



REPORT SUMMARY

COVID-19 AND INDIGENOUS PEOPLES’ ACCESS TO STBBI SERVICES: SUMMARIZING A QUALITATIVE STUDY

Introduction

The COVID-19 pandemic strained health care systems across Canada. This included health care for sexually transmitted and blood-borne infections (STBBIs), which are infections passed through sexual activity or blood. First Nations people, Inuit, and Métis people are disproportionately burdened by STBBIs compared to non-Indigenous people in Canada, primarily due to the ongoing effects of colonialism and the systemic inequities it creates within health care systems. To understand how the pandemic affected the accessibility, availability, and delivery of STBBI health services for Indigenous populations in Canada, a qualitative study was completed

by the National Collaborating Centres for Indigenous Health (NCCIH) and Infectious Diseases (NCCID) in 2021-2022. This summary explores key findings from the study’s full report *COVID-19 and Indigenous peoples’ access to STBBI and related health services: A qualitative study*, which is available on the NCCIH and NCCID websites.

Methods

A National Advisory Committee (NAC) was created to guide the research process. The NAC included representation from national Indigenous organizations, Indigenous community-based organizations, Indigenous health service organizations, and academics with expertise in Indigenous health in

Canada. The study was granted ethics approval by the University of Manitoba Health Research Ethics Board.

The study involved 50 one-on-one, virtual interviews with self-identified First Nation people (43), Inuit (1), and Métis (6) people who used or tried to use STBBI services during the COVID-19 pandemic. The study also held two virtual focus groups with thirteen Indigenous and non-Indigenous STBBI health service providers and nine policy and decision-makers engaged in STBBI programming and services. Interview and focus group data were collected between February 2022 and July 2022. Once all the data were recorded, coding was used to find commonalities from the results.



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Background of interview participants

Interview participants were asked to describe their general life situation. This included questions such as “*How is life going for you now?*”; “*How are things going with your health?*”; and “*Can you tell me about your living situation?*” Most participants expressed feeling some sort of stress, especially financial stress related to food affordability.

Interview participants also expressed struggling with mental health. For example, participants expressed having difficulties grieving for losses in the community because pandemic measures restricted funerals, ceremonies, and the ability to give proper goodbyes.

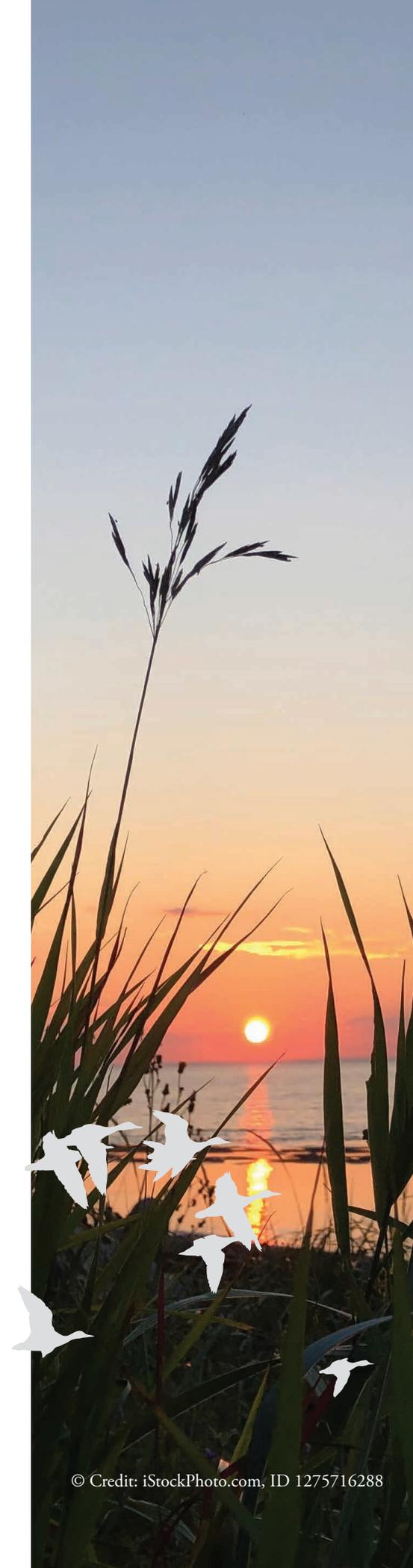
“It was a struggle through the pandemic [and] adjusting to life and dealing with so much death, like constantly and constantly.”
(Interview participant)

Some participants chose to self-isolate because they did not want themselves or family members to contract SARS-CoV-2, the virus causing COVID-19. However, the restricted contact between individuals meant many interview participants spoke of feeling lonely, bored, depressed, or socially isolated. This translated into an increase in using substances as a coping mechanism and a decrease in physical activity for some participants.

