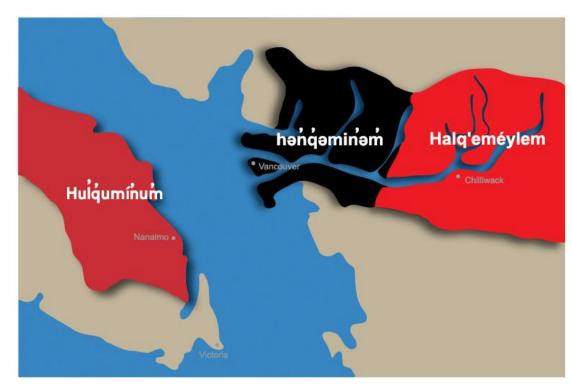
LET'S GET IT ON! WORKING TOGETHER TO ELIMINATE STBBIS **IN BC** Sofia Bartlett PhD Pronouns: She/her/hers

Scientific Director (Interim), Clinical Prevention Services | BC Centre for Disease Control Assistant Professor (Partner), School of Population Public Health | UBC

LANDACKNOWLEDGEMENT



https://stoloshxweli.org/units/page/7

?áy' swéyəl (good day/hello)

https://www.firstvoices.com/xwcs/phrases/2107a5cf-043a-4470-beb5-5d0cf2975b4c

'PUTTING TRUTH BEFORE RECONCILIATION'



Indigenous

Orange Shirt Society announces big Every Child Matters graduation event next spring

Invites B.C. Grade 12 grads to gather in April at BC Place





Orange Shirt Society members and supporters stand outside BC Place in Vancouver. The society will hold a graduation event at BC Place next April. (Edzi'u Loverin/CBC)

The Orange Shirt Society will host an "historic" event at BC Place Stadium next spring to celebrate B.C.'s first graduating class to complete K-12 education with Indian Residential School history fully integrated into their curriculum.

Tickets will be distributed in the new year for the graduation ceremony set to be held on Monday, April 13, 2026, with event organizers aiming to fill the 54,000-seat stadium in Vancouver.

"We are putting Canada on notice: history is being made, and these graduates are leaving the school system with empathy and knowledge of what happened to us in residential schools,"

~ Phyllis Webstad, CEO and founding member of Orange Shirt Society, based in Williams Lake.

https://www.cbc.ca/news/indigenous/orange-shirt-society-event-2026-1.7634713

OUTLINE



• Recap of 2024-25 & context



• Overview of major shifts in STBBI trends and patterns from 2020-2025



• Ongoing inequities experienced by people affected by STBBIs (and the data gaps hiding more inequities)



• The evolution of data standards in BC and Canada and how these could reduce inequities

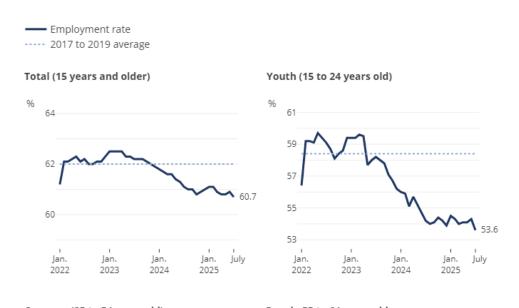


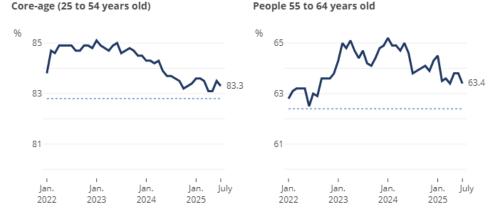
• Antidotes for disinformation, division, and greed?

2024-2025

- October 2024: NDP under David Eby re-elected in BC provincial election.
- November 2024: Donald Trump wins the US presidential election.
- December 2024: Trudeau government announces additional border security funding in response to Trump tariff threats.
- January 2025: Health Minister receives mandate to review 'unnecessary administrative spending' by BC health authorities.
- February 2025: Trump signs orders imposing sweeping tariffs on Canadian goods, starting a trade war with Canada.
- March 2025: Consumer carbon tax ends in BC leaving \$1.8 billion dollar hole in provincial budget.
- April 2025: Mark Carney's Liberals win federal election, forming a minority government.
- May 2025: King Charles III gives first Speech from the Throne as Canadian monarch.
- June 2025: Major wildfires across Canada force evacuations and record damage.
- July 2025: At least 135 people are killed and over a hundred reported missing during a flood in Central Texas.
- August 2025: Air Canada flight attendants strike over pay, triggering a national suspension of the airline.
- September 2025: Ten-year anniversary of the Truth & Reconciliation Commission of Canada's Calls to Action.
- October 2025: Escalating job action by BCGEU effectively shutters multiple BC government ministries and crown corps.

DIFFERING IMPACTS OF ECONOMIC TRENDS ON POPULATION GROUPS IN CANADA

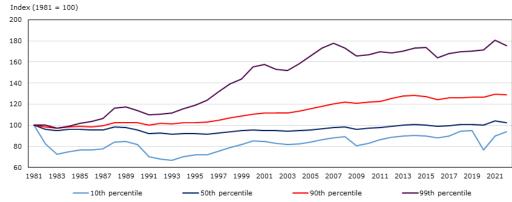




Source(s): Labour Force Survey (3701), table 14-10-0287-01.

