

**Danielle Atkinson¹,
Raye St. Denys²,
Kandace Ogilvie²,
Carrielynn Lund³,
Renée Masching³,
Rachel Landy¹, and
Catherine
Worthington¹, for the
DRUM & SASH team**

1. University of Victoria,
2. Shining Mountains Living Community Services,
3. Canadian Aboriginal AIDS Network

Evaluating Dried Blood Spot Testing from a Métis Community Perspective



Conflict of Interest Disclosure: The authors have no conflicts of interest.

Introduction: Few Métis-specific health and social services exist, especially surrounding HIV and STBBI (Canadian Aboriginal AIDS Network, 2005; Evans et al., 2012). Research has shown that Métis people experience racism or discrimination when accessing mainstream health services, which are often not culturally responsive (Monchalin, Smylie, & Nowgesic, 2020). Métis-specific or Métis-informed services can improve the cultural safety of services offered, thus improving access to care (Monchalin, Smylie, Bourgeois, & Firestone, 2019).

Background: Métis service providers at Shining Mountains Living Community Services (Shining Mountains) identified dried blood spot testing (DBST) as an approach to potentially increase access to testing for sexually transmitted and blood borne infections (STBBI) for Métis people in Alberta. In September 2019, the Métis Nation of Alberta (MNA), through Shining Mountains, launched the first provincial pilot of DBST for HIV, Hepatitis C (HCV), Hepatitis B (HBV) and syphilis, through a partnership with the National HIV Reference Laboratory and Alberta Health Services. Team members of the DRUM & SASH implementation science research team grant supported the evaluation of the acceptability and feasibility of DBST, drawing strongly upon the perspectives of Métis community members.

What is DRUM & SASH? DRUM & SASH is a five-year CIHR-funded implementation science team grant to support First Nation and Métis communities in Alberta to Develop Shared Care Models for HIV and other STBBIs.

Research Goal: Drawing upon community-based research and Indigenous research methods, the goal of this research was to assess the acceptability and feasibility of DBST within Métis communities in Alberta. This goal was developed in partnership with Shining Mountains.

DBST was piloted at two Métis events in Alberta. The first was a community launch of the DRUM & SASH project in Red Deer in September 2019, which drew in local Métis community members, and representatives from the MNA and partnered organizations. The second event was the MNA's health forum, with a couple hundred attendees from across the province. Métis service providers from Shining Mountains were trained to offer DBST at these events.

Ethics: This research was approved by the University of Victoria's Research Ethics Board, on September 18, 2019 as an amendment to the DRUM & SASH ethics application (certificate # 18-1179).

Methods: Data collection tools were developed in consultation with, and approved by stakeholders at Shining Mountains.

To understand the experience of Métis people who received DBST, self-identifying Métis who accessed DBST at one of the two events where DBST was offered were asked to fill out a brief survey (5 mins) and participate in a gathering circle (similar to a focus group but with Métis practices). The survey collected data on demographics of test recipients, previous testing behaviours, and used a Likert scale to assess acceptability of DBST.

To understand the perspective of DBST providers, semi-structured interviews via telephone were conducted with those who were trained to offer DBST.

Gathering circles and interviews were transcribed and thematically analyzed.

Table 1. Survey Responses Indicating Acceptability of DBST

Results: a combined total of 30 individuals received DBST at the community events; of those, 26 participated in the survey and 19 participated in one of four gathering circles.

Demographics: The majority of participants in the survey and gathering circles were women (73% of survey respondents). The average age of survey respondents was 55; 77% of respondents lived in an urban centre, and 19% lived in a rural area or Métis settlement.

Previous testing experiences: 50% indicated they had never been tested for HIV prior to receiving DBST; 46% indicated they had never been tested for HCV; 54% indicated they had never tested for HBV, and 69% indicated they had never been tested for syphilis.

Table 1 contains a breakdown of responses related to acceptability.

Question and Responses	Female (n=19)		Male (n=7)		Total (n=26)	
	n	%	n	%	n	%
I would recommend this testing method to friends or family (Strongly Agree or Agree)	19	100	7	100	26	100
I thought this type of testing was easy (Strongly Agree or Agree)	18	95	7	100	25	96
I would use this type of testing again (Strongly Agree or Agree)	17	90	7	100	24	92
I received enough information today about HIV/HCV/HBV/syphilis (Strongly Agree or Agree)	18	95	7	100	25	96
I will encourage family and friends to get tested (Strongly Agree or Agree)	16	84	6	86	22	85
Overall my testing experience was positive (Strongly Agree or Agree)	18	95	7	100	25	96

Results from thematic analysis of gathering circles and test provider interviews identified **seven broad themes**:

Ease of testing process: Many participants used positive adjectives to describe their experience with DBST, such as “easy”, “fast”, “quick”, “simple”, and “comfortable”. Test providers felt that receiving training for, and providing DBST was also easy.

Challenges with existing testing process: Barriers to HIV/STBBI discussed by participants include: geographical barriers for rural individuals, challenges with logistics (e.g., travel, work, time required), cost of travel, and anxiety around notification processes.

Potential to improve access to HIV/STBBI testing: Participants indicated the portable nature of DBST could be used to reach remote areas and Métis settlements. One person indicated that their friends or family were not likely to get tested outside of something like DBST offered at an event “because they have to go to a lab to get it done”. Some thought that DBST could provide more opportunities for Métis people to get tested in a psychologically safer environment (i.e., free of fear of judgement, discrimination). One individual who had collapsed veins due to extensive drug use requested DBST; DBST could offer an opportunity to increase STBBI testing amongst Métis people who use drugs.

Lack of Métis-specific services: Provision of Métis-specific services in Alberta is rare; the Métis identity of test providers, and provision of testing in a Métis community environment, contributed to increased comfort for test recipients.

Health role models: Participants thought that seeing other people getting tested was encouragement for others to do so as well. They indicated that by getting tested they were “*being role models in the sense of yes, I’ve taken the time to look after my health or to see if there’s something more to take care of*”. Other screening events are offered at Métis events, which serve to normalize caring for one’s health.

Stigma and awareness: Participants felt that stigma was high and awareness of HIV and STBBI was low in Métis communities; they indicated this was due to a lack of *information* (below), and also because Métis people didn’t talk about these things. Participants identified DBST as an intervention that was effective in raising awareness about HIV and STBBI in the community.

Information: A lack of information was seen as a contributing factor to stigma and perceived low testing rates and awareness of HIV and STBBI in the Métis community. One participant said “I think there needs to be more [information] shared about it [HIV and STBBI]” in response to why awareness about HIV and STBBI was low in the Métis community.

Conclusion: Results suggest that Métis people find DBST to be an acceptable HIV and STBBI testing intervention. DBST is also easy for non-medically trained staff to learn. Feasibility of offering DBST in other Métis communities can be increased through the creation of a standardized DBST process within AHS.

Implications: Peer-led HIV and STBBI interventions have been shown to have a positive impact in Indigenous contexts (Monchalin, Lesperance, Flicker, Logie, & Network, 2016). Métis-led interventions for Métis people, such as DBST, should be supported by policy makers. Participant feedback has demonstrated that DBST can increase access and decrease stigma.

Limitations: This evaluation is based on a limited number of participants. Further research is needed to better understand the perspectives of male and LGBTQ2S+ identifying Métis people regarding DBST.

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