	38%	47%	16%	34%	34%
Priority population n = 2,466	40%	44%	15%	34%	N/A

Q13. Do you recall hearing anything about something called the “Air Quality Health Index” or “AQHI”?

Aided recall of the AQHI ranges from a low of 13 percent in Quebec to a high of 57 percent in Alberta. It is higher among the following:

- Younger people (47% aged 18 to 34, vs. 34% 35 or older).
- Those with postsecondary education (40%, vs. 28% with high school or less).

- Those with household incomes of \$40,000 or more (40%, vs. 30% with less income).
- Those with children under age 18 (47%, vs. 35% with no children in the household).
- Those with a household pregnancy planned or currently in progress (55%, vs. 37% without).
- Those who are very familiar with their community's air quality information (68%) or who think air pollution is a very serious local problem (45%).

Among the priority population, seniors are less likely to be aware of the AQHI (34%) than those who are newcomers (50%) or caregivers (47%), or those with chronic conditions (39%).

Where information about the AQHI was seen/heard

Those aware of the AQHI are most likely to recall hearing about it in the media, most often via a Weather Network source, or from the federal government, mostly the Weather Office website or other web page.

The sources of AQHI recall are basically the same as for air quality information and health in general. Among those who have heard of the AQHI, the most common source of that recall (from a list provided) is the media (75%), most frequently via the Weather Network (52%). Over half (54%) cite a government source, with a similar level of mentions for the Weather Office website (24%), GOC web pages (21%) and the WeatherCAN app (21%). The priority population aware of AQHI cites virtually the same sources; seniors are least likely of the priority population groups to cite any government sources (44%).

Source of AQHI recall

Information source	General population n = 780	Priority population n = 999
Any media mention (net)	75%	76%
Weather Network (TV, website, app)	52%	52%
Television	29%	32%
News sources (newspaper, website, app)	21%	23%
Radio	15%	18%
Any government mention (net)	54%	57%
Any Government of Canada mention (net)	49%	51%
Weather Office website	24%	26%
GOC web pages	21%	22%
WeatherCAN app	21%	24%
Public health office website	11%	11%
Provincial/territorial/municipal website	9%	10%
Social media/Facebook/Twitter	13%	16%
Friend/family member	8%	8%
Community-based organization	4%	4%
Other	4%	3%
Not sure	4%	3%

Q14. Where do you recall seeing or hearing about the Air Quality Health Index? (BASE: Those aware of AQHI. Gen pop n = 780, Priority n = 999)

The sources of recall about the AQHI are fairly similar across subgroups. Recall from media sources increases with age (66% of those 18 to 34, up to 88% of seniors 65+), while recall from government sources and social media is higher among younger people (62% and 20%, respectively, among those aged 18 to 34). As with general air quality information, recall of government sources is higher among those who rate air pollution as a very or somewhat serious local hazard, and those very or somewhat familiar with the air quality information for their community.

When information was seen or heard about AQHI

One-quarter of those aware of the AQHI (and three in ten among the priority population) recall something about the scale in the past month, which represents an increase from 2021.

Among those who have heard of the AQHI, one-quarter (25%) saw or heard something about it within the past month; among those in the priority population aware of the AQHI, this level reaches three in ten (29%). In both cases, past month recall is higher than in 2021.

Most recent time seeing or hearing something about AQHI

Last heard about AQHI	Past week	Past month	Net: Past month	Past 2 to 3 months	Past 4 to 6 months	Past 6 to 12 months	12 months or more	Not sure	2021 Net: Past month
General population n = 780	13%	12%	25%	11%	19%	32%	5%	9%	19%
Priority population n = 999	16%	13%	29%	12%	19%	30%	5%	6%	21%

Q15. When was the most recent time you recall hearing or seeing something about the Air Quality Health Index? (BASE: Those aware of AQHI. Gen pop n = 780, Priority n = 999)

Hearing something about the AQHI in the past month is higher among those aware of the index who are:

- Residents of Quebec (40%).
- Younger people (33% ages 18 to 34).
- Men (30%, vs. 19% of women).
- Those with children under age 18 (39%, vs. 18% with no children in the household).
- Those who are very familiar with their community's air quality information (54%) or who think air pollution is a very serious local problem (45%).

Among those in the priority population aware of the AQHI, seniors are less likely to have recently heard something about the AQHI (19%) than are newcomers (48%), caregivers (36%), or those with chronic conditions (29%).

What was recently heard / seen about AQHI

Of those who recall hearing or seeing something about the AQHI within the past month, most remember hearing about air quality conditions, followed by a daily air quality forecast.

Those who recall something about the AQHI in the past month were asked what they saw or heard (from a list of possible responses). They most often recall current air quality conditions (50%) or a daily forecast (44%); these were also the top two responses in 2021. Others recall the potential health effects of the pollution level for the day (30%) and the humidity levels (29%). Those in the priority population recall similar information, in a similar pattern. Recall is similar to, but in some cases lower than, 2021 when the study included a specific quota of people living in high advisory zones.

What was specifically heard / seen about AQHI

Specific information recalled about AQHI (among those who recall hearing about AQHI in past month)	2026 General population n = 188	2026 Priority population n = 278	2021 General population n = 96	2021 Vulnerable population n = 158
Current air quality conditions	50%	54%	64%	70%
Forecast air quality for the day	44%	49%	49%	51%
Potential health effects of pollution level for the day	30%	28%	27%	25%
Humidity levels	29%	27%	30%	33%
Who is most at risk to health effects of air pollution	22%	23%	27%	25%
Allergen/pollen count	19%	17%	39%	39%
Forecast maximum air pollution level for the day	17%	19%	33%	33%
How to limit personal exposure to air pollution/How to protect health	17%	20%	17%	16%
Types of pollutants causing poor air quality	16%	20%	34%	27%
Forecast for how long an air pollution episode is expected to last	16%	18%	26%	20%
What can be done to reduce personal contribution to air pollution	15%	14%	16%	12%
Other	2%	2%	2%	1%
Not sure	2%	1%	1%	1%

Q16. And what specifically do you recall hearing or seeing? (BASE: Those who recall hearing / seeing about AQHI in past month. Gen pop n = 188, Priority n = 278)

Recall is generally similar across subgroups. Within the priority population, seniors are the least likely to have heard about the potential health effects of that day's pollution level (18%) or how to limit personal exposure to air pollution (11%).

Steps taken in response to AQHI information

Two-thirds of people in Canada aware of the AQHI, and seven out of ten within the priority population, say they have taken actions to reduce exposure to elevated levels of outdoor air pollution as a result of information they heard about the AQHI. The most common step is reducing time spent outdoors.

Those aware of the AQHI were asked if they have taken specific actions to reduce their own or others' exposure to outdoor air pollution when levels are elevated, in response to what was heard or seen about the AQHI. Two-thirds (67%) of the general population aware of the AQHI, and seven in ten (72%) of the priority population, have taken steps to reduce exposure to pollution based on what they learned from the AQHI.

Took steps to reduce exposure to outdoor air pollution due to AQHI information

If took steps due to AQHI	Yes	No	Not sure
General population n = 780	67%	29%	4%
Priority population n = 999	72%	23%	5%

Q17. [IF AWARE OF AQHI Q13=YES] Have you taken specific actions to reduce your own or others' exposure to outdoor air pollution when levels are elevated, in response to what you've heard or seen about the Air Quality Health Index? (BASE: Those aware of AQHI. Gen pop n = 780, Priority n = 999)

Majorities in all regions have taken steps to reduce their exposure to air pollution, with the exception Atlantic residents (49%). Reported action is more widespread among:

- Women (72%, vs. 62% of men).
- Those with children under age 18 (73%, vs. 65% with no children in the household).
- Those with a household pregnancy planned or currently in progress (80%, vs. 66% without).
- Those who say they are very familiar with their community's air quality information (86%) or who think air pollution is a very serious local problem (81%).

Among the priority population, caregivers are the most likely to have taken action due to AQHI information (76%).

Specific steps taken. The two-thirds (67%) of those aware of the AQHI who took steps to reduce their exposure in response to AQHI information were asked what steps they took (from a list provided). The question wording and answer categories differ from 2021, so comparison is not advised.

The most widely reported actions involve reducing time spent outdoors or on strenuous activity, or wearing a mask. Some looked for more information or used an air filtration system. Actions taken by the priority population echo those of the general population.

Steps taken to reduce exposure

Steps taken to reduce exposure (among those taking steps in response to AQHI)	General population n = 521	Priority population n = 713
Reduced time spent outdoors/postponed or rescheduled outdoor activities	77%	75%
Cut down on strenuous activity/aerobic exercise outdoors	53%	51%
Wore a mask while outdoors	38%	41%
Looked for more information on advisory/air quality	31%	31%
Used an air filtration system	30%	33%
Used indoor community spaces	24%	23%
Left the city/away from polluted area	11%	12%
Saw doctor/health professional	9%	10%
Other	4%	4%

Q18. What steps did you take to reduce your or someone else's exposure to outdoor air pollution? (BASE: Those aware of AQHI who took action as a result: Gen pop n = 521, Priority n = 713)

Reducing time spent outdoors and on strenuous activities are the top responses across all demographic subgroups. However, reducing time outdoors is notably less common among younger people (59% aged 18-34, vs. 87% aged 35 or older) and men (71%, vs. 82% of women).

Among the priority population, newcomers are relatively less likely than others to reduce time outdoors and on strenuous activities, and relatively more likely to say they wore a mask while outdoors (51%). Some of the less popular steps are even less commonly used by seniors, such as using indoor community spaces (13%), leaving the city to get away from the pollution (6%), or seeing a health professional (3%).

Why steps were not taken to reduce exposure

Those aware of the AQHI who did not take any actions as a result mainly say the air pollution level was not high enough.

In a new question, the three in ten (29%) of those aware of the AQHI who did not take action to reduce their exposure to air pollution as a result of AQHI information were asked the reasons why not (from a list provided). The most widely reported reason is that the pollution level was not high enough. Other reasons include that they did not think about it, were not concerned about air pollution or the health risk, or did not know what to do.

The top reason given by all priority population groups for not acting to reduce their exposure is that the air pollution level was not high enough. However, this reason was notably more popular among seniors (55%, vs. 28% to 39% of other priority groups).

Why steps were not taken to reduce exposure to air pollution

Reasons for not taking steps in response to AQHI	General population n = 229	Priority population n = 238
The air pollution level was not high enough to require action	39%	44%
Did not think about it	29%	25%
Not concerned about air pollution/not a health risk	23%	20%
Lack of information/don't know what to do	20%	20%
Lack of time/too busy	12%	9%
Too expensive/cannot afford to buy equipment/filters	9%	9%
Other	6%	4%

Q19. [ASK IF Q17=02 NO] Why did you not take specific actions to reduce exposure to outdoor air pollution? (BASE: Those aware of AQHI who did not take action as a result: Gen pop n = 229, Priority n = 238)

Adequacy of air quality information

Half of people in Canada now say the information available to them gives them what they need to deal with air quality conditions, up from one-third in 2021; two in ten feel they do not have the necessary information. The information most felt to be lacking is how long a poor air quality event will last, or the conditions for their local area.

Regardless of their awareness of the AQHI, all respondents were asked if the air quality information available to them gives them what they need to deal with air quality conditions. Half of the general population (50%) and slightly more of the priority population (56%) agree the available information meets their needs, which in both cases is notably higher than in 2021 (32% and 34%, respectively). Around two in ten (19%) say they do not have the needed information (16% of the priority population); the remainder say they either don't need this information or are unsure.

Currently available air quality information gives information needed

AQ information meets needs	Yes	No	Info not needed	Not sure	2021 Yes	2017 Yes
General population n = 2,020	50%	19%	8%	23%	32%	33%
Priority population = 2,466	56%	16%	8%	21%	34%	N/A

Q20. Does the air quality information currently available to you give you the information you need to deal with air quality conditions?
Note: newcomers were not included in the 2021 vulnerable population

The view that they don't have the necessary air quality information is held by minorities in all regions and demographic groups, but is relatively higher among:

- Residents of Quebec (23%) and Ontario (21%),

- Those under age 50 (24%, vs. 15% aged 50 or older).
- Those who think air pollution is a very (20%) or somewhat (23%) serious problem (vs. 14% who say it is not serious).
- Those who are not familiar with their community's air quality information (24%, vs. 14% who are at least somewhat familiar).

Among the priority population, seniors are relatively more likely than other priority population groups to be unsure whether they have the information they need to deal with air quality conditions (26%).