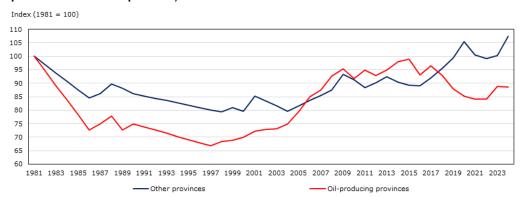
https://www150.statcan.gc.ca/n1/daily-quotidien/250808/g-a001-eng.htm

Chart 9
Real annual wages and salaries of men aged 25 to 54 years, at selected percentiles, 1981 to 2022



Notes: Earnings from T4 Statements of Remuneration Paid received by men aged 25 to 54 years from jobs paying at least \$500 in 1989 dollars Individuals with self-employment income are included. Percentiles refer to the earnings distribution of men. Source: Statistics Canada, 1978 to 1989 and 1989 to 2022 Longitudinal Worker Files.

Chart 7
Median real hourly wages of men aged 17 to 24 years employed in full-time jobs, oil-producing provinces versus other provinces, 1981 to 2024



Notes: Main job held in May by men aged 17 to 24 years. Province-specific Consumer Price Indexes are used to compute median real hourly wages. The numbers for 1982 to 1985 and 1991 to 1996 are based on interpolations.

Sources: Statistics Canada, 1981 Survey of Work History, 1986 to 1990 Labour Market Activity Survey and 1997 to 2024 Labour Force Survey.

UNREGULATED SUBSTANCE USETRENDS

Self reported substance use and route of administration in previous 3 days among people who use drugs (PWUD) in BC

Among PWUD	1997*	2011*	2018	2019	2022	2024	Trend 2018 v 2024
Injecting crack	~42%	~20%	~15%	~3%	~20%	~32%	113% ♥
Smoking crack	~7%	~41%	~78%	~80%			58% ♥
Injecting crystal meth	~2%	~14%	~30%	~32%	~29%	~30%	0% -
Smoking crystal meth	~2%	~5%	~67%	~80%	~90%	~88%	31% 🛧
Injecting heroin/fentanyl	~36%	~14%	~52%	~48%	~32%	~29%	42% ♥
Smoking heroin/fentanyl	-	-	~58%	~70%	~94%	~92%	59% 🛧

^{*}Data only for PWUD in Vancouver for 1997 and 2011

References

- 1. Drug Situation Report In Vancouver 2nd Edition 2013, BC Centre for Excellence in HIV/AIDS
- Papamihali K, et al. (2021) Crystal methamphetamine use in British Columbia, Canada: A cross-sectional study of people who access harm reduction services. PLOS ONE 16(5): e0252090. https://doi.org/10.1371/journal.pone.0252090
- Lukac CD, et al. (2022). Correlates of concurrent use of stimulants and opioids among people who access harm reduction services in British Columbia, Canada. Int J Drug Policy. 102:103602. https://doi.org/10.1016/j.drugpo.2022.103602
- 2022 BC Harm Reduction Client Survey
- 5. BC Harm Reduction Client Survey Trend Of Substances Reported Used (APR 2023)
- 6. Bach P, et al. (2023). Trends in cocaine and crystal methamphetamine injection over time in a Canadian setting between 2008 and 2018. J Subst Use Addict Treat. 151:208982. https://doi.org/10.1016/j.josat.2023.208982
- 7. 2024 BC Harm Reduction Client Survey

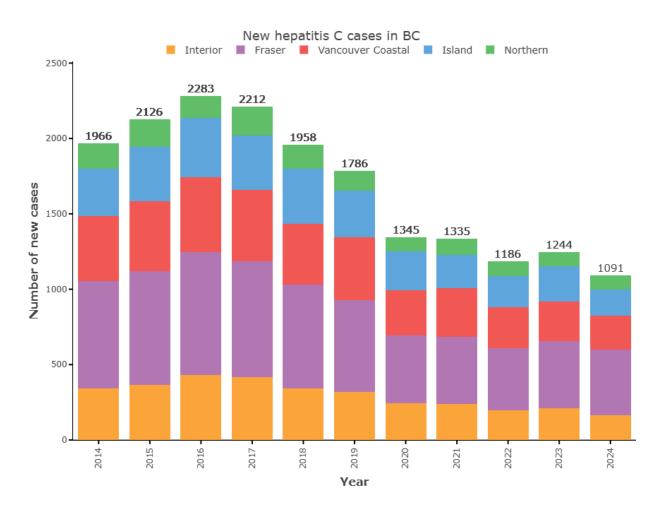
"MEDICALISATION" OF PUBLIC HEALTH

- Medical advancements have undoubtedly improved population health
- However solutions for public health issues have become hugely reliant on biomedical tools, which reinforces individualised, treatment-focused models & preferences medical professionals in public health decision-making
- Over-medicalization of public health can lead to;
 - Exacerbating existing inequities
 - Marginalising community-led public health models
 - Treating symptoms, rather than addressing root causes



