



## REPORT SUMMARY

# COVID-19 AND INDIGENOUS PEOPLES' ACCESS TO STBBI SERVICES: SUMMARIZING SURVEY, INTERVIEW, AND FOCUS GROUP FINDINGS

Rates of sexually transmitted and blood-borne infections (STBBIs) are disproportionately high among Indigenous populations in Canada, largely due to colonialism and its continued impact on health and social systems. As the COVID-19 pandemic presented unique challenges for health care systems, the National Collaborating Centres for Indigenous Health (NCCIH) and Infectious Diseases (NCCID) completed two studies to investigate these challenges and how they may have affected the accessibility, availability, and delivery of STBBI services among First Nations, Inuit, and Métis people in Canada. The first study explored First Nations, Inuit, and Métis peoples' experiences with STBBIs services through

a national survey<sup>1</sup>. The second study provided context and voice to the survey results through interviews with First Nations, Inuit, and Métis STBBI service users and focus groups with STBBI service providers and policy- and decision-makers. The findings for each study are intended to inform future pandemic and public health emergency responses for STBBI services through a health equity lens, based on service users' and providers' experiences. This summary explores some of the key and common findings found across both studies. Further information about each study can be found in their full reports, available on the NCCIH and NCCID websites.

COVID-19 interrupted the accessibility, availability, and delivery of many STBBI services

On average, nearly 1 in 6 of 114 survey respondents (15.5%) wanted or tried to use STBBI services but were unable to during the pandemic. Interview participants also described the challenges in accessing STBBI services due to pandemic measures. Focus groups with STBBI service providers described how nearly all STBBI clinics lost staff due to COVID-19 redeployment efforts. Some STBBI services were forced to shut down entirely.



<sup>1</sup> The quantitative findings are from the [Impact of COVID-19 Survey](#) coordinated by the Public Health Agency of Canada. The Impact of COVID-19 Survey was conducted from July 2021 to January 2022 and assessed the impact of COVID-19 on the delivery and access to sexually transmitted and blood-borne infections (STBBI) prevention and testing services, including harm reduction services, on key populations in Canada. The opinions expressed in this summary are those of the authors and do not necessarily reflect the views of the Public Health Agency of Canada.





Overall, COVID-19 redeployment contributed to:

- reducing availability and hours of services;
- causing delays between testing and acting on test results (including follow-up, treatment, and contact tracing);
- limiting patient follow-up to higher risk cases only;
- reducing testing eligibility to symptomatic cases and close contacts of symptomatic cases only; and
- reducing testing supports for correctional facilities, shelters, detoxification centres, and other non-clinical settings.

In the focus groups, STBBI service providers believed there was a high chance of missed STBBI cases because fewer STBBI services were available. At the same time, service providers also observed higher than normal rates of HIV and congenital syphilis, which they attributed to the challenges in accessing STBBI services. The findings from the survey support these concerns, as 24% of 71 respondents and 21%

of 67 respondents were unable to access HIV and syphilis testing, respectively, despite wanting or trying to access these services.

### Access to STBBI services differed between rural and urban areas

In the interviews, participants from rural communities shared that the STBBI services they accessed did not change during the pandemic. Interview participants attributed their experiences to the strong social connection and closeness that rural and small-town community members have with each other.

*“I understand how it could be different for people outside of such a small town... because we do have a personal connection with the health care providers [...] that probably has an effect on the reason that our access has not been altered.” (Interview participant)*

The survey also revealed differences and some similarities in accessing STBBI prevention, testing, and treatment services between rural and urban areas. Table 1 presents these differences. Based on the survey, the largest difference was in the proportion of survey respondents who were always or sometimes able to access sexually transmitted infection (STI) testing, outside of HIV, syphilis, or hepatitis C testing. The survey found that respondents in urban areas were 10% more likely to access other STI testing compared to those in rural areas. Meanwhile, very little difference was observed between survey respondents from rural versus urban areas who attempted to access STBBI self-testing or other point of care testing.



**TABLE 1. STBBI PREVENTION, TESTING, AND TREATMENT SERVICES THAT SURVEY RESPONDENTS WERE ALWAYS OR SOMETIMES ABLE TO USE, BY RURAL VS. URBAN AREA \***

STBBI service	Rural (n = 20)	Urban (n = 79-80)
HIV testing	55%	51%
Other sexually transmitted infection testing	55%	66%
Condom and/or dental dam	50%	45%
Syphilis testing	45%	51%
Information about safer sex (e.g., postcard, pamphlets, etc.)	45%	31%
Hepatitis C testing	35%	40%
STBBI information and education including outreach events	30%	18%
STBBI self-testing or other point of care testing	20%	19%
Oral HIV pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP)	20%	11%
Community services	15%	20%
Counselling related to syphilis hepatitis C, HIV or other STBBI	10%	19%
Interpreter and/or peer health service navigator	5%	10%

\*Note: The number of respondents (n) was small and not balanced across rural (n=20) and urban (n=79-80) areas, therefore, Table 1 should be interpreted with caution.