What information is missing. In a new question, those who indicated the air quality information currently available did not give them the necessary information to deal with air quality conditions, and those who were not sure if it was adequate or not, were asked what information they felt was lacking (from a list of responses).

The top information gaps are how long poor air quality conditions would last, and air quality information for their local area. Other gaps include information on how to limit exposure, what are the health effects and risks, and how people can reduce air pollution. Fewer mentioned other missing information. The responses of priority populations generally echo those of the general population, with fewer who are unsure what information gaps exist.

What air quality information is needed that was not provided

Air quality information gaps	General population n = 824	Priority population n = 884
How long poor air quality conditions will last	39%	44%
Air quality information for my local area	37%	45%
How to limit exposure to/protect yourself from poor air quality	30%	35%
What are the health effects/risks of poor air quality	29%	34%
How people can reduce air pollution/make the air cleaner	24%	29%
Current information about air quality research	17%	20%
Other	1%	2%
Not sure	35%	26%

Q21. [IF Q20=No OR Not sure] What information do you need that is not provided? (BASE: Those who do not agree the available air quality information gives them the information needed: Gen pop n = 824, Priority n = 884)

Responses are generally similar across the country and demographic subgroups, with a few exceptions. Residents of BC (46%) and Ontario (44%) who indicate they are missing information are more likely than other regions to want to know how long air quality conditions will last. Among the priority population, seniors are relatively more likely than others to want air quality information for their local area (50%).

Doctor or health care professional provided information

One in ten people in Canada have had a conversation with their doctor or another health care professional about the effects of air pollution, basically unchanged from 2021.

One in ten (11%) say a doctor or other health care professional has spoken to them about the negative health effects of air pollution. This is essentially unchanged from 2021.

Those in the priority population are slightly more likely to say they received this type of information from a health professional (15%), which is also consistent with 2021.

Received information about health impacts of air pollution from health care professional

Received information from doctor/health care professional	Yes	No	Not sure	2021 Yes	2017 Yes
General population n = 2,020	11%	84%	5%	9%	10%
Priority population n = 2,466	15%	80%	5%	12%	N/A

Q22. Has a doctor or other health care professional ever talked to you or provided you with information about the negative effects that air pollution could have on your health specifically?

Having spoken to a health care professional about the negative effects of air pollution on their personal health is a minority across the country and across demographic subgroups. It is higher among the following:

- Younger people (22% age 18 to 34, vs. 7% of older people).
- Those with children under age 18 (25%, vs. 6% with no children in the household).
- Those with a household pregnancy planned or currently in progress (37%, vs. 9% without).
- Those who think air pollution is a very serious local problem (26%).

Among the priority population, seniors are relatively less likely to have discussed air quality and their health with a health professional (6%) than are newcomers (35%), caregivers (23%), or people with chronic conditions (16%).

3. Wildfire Smoke Perceptions, Actions and Information Sources

Prior to the survey questions about wildfire smoke, the term was defined for respondents: “the smoke produced as wildfires burn through forests and grasslands, which can be carried thousands of kilometres from the fire zone”. This is a new section of the survey, so there is no tracking data available.

Level of concern about the health effects of wildfire smoke

Just under eight in ten people in Canada, and over eight in ten of those in the priority population, are concerned about the health effects of wildfire smoke.

People in Canada were asked their level of concern about the health effects of wildfire smoke. Over three-quarters (78%) of the general population express some level of concern, including one-third (34%) who are very concerned. Among the priority population, concern is somewhat higher, with over eight in ten (83%) concerned to some degree, including four in ten (41%) who are very concerned. This is comparable to the proportions who believe that air pollution affects health.

Concern about the health effects of wildfire smoke

Level of concern	Net: Concerned	Very concerned	Somewhat concerned	Not very concerned	Not concerned at all	Not sure
General population n = 2,020	78%	34%	44%	15%	4%	2%
Priority population n = 2,466	83%	41%	41%	13%	3%	1%

Q23. How concerned are you about the health effects of wildfire smoke?

Strong concern about the health impacts of wildfire smoke is higher in the Western provinces (47% Manitoba/Saskatchewan, 46% Alberta, 41% British Columbia) than in the eastern provinces (25% Quebec, 30% Atlantic provinces, 31% Ontario).

In general, strong concern about wildfire smoke health impacts increases as level of outdoor activity increases; concern is lowest among those who do vigorous activities outdoors one day a week or less, and highest among those who do so four or more days a week.

Among the general population, strong concern about the health effects of wildfire smoke is more widespread among:

- Those with children under age 18 (39%, notably those with children age six or under – 43% – vs. 32% with no children in the household)
- Those with a household pregnancy planned or currently in progress (48%, vs. 33% without).
- Those who are very familiar with their community’s air quality information (69%) or who think air pollution is a very serious local problem (68%).

Among the priority population, newcomers are the most likely to express concern about wildfire smoke (49%), followed by caregivers (45%), people with chronic conditions (42%) and seniors (40%).

Steps taken to prepare for wildfire smoke events

The top actions people in Canada have taken to prepare for wildfire smoke events are to seal windows and doors, and clean or replace device air filters; two in ten also say they set air quality change notifications on the WeatherCAN app.

People in Canada were asked what steps they have taken to prepare for wildfire smoke events (from a list provided). Respondents are most likely to properly seal windows and doors (30%), or to clean or replace the air filters of ventilation systems or portable air cleaners (29%). Some use the WeatherCAN app to set notifications on air quality changes (19%) or keep extra air device filters on hand (18%). Just under four in ten (37%, and one-third of those in the priority population) say they have not prepared for a wildfire smoke event.

Actions taken by the priority population echo those of the general population, with slightly more saying they clean or replace air filters (35%). They are no more likely than the general population to get medical advice on managing health during a wildfire smoke event.

Steps taken to prepare for possible wildfire smoke events

Steps taken to prepare for wildfire smoke events	General population n = 2,020	Priority population n = 2,466
NET: Taken at least one step	56%	63%
Properly seal windows and doors	30%	33%
Clean/replace the air filters of ventilation systems and/or portable air cleaner(s)	29%	35%
Use the WeatherCAN app to set notifications on air quality changes	19%	22%
Keep extra air device filters on hand	18%	20%
Change vehicle cabin filters regularly	15%	19%
Maintain a supply of necessary medications and always carry these during wildfire season	14%	17%
Get medical advice on how to manage health during a wildfire smoke event	9%	10%
None of the above – have not prepared for wildfire smoke	37%	32%
Not sure	7%	5%

Q24. Which, if any, steps have your household taken to prepare for possible wildfire smoke events?

Wildfire smoke preparations are similar across the country, except that Quebec residents are least likely to have taken at least one action (45%, vs. 54% to 72% of other regions). Taking at least one action to prepare is higher among:

- Those with children under age 18 (69%, vs. 52% with no children in the household)
- Those with a household pregnancy planned or currently in progress (79%, vs. 55% without).

- Those who think air pollution is a very serious local health problem (74%), are very familiar with their community's air quality information (85%) or who recall the AQHI (71%).

Homeowners and renters are equally likely to have taken at least one step to prepare for wildfire smoke, but those actions differ somewhat: homeowners are more likely than renters to have cleaned or replaced the air filters of ventilation systems or portable air cleaners (31%, vs. 25% of renters), while renters are twice as likely to have sought medical advice on how to manage their health during a wildfire smoke event (13%, vs. 7% of homeowners).

Among the priority population, seniors are as likely as other priority population groups to take the top two actions (seal windows and doors and clean/replace air filters), but otherwise are less likely to have taken other steps.

Why steps have not been taken to prepare for wildfire smoke events

The most common reasons for not preparing for wildfire smoke events are that this rarely or never affects their area, or not having thought to do it.

Those who indicate their household has not prepared for wildfire smoke events were asked the reasons why not (from a list provided). The top reason, for over four in ten (44%) of the general population, is that wildfire smoke doesn't affect their area, or only rarely affects it. This is also the top reason for those in the priority population (51%). The next most common reason is not having thought about it. Others say they have not prepared because they do not know what to do or are not concerned about the health risks.

Why steps have not been taken to prepare for possible wildfire smoke events

Reasons for not taking wildfire smoke preparation steps	General population n = 734	Priority population n = 767
Wildfire smoke doesn't affect my area, or only rarely affects it	44%	51%
Did not think about it	37%	34%
Lack of information/don't know what to do	21%	19%
Not concerned about wildfire smoke/not a health risk	16%	11%
Too expensive/cannot afford to buy equipment/filters	9%	7%
Lack of time/too busy	6%	5%
Other	4%	4%

Q25. [IF Q24=DO NOT PREPARE] Why has your household not prepared for possible wildfire smoke events? (BASE: those who have not prepared for wildfire smoke events: Gen pop n = 734, Priority n = 767)

The top reason given by those who have not prepared for wildfire smoke events varies by province. In the Eastern provinces (Atlantic, Quebec, Ontario), the top reason is that wildfire smoke rarely or never affects their area; in the Western provinces (BC, Alberta and Manitoba/Saskatchewan), the top reason is that they did not think about preparing for such events.

Among priority populations who have not taken steps to prepare for wildfire smoke events, seniors are the most likely of any priority population group to say it's because their area is not affected by wildfire smoke, and otherwise less likely to give other reasons.

Experience with wildfire smoke events

Half of people in Canada report experiencing a wildfire smoke event affecting their community in the past 12 months, reaching eight in ten in Manitoba/Saskatchewan and almost two-thirds in Alberta.

Half of people in Canada say they experienced a wildfire smoke event that affected their community in the last 12 months; this proportion is the same for both the general (48%) and priority (49%) populations.

Experienced a wildfire smoke event affecting community in last year

Experienced a wildfire smoke event	Yes	No	Not sure
General population n = 2,020	48%	45%	7%
Priority population n = 2,466	49%	45%	6%

Q26. Have you experienced a wildfire smoke event affecting your community in the last year (12 months)?

Reported past year experience of a wildfire smoke event is highest in Manitoba/Saskatchewan (80%), followed by Alberta (65%) and lowest in Quebec (31%); BC (52%), Ontario (46%) and the Atlantic provinces (51%) fall in between.

Among the priority population, newcomers are less likely than other priority population groups to report experiencing a wildfire smoke event (40% vs. 50% of caregivers, 52% of seniors, and 53% of those with chronic conditions).

Effects of wildfire smoke

About two-thirds who indicated that they experienced a wildfire smoke event in the past year report a negative effect as a result, the most common being eye, nose or throat irritation.

Those who indicated they experienced a wildfire smoke event in the past year (48% of the general population) were asked if they or anyone in their household experienced any of a list of possible negative effects as a result. Of this group, more than six in ten (64%) noted at least one effect (67% among the priority population). When calculated as a function of the total sample, the proportion reporting at least one negative effect translates to 31% of all people in Canada.

The most widely experienced impact is eye, nose or throat irritation, followed by respiratory issues and headaches. Small proportions also experienced negative impacts on their mental health or on their employment. The negative effects experienced by the priority population echo those of the general population.

Household experienced negative effects due to a wildfire smoke event in last year

Negative effects experienced by household due to a wildfire smoke event	General population n = 1,018	Priority population n = 1,281
NET: Experienced at least one effect	64%	67%
Irritation (e.g., runny eyes, runny nose, sore throat)	48%	49%
Breathing or respiratory issues	31%	34%
Headaches	28%	27%
Negative impacts on mental health	13%	13%
Negative impacts on work/employment/ financial stability	7%	7%
Other	1%	1%
None of the above/no health effects	32%	29%
Not sure	4%	4%

Q27. [IF Q26=01 YES] When you experienced a wildfire smoke event in the past year, did you or anyone in your household experience any of the following effects? (BASE: those who experienced a wildfire smoke event in the past year: Gen pop n = 1,018, Priority n = 1,281)

Among those who indicated that they experienced a wildfire smoke event in the past year, reports of at least one negative effect are more common in the Western provinces (74% Alberta, 72% Manitoba/Saskatchewan, 70% BC) and lower in the Eastern provinces (59% Ontario, 58% Quebec, 53% Atlantic provinces). Experience of at least one negative effect is also higher among:

- Younger people (77% age 18 to 34, vs. 59% aged 35 or older), which is consistent with being less likely than others to reduce the time spent outdoors in times of poor outdoor air quality.
- Women (69%, vs. 59% of men). Women are also more likely to report experiencing headaches (34% vs. 22%).
- Those with children under age 18 (78%, vs. 59% with no children in the household).
- Those with a household pregnancy planned or currently in progress (92%, vs. 62% without).