“Everything was shut down, so people they reverted to more drinking, more drug use, more sexual things that way.”
(Interview participant)

A few participants were experiencing homelessness at the time they were interviewed. Of those who were not homeless, most were not satisfied with their living situation or were recently housed after experiencing unstable housing or homelessness.

Almost all of the interview participants shared experiences of current or recent harms from substance use. Substance use was also identified as a barrier in attaining housing.





Changes in STBBI health service delivery during the pandemic

Reduced availability of STBBI services

During the COVID-19 pandemic, many STBBI service staff were transferred or redeployed to assist with COVID-19 efforts. This changed the organizational priorities and capacities of STBBI services, and resulted in service closures, staff shortages, delays in testing, and prioritization of STBBI testing and contact tracing to only high-risk cases.

“Maybe that person wanted to go, come in and get tested that day, but they felt so rushed that they didn’t even bring it up.”
(Interview participant)

The organizational challenges were believed to increase the risk of missed STBBI cases. Some STBBI service providers feared that the changes to service availability might discourage clientele from seeking STBBI services after the pandemic.

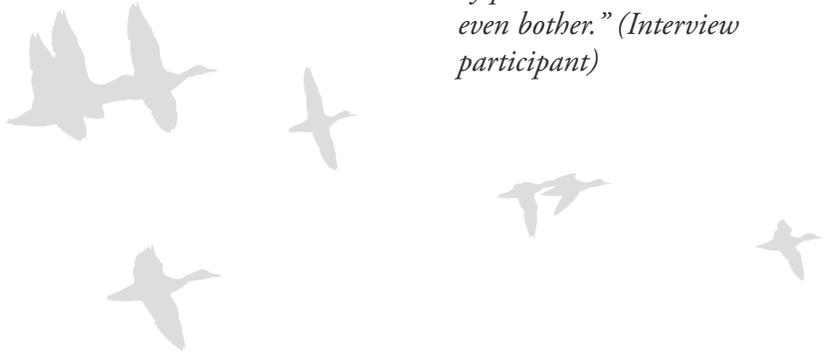
Remote (virtual, telephone) services

To limit the spread of COVID-19, public health measures restricted activities involving close contact between individuals. This included reducing transportation options, restricting in-person STBBI services, and transitioning to remote (telephone or virtual) appointments. Some interview participants liked the shift to virtual services, while others did not.

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

Challenges with remote services included: unstable internet connections or a lack of appropriate technologies, the impersonal nature of remote services, the inability to address health concerns perceived to require in-person care, and an increase in wait times for appointments.

“...no, because we have to do it by phone or whatever. I didn’t even bother.” (Interview participant)





Outreach services and cultural supports

Many social aspects of STBBI services, such as access to safe spaces to share food, socialize, and relax, were interrupted because of COVID-19 public health restrictions. This resulted in a lost sense of community for some interview participants.

Certain outreach services were found effective in improving STBBI service access during the pandemic. These included health visits, home drop-offs, and pick-ups of food hampers and safe-supply materials (e.g., harm reduction and safe injection supplies).



“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)

STBBI service providers also observed an uptake in drive-through testing and self-testing kits, such as blood tests and self-swabs, which were previously met with hesitation prior to the pandemic.

Some cultural activities, ceremonies, and on-the-land activities were stopped during the COVID-19 pandemic. However, a few participants took part in their own cultural practices, such as smudging and using traditional medicines.

“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)

Relationships between STBBI service users and providers

Because STBBI staff were frequently changed to assist with COVID-19 efforts, some interview participants noted they lost the close relationship they had with their regular service providers. This sometimes influenced whether or not a client would seek STBBI care.

“Services definitely used to be better. It’s not that [the services] changed, you got new people coming in thinking that they know how to run the show, but they don’t.” (Interview participant)



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The fear of spreading the virus causing COVID-19 to service providers also influenced some service users' decisions to seek care during the pandemic.

*"I try to play by the [health] rules the best I can. Cause the staff here [community clinic], I don't want to pollute them. Like, these people are pretty special to me, and I don't want to bring them any death. I was walking through, you know, trail of hell. And like, they held my hand. If it wasn't for them, I'd be a ghost."
(Interview participant)*

Health system environments: racism and discrimination

Many interview participants shared about the safe and judgement-free care they received at their usual health service organizations.