STBBITRENDS AND PATTERNS 2020-2025

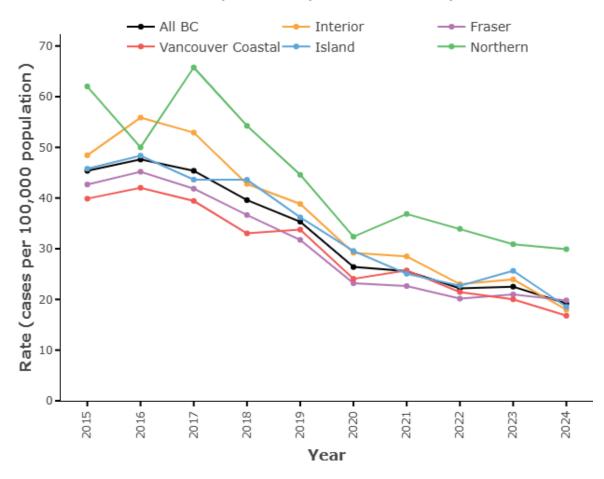
NEW HCV CASES BY HEALTH AUTHORITY



- All health authorities have seen declines in new HCV cases reported since 2016
- Fraser had the highest number of new HCV cases reported in 2024

CRUDE HCV CASE RATE BY HEALTH AUTHORITY

Rates of all hepatitis C by health authority in BC

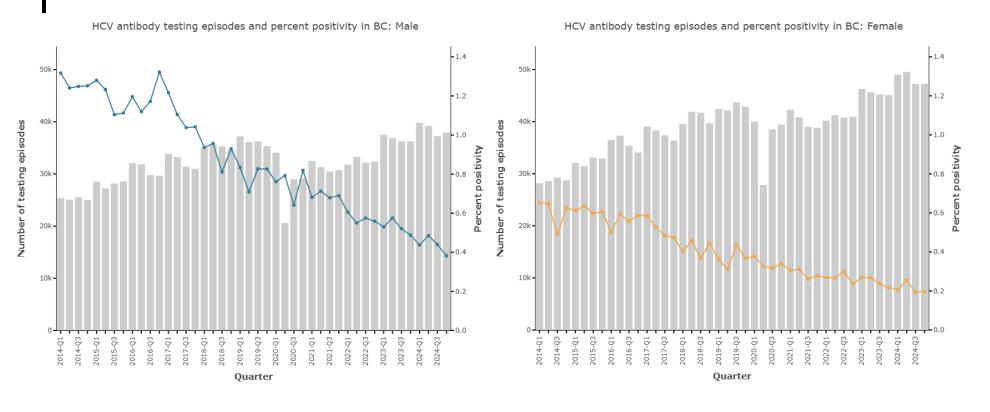


 While Fraser has the highest number of HCV cases, Northern has the highest crude rate of HCV cases

Data are preliminary and subject to change

Data Sources: BC Centre for Disease Control. Sexually Transmitted and Blood Borne Infection (STBBI) and Tuberculosis (TB) Surveillance Report & Communicable Disease Dashboard. Vancouver, BC. Available at: https://bccdc.shinyapps.io/stbbi_tb_surveillance_report & <a href="https://bccdc.shinyapps.io/stbbi_tb_su

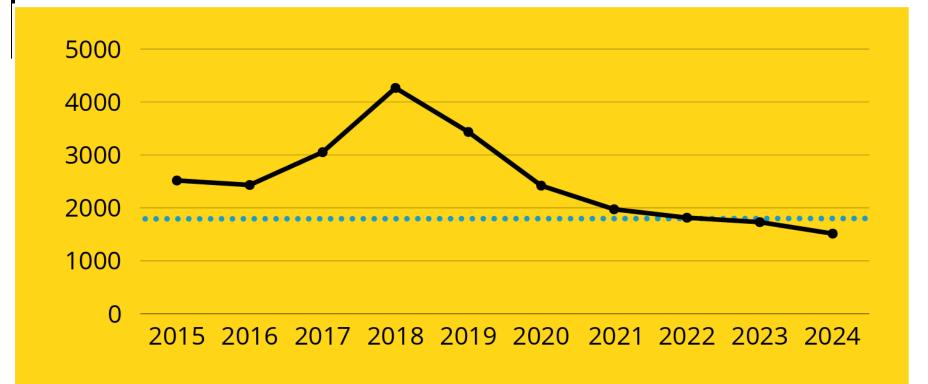
HCVTESTS & PERCENT POSITIVITY IN BC



HCV test
 positivity
 continues to fall
 among both
 males & females

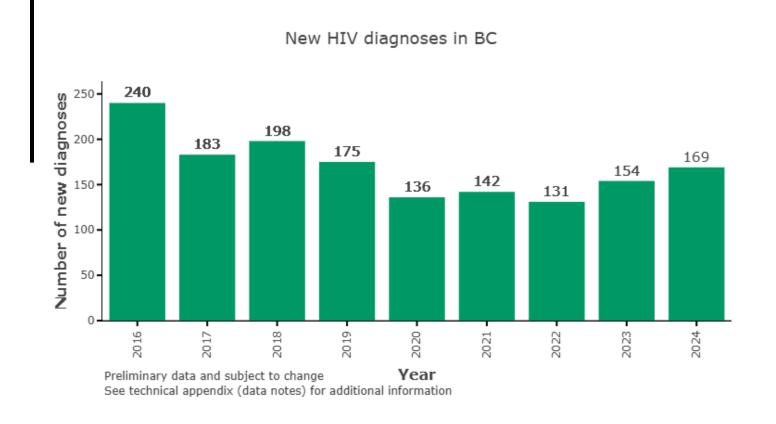
HCVTREATMENT INITIATIONS IN BC

BC exceeded annual treatment initiation targets from 2015-2021, therefore may still be on track for elimination by 2030 despite dropping below the target in in recent years