Among the priority population, seniors are the least likely to report experiencing any negative effect (53%, vs. 85% for newcomers, 79% for caregivers, 71% for people with chronic conditions).

Actions taken in response to poor air quality caused by wildfire smoke

Most people in Canada who indicated that they experienced a wildfire smoke event in the past year report taking some kind of action, most commonly by closing doors and windows, and reducing or cancelling time outdoors.

Those experiencing a wildfire smoke event in the past year were asked what, if any, actions they or others in their household took to deal with the poor air quality (from a list provided). Most people in this group (88% of the general population) took at least one action. The most common actions are closing all windows and doors (65%) or reducing time spend outdoors/cancelling or postponing outdoor activities (64%), followed by reducing or postponing strenuous outdoor activities (51%). Some checked the AQHI or InfoSmog for information and guidance (31%) or wore a face mask outside (23%).

The actions reported by the priority population in response to wildfire smoke echoes that of the general population.

Actions taken in response to poor air quality caused by wildfire smoke

Actions taking due to poor air quality caused by wildfire smoke	General population n = 1,018	Priority population n = 1,281
NET: Took at least one action	88%	92%
Closed all windows and doors until the outdoor air quality improved	65%	66%
Reduced time spent outdoors/cancelled or postponed outdoor activities	64%	65%
Reduced or postponed strenuous outdoor activities	51%	53%
Checked the Air Quality Health Index (AQHI) or InfoSmog for health information and followed the directions given	31%	32%
Wore a disposable or cloth face mask over mouth and nose while outdoors	23%	27%
Used a portable air cleaning system or homemade air cleaner	17%	21%
Wore a well-fitting N95 (NIOSH-certified) respirator when outside	10%	12%
Upgraded ventilation system filters	8%	12%
Saw a doctor/other healthcare professional to manage health symptoms	4%	6%
Nothing - no wildfire-related air quality issues in my community	1%	<1%
Nothing – continued usual activities	10%	7%
Not sure	1%	1%

Q28. [IF Q26=01 YES] Which actions, if any, did you or others in your household take in response to poor air quality caused by wildfire smoke in your community? (BASE: those who experienced a wildfire smoke event in the past year: Gen pop n = 1,018, Priority n = 1,281)

Most actions taken are similar across the country, with a few notable exceptions:

- Residents of Alberta and Manitoba/Saskatchewan are among the most likely to take many of the actions, and those in Quebec or the Atlantic are among the least likely. Reports of checking the AQHI or InfoSmog ranges from a low of 19 percent in Quebec to a high of 40 percent in Alberta.
- Taking actions that involve sealing up the home or reducing outdoor time increase with age. However, younger people are relatively more likely to check the AQHI or InfoSmog (41% aged 18 to 34, vs. 28% aged 35 or older).
- Women are notably more likely than men to say they closed all windows and doors (69% vs 61%), or reduced time spent outdoors (71% vs. 57%).
- Taking action in response to poor air quality during a wildfire smoke event is higher among those who think air pollution is a serious local hazard, or those who say they are very familiar with their local air quality information.

Among the priority populations, seniors are the most likely to take certain actions related to staying indoors (closing all windows and doors, reducing time spent outdoors, reducing strenuous outdoor activities), but are relatively less likely to report any other actions, including checking the AQHI or InfoSmog (26%, vs. 32% to 37% of other priority groups).

Opinions about wildfire smoke events and exposure

Majorities of people in Canada correctly understand that they are not safe from wildfire smoke because they live far from wildfire activity, that wildfire smoke can have a negative effect even when it doesn't smell smoky or look hazy, and that there are things they can do to protect themselves from exposure.

All respondents, regardless of whether they indicated that they experienced a wildfire smoke event in the past year, were asked to indicate their level of agreement or disagreement with three statements about wildfire smoke exposure. Because all three statements are in fact false, disagreement reflects correct understanding. While majorities disagree with each statement, a notable minority agree (ranging from 23% to 39%), indicating some misperceptions exist.

Seven in ten (69%, or 70% of those in the priority population) disagree (correctly) that **There is nothing I can do to protect myself from wildfire smoke exposure**. Six in ten (60%, or 61% of those in the priority population) disagree that **Wildfire smoke only has a negative impact on health when it smells smoky or looks hazy outside**. Just under six in ten (56% for both populations) disagree that **"I am safe from wildfire smoke because I live far away from wildfire activity."**

Opinions about wildfire smoke events and exposure

Opinions	Net: Agree	Strongly agree	Some- what agree	Some- what disagree	Strongly disagree	Net: Disagree	Not sure
I am safe from wildfire smoke because I live far away from wildfire activity (false)							
General population n = 2,020	39%	10%	29%	29%	27%	56%	6%
Priority n = 2,466	39%	10%	29%	29%	28%	56%	5%
Wildfire smoke only has a negative impact on health when it smells smoky or looks hazy outside (false)							
General population n = 2,020	31%	10%	20%	31%	29%	60%	9%
Priority n = 2,466	31%	11%	20%	32%	30%	61%	7%
There is nothing I can do to protect myself from wildfire smoke exposure (false)							
General population n = 2,020	23%	6%	17%	39%	30%	69%	8%
Priority n = 2,466	23%	6%	17%	39%	32%	70%	7%

Q29-31. Please indicate how much you agree or disagree with the following statements:

Agreement (meaning misperception) that they are safe from wildfire smoke because of living far from it is higher among residents of Ontario (45%), Quebec (43%) and the Atlantic provinces (39%) than in Manitoba/Saskatchewan (26%) and Alberta (25%).

Younger people are also more likely to hold the misperceptions that:

- They are safe from wildfire smoke because of living far from it (49% aged 18-34 agree, vs. 35% aged 35 or older)

- Wildfire smoke has a negative impact only when it smells smoky or looks hazy (40% aged 18-34 agree, vs. 27% aged 35 and older).

Among the priority population, misperceptions related to all three statements are most evident among newcomers to Canada, and least evident among seniors.

Preparedness for wildfire smoke events

There are mixed views among people in Canada as to whether they are well prepared for possible wildfire smoke events: four in ten agree, while half disagree.

All respondents, whether or not they indicated that they experienced a wildfire smoke event in the past year, were asked if they agree or disagree with the statement: **My household is well prepared for possible wildfire smoke events.**

There are mixed views on personal preparedness. Within the general population, four in ten (39%) agree they are prepared, while half (49%) disagree and one in ten (12%) are not sure enough to say. The priority population is somewhat more likely to agree they are prepared (44%).

Preparedness for wildfire smoke events

Opinions	Net: Agree	Strongly agree	Some- what agree	Some- what disagree	Strongly disagree	Net: Disagree	Not sure
My household is well prepared for possible wildfire smoke events							
General population n = 2,020	39%	7%	32%	31%	18%	49%	12%
Priority n = 2,466	44%	8%	36%	29%	15%	45%	12%

Q32. Please indicate how much you agree or disagree with the following statements:

Agreement (strongly or somewhat) that **My household is well prepared for possible wildfire smoke events** is higher among:

- Albertans (53%, vs. 26% of Quebecers and between 40% to 46% in other provinces).
- Men (42%, vs. 36% of women).
- Those with a child under 18 (44%, vs. 37% without a child).
- Those with a household pregnancy planned or currently in progress (53%, vs. 39% without).
- Those who are active outdoors for at least two days a week in summer or winter
- Those who believe air pollution is a very serious local hazard (49%).
- Those who have experienced a wildfire smoke event in the past 12 months (48%, vs. 31% who did not).

Among the priority population, newcomers are most likely to feel prepared (54%, vs. 46% of caregivers, 44% of those with chronic conditions and 42% of seniors).

Likelihood of wildfire smoke affecting community in next two years

Two-thirds believe it is at least somewhat likely that their community will be impacted by wildfire smoke in the next two years, and three in ten think it very likely. This belief is notably higher in the Western provinces.

Two-thirds of people in Canada (66%) believe wildfire smoke will affect their community in the next 24 months, including three in ten who think it is very likely. These views are similar among members of priority populations.

Likelihood that wildfire smoke will affect local community in the next two years

Likelihood of wildfire smoke affecting community	Net: Likely	Very likely	Somewhat likely	Not very likely	Not at all likely	Not sure
General population n = 2,020	66%	31%	35%	20%	6%	8%
Priority population n = 2,466	68%	32%	36%	21%	6%	6%

Q33. How likely do you think it is that wildfire smoke will affect your community in the next two years (24 months)?

Belief that they are very likely to experience wildfire smoke within the next two years varies across the country: it is at least twice as high in the Western provinces (53% Alberta, 52% Manitoba/Saskatchewan, 47% BC) than in the Eastern provinces (26% Ontario, 25% Atlantic provinces, 16% Quebec).

Belief that they are likely (very or somewhat) to be impacted locally by wildfire smoke in the next 24 months is also higher among:

- Those who are active outdoors at least two days per week in the summer (73%, vs. 60% those active one or fewer days).
- Those who think air pollution is a very or somewhat serious local hazard (74%, vs. 59% who say it is not serious).
- Those who are very or somewhat familiar with their local air quality information (78%, vs. 59% less familiar). It is also higher among those who recall the AQHI (80%, vs. 58% who do not).
- Those who experienced a wildfire smoke event in the past year (89%, vs. 44% who did not).

Majorities of all priority population groups think it is at least somewhat likely their community will be affected by wildfire smoke in the next two years, although this view is relatively less widespread among newcomers (61%, vs. 67% of seniors, 69% of caregivers and 71% of those with a chronic condition).

Level of knowledge about health risks of wildfire smoke

More than half of people in Canada feel at least somewhat informed about the health risks of wildfire smoke, but few say they are very informed.

A majority of the general population (58%) feel they know at least something about the health risks of wildfire smoke, but few (11%) say they are very informed. Priority populations are relatively more likely to feel at least somewhat informed (64%), but are no more likely than the general population to feel very knowledgeable on this topic (12%).

Level of knowledge about the health risks of wildfire smoke

Knowledge about health risks of wildfire smoke	Net: Informed	Very informed	Somewhat informed	Not very informed	Not at all informed	Not sure
General population n = 2,020	58%	11%	47%	28%	8%	5%
Priority population n = 2,466	64%	12%	52%	27%	6%	3%

Q34. How informed do you feel about the health risks associated with wildfire smoke?

Feeling informed (very or somewhat) about the health hazards of wildfire smoke is highest in the Western provinces (74% Alberta, 72% Manitoba/Saskatchewan), 71% BC), followed by the Atlantic provinces (62%) and Ontario (56%), and is lowest in Quebec (41%) – where half of Quebecers (53%) say they are not informed.

Feeling informed about the health impacts of wildfire smoke is also more pronounced among people in higher socio-economic strata: those post-secondary education (60%, vs. 52% with high school or less), and those with household incomes of at least \$40,000 (61%, vs. 46% with lower income).

The following groups also have higher proportions who feel informed about wildfire smoke and health:

- Those with a child age 6 or under (69%) or age 7 to 12 (66%, vs. 57% without a child and 56% with a child age 13 to 17).
- Those with a household pregnancy planned or currently in progress (72%, vs. 58% without).
- Those who are active outdoors for at least two days a week in summer (68%, vs. 47% less active) or winter (72%, vs 52% less active).
- Those who believe air pollution is a very (65%) or somewhat (62%) serious local hazard (vs. 56% who think it is less serious).
- Those who say they are very (91%) or somewhat (77%) familiar with air quality information for their area (vs. 51% less familiar), and those who recall the AQHI (77%, vs. 47% who do not).
- Those who experienced a wildfire smoke event in the past 12 months (71%, vs. 46%).

Recall wildfire smoke health information

Four in ten people in Canada, and just under half of those in the priority population, recall seeing or hearing information about the health effects of wildfire smoke in the last year, mainly from television or the Weather Network, although some recall a government source, such as the Weather Office website or GOC web pages.

Four in ten of the general population (42%) and just under half (48%) of the priority population, say they have heard or seen information about the health effects of wildfire smoke in the past 12 months.

Recall information about the health effects of wildfire smoke in the last year

Recall wildfire smoke health information	Yes	No	Not sure
General population n = 2,020	42%	40%	17%
Priority population n = 2,466	48%	36%	16%

Q35. Do you recall seeing or hearing information about the health effects of wildfire smoke in the last year (12 months)?