Overall, survey respondents from rural areas were more likely to sometimes or always access HIV testing, compared to those from urban areas. They were also more likely to access oral HIV pre-exposure prophylaxis or post-exposure prophylaxis, condoms and/or dental dams, information about safer sex, and STBBI information or education outreach events.

Alternatively, survey respondents from urban areas were more likely to sometimes or always access hepatitis C, syphilis, and other sexually transmitted infection testing, compared to those from rural areas. They were also more likely to access community services, interpretation and/or peer health navigator services, and counselling related to syphilis, hepatitis C, HIV, or other STBBIs.

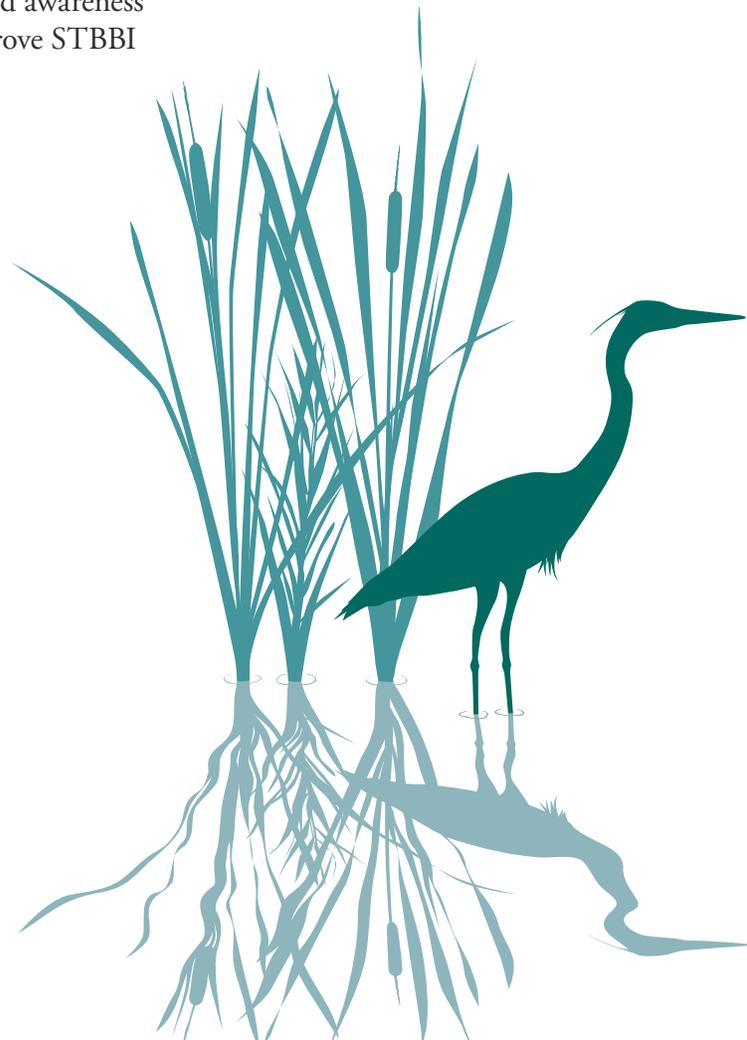
## Seeking preventative care to reduce STBBI transmission was met with challenges

Of 51 respondents who sought community-based STBBI services, nearly 3 in 5 (57%) were unable to use these services. STBBI information and education services, including outreach events, were also difficult to access.

Similarly, of 45 respondents who tried to find or use STBBI informational and educational services, more than half (53%) were unsuccessful. These findings were echoed in the interviews, as STBBI service users recommended increasing STBBI education and awareness as a measure to improve STBBI service availability.

*“[W]e have a whole new population here in [location removed to maintain confidentiality]. They’re younger, they’re coming from all different communities and uh, HIV [...] and STDs and STIs [aren’t] talked about anymore. It’s not brought up and it should be [...] this stuff needs to be known.”*  
(Interview participant)

A total of 102 survey respondents indicated the reasons and barriers for why they were not able to access or use STBBI services. Many of these barriers also came up in the interviews. Table 2 displays the most commonly selected barriers from the surveys, alongside relevant quotations from the interviews.



**TABLE 2. BARRIERS TO ACCESS OR USE STBBI SERVICES DURING THE COVID-19 PANDEMIC**

Findings from the national survey (n=102)	Quotation from the interviews
The STBBI service was not available when needed (48.0%)	<i>“The only negative experience I’m having is I’m trying to get on the treatment [for hepatitis C] for the last [...] month and it seems like it’s been delay after delay after delay.” (Interview participant)</i>
COVID-19 related public health measures restricted access (42.2%)	<i>“[COVID-19 has] made everything more difficult. Like it is harder to just go out and do the stuff you need to do.” (Interview participant)</i>
Struggled with getting a referral or an appointment (33.3%)	<i>“I used to go see the doctor, but after the COVID came in, I never got to see the doctor.” (Interview participant)</i>
Fear of, or concern about exposure to someone with COVID-19 (26.5%)	<i>“It’s been the social restrictions, but it’s also my own paranoia and sort of self-imposed restrictions.” (Interview participant)</i>
Fear of, concern about, or experienced anti-Indigenous racism (22.6%)	<i>“I think that like one thing that the pandemic has really shown, and put like kind of a microscope on things, that were already not working [is] stigma and [...] the way Indigenous people are treated in healthcare settings, that was really amplified [...] I think that’s the system change [that] was being worked on, but it needs to be worked on a lot more.” (Interview participant)</i>