*"I went to the, our treatment centre [...] located here on the [location removed to maintain confidentiality] reserve. And it was, for me, it was healing because I'm healing with my people, I'm healing at home."
(Interview participant)*

However, other interview participants experienced racism, discrimination, and stigmatization from staff at facilities they did not usually visit. Some participants shared that the pandemic increased instances of racism and discrimination.

*"One thing that the pandemic has really shown, and put like kind of a microscope on things, that were already not working [...] specifically, [that] stigma and [...] the way Indigenous people are treated in healthcare settings, that was really amplified."
(Interview participant)*



Recommendations for change

Interview and focus group participants shared ideas for how the accessibility, availability, and delivery of STBBI services could be improved for Indigenous Peoples across Canada.

Recommendations included:

- increasing awareness and education on the availability of STBBI services;
- expanding the availability and accessibility of testing services to non-clinical settings;
- continuing to provide at-home self-testing kits for those who need or request them;
- expanding service options to include both in-person and virtual appointments;
- updating data collection systems from paper-based to online systems;
- ensuring STBBI service policies and procedures are up-to-date;
- cross-training STBBI staff;
- addressing systemic racism and discrimination as barriers to health care; and
- addressing social determinants of health and living conditions of vulnerable populations.

More information on each recommendation can be found in the companion recommendations infographic on the NCCIH and NCCID websites.



Conclusion

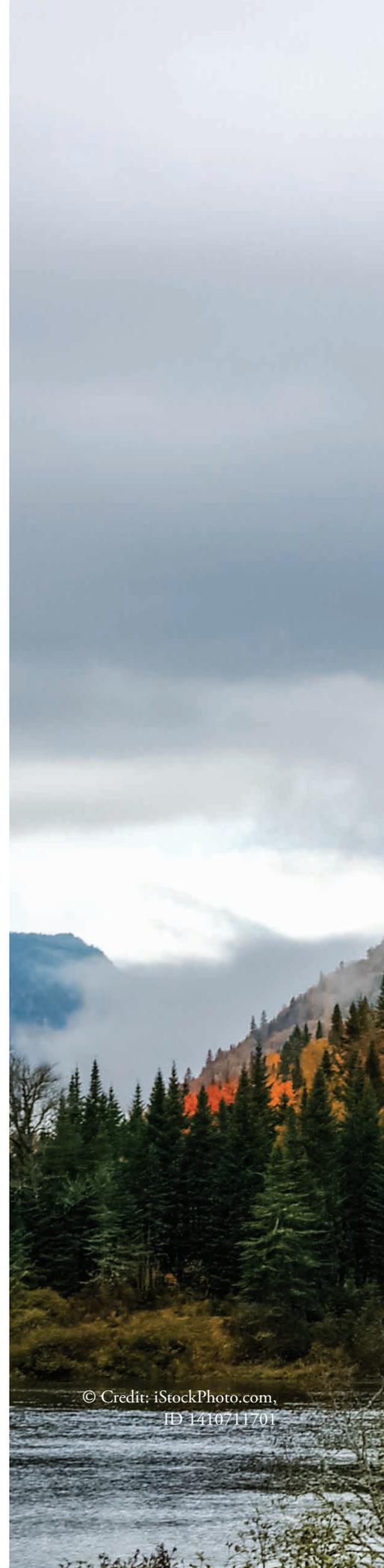
The COVID-19 pandemic affected the accessibility, availability, and delivery of STBBI services for Indigenous Peoples in Canada. Many STBBI service staff were transferred or redeployed to assist with COVID-19 efforts during the pandemic. This was associated with a reduction in operating hours, staff, testing supports, and capacities for STBBI services, as well as lost or weakened relationships between services users and providers.

Because COVID-19 public health measures restricted activities that involved close contact between individuals, there were fewer transportation options, in-person STBBI services, and cultural supports. STBBI services also transitioned to offering remote services which some service users enjoyed, while others did not.

Certain outreach services continued to operate during the pandemic, including health visits and at-home drop-offs and pick-ups of food hampers and safe-supply materials. There was also an uptake in using drive-through testing and self-testing kits.

While many interview participants acknowledged the judgement-free and accepting treatment received at their usual health service organization, some participants experienced racism and discrimination from staff at health facilities that they did not usually visit. Instances of racism and discrimination also increased for some interview participants during the COVID-19 pandemic.

The full report for this study *COVID-19 and Indigenous peoples' access to STBBI and related health services: A qualitative study*, details the experiences of Indigenous STBBI service users, providers, and policy- and decision-makers regarding the availability, accessibility, and delivery of STBBI and related services during the COVID-19 pandemic. With this information, this study aims to support public health policy- and decision-makers in improving STBBI services for Indigenous Peoples in preparation for future public health emergencies.





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