Past year recall of information about wildfire smoke health effects is higher in Manitoba/Saskatchewan (52%) than in other regions. It is also higher among:

- Those with post-secondary education (44%, vs. 35% with high school or less).
- Those with household incomes of \$100,000 or more (48%).
- Those with a child under 18 (48%, particularly with a child age six or under – 55% – vs. 40% without a child).
- Those with a household pregnancy current or planned (63%, vs. 42%).
- Those who are active outdoors for at least two days a week in summer (52%) or winter (59%).
- Those who believe air pollution is a very serious local hazard (54%).
- Those who are very familiar with air quality information for their area (67%) or who recall the AQHI (60%, vs. 32% who do not).
- Those who have experienced a wildfire smoke event in the past 12 months (55%, vs. 33% not).

Among the priority population, there is a similar level of recall of such information across all priority population groups.

Source of information. Those who recall information about the health effects of wildfire smoke in the past year were asked where they saw or heard this information (from a list provided). The most widely recalled source is the media, including television (52%) and the Weather Network (47%). Many indicate getting information from a Government of Canada source (43%), such as the Weather Office web site (22%), another GOC web page (22%) or the WeatherCAN app (17%). Similar information sources are recalled by the priority population.

The general population is slightly more likely to recall social media or word-of-mouth sources for wildfire smoke information than for general air quality topics, but these are still indicated by only a minority of people.

Wildfire smoke and health issues information sources

Information source	General population n = 875	Priority population n = 1,191
Any media mention (net)	87%	87%
Television	52%	54%
Weather Network (TV, website, app)	47%	48%
News sources (newspaper, website, app)	41%	40%
Radio	29%	30%
Any government mention (net)	50%	52%
Any Government of Canada mention (net)	43%	44%
Weather Office website	22%	23%
GOC web pages	22%	22%
WeatherCAN app	17%	18%
Public health office website	15%	17%
Provincial/territorial/municipal website	12%	13%
Social media/Facebook/Twitter	23%	21%
Friend/family member	15%	16%
Community-based organization	5%	7%
Other	1%	1%

Q36. [IF Q35= YES ASK] Where did you see or hear information about the health effects of wildfire smoke in the last year? (BASE: those who heard or saw something about the health effects of wildfire smoke event in the past year: Gen pop n =875, Priority n = 1,191)

Recall of sources of wildfire smoke air quality health information is generally similar across most subgroups, with a few notable differences:

- The media is the most common source of information across the board, but recall increases with age (from 74% age 18 to 34 up to 97% of seniors 65+).
- Younger people (18 to 34) are the most likely to recall social media information, and this decreases with age. Those age 18 to 34 are also the most likely to have heard this information from friends or family (24%, vs. 11% aged 35 or older).
- Recall of information from a government source is higher among those under 50 (56%) than those aged 50 and older (46%), and is particularly high among those with greater familiar with air quality information for their community (71%, vs. 38% who are not familiar).

Looking at the priority population, newcomers are relatively more likely to recall information from government sources (72%), and relatively less likely to recall it from the media (67%), compared to other priority groups. Seniors are least likely to recall government information sources (42%, vs. 72% for newcomers, 60% for caregivers and 45% for chronic conditions).

4. Indoor Air Quality Perceptions, Actions and Information Sources

This survey section turned to respondents' knowledge and perceptions of indoor air quality at home.

Rating air quality in home

Eight in ten people in Canada believe their own home's air quality is good or excellent, consistent with 2021.

The general population remains positive in their assessment of their home's indoor air quality, with eight in ten (79%) saying the quality of the air they are breathing in their home is excellent (16%) or good (62%). Under two in ten (16%) say their home air quality is only fair or poor. This echoes the findings of 2021.

Priority populations also hold largely positive perceptions of their indoor air quality, with 82 percent saying it is either good or excellent.

Rating of indoor air quality in home

Quality rating	Net: Excellent or good	Excellent	Good	Only fair	Poor	Not sure	2021 Net: Excellent or Good
General population n = 2,020	79%	16%	62%	15%	1%	5%	77%
Priority population n = 2,466	82%	19%	64%	13%	1%	3%	80%

Q37. How would you rate the quality of the air in your home generally? By air quality I mean the absence and presence of pollutants. Would you say the quality of the air you are breathing in your home currently is...?

Assessing one's home's indoor air quality as good is the dominant response across the country and all subgroups. Perceptions that their indoor air quality is "excellent" are more widespread among:

- Men (19%, vs. 14% of women).
- Those with a child under 18 (20%, especially a child age 6 or under – 24% – vs. those without children, 15%).
- Those living in single-family dwellings (18%, vs. 13% in other dwelling types) and those who own their home (18%, vs. 13% who rent).

Among the priority population, groups are similarly likely to say their indoor air quality is excellent, but seniors are the most likely to indicate it is excellent or good (87%, vs. 81% or 82% of other groups).

Causes of poor indoor air quality

People in Canada remain most likely to identify lack of ventilation as a cause of poor indoor air quality, followed by dirty ducts/vents/furnace filters, dust/dust mites, outdoor air pollution or second-hand smoke. Perceptions have not changed meaningfully since 2021 and are similar for both general and priority populations.

When asked to name the major causes of poor indoor air quality (unprompted, without providing response options), lack of ventilation is most widely mentioned (31%, similar to 26% in 2021). Compared to 2021, there are somewhat more mentions of dirty ducts, vents or furnace filters (15%) and outdoor air pollution (13%) as causing poor indoor air quality, perhaps reflecting wildfire smoke experiences, and fewer mentions of dust (14%). The priority population mentions the same types of indoor air pollutants in very similar proportions to the general population. Responses are generally comparable to 2021.

Major causes of poor indoor air quality (Top mentions of 4% or higher)

Indoor air pollutants	2026 General population n = 2,020	2026 Priority population n = 2,466	2021 General population n = 1,509	2021 Vulnerable population n = 2,050
Lack of ventilation	31%	32%	26%	25%
Dirty ducts / vents / furnace filters	15%	15%	10%	11%
Dust/dust mites	14%	13%	19%	19%
Outdoor air pollution	13%	14%	8%	8%
Second-hand smoke/tobacco	12%	12%	14%	15%
Mould	10%	9%	9%	10%
Cooking fumes/frying oils	6%	7%	4%	5%
Pets/pet dander	5%	4%	7%	8%
Poor house construction/age of house/bad (windows/doors) insulation/leaks	4%	5%	-	-
Gas furnaces/appliances	4%	4%	2%	3%
New carpeting/products/off-gassing	4%	4%	4%	6%
Moisture/dampness/mildew (not mould)	4%	4%	4%	5%
Toxic chemicals	3%	3%	4%	4%
Other mentions (<4% among gen pop in 2026)	25%	26%	24%	27%
Not sure/prefer not to answer	15%	13%	34%	30%

Q38. As far as you know, what are the major causes of poor indoor air quality? Note: newcomers were not included in the 2021 vulnerable population

The causes identified for poor indoor air quality are generally similar across groups; lack of ventilation is the top cause mentioned across the country and by most subgroups.

Impact of indoor air quality on health

Three-quarters of people in Canada believe indoor air quality affects health at least somewhat, which is down from 2021.

Three-quarters of people in Canada (74%) believe that indoor air quality affects health “somewhat” or “a great deal”, which is lower than in 2021 (85%). It is now marginally lower than the proportion who believe outdoor air pollution affects health (78%). Unlike in 2021, about one in ten this year say they are not sure (vs. 2% previously).

The proportion of those in the priority population who say indoor air quality affects health has also declined since 2021 (78%, down from 86%).

Perceived effect of indoor air quality on health

Effect on health of people in Canada	Top 2 Net	A great deal	Somewhat	Not very much	Not at all	Not sure	2021 Top 2 Net
General population n = 2,020	74%	21%	53%	15%	2%	9%	85%
Priority population n = 2,466	78%	24%	54%	14%	1%	7%	86%

Q39. In your view, to what extent does indoor air quality affect the health of people in Canada? Does it affect them...

Among the general population, the perception that indoor air quality affects health “a great deal” is a minority view across the country; it is more widespread among:

- Those age 18-34 (27%).
- Those with children under age 18 (28%, vs. 19% with no children in the household).
- Those with a household pregnancy planned or currently in progress (33%, vs. 21% without).
- Those who experienced a wildfire smoke event (26%, vs. 16% who did not).

Among the priority population, seniors are the least likely to think indoor air quality affects health a great deal (21%, vs. 25% with chronic conditions, 29% of caregivers, and 32% of newcomers).

Actions taken to improve home indoor air quality

Almost four in ten people in Canada, and a slightly larger proportion of the priority population, have taken steps to improve indoor air quality because of its health impact. A wide range of actions are reported, including opening windows when outdoor air is good, using a bathroom or kitchen fan, minimizing dust, and changing/cleaning furnace filters.

Just under four in ten of people in Canada (36%) say they have taken actions to improve poor indoor air quality because of its impact on health; this proportion is slightly higher among the priority population (45%).

Taken steps to improve home indoor air quality

Taken action	Yes	No	Not sure
General population n = 2,020	36%	54%	10%
Priority population n = 2,466	45%	47%	8%

Q40. Have you or others in your household taken specific actions to improve the indoor air quality in your home because of the impact it had on health?

Reported action to improve indoor air quality due to its health impact ranges from a low of 28 percent among residents of Atlantic provinces, to a high of 44 percent of Albertans. Such action is also more widely reported by:

- Those with a postsecondary education (37%, vs. 30% with high school or less).
- Those with household incomes of \$100,000 or more (40%, vs. 33% with lower incomes).
- Those with children under age 18 (44%, vs. 33% with no children in the household).
- Those with a household pregnancy planned or currently in progress (54%, vs. 35% without).
- Those who experienced a wildfire smoke event (45%, vs. 27% who did not).
- Those who rate their home's indoor air quality as excellent (45%, vs. 36% of others).

Among the priority population, seniors are the least likely to have taken action to deal with poor indoor air quality (41%, vs. 45% with chronic conditions, 49% of caregivers, and 57% of newcomers).

Reported actions taken. Those who acted to improve indoor air quality (36% of the general population) were asked what steps they have taken (from a list provided). They report a wide range of actions, with the top ones being opening windows (64%), using a bathroom or kitchen fan (56%), minimizing dust (53%) and changing or cleaning air filters (51%). Those in the priority population give similar answers to the general population.

Actions taken to improve indoor air quality

Actions taking due to improve indoor air quality	General population n = 726	Priority population n = 1,085
Opened windows when outdoor air quality was good	64%	62%
Used a bathroom/kitchen fan	56%	55%
Minimized dust in house	53%	56%
Changed or cleaned furnace filter	51%	50%
Increased frequency of cleaning/vacuuming	49%	50%
Improved ventilation system/changed/cleaned filter	48%	48%
Purchased Carbon Monoxide detector or alarm	44%	46%
Used a portable air purifier/air cleaner/air scrubber	43%	44%
Used cleaning products with fewer chemicals	37%	37%
Had air ducts cleaned	34%	34%
Removed source of pollution (e.g. carpeting, mould)	30%	31%
Followed manufacturer's instructions for furnace/ventilation maintenance	28%	29%
Smoke cigarettes outside only	18%	17%
Reduced time spent in problem location/area	12%	12%
Had professional indoor air monitoring, testing or inspection done	10%	10%
Removed pets from home	7%	7%
Other	4%	3%

Q41. [IF Q40= YES ASK] What steps were taken to improve indoor air quality? (BASE: those who took action to improve their indoor air quality: Gen pop n = 726, Priority n = 1,085)

Opening windows and using fans are the top responses across regions and most subgroups. Most steps are more widely reported by seniors and least so by younger people, with the exception of smoking outdoors only (28% aged 18 to 34, vs. 13% aged 35 or older). Several steps are also more widely reported by those who live in a single-family dwelling or who own their home.

Changing or cleaning furnace filters is more widely mentioned in Western provinces (70% Alberta, 54% Manitoba/Saskatchewan and 45% BC) and Ontario (59%) than in Quebec (31%) or the Atlantic provinces (24%).

Why actions were not taken to improve indoor air quality

The main reason people give for not acting to improve their home's indoor air quality is that it is already good.

Those who have not acted to improve their home's indoor air quality (54% of the general population) were asked the reasons why not (from a list provided). The top reason given is that their indoor air quality is good (38%). Other have not thought about it (30%), are unconcerned about indoor air quality as a health issue (25%), or don't know what to do (22%). These reasons are largely echoed by the priority population who has not acted to improve their indoor air quality.