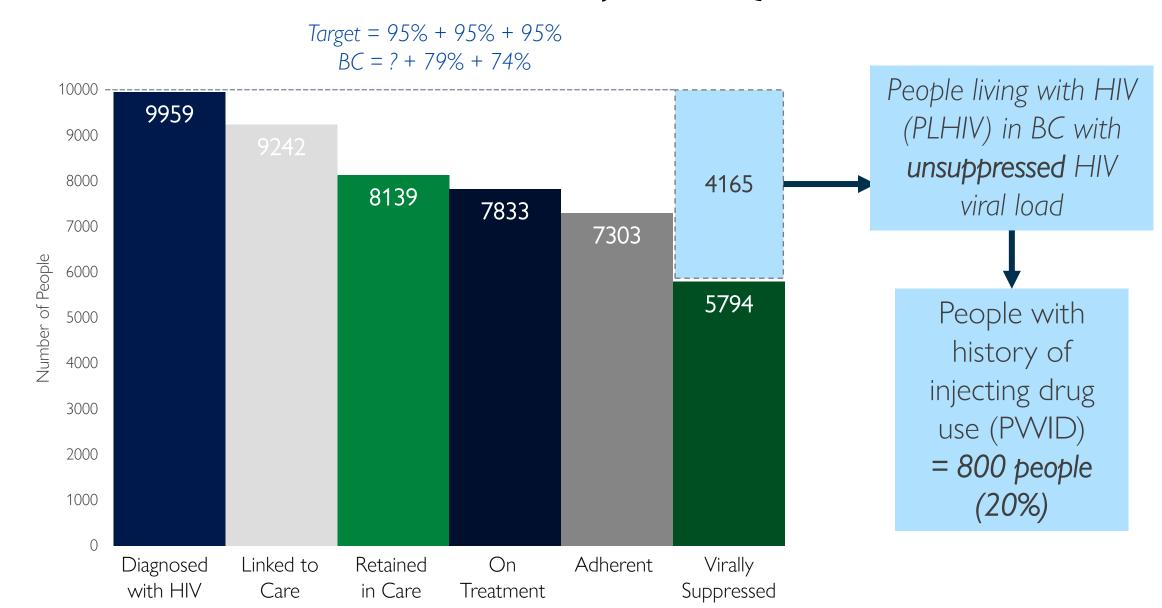
Annual target for treatment initiations to meet 2030 elimination goal

NEW HIV CASES REPORTED IN BC

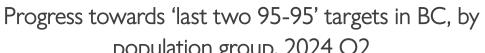


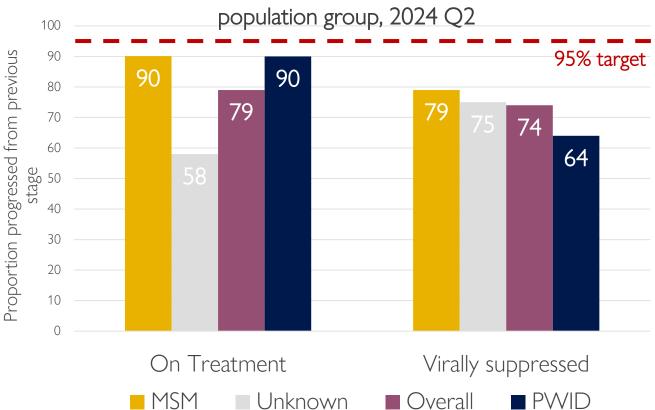
Review of cases reported in BC from 2021 to 2025 found some previously diagnosed cases were incorrectly categorized as 'new HIV diagnoses'; data remediation has resulted in fewer new HIV diagnoses reported in BC from 2020 to 2024, but still see slight uptick in cases from 2023-2024 compared to previous 3 years

HIV CARE CASCADE IN BC, 2024 Q2



HIV VIRAL SUPPRESSION GAP IS WIDEST FOR PEOPLE WHO INJECT DRUGS (PWID)

