

Two-Spirit Consultation in BC on New HIV and STBBI Testing Options

CBRC's Indigenous-led Two-Spirit Program team conducted interviews and consultations with several Indigenous Knowledge Keepers and Elders, as well as healthcare professionals, to explore the feasibility of an at-home HIV and STBBI testing project for British Columbia (BC). Below is a summary of our findings.

Consultations with Two-Spirit Community Members

Format: Consultations with Two-Spirit community members who live across the province and who have experience accessing testing for sexually transmitted and blood borne infections (STBBIs).

Common experiences of Two-Spirit community members:

- Limited access to testing services throughout BC
- Systemic racism in community and acute care settings

When it comes to self-testing kits, Two-Spirit community members believe:

- Having the option to access home HIV and STBBI test kits would be beneficial
- Both dried spot testing (DBS) and rapid testing are preferred
- Linkage to care is needed

Two-Spirit community members need:

- More access points to pre-exposure prophylaxis (PrEP), as knowledge of it exists in communities
- More Indigenous-led, culturally safe resources for PrEP and testing
- Confidentiality to be ensured when accessing services



Quotations from community members

"To be honest, the most time I've had good care in health care is with an Indigenous person or a person of colour."

"There's so few people [in the community] that people can watch who walks into a clinic, which makes confidentiality hard."

"Follow-up would be paramount for positive or negative results. If you have picked up a kit, positive or negative, someone should follow up with you."

Definitions

Dried blood spot testing (DBS): a single-use test that collects a sample of blood droplets on a filter paper that is then dried and sent to a laboratory where standard hepatitis C and/or HIV testing is performed.

HIV rapid test: a rapid, single-use test that detects HIV antibodies in minutes using a drop of blood taken from a pricked finger.

Consultations with Health Care Professionals

Format: Consultations with health care professionals (HCP) in BC who have experience with STBBI testing and include a mix of people who work in the city and in remote settings.

In the communities HCP work in, there is:

- Very limited knowledge of self-testing options
- A lack of culturally safe or informed sexual health services
- Limited awareness of linkage to care after an HIV-positive result
- Very limited availability of testing when sexual health is not a community priority (i.e., one must go to the nearest town or city to get care)

When it comes to a self-testing program:

- The idea of home HIV and STBBI testing kits was well-received

HCP also told us that:

- They need more awareness, training, and knowledge about PrEP
- That First Nations Health Authority is the primary source of sexual health education for community nurses
- There is a huge education gap between First Nations community employed nurses and FNHA employed nurses
- There is a lack of certified sexual health nurses and access to STBBI courses
- Sexual health services have stopped or been greatly reduced during the COVID-19 pandemic



Next Steps

After a full analysis and summary of the consultations, it's clear that an Indigenous-focused and led at-home HIV testing program is not only wanted but needed in communities throughout BC. Also, the demand for HCP education is very present and necessary to challenge the current community distrust of the healthcare system.

- Change needs to start with nurses and other HCP
- HCP must work to build trust with the community and destigmatize sexual health, especially around HIV and STBBIs
- Culturally-tailored interventions need to be created
- Supportive pathways for community members and HCP to access sexual health education and services need to be created
- Test kits need to be made more available
- More educational materials need to be produced

For any questions or for further information, please visit www.cbrc.net/2Spirit-program or email [Jessy Dame, CBRC's Two-Spirit Program Manager](mailto:jessy.dame@cbrc.net), at jessy.dame@cbrc.net.



The Medicine Bundle Project was made possible by REACH Nexus, CANFAR, FEAST Centre for Indigenous STBBI Research, the University of Victoria, National Microbiology Laboratory, Provincial Health Services Authority, and the First Nations Health Authority