Why actions were not taken to improve indoor air quality

Reasons for not taking indoor air quality improvement steps	General population n = 1,091	Priority population n = 1,175
The indoor air quality in my home/building is good/not a problem	38%	41%
Did not think about it	30%	27%
Not concerned about indoor air quality as a health issue	25%	22%
Lack of information/don't know what to do	22%	22%
Too expensive/cannot afford to buy equipment to fix it	13%	14%
Lack of time/too busy	9%	9%
Other	2%	2%

Q42. [IF Q40= NO ACTION] Why weren't specific steps taken to improve indoor air quality? (BASE: those who did not take action to improve indoor air quality (Gen pop n = 1,091, Priority n = 1,175))

Responses are generally consistent across regions and population subgroups. The view that their indoor air quality is sufficiently good is higher among those aged 50 and older (45%, vs. 31% under 50), men (42%, vs. 34% of women), and those who own their home (42%, vs. 29% of renters). In turn, renters are more likely than homeowners to say they have not taken action because they did not think about it (35%), or because they can't afford changes (17%) or lack the time (15%).

Among the small subgroup who have not taken action to improve indoor air quality despite experiencing only fair to poor air quality in their home (n=173, representing 8% of the general population), the main reasons given are that they have not thought about (36%), don't know what to do (32%), or can't afford changes (26%).

Sources of indoor air quality health information

The general population is about equally likely to turn to government or media sources to learn about indoor air quality and health.

All respondents were asked where they are most likely to look for information about indoor air quality issues and health (from a list provided). The general population is equally likely to look to government (52%) or media (50%) sources for this information. Notably, they are comparatively less likely to turn to the media for indoor air quality health information than for health information related to general air quality or wildfire smoke. The top individual sources for indoor air quality health information are GOC web pages (30%) or the Weather Network (27%). Two in ten (21%) cannot think of a source they would use for this type of information.

Priority populations report using similar sources of information as the general population.

Indoor air quality health information sources used

Information source	General population n = 2,020	Priority population n = 2,466
Any government mention (net)	52%	56%
Any Government of Canada mention (net)	43%	46%
GOC web pages	30%	32%
Weather Office website	16%	19%
WeatherCAN app	13%	15%
Public health office website	22%	24%
Provincial/territorial/municipal website	12%	13%
Any media mention (net)	50%	54%
Weather Network (TV, website, app)	27%	30%
News sources (newspaper, website, app)	20%	23%
Television	20%	24%
Radio	11%	13%
Social media/Facebook/Twitter	13%	15%
Friend/family member	12%	12%
Community-based organization	8%	10%
Other	4%	3%
Not sure	21%	17%

Q43. Where are you most likely to look for information about indoor air quality issues and health?

Responses are generally consistent across regions and subgroups of the population. Although far from their top source, renters and those with only fair or poor indoor air quality are relatively more likely than others to say they would turn to social media (20% and 19%, respectively).

5. Communication and Trust

Use of Health Canada web pages

Two in ten people in Canada and one-quarter of those in the priority population say they have at some point used a Health Canada web page to find information about health and air quality, whether outdoor or indoor. Of this group, almost nine in ten say the web page was at least somewhat easy to use.

In a new question, people in Canada were asked if they have ever used any of the Health Canada web pages to find information about outdoor or indoor air quality and health. Two in ten of the general population (21%), and one in four of the priority population (24%) say they have.

Used Health Canada web pages for information about air quality and health

Used HC web pages	Yes	No	Not sure
General population n = 2,020	21%	70%	10%
Priority population n = 2,466	24%	67%	9%

Q44. Have you ever used any of the Health Canada web pages to find information about outdoor or indoor air quality and health?

Reported use of Health Canada webpages for health and air quality information is higher in the Western provinces (28% in Alberta, 27% in Manitoba/Saskatchewan and 24% in BC), and lower in the Eastern provinces (19% in Quebec, 18% in Ontario and 13% in the Atlantic provinces).

Reported use is also higher among:

- Younger people (34% aged 18 to 34, vs. 16% aged 35 or older).
- Those with children under age 18 (36%, vs. 16% with no children in the household).
- Those with a household pregnancy planned or currently in progress (52%, vs. 19% without).
- People who are active outdoors two or more days per week in the summer (28%, vs. 11% who are active one day or less).
- Those who think air pollution is a very serious local problem (37%, vs. 24% somewhat serious and 13% not serious).
- People very familiar with local air quality information (51%, vs. 29% somewhat familiar and 11% not very or at all familiar) and those who recall the AQHI (34%, vs. 12% who do not).
- Those who experienced a wildfire smoke event (27%, vs. 14% who did not).
- Those who rate their home's indoor air quality as excellent (31%, vs. 19% of others) and those who have taken steps to improve their indoor air quality (39%, vs. 10% who did not).
- Renters (26%, vs. 19% of homeowners).

Among the priority population, seniors are the least likely to have used a Health Canada web site (13%, vs. 23% with chronic conditions, 33% of caregivers, and 43% of newcomers).

Ease of use. Those who used a Health Canada web page to get air quality and health information were asked to rate how easy it was to use. Almost nine in ten (86%) said it was very (30%) or somewhat (56%) easy to use. The priority population holds similar views about ease of finding the desired information.

Ease of using HC web pages to find air quality and health information

Ease of use of HC air quality and health pages	Net: Easy	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Not sure
General population n = 425	86%	30%	56%	9%	<1%	4%
Priority population n = 598	90%	32%	59%	7%	<1%	2%

Q45. How easy or difficult was it to find air quality and health information on the Health Canada web pages? (BASE: those who have ever used a Health Canada web page to find air quality and health information: Gen pop n = 425, Priority n = 598)

Perceptions that the Health Canada web pages are very easy to use is higher among:

- Younger people (39% aged 18 to 34, vs. 22% aged 35 or older).
- Those with high school or less education (44%, vs. 27% with a post-secondary education).
- Those with children under age 18 (36%, vs. 24% with no children in the household).
- Renters (39%, vs. 26% of homeowners).
- Those who rate their home's indoor air quality as excellent (51%, vs. 23% of others).

Among the priority population, seniors are the least likely to say it was very easy to find the air quality and health information on the Health Canada web pages they used (20%, vs. 33% with chronic conditions, 35% of caregivers, and 37% of newcomers).

Missing air quality information on HC web pages

Around four in ten people who have used a Health Canada web page to get air quality and health information say there were things they were unable to find. They were most likely to miss seeing how long poor air quality conditions would last, local AQ information, or how people can reduce air pollution.

Those who have ever used any of the Health Canada web pages to find information about outdoor or indoor air quality and health (21% of the general population) were asked if there was information they were unable to locate. Of this group, around four in ten (36% general population, 40% priority population) say there was missing information.

Any air quality and health information unable to find

Missing info on HC web pages	Yes	No	Not sure
General population n = 409	36%	45%	19%
Priority population n = 584	40%	42%	18%

Q46. Was there any air quality and health information you were unable to find on the Health Canada web pages? (BASE: those who have ever used a Health Canada web page to find air quality and health information: Gen pop n = 409, Priority n = 584)

The perception of missing information on Health Canada web pages is more widespread among:

- Younger people (45% aged 18 to 34, vs. 29 aged 35 or older).
- Those with children under age 18 (48%, vs. 28% with no children in the household).
- Those with a household pregnancy planned or currently in progress (49%, vs. 33% without).
- Those who think air pollution is a very serious local problem (50%, vs. 37% somewhat serious and 18% not serious) or people very familiar with local air quality information (52%, vs. 31% less familiar).

Among the priority population, seniors are the least likely to say information was missing (19%, vs. 40% with chronic conditions, 47% of caregivers, and 52% of newcomers).

What information was missing. Those who said there was air quality and health information they could not find on the Health Canada web pages were asked to recall what information was lacking (from a list provided). Respondents point to multiple types of missing information, including how long poor air quality conditions will last, air quality information for their local area, or how people can reduce air pollution or make the air cleaner.

What air quality and health information was not located on HC web pages

Missing AQ information on HC web pages	General population n = 143	Priority population n = 218
How long poor air quality conditions will last	44%	43%
Air quality information for my local area	38%	34%
How people can reduce air pollution/make the air cleaner	36%	33%
How to limit exposure to/protect yourself from poor air quality	33%	28%
Current information about air quality research	29%	35%
What are the health effects/risks of poor air quality	23%	24%
Other	4%	2%
Not sure	7%	9%

Q47. [IF Q46= YES ASK] What air quality and health information was not provided? (BASE: those who say HC web pages missed air quality and health information they sought: Gen pop n = 143, Priority n = 218)

Subgroup bases are too small for deeper analysis.

Trustworthy sources for air quality information

People in Canada consider the federal government to be the most trustworthy source for air quality information, followed by provincial and municipal governments, which is unchanged from 2021.

Respondents were asked to rank the top three most trustworthy sources of air quality information from a list provided. Among the general population, the federal government is ranked at the top, with 39 percent rating it as the most trustworthy source (consistent with 36% in 2021), and a total of 73 percent rating it among the top three most trustworthy sources of information (virtually unchanged from 72% in 2021).

Majorities rank provincial governments (65%) and municipal governments (57%) within their top three most trustworthy sources (both of which are also virtually unchanged from 2021, at 66% and 58%, respectively).

The priority population provides very similar rankings for all information sources.

Trust rating of sources for air quality information

Air quality information sources	Ranked as most trustworthy		Ranked among top 3	
	General population (n = 2,020)	Priority population (n = 2,466)	General population (n = 2,020)	Priority population (n = 2,466)
Federal government (e.g. Health Canada, Environment and Climate Change Canada)	39%	39%	73%	71%
Municipal government / local health authorities / public health unit	14%	16%	57%	60%
Provincial government (e.g. provincial ministry of health)	14%	15%	65%	66%
Family doctor	11%	10%	30%	28%
NGO (e.g. environmental or health organization)	9%	8%	30%	28%
Word of mouth / friends / family	5%	5%	14%	14%
ChatGPT or other Artificial Intelligence (AI) source	3%	3%	8%	9%
Other health professional	2%	2%	16%	15%
Social media influencers (e.g. Instagram, blogs, Facebook, Twitter)	1%	1%	8%	9%

48. From the following list, please rank the top three sources you would consider most trustworthy for air quality information, where "1" is most trustworthy, "2" is second most trustworthy and "3" is third most trustworthy.

Looking at the combined top three rankings, the federal government is the most trusted source across region and most subgroups.

Trust in the federal government increases with age (from 66% aged 18 to 34 to 80% of seniors) and education (from 65% with high school or less to 77% with a university degree); women also express slightly more trust than do men (76% vs 71%).

There are some differences between groups:

- The federal government is relatively more likely to be rated as a top three source by those aged 35 and older (76%), those with a postsecondary education (75%), those with no children (77%) and those with no household pregnancy planned or current (77%).
- The federal government is also more trusted by those who recall the AQHI (77%, vs. 71% do not recall).
- Provincial governments are most often chosen as a top three source by residents of British Columbia (73%), Manitoba/Saskatchewan (69%) and Quebec (71%).
- All three levels of government (federal, provincial, municipal) fall within the top three most trusted sources for air quality information for both homeowners and renters. However, the extent of trust in provincial (68%, vs. 57%) and municipal (61%, vs. 48%) governments is higher among homeowners than renters. In turn, renters are relatively more trusting than homeowners of air quality information from their family doctor, other health professional, or family/friends.

Among the priority population, newcomers are the least likely to trust any level of government for this type of information, while seniors are the most likely.

II. Appendix A: Methodology

EnviroNics Research conducted an online survey with people in Canada aged 18 and over from February 17 to March 3, 2026. The sample was split into two distinct groups:

- General population (n = 2,020).
- An oversample of the priority population, defined as those with chronic conditions⁴, caregivers of children or elderly relatives, seniors, or newcomers to Canada (n = 1,139).

Sample Composition

General population	Priority within general population	Priority oversample	Total priority
2,020	1,327	1,139	2,466

Survey respondents were selected from registered members of an opt-in online panel. Since a sample drawn from an online panel is not a random probability sample, no formal estimates of sampling error can be calculated.

Sample design, weighting and respondent profile

The sampling method was designed to complete interviews with 3,325 people in Canada ages 18 and over (2,000 general population plus 1,325 priority oversample).

Quotas for the general population were set by age, gender, and region, as follows:

- Age quotas were set to include a higher proportion of older people in Canada (55+) than actual population proportions. This was to ensure sufficient sample sizes of those in the priority population who are more likely to fall into this age bracket (i.e. chronic conditions, caregivers, and seniors).
- Disproportionate (or stratified) regional quotas were used to provide more robust sample sizes for analysis of smaller regions (such as the Atlantic and Prairie provinces).