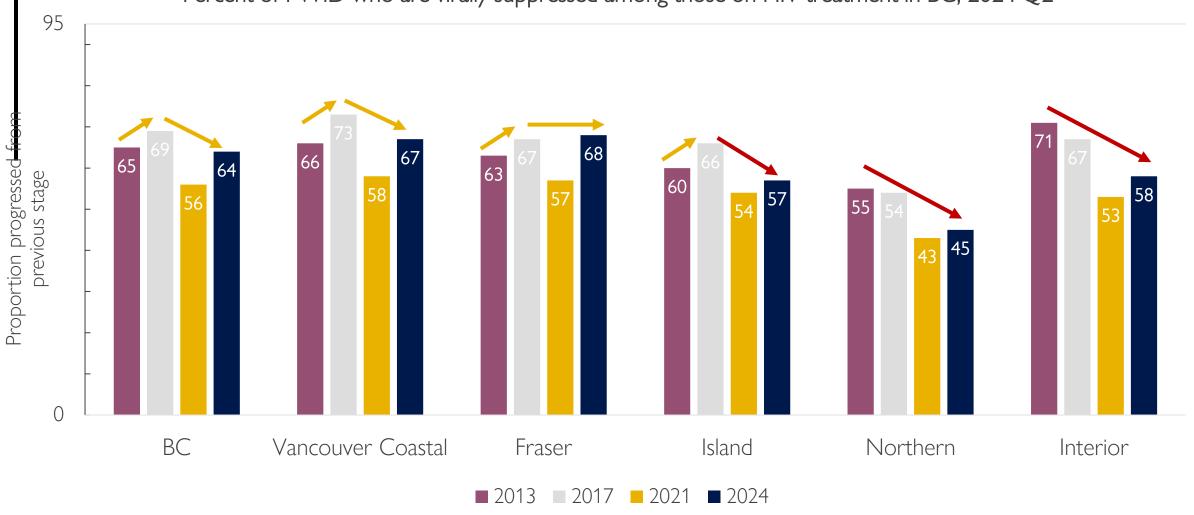




64% OF PLHIV WITH HISTORY OF INJECTING DRUG USE ARE VIRALLY SUPPRESSED, COMPARED TO 79% AMONG MSM

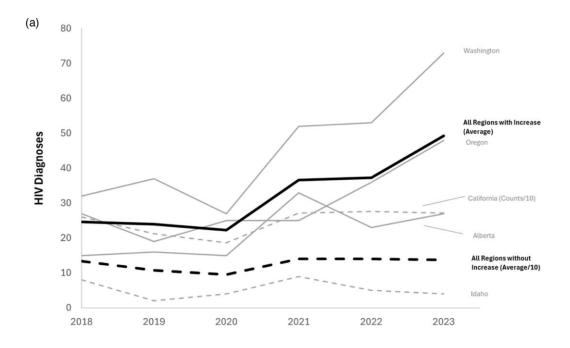
HIV CARE GAPS AMONG PWID IN BC HAVE WIDENED

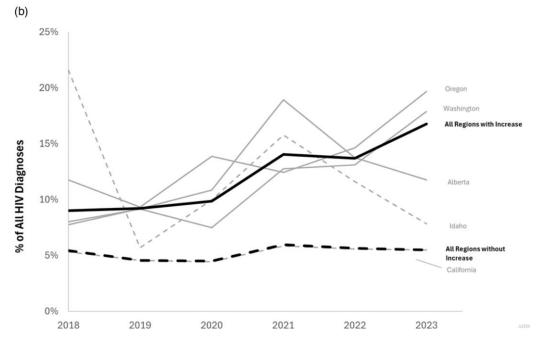
Percent of PWID who are virally suppressed among those on HIV treatment in BC, 2024 Q2



HETEROSEXUAL HIV TRANSMISSION INCREASE IN PNW

Diagnoses of HIV attributed to heterosexual transmission by state/province 2018–2023: counts (a) and as a proportion of all HIV cases (b).

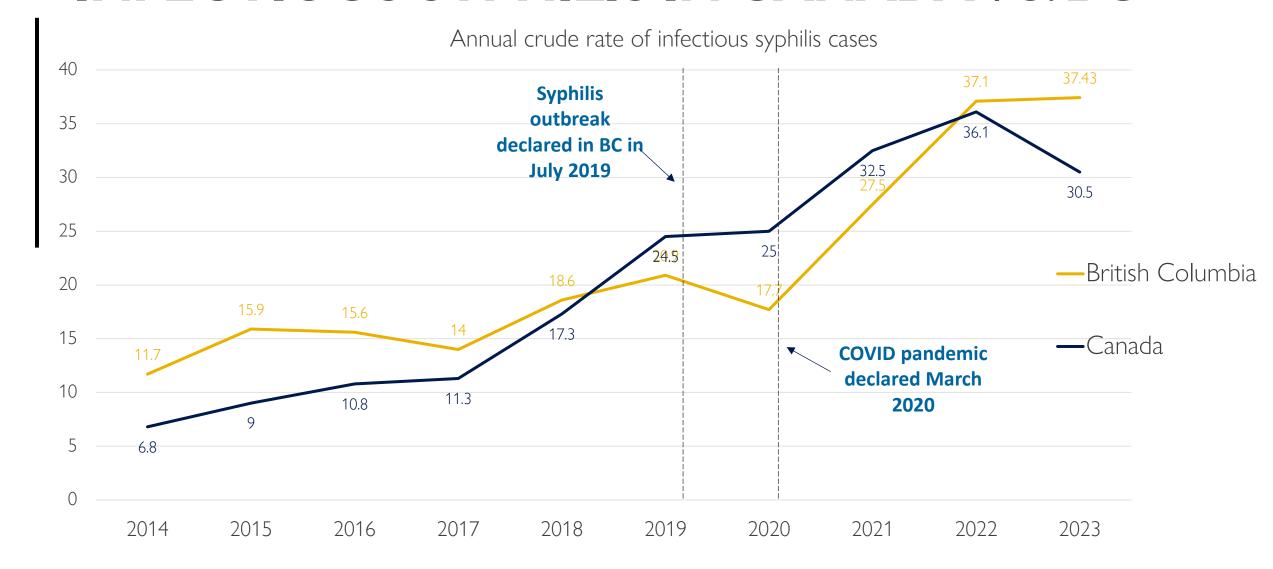




Reference

Erly, S., Troupe, D., Capizzi, J., et al. Increase in heterosexual transmission of HIV in international Pacific Northwest region (United States and Canada). AIDS 39(11):p 1666-1668, 2025.