## The shift to remote services had advantages and disadvantages

The transition away from in-person to remote services (e.g., virtual and/or telephone) was challenging for both STBBI service users and service providers. The main challenges of remote services expressed in the interviews and focus groups were that:

- There was a lack of stable internet connection or appropriate technologies.
- The health concern required in-person care.
- Appointments were scheduled too far in advance.
- There were difficulties in helping STBBI clients book online appointments.
- There were difficulties in working remotely while using paper-based systems.
- Remote services were too impersonal.
- There was a lost sense of community.

The survey found that nearly 1 in 6 of 102 survey respondents also reported difficulty in using remote services when attempting to access STBBI prevention, testing, or treatment services.

Some interview participants, however, liked the convenience of not having to travel or wait in clinics for appointments. Others also felt that their needs were better met using remote services.

*“Supplies get dropped off at my place, which I prefer because going to the hospitals, we felt like we were being judged because we had to walk with stuff in bags. Now they just come straight to my place and drop them off.” (Interview participant)*

*“Yeah, with virtual becoming an option. It’s made it pretty, pretty faster? [And] more efficient, to kind of get like, answers, information that I was looking for, from a professional.” (Interview participant).*

## The COVID-19 pandemic decreased car sharing and public transportation options

In the focus groups, service providers explained how they had to stop certain forms of outreach services such as taking clients to appointments. Fewer transportation options made it harder for some individuals to travel to STBBI services.

Similar challenges were also found in the survey. According to 102 responses, nearly 1 in 5 survey respondents reported they were unable to travel to a health centre or clinic to access STBBI prevention, testing, or treatment services during the pandemic.

## Access to mental health and wellness supports were affected by pandemic measures

In the survey, 1,183 respondents shared about their mental health status during the pandemic, in comparison to how it was before the COVID-19 pandemic. According to the results,

- Approximately 3 in 5 people experienced worsened mental health and wellness during the pandemic (61.8%).
- Approximately 1 in 4 people responded that their mental wellness had stayed about the same (25.6%).
- Approximately 1 in 8 people experienced improved mental health and wellness since the start of the pandemic (12.6%).



Findings from the interviews revealed that many STBBI service users expressed feeling stressed, particularly in relation to finances and meeting basic needs, and struggling with mental health in general during the pandemic.

*“[C]ause a lot of things come up at different times and if money comes up and I’m at this point of unemployment, I’m going to have to take that option as opposed to go get my appointment.”*  
(Interview participant)

*“My mental health needs a bit of work. That’s why I wish [community services] could get some funding for their counselling projects they want to get going and it takes money to do that. Right now, I’m talking to them out of the goodness of their hearts.”* (Interview participant)

## The pandemic affected access to cultural supports

During the pandemic, more than 3 in 5 people (64.0%) of 1,168 survey respondents sought or wanted to find cultural supports, such as spiritual practices, Elders, ceremonies, on-the-land activities, or feasts. Of 741 survey respondents, 52.0% were either always or sometimes able to find such cultural supports.

For those who did not participate in Indigenous cultural supports (672 total respondents), the most common barriers were:

- COVID-19 related public health measures restricted these supports (62.5%).
- Fear of or concern about exposure to someone with COVID-19 (52.2%).
- Difficulty meeting Elders or Knowledge Keepers due to self-isolation requirements (35.3%).
- Unable to travel to a ceremony location (32.4%).
- Associated costs (28.4%).



Interview participants spoke about the challenges of COVID-19 related public health measures in accessing cultural supports. They explained how, as a result, they practiced their own cultural activities during the pandemic, such as smudging and using traditional medicines.

*“I don’t go party on the street, I’ll go in the bush and I’ll pick plants and mushrooms and go fishing. Do stuff like that to fill up my day.”* (Interview participant)

## Thoughtful service planning and delivery that is built on community knowledge and expertise can improve equitable access to STBBI care

The collective experiences of First Nations, Inuit, and Métis people using STBBI services during the COVID-19 pandemic can inform future pandemics and public health emergency responses. These experiences provide insight into what may have worked (such as remote services) or could be improved (such as redeployment efforts) to ensure equitable access to STBBI prevention, testing, or treatment services.

In the interviews and focus groups, some STBBI service users and service providers shared recommendations to improve service access, such as increasing the availability of self-testing kits and drive-through testing centres, as well as addressing anti-Indigenous racism and discrimination in health care. More information on these and other recommendations can be found in the full qualitative study report and associated infographics on the NCCIH and NCCID websites.





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