The final general population data were then weighted to ensure the sample is representative of the Canadian population, according to the most recent Census (2021).

⁴ Chronic conditions accepted in the 2026 survey were slightly different than in previous surveys. They included: asthma; another chronic lung disease such as emphysema, chronic bronchitis or cystic fibrosis; a heart condition such as angina, high blood pressure, heart failure, heart attack; cancer; diabetes (Type 1/Type 2); and any other long-term condition that can make it difficult to breathe (ex. severe hay fever or seasonal/environmental allergies).

The survey obtained the following distribution for the general population:

Variable	% of population	Target (quota)	% of sample	Actual Unweighted	Actual Weighted*
Jurisdiction					
Atlantic	7%	200	10%	194	131
Quebec	24%	425	21%	425	465
Ontario	39%	550	28%	559	778
Manitoba / Saskatchewan	7%	200	10%	205	135
Alberta	12%	300	15%	306	233
British Columbia	14%	325	16%	327	273
CANADA	100%	2,000	100%	2,020	2,020
Age					
18-34	27%	540	27%	542	547
35-49	24%	480	24%	481	484
50-64	25%	500	25%	510	504
65+	24%	480	24%	487	485
Gender					
Male +	49%	980	49%	961	991
Female +	51%	1,020	51%	1,040	1,011

*Results are weighted by region, gender and age to 2021 Census data.

The following table presents the weighted distribution of general population survey participants by specific variables.

Variable	Total sample %	% of population
Education ^α		
High school or less	18	33
Apprentice/college/some university	33	34
University graduate/post-graduate	48	33
Employment status ^α		
Full time/self employed	54	50
Part time	8	11
Not in work force (including retired)	37	35
Total annual household income⁺		
Under \$40,000	16	19
\$40,000-<\$80,000	28	28
\$80,000-<\$100,000	14	12
\$100,000-<\$150,000	23	20
\$150,000 or more	19	20
Survey language /official languages		
English	80	74
French	20	26

^α Actual Census categories differ from those used in this survey; categories have been adjusted to correspond. Statistics Canada figures for education are for Canadians aged 25 to 64 years. For employment age 15+.

⁺ Percentaged on those providing a response

Quotas for the priority oversample were set by priority category:

- Chronic conditions: n=100
- Caregivers (parents of children aged 12 and younger or those caring for elderly parents): n=500
- Seniors age 65 or older n=500
- Newcomers (in Canada five years or less) n=225

For analysis, this sample was combined with those in the priority population identified in the general population sample, and the entire group was weighted by region to match 2021 Census data. In total, there were 2,466 respondents classified as priority per the screening questions.

Priority Population Sample Composition

Category	General Population	Oversample	Total
Chronic conditions	720	533	1,253
Caregivers	531	541	1,072
Seniors	487	572	1,059
Newcomers	84	298	382
Total*	1,327	1,139	2,466

* Categories add up to more than totals due to overlap between categories (i.e., someone can be both a senior and an individual with chronic conditions).

Questionnaire design

Health Canada provided Environics with desired topic areas and questions addressing the research objectives, including tracking questions from previous surveys. Environics then designed a questionnaire incorporating these questions and using best practices in question design, particularly for online surveys. Upon approval of the English questionnaire, Environics arranged for the questionnaire to be translated into French by professional translators.

Environics' data analysts programmed the questionnaires, then performed thorough testing to ensure accuracy in set-up and data collection. This validation ensured that the data entry process conformed to the survey's basic logic. The data collection system handles sampling invitations, quotas and questionnaire completion (skip patterns, branching, and valid ranges).

Prior to finalizing the survey for field, a pre-test (soft launch) was conducted in English and French. The pre-test assessed the questionnaires in terms of question wording and sequencing, respondent sensitivity to specific questions and to the survey overall, and to determine the survey length; standard Government of Canada pre-testing questions were also asked. As no changes were required following the pre-test, the n=92 responses (62 English, 30 French) have been included in the final data set.

The final survey questionnaire is included in Appendix B.

Fieldwork

The survey was conducted by Environics using a secure, fully featured web-based survey environment. The average interview length was 17.34 minutes.

All respondents were offered the opportunity to complete the surveys in their official language of choice. All research work was conducted in accordance with the Standards for the Conduct of Government of Canada Public Opinion Research – Online Surveys and recognized industry standards, as well as applicable federal legislation (Personal Information Protection and Electronic Documents Act, or PIPEDA).

Following data collection, the data from this survey were statistically weighted to ensure the sample is representative of the Canadian population according to the most recently available Census information.

Completion results

The completion results are presented in the following table.

Contact disposition

Disposition	N
Total invitations (c)	90,677
Total completes (d)	3,159
Qualified break-offs (e)	1,054
Disqualified (f)	3,108
Not responded (g)	82,131
Quota filled (h)	1,225
Contact rate = (d+e+f+h)/c	9.42%
Participation rate = (d+f+h)/c	8.26%

Non-response bias analysis

The table below presents a profile of the final general population sample (unweighted), compared to the actual population of Canada (2021 Census information). The final sample underrepresents those with high school or less education, which is a typical pattern for public opinion surveys in Canada (e.g., those with more education are more likely to respond to surveys). Note that age quotas deliberately oversampled those over 55 to ensure sufficient sample sizes in specific groups of interest, therefore age is excluded from this analysis.

Non-response bias analysis

Sample type	Sample*	Canada (2021 Census)
Gender (18+)		
Male +	48%	49%
Female +	52%	51%
Education level ^α		
High school diploma or less	19%	33%
Trades/college/post sec no degree	34%	34%
University degree	48%	33%

* Data are unweighted and percentaged on those giving a response to each demographic question

^α Actual Census categories differ from those used in this survey and have been recalculated to correspond. Statistics Canada figures for education are for Canadians aged 25 to 64 years.

III. Appendix B: Questionnaire

Health Canada Air Quality Health Index (AQHI) and Indoor Air Behaviour Change

LANDING PAGE

Please select your preferred language for completing this survey / SVP choisissez votre langue préférée pour remplir ce sondage.

- 1 English / Anglais
- 2 Français / French

Welcome to the survey. Environics Research, an independent research company, is conducting this survey about current issues of interest to Canadians on behalf of the Government of Canada.

Your participation is voluntary, and your responses will be kept entirely confidential and anonymous. The survey will take about 15 minutes to complete and is registered with the Canadian Research Insights Council's (CRIC) Research Verification Service.

[Click here](#) if you wish to verify the authenticity of this survey. The verification number is 202600202-EN166. To view our privacy policy, [click here](#).

The survey is best completed on a computer or a tablet. If you are completing this survey on a smart phone, please turn the device to landscape (horizontal/sideways) mode so that all questions display correctly.

If you have any questions about the survey, please contact Environics Research at onlineresearch@environics.ca.

Please click on >> to continue.

< **PROGRAMMING NOTE: All questions are mandatory unless specified.** >

Section 1: Screening and initial demographics

A. In what month/year were you born?

MONTH DROPDOWN (January-December)

NUMERIC DROPDOWN (<1910 to >2007)

IF UNDER 18 THANK AND TERMINATE

[SENIORS QUOTA: 65 OR OVER]

B. In what province or territory do you live?**PROVINCE/TERRITORY DROP-DOWN LIST****TERMINATE IF NO RESPONSE****C. What is your gender?**

01 – Man

02 – Woman

03 – Or please specify

99 – Prefer not to answer

D. How long have you been living in Canada?*Select one only*

01 – Five years or less

NEWCOMER QUOTA

02 – More than five years

03 – I was born in Canada

E. Has a doctor ever told you, or someone else in your household, that you or they have any of the following health conditions?*Check one response for each condition***DISPLAY AS GRID; CHRONIC HEALTH CONDITION QUOTA=01 (SELF) TO ANY a-f**

a) Asthma

b) Another chronic lung disease such as emphysema, chronic bronchitis or cystic fibrosis

c) A heart condition such as angina, high blood pressure, heart failure, heart attack

d) Cancer

e) Diabetes (Type 1, Type 2/Juvenile)

f) Any other long-term condition that can make it difficult breathe (ex. severe hay fever or seasonal/environmental allergies)

01 – Self only

02 – Other only

03 – Both self and other

04 – Neither

99 – Not sure/prefer not to answer

F. Are you a parent, guardian or primary caregiver for a child aged 12 or younger?

01 – Yes

CAREGIVER QUOTA

02 – No

99 – Not sure/Prefer not to answer

G. Are you a caregiver for an elderly parent or relative?01 – Yes **CAREGIVER QUOTA**

02 – No

99 – Not sure/Prefer not to answer

Section 2: Outdoor Air Quality – Perceptions and Information Sources**[2021 Q7 minor wording change]****1. In your view, to what extent does air pollution affect the health of people in Canada? Does it affect them:****Select only one**

01 – A great deal

02 – Somewhat

03 – Not very much

04 – Not at all

99 – Not sure

[2021 Q9]**2. Do you think air pollution affects peoples' health...****Select only one****RANDOMIZE 01-02**

01 –At any level; that is, even when there are only very low levels of pollutants in the air

02 –Only when air pollution reaches a certain level

99 – Not sure

[2021 Q10]**3. How much of a hazard do you believe air pollution presents to the health of people living in your area? Does it present:****Select only one**

01 – A very serious hazard

02 – A somewhat serious hazard

03 – Not a serious hazard

04 – No health hazard at all

99 – Not sure

[2010 HC AQHI]

4. What types of people do you believe are most likely to experience health effects from air pollution?

Select any that apply

[RANDOMIZE 01-12, ANCHOR 98 and 99]

- 01 – People with preexisting health problems
- 02 – Elderly/seniors
- 03 – Children/infants/young people
- 04 – Pregnant women
- 05 – People working/exercising outdoors
- 06 – People with heart disease/conditions
- 07 – People with asthma or other lung disease/conditions
- 08 – Smokers
- 09 – People with weak immune systems
- 98 – Other (SPECIFY _____)
- 97 – None of the above
- 99 – Not sure

[2021 Q13]

5. How familiar are you with the air quality information available for your community?

Select only one

- 01 – Very familiar
- 02 – Somewhat familiar
- 03 – Not very familiar
- 04 – No at all familiar
- 99 – Not sure

NEW

6. Which of the following best describes when you typically look for air quality information?

Select only one

- 01 – Routinely throughout the year (daily or every few days)
- 02 – In the summer / during wildfire season
- 03 – When I suspect poor air quality or hear about an air quality alert
- 04 – I rarely or never look for air quality information
- 99 – Not sure/it varies

[2021 Q32 VARIATION]**7. Where are you most likely to look for information about air quality issues and health?***Select any that apply***[RANDOMIZE 01-12, ANCHOR 98 and 99]**

- 01 – Friend/family member
 - 02 – Weather Network (TV, website, app)
 - 03 – Government of Canada web pages (e.g. Health Canada, Environment Canada)
 - 04 – The Weather Office website (Weather.gc.ca)
 - 05 – WeatherCAN app
 - 06 – Provincial/Territorial/Municipal website
 - 07 – Public health office website
 - 08 – Community-based organization (e.g., The Lung Association)
 - 09 – Radio
 - 10 – Television
 - 11 – News sources (newspaper, news website, news app)
 - 12 – Social media (Facebook, Instagram, X, LinkedIn, YouTube, TikTok, etc.)
 - 98 – Other (SPECIFY _____) **[DO NOT CODE]**
 - 99 – Not sure **[SINGLE MENTION]**
- DO NOT SHOW 20-22: USE AS BACKCODES**
- 20 – Air Quality Health Index/AQHI
 - 21 – Air Quality Index/AQI
 - 22 – InfoSmog

[2021 Q16]**8. Do you get air quality information sent directly to you on a regular basis in any of the following ways?***Select response for each***[RANDOMIZE A-E]**

- a) Through a social media feed
 - b) As an e-mail alert
 - c) As a text message alert
 - d) As a free telephone message alert
 - e) As a notification from a weather forecasting app
- 01 – Yes
 - 02 – No
 - 99 – Not sure

Section 3: AQHI – Familiarity and Use/Actions

[2021 Q18]

9. Do you recall seeing or hearing about a numbered scale that measures air quality or air pollution for your community?

Select only one

01 – Yes

02 – No [SKIP TO Q11]

03 – Maybe

99 – Not sure [SKIP TO Q11]

[2021 Q19]

10. [IF Q9=01 YES OR 03 MAYBE] Can you recall what kind of numbers are shown on this scale to indicate different levels of air quality?