INFECTIOUS SYPHILIS IN CANADAVS. BC

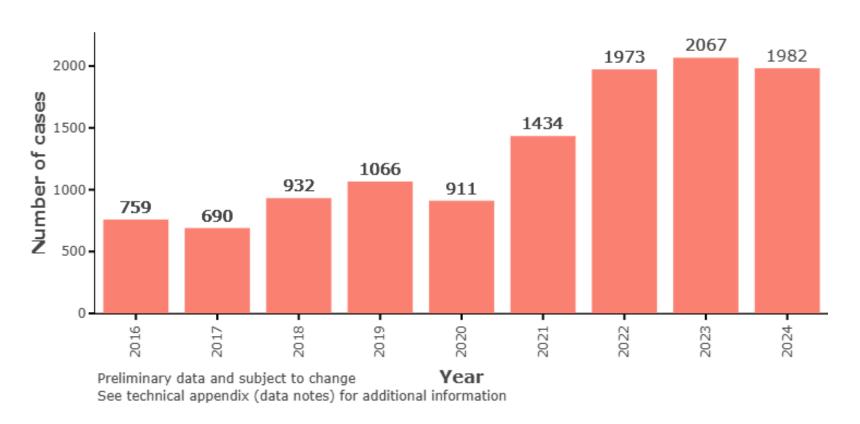


Data are preliminary and subject to change

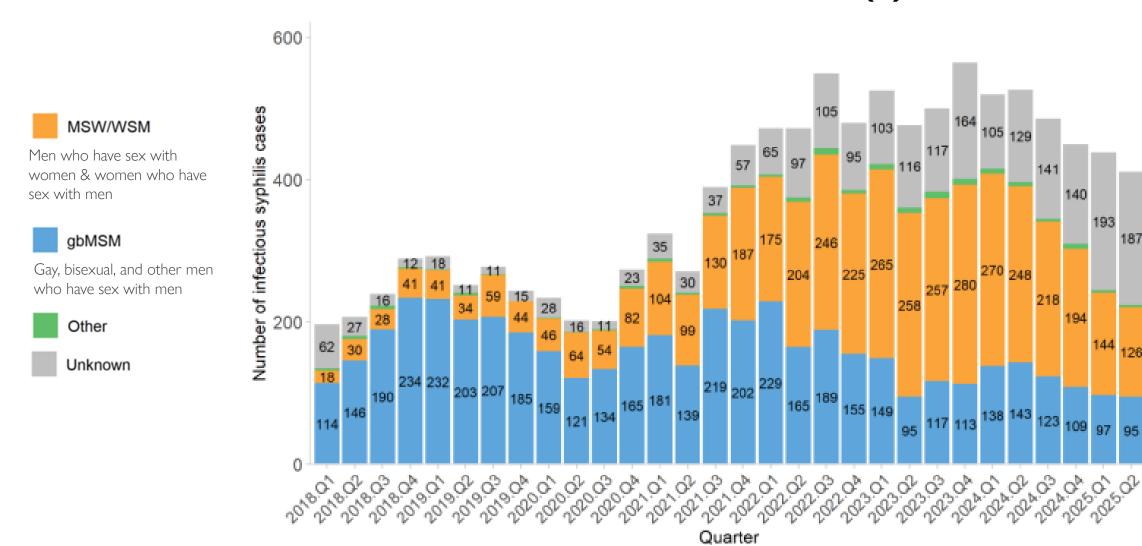
Data Sources: BC Centre for Disease Control. Communicable Disease Dashboard. Vancouver, BC. Available at: https://bccdc.shinyapps.io/communicable-disease-dashboard/ (accessed April 4, 2025) & Public Health Agency of Canada CCDR Volume 51-2/3, February/March 2025. Available at: <a href="https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2025-51/issue-2-3-february-march-2025/infectious-congenital-syphilis-2023.html (accessed April 4, 2025)

COUNT OF INFECTIOUS SYPHILIS CASES IN BC, 2014TO 2024

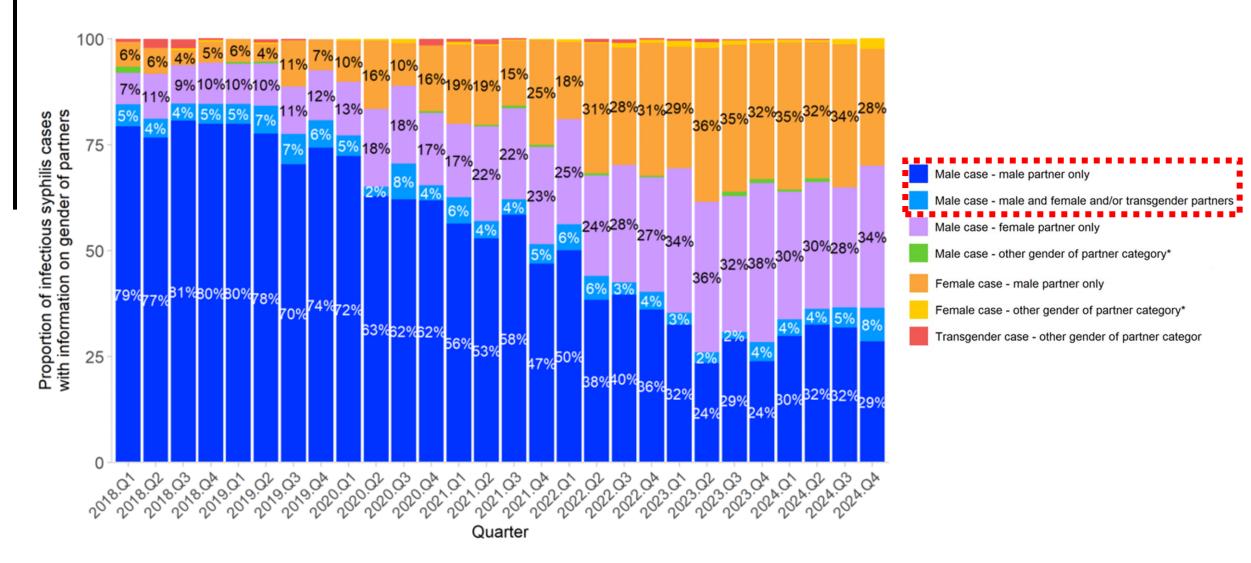




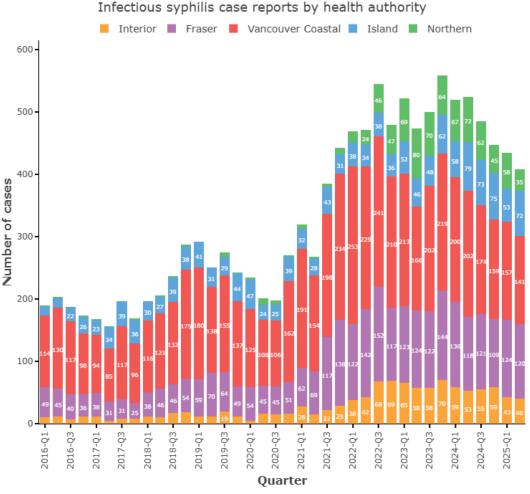
COUNT OF INFECTIOUS SYPHILIS CASES BY REPORTED SEX/GENDER & GENDER OF SEXUAL PARTNER(S), BY QUARTER



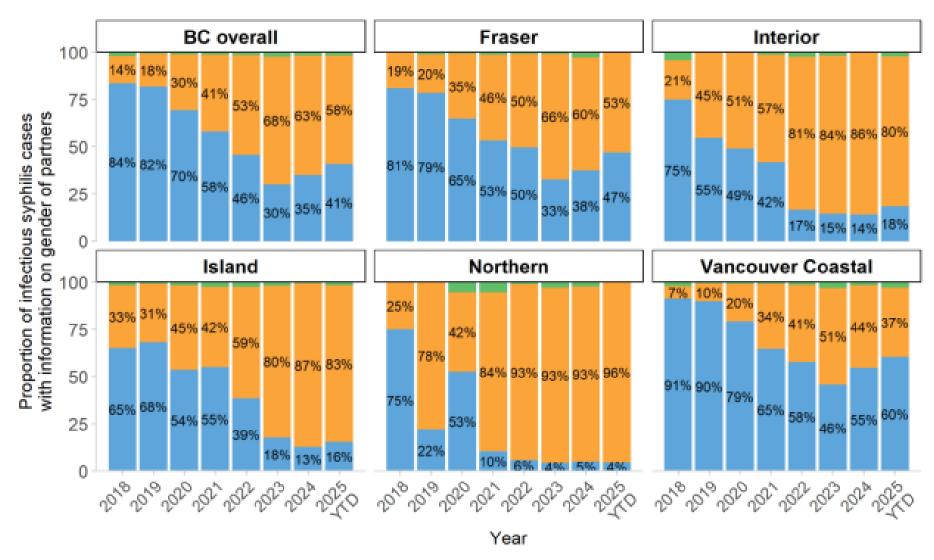
PROPORTION OF INFECTIOUS SYPHILIS CASES BY REPORTED SEX/GENDER & GENDER OF SEXUAL PARTNER(S), BY QUARTER



QUARTERLY COUNT OF INFECTIOUS SYPHILIS CASES IN BC, BY HEALTH AUTHORITY REGION



'TWIN EPIDEMICS'



Where to get more data

http://www.bccdc.ca/our-services/programs/clinical-prevention-services-epidemiology-surveillance

https://bccdc.shinyapps.io/stbbi_tb_surveillance_report/



BCCDC Clinical Prevention Services (CPS)

Sexually Transmitted and Blood Borne Infection (STBBI) and Tuberculosis (TB) Surveillance Report



This dashboard presents provincial tuberculosis (TB) and sexually transmitted and blood borne infection (STBBI) case and STBBI testing trends.

We acknowledge that the presented data represent people in British Columbia who have been diagnosed with TB disease or a STBBI. The pathogens that cause these conditions are transmitted among populations as a result of a complex mix of social, cultural, economic and structural factors. We continue to work towards enhancing surveillance systems to advance the understanding of the prevention, acquisition and transmission of STBBIs and TB disease and the key populations that are affected by specific syndemics.

Other CPS surveillance reports can be found at:

HIV - http://www.bccdc.ca/health-professionals/data-reports/hiv-aids-reports/

HCV - http://www.bccdc.ca/health-professionals/data-reports/hepatitis-c-reports/

STIs - http://www.bccdc.ca/health-professionals/data-reports/sti-reports/

TB - http://www.bccdc.ca/health-professionals/data-reports/tuberculosis-reports/

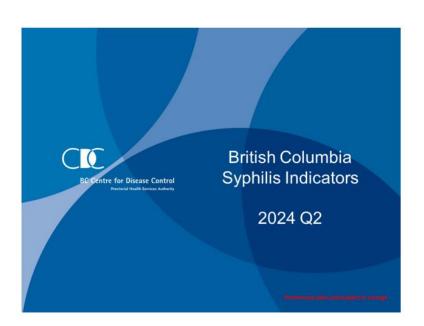
Data are presented up to 2024Q4 (December 31, 2024). Data are preliminary and subject to change.