Select only one

01 – 1 to 10 scale

02 – 0 to 100 scale

03 – 0 to 120 scale

98 – Other (SPECIFY _____)

99 – Not sure

[2021 Q19]

ASK ALL

11. Can you recall any particular colour(s) that is/are used to indicate different levels of air quality?

Select only one

[RANDOMIZE 01-04, ANCHOR 98 and 99]

01 – Blue to red/brown spectrum

02 – Red

03 – Blue

04 – Red to green spectrum/Rainbow

98 – Other (SPECIFY _____)

99 – Not sure

[2021 Q21]

12. Can you recall the name(s) of the index(es) or scale that provides air quality information for your community?

RECORD VERBATIM, DO NOT SHOW LIST, USE AS POST-CODES

01 – Air Quality Health Index/AQHI

02 – Air Quality Index/AQI

03 – Air Pollution index

04 – Alberta Air Quality Index

05 – InfoSmog

98 – Other

99 – Not sure

[2021 Q22]

13. Do you recall hearing anything about something called the “Air Quality Health Index” or “AQHI”?

01 – Yes

02 – No **[SKIP TO Q20]**

99 – Not sure **[SKIP TO Q20]**

IF AWARE OF AQHI (Q13=01 YES) ASK Q14-19; OTHERS SKIP TO Q20

NEW 2026

14. Where do you recall seeing or hearing about the Air Quality Health Index?

Select any that apply

[RANDOMIZE 01-12, ANCHOR 98 and 99]

- 01 – Friend/family member
- 02 – Weather Network (TV, website, app)
- 03 – Government of Canada web pages (e.g. Health Canada, Environment Canada)
- 04 – The Weather Office website (Weather.gc.ca)
- 05 – WeatherCAN app
- 06 – Provincial/Territorial/Municipal website
- 07 – Public health office website
- 08 – Community-based organization (e.g., The Lung Association)
- 09 – Radio
- 10 – Television
- 11 – News sources (newspaper, news website, news app)
- 12 – Social media (Facebook, Instagram, X, LinkedIn, YouTube, TikTok, etc.)
- 98 – Other (SPECIFY _____) [DO NOT CODE]
- 99 – Not sure [SINGLE MENTION]

[2021 Q23]

15. When was the most recent time you recall hearing or seeing something about the Air Quality Health Index?

Select only one

- 01 – In the past week
- 02 – In the past month
- 03 – In the past 2 to 3 months **SKIP TO Q.17**
- 04 – In the past 4 to 6 months **SKIP TO Q.17**
- 05 – At least 6 months ago, but less than 12 **SKIP TO Q.17**
- 06 – At least 12 months ago **SKIP TO Q.17**
- 99 – Not sure **SKIP TO Q.17**

[2021 Q24]

16. **[IF PAST MONTH RECALL Q15=01 In the past week OR 02 In the past month] And what specifically do you recall hearing or seeing?**

Select any that apply

SHOW LIST, RANDOMIZE 01-11, ANCHOR 98,99

- 01 – Current air quality conditions
- 02 – Forecast air quality for the day
- 03 – Forecast maximum air pollution level for the day
- 04 – Potential health effects of pollution level for the day
- 05 – Types of pollutants causing poor air quality
- 06 – Forecast for how long an air pollution episode is expected to last
- 07 – How to limit personal exposure to air pollution/How to protect health
- 08 – Who is most at risk to health effects of air pollution
- 09 – What can be done to reduce personal contribution to air pollution
- 10 – Humidity levels
- 11 – Allergen/pollen count
- 98 – Other (SPECIFY _____) [DO NOT CODE]
- 99 – Not sure [SINGLE MENTION]

[NEW]

17. **[IF AWARE OF AQHI Q13=YES] Have you taken specific actions to reduce your own or others' exposure to outdoor air pollution when levels are elevated, in response to what you've heard or seen about the Air Quality Health Index?**

- 01 – Yes
- 02 – No [SKIP TO Q19]
- 99 – Not sure [SKIP TO Q20]

[NEW]

18. **[ASK IF Q17=01 YES] What steps did you take to reduce your or someone else's exposure to outdoor air pollution?**

Select any that apply

RANDOMIZE 01-08, ANCHOR 98/99

- 01 – Cut down on strenuous activity/aerobic exercise outdoors
- 02 – Reduced time spent outdoors/postponed or rescheduled outdoor activities
- 03 – Looked for more information about an advisory/air quality
- 04 – Saw a doctor/health professional

- 05 – Wore a mask while outdoors
- 06 – Left the city/got away from polluted area
- 07 – Used air filtration equipment
- 08 – Used indoor community spaces (e.g., library, community centre)
- 98 – Other (SPECIFY _____)
- 99 – Not sure **[SINGLE MENTION]**

[NEW]

19. **[ASK IF Q17=02 NO] Why did you not take specific actions to reduce exposure to outdoor air pollution?**

Select any that apply

RANDOMIZE 01-06, ANCHOR 98/99

- 01 – The air pollution level was not high enough to require action
- 02 – Not concerned about air pollution/not a health risk
- 03 – Lack of time/too busy
- 04 – Lack of information/don't know what to do
- 05 – Did not think about it
- 06 – Too expensive/cannot afford to buy equipment/filters
- 98 – Other (Please specify _____)

ASK ALL**[2021 Q26]**

20. **Does the air quality information currently available to you give you the information you need to deal with air quality conditions?**

- 01 – Yes **[SKIP TO Q22]**
- 02 – No
- 03 – No air quality information needed **[SKIP TO Q22]**
- 99 – Not sure

[NEW]

21. [IF Q20=02 No OR 99 Not sure] What information do you need that is not provided?

Select any that apply

[RANDOMIZE 01-6, ANCHOR 98 and 99]

- 01 – What are the health effects/risks of poor air quality
- 02 – Air quality information for my local area
- 03 – How to limit exposure to/protect yourself from poor air quality
- 04 – How people can reduce air pollution/make the air cleaner
- 05 – How long poor air quality conditions will last
- 06 – Current information about air quality research
- 98 – Other (SPECIFY _____)
- 99 – Not sure **[SINGLE MENTION]**

ASK ALL**[2021 Q17]**

22. Has a doctor or other health care professional ever talked to you or provided you with information about the negative effects that air pollution could have on your health specifically?

- 01 – Yes
- 02 – No
- 99 – Not sure

Section 4: Wildfire Specific actions (NEW section)

SHOW TO ALL: The next questions are about wildfire smoke. By that, we mean the smoke produced as wildfires burn through forests and grasslands, which can be carried thousands of kilometres from the fire zone.

ASK ALL

23. How concerned are you about the health effects of wildfire smoke?

- 01 – Very concerned
- 02 – Somewhat concerned
- 03 – Not very concerned
- 04 – Not at all concerned
- 99 – Not sure

24. Which, if any, steps has your household taken to prepare for possible wildfire smoke events?

Select any that apply

[RANDOMIZE 01-7, ANCHOR 97 and 99]

- 01 – Use the WeatherCAN app to set notifications on air quality changes
- 02 – Properly seal windows and doors
- 03 – Get medical advice on how to manage health during a wildfire smoke event
- 04 – Maintain a supply of necessary medications and always carry these during wildfire season
- 05 – Clean/replace the air filters of ventilation systems and/or portable air cleaner(s)
- 06 – Keep extra air device filters on hand
- 07 – Change vehicle cabin filters regularly
- 97 – None of the above – have not prepared for wildfire smoke
- 99 – Not sure **[SINGLE MENTION]**

25. **[IF Q24=97 DO NOT PREPARE] Why has your household not prepared for possible wildfire smoke events?**

Select any that apply

[RANDOMIZE 01-06, ANCHOR 98 and 99]

- 01 – Wildfire smoke doesn't affect my area, or only rarely affects it
- 02 – Not concerned about wildfire smoke/not a health risk
- 03 – Lack of time/too busy
- 04 – Lack of information/don't know what to do
- 05 – Did not think about it
- 06 – Too expensive/cannot afford to buy equipment/filters
- 98 – Other (Please specify _____)

ASK ALL

26. Have you experienced a wildfire smoke event affecting your community in the last year (12 months)?

- 01 – Yes
- 02 – No **[SKIP TO Q29]**
- 99 – Not sure **[SKIP TO Q29]**

27. **[IF Q26=01 YES]** When you experienced a wildfire smoke event in the past year, did you or anyone in your household experience any of the following effects?

Select any that apply

[RANDOMIZE 01-05, ANCHOR 97-99]

- 01 – Breathing or respiratory issues
- 02 – Headaches
- 03 – Irritation (e.g., runny eyes, runny nose, sore throat)
- 04 – Negative impacts on mental health
- 05 – Negative impacts on work, employment, or financial stability
- 97 – Other (SPECIFY _____)
- 98 – None of the above/no health effects
- 99 – Not sure

28. **[IF Q26=01 YES]** Which actions, if any, did you or others in your household take in response to poor air quality caused by wildfire smoke in your community?

Select any that apply

[RANDOMIZE 01-5, ANCHOR 96-99]

- 01 – Checked the Air Quality Health Index (AQHI) or InfoSmog for health information and followed the directions given
- 02 – Closed all windows and doors until the outdoor air quality improved
- 03 – Saw a doctor/other healthcare professional to manage health symptoms
- 04 – Wore a disposable or cloth face mask over mouth and nose while outdoors
- 05 – Reduced or postponed strenuous outdoor activities
- 06 – Reduced time spent outdoors/cancelled or postponed outdoor activities
- 07 – Upgraded ventilation system filters
- 08 – Closed all windows and doors until air quality improved.
- 09 – Wore a well-fitting N95 (NIOSH-certified) respirator when outside
- 10 – Used a portable air cleaning system or homemade air cleaner
- 96 – Nothing - no wildfire-related air quality issues in my community **[SINGLE MENTION]**
- 97 – Nothing – continued usual activities **[SINGLE MENTION]**
- 99 – Not sure

SHOW TO ALL: Please indicate how much you agree or disagree with the following statements:

CAROUSEL – RANDOMIZE Q29-32 - SHOW AGREEMENT SCALE FOR EACH

29. I am safe from wildfire smoke because I live far away from wildfire activity.
30. There is nothing I can do to protect myself from wildfire smoke exposure.
31. Wildfire smoke only has a negative impact on health when it smells smoky or looks hazy outside
32. My household is well prepared for possible wildfire smoke events.
- 01 – Strongly agree
02 – Somewhat agree
03 – Somewhat disagree
04 – Strongly disagree
99 – Not sure
33. How likely do you think it is that wildfire smoke will affect your community in the next two years (24 months)?
- 01 – Very likely
02 – Somewhat likely
03 – Not very likely
04 – Not at all likely
99 – Not sure
34. How informed do you feel about the health risks associated with wildfire smoke?
- 01 – Very informed
02 – Somewhat informed
03 – Not very informed
04 – Not at all informed
99 – Not sure
35. Do you recall seeing or hearing information about the health effects of wildfire smoke in the last year (12 months)?
- 01 – Yes
02 – No [SKIP TO Q37]
99 – Not sure [SKIP TO Q37]

36. **[IF Q35= YES ASK] Where did you see or hear information about the health effects of wildfire smoke in the last year?**

Select any that apply

[RANDOMIZE 01-12, ANCHOR 98 and 99]

- 01 – Friend/family member
- 02 – Weather Network (TV, website, app)
- 03 – Government of Canada web pages (e.g. Health Canada, Environment Canada)
- 04 – The Weather Office website (Weather.gc.ca)
- 05 – WeatherCAN app
- 06 – Provincial/Territorial/Municipal website
- 07 – Public health office website
- 08 – Community-based organization (e.g., The Lung Association)
- 09 – Radio
- 10 – Television
- 11 – News sources (newspaper, news website, news app)
- 12 – Social media (Facebook, Instagram, X, LinkedIn, YouTube, TikTok, etc.)
- 98 – Other (SPECIFY _____) **[DO NOT CODE]**

Section 5: Indoor Air Quality

SHOW TO ALL: The next questions are about indoor air quality. By that, we mean the air inside your home, workplace, or other indoor places you spend time in.