Report updated on January 27, 2025.

Select Report Time Grouping

Select either 'Monthly', 'Quarterly', or 'Yearly' breakdown. All figures in the report will be updated accordingly.

Monthly



Infectious Syphilis Case Reports in BC

EVOLVING DATA STANDARDS

NEW BC DATA STANDARDS & FRAMEWORKS

BC Gender & Sex Data Standard (2023)

Distinguishes gender (self-identified) from sex (assigned at birth). Requires data collection from the individual, with default to collect gender (self-identification, with "prefer not to answer/unknown" option) and only collect sex when necessary.

BC Provincial Data Plan (2023)

Cross-government data governance & metadata standards; authoritative data registers; co-developed Indigenous data governance.

HSO Cultural Safety & Humility Standard (2022)

Provincial standard for BC with requirements for health governing bodies, leaders, and teams to address Indigenous-specific racism and deliver culturally safe services, grounded in TRC, MMIWG Inquiry, and UNDRIP.

BC Population & Public Health Framework (2024)

Puts equity and anti-racism at the core of public health functions, supporting routine equity stratification of surveillance outputs and evaluation.

BC Digital Health Strategy (2024)

Strategic objective to provide patients with consistent access to their own data (e.g., Health Gateway) and digital tools.

EXPECTED IMPACTS

- More consistency in collection of sex/gender and race-based data
 - Increased visibility of gender-diverse people in provincial data
 - Comprehensive application of equity stratifications across datasets
- Improved data quality
 - Less bias in whose data isn't collected (and able to be linked)
 - More trusted & person-centred data
- Equity stratification is embedded in core public health reporting
 - e.g., STBBI dashboard with stratifications by identity & region
- Accountability for Indigenous health equity & data sovereignty
 - Culturally safe governance & use of health data becoming mandatory, not optional
 - Indigenous Rights Holders have improved access to data

THE **ANTIDOTES?**

A ROADMAPTO "DEMEDICALISE" PUBLIC HEALTH





REAFIRM PUBLIC HEALTH'S FOUNDATIONAL MISSION

SHIFT FOCUS FROM REBALANCE POWER **BIOMEDICAL TO DYNAMICS IN SYSTEMIC PUBLIC HEALTH APPROACHES**

LEADERSHIP

PROMOTE INTERDISCIPLINARY AND COMMUNITY-**LED MODELS**

ADDRESS ETHICAL AND EQUITY CONCERNS

BUILD HOLISTIC PUBLIC HEALTH **FRAMEWORKS**

ADVOCATE FOR POLICY REFORMS AND RESOURCE ALLOCATION

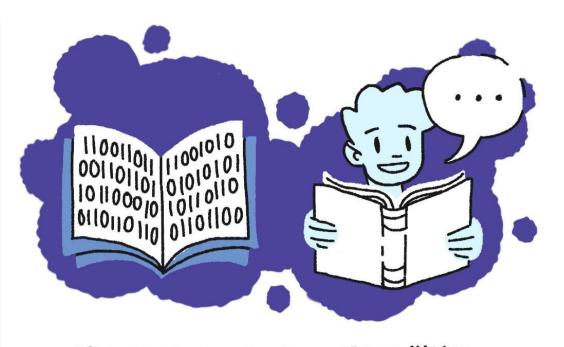
References

- 1. Nunes AR. Medicalisation of public health: a narrative review. Public Health. 2025 Sep;246:105827. https://doi.org/10.1016/j.puhe.2025.105827
- 2. Olvera Alvarez, H.A., Appleton, A.A., Fuller, C.H. et al. An Integrated Socio-Environmental Model of Health and Well-Being: a Conceptual Framework Exploring the Joint Contribution of Environmental and Social Exposures to Health and Disease Over the Life Span. Curr Envir Health Rpt 5, 233-243 (2018). 10.1007/s40572-018-0191-2

INTEGRATE LIVED **EXPERIENCE** WITH PUBLIC **HEALTH SURVEILLANCE &** DATA

BCOHRC "Disaggregated Data" Report (2020);

- Framework for community-governed disaggregated data (race, ethnicity, Indigeneity, intersectionality).
- Enable visibility of systemic inequities and increase trust & participation in equity data.



NUMBERS CAN'T TELL THE WHOLE STORY, WE NEED PEOPLE'S EXPERIENCES TO UNDERSTAND DATA ACCURATELY

ACT ON UPSTREAM DETERMINENTS

"We need to stop just pulling people out of the river.

We need to go upstream and find out why they're falling in."

- Desmond Tutu

Remembering Trey Helten

Presented by DTES Heart of the City Festival; 'Ashtrey Forever: A Short Film Series Tribute with Nat Canuel' Nov 7th @ Djavad Mowafaghian Cinema

https://www.eventbrite.ca/e/ashtrey-forever-a-short-film-series-tribute-with-nat-canuel-tickets-1772815792759

THANK YOU