[2021 Q28]

37. **How would you rate the quality of the air in your home generally? By air quality we mean the absence and presence of pollutants. Would you say the quality of the air you are breathing in your home currently is:**

- 01 – Excellent
- 02 – Good
- 03 – Only fair
- 04 – Poor
- 99 – Not sure

[2021 Q29]

38. As far as you know, what are the major causes of poor indoor air quality?

RECORD VERBATIM, DO NOT SHOW LIST, USE AS POST-CODES

- 01 – Dust/dust mites
- 02 – Mould
- 03 – Toxic chemicals
- 04 – Cleaning products
- 05 – Second-hand smoke/tobacco
- 06 – Gas furnaces/appliances
- 07 – Wood stoves/fireplaces
- 08 – Candles/incense
- 09 – Lack of ventilation
- 10 – Outdoor air pollution
- 11 – Carbon monoxide
- 12 – Radon
- 13 – Pollen
- 14 – Scented products
- 15 – Air fresheners
- 16 – New carpeting/products/off-gassing
- 17 – New paint/varnishes/finishes
- 18 – Pets/pet dander
- 19 – Hobbies
- 20 – Live near high traffic area
- 21 – Formaldehyde
- 22 – Lead
- 23 – Asbestos
- 24 – Moisture/dampness/mildew (NOT MOULD)
- 98 – Other
- 99 – DK/NA [SINGLE MENTION]

[2021 Q8 – moved to later in survey flow]

39. In your view, to what extent does indoor air quality affect the health of people in Canada?
Does it affect them:

Select only one

- 01 – A great deal
- 02 – Somewhat
- 03 – Not very much
- 04 – Not at all
- 99 – Not sure

[2021 Q30 VARIATION]

40. Have you or others in your household taken specific actions to improve the indoor air quality in your home because of the impact it had on health?

- 01 – Yes
- 02 – No [SKIP TO 42]
- 99 – Not sure [SKIP TO 43]

[2021 Q31 VARIATION]**41. [IF Q40= YES ASK] What steps were taken to improve indoor air quality?***Select any that apply***SHOW LIST, RANDOMIZE 01-17, ANCHOR 98,99**

- 01 – Used a portable air purifier/air cleaner/air scrubber
- 02 – Used a bathroom/kitchen fan
- 03 – Opened windows when outdoor air quality was good
- 04 – Removed source of pollution (e.g. carpeting, mould)
- 05 – Improved ventilation system/changed or cleaned the filter
- 06 – Reduced time spent in problem location/area
- 08 – Removed pets from home
- 09 – Increased frequency of cleaning/vacuuming
- 10 – Changed or cleaned furnace filter
- 11 – Had air ducts cleaned
- 12 – Had professional indoor air monitoring, testing or inspection done
- 13 – Purchased Carbon Monoxide (CO) detector or alarm
- 14 – Followed manufacturer's instructions for furnace/ventilation maintenance
- 15 – Smoke cigarettes outside only
- 16 – Used cleaning products with fewer chemicals
- 17 – Minimized dust in house
- 98 – Other (SPECIFY) _____ **[DO NOT CODE]**
- 99 – Not sure **[SINGLE MENTION]**

42. [IF Q40= NO ASK] Why weren't specific steps taken to improve indoor air quality?*Select any that apply***RANDOMIZE 01-06, ANCHOR 98/99**

- 01 – The indoor air quality in my home/building is good/not a problem
- 02 – Not concerned about indoor air quality as a health issue
- 03 – Lack of time/too busy
- 04 – Lack of information/don't know what to do
- 05 – Did not think about it
- 06 – Too expensive/cannot afford to buy equipment to fix it
- 98 – Other (Please specify _____)

ASK ALL**[2021 Q32 VARIATION]**

43. Where are you most likely to look for information about indoor air quality issues and health?

Select any that apply

[RANDOMIZE 01-12, ANCHOR 98 and 99]

- 01 – Friend/family member
- 02 – Weather Network (TV, website, app)
- 03 – Government of Canada web pages (e.g. Health Canada, Environment Canada)
- 04 – The Weather Office website (Weather.gc.ca)
- 05 – WeatherCAN app
- 06 – Provincial/Territorial/Municipal website
- 07 – Public health office website
- 08 – Community-based organization (e.g., The Lung Association)
- 09 – Radio
- 10 – Television
- 11 – News sources (newspaper, news website, news app)
- 12 – Social media (Facebook, Instagram, X, LinkedIn, YouTube, TikTok, etc.)
- 98 – Other (SPECIFY _____) **[DO NOT CODE]**
- 99 – Not sure **[SINGLE MENTION]**

Section 6: Trust

ASK ALL**[NEW]**

44. Have you ever used any of the Health Canada web pages to find information about outdoor or indoor air quality and health?

- 01 – Yes
- 02 – No **[SKIP TO Q48]**
- 99 – Not sure **[SKIP TO Q48]**

[NEW]

45. **[IF Q44=01 YES ASK]** How easy or difficult was it to find air quality and health information on the Health Canada web pages?

01 – Very easy
 02 – Somewhat easy
 03 – Somewhat difficult
 04 – Very difficult
 99 – Not sure **[SKIP TO Q48]**

[NEW]

46. **[IF Q44=01 YES ASK]** Was there any air quality and health information you were unable to find on the Health Canada web pages?

01 – Yes
 02 – No **[SKIP TO Q48]**
 99 – Not sure **[SKIP TO Q48]**

[NEW]

47. **[IF Q44=01 YES ASK]** What air quality and health information was not provided?

Select any that apply

[RANDOMIZE 01-06, ANCHOR 98 and 99]

01 – What are the health effects/risks of poor air quality
 02 – Air quality information for my local area
 03 – How to limit exposure to/protect yourself from poor air quality
 04 – How people can reduce air pollution/make the air cleaner
 05 – How long poor air quality conditions will last
 06 – Current information about air quality research
 98 – Other (SPECIFY _____)
 99 – Not sure **[SINGLE MENTION]**

ASK ALL

[2021 Q27 – moved after IAQ section]

48. From the following list, please rank the top three sources you would consider most trustworthy for air quality information, where “1” is most trustworthy, “2” is second most trustworthy and “3” is third most trustworthy.

RANDOMIZE 01-09

- 01 – Federal government (e.g. Health Canada, Environment and Climate Change Canada)
- 02 – Provincial government (e.g. provincial ministry of health)
- 03 – Municipal government / local health authorities / public health unit
- 04 – NGO (e.g. environmental or health organization)
- 05 – Social media influencers (e.g. Instagram, blogs, Facebook, Twitter)
- 06 – Family doctor
- 07 – Other health professional
- 08 – Word of mouth / friends / family
- 09 – [NEW 2026] ChatGPT or other Artificial Intelligence (AI) source

[NEW]

49. In general, how much do you trust or distrust the following Government of Canada departments to provide people in Canada with clear guidance about air quality?

RANDOMIZE A-C

- a) The Public Health Agency of Canada
 - b) Health Canada
 - c) Environment and Climate Change Canada
- 01 – Strongly trust
 - 02 – Somewhat trust
 - 03 – Somewhat distrust
 - 04 – Strongly distrust
 - 99 – Not sure

Section 7: Demographics

SHOW TO ALL: The following are a few questions about you and your household, for analysis purposes only. Please be assured all of your answers will remain completely confidential.

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

Select one only

- 01 – Less than a High School diploma or equivalent
- 02 – High school diploma or equivalent
- 03 – Registered Apprenticeship or other trades certificate or diploma
- 04 – College, CEGEP or other non-university certificate or diploma
- 05 – University certificate or diploma below bachelor's level
- 06 – Bachelor's degree
- 07 – Post graduate degree above bachelor's level
- 99 – Prefer not to answer

51. Which of the following best describes your own present employment status?

Select one only

- 01 – Working full-time
- 02 – Working part-time
- 03 – Unemployed or looking for a job
- 04 – Self-employed
- 05 – Stay at home full-time
- 06 – Student
- 07 – Retired
- 99–Prefer not to answer

- 52. Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes?**

Select one only

- 01 – Under \$20,000
- 02 – \$20,000 to just under \$40,000
- 03 – \$40,000 to just under \$60,000
- 04 – \$60,000 to just under \$80,000
- 05 – \$80,000 to just under \$100,000
- 06 – \$100,000 to just under \$150,000
- 07 – \$150,000 and above
- 99 – Prefer not to answer

- 53. How many individuals, including yourself, currently live in your household?**

[RECORD NUMBER, MINIMUM 1]

- 99–Prefer not to answer

- 54. Do you have children in your household in any of the following age categories?**

Select any that apply

- 01 – Age 6 or under
- 02 – 7-12 years of age
- 03 – 13-17 years of age
- 04 – No children living in household [SINGLE MENTION-CANNOT SELECT IF F=01 CAREGIVER]
- 99–Prefer not to answer [SINGLE MENTION]

- 55. Because poor air quality health can affect those who are pregnant, for analysis purposes it would be helpful to know if anyone in your household is currently pregnant or might become pregnant in the next 12 months:**

- 01 – A household member is currently pregnant
- 02 – A household member may become pregnant in the next 12 months
- 03 – None of the above [SINGLE MENTION]
- 99 – Not sure/prefer not to answer [SINGLE MENTION]

56. About how many days a week during the summer months do you typically do vigorous physical activity outdoors?

This refers to activities that take hard physical effort and make you breathe harder than normal. This might involve activities such as heavy lifting, digging, exercising or sports, or for some people with health conditions, activity more limited such as walking.

_____ days per week [RANGE=1-7]

08 – Less than one day per week

99 – Not sure [SINGLE MENTION]

57. And during the winter months, about how many days a week do you typically do vigorous physical activity outdoors?

_____ times per week [RANGE=1-7]

08 – Less than one day per week

99 – Not sure [SINGLE MENTION]

58. What language do you speak *most often* at home?

SELECT ALL THAT APPLY

01 – English

02 – French

03 – Another language (SPECIFY _____) (DO NOT CODE)

99 – Prefer not to answer [SINGLE MENTION]

59. In what language do you prefer to read health-related information?

SELECT ONE

01 – English

02 – French

03 – Another language (SPECIFY _____) (DO NOT CODE)

99 – Prefer not to answer

60. Are you First Nations, Métis or Inuk (Inuit)?**SHOW:** First Nations includes Status and Non-Status Indians01 – No, not First Nations, Métis or Inuk (Inuit) **[SINGLE MENTION]**

02 – Yes, First Nations (North American Indian)

03 – Yes, Métis

04 – Yes, Inuk (Inuit)

99 – Prefer not to answer **[SINGLE MENTION]****61. [ASK IF Q60=01,99] Canadians have a variety of ethnic backgrounds and identities. Which of the following best describes your ethnic identity?***Select any that apply***SHOW ONLINE:** We are asking this question to better understand how Canada's various population groups are impacted by air quality issues.**ONLINE: SHOW ALL****Asian**

01 – East Asian (e.g., Chinese, Korean, Japanese, etc.)

02 – South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)

03 – Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, etc.)

Black

04 – Black African (e.g., Nigerian, Ethiopian, Congolese, etc.)

05 – Black Caribbean (e.g., Jamaican, Haitian, Trinidadian/Tobagonian, etc.)

06 – Black, not listed above

07 – Latin American (e.g., Colombian, Salvadoran, Peruvian, Mexican, Chilean etc.)

08 – Middle Eastern, West and Central Asian (e.g., Iranian, Lebanese, Afghan, etc.)

10 – North African (e.g. Egyptian, Moroccan, Algerian, etc.)

11 – White (e.g. English, French, Italian, Russian, Swedish, etc.)

98 – Other not listed above (Please specify _____) **[DO NOT CODE]**99 – Prefer not to say **[SINGLE MENTION]**

62. Which of the following dwelling types best describes your current home?

- 01 – A single-family home detached from any other house
- 02 – A single-family home attached to one or more houses (e.g., a townhouse, duplex)
- 03 – An apartment or condominium building
- 04 – A mobile home or trailer
- 05 – Other—please specify: _____) **(DO NOT CODE)**
- 99 – Prefer not to answer

63. Is your home owned or rented?

- 01 – Owned
- 02 – Rented
- 98 – Not sure
- 99 – Prefer not to answer

64. Approximately when was your home built?

- 01 – Before 1976
- 02 – 1976 to 1989
- 03 – 1990 or later
- 98 – Not sure
- 99 – Prefer not to answer

65. And finally, to better understand how results vary by region, what are the first three digits of your postal code?

- — —
- 99 – Prefer not to answer

SHOW TO ALL: This completes the survey. On behalf of Health Canada, thank you for your valuable input. In the coming months, the results of this survey will be available on the Library and Archives Canada website.