



	<ul style="list-style-type: none"> ii. Option 1 is alternate months at same time/day for 1 hour (6-7pm) iii. Option 2 is alternate months on a different date/time iv. Poll for functional committee meetings date/time on alternate months will be sent <u>after the Full WSPG meeting with minutes</u> <p>c) WSPG In person meeting late Spring 2023</p> <ul style="list-style-type: none"> i. Extended 1-day meeting or 2-day retreat? ii. Option might be a business meeting day and a social (team building) meeting day in case some cannot make both days iii. Poll for 2-day in person retreat will be sent out <u>after the full WSPG meeting with the minutes</u> 	
6:20-6:30 pm	<p>III. Update to the Request for Applications (RFAs) Spring 2023 <i>DOH facilitator (10 Minutes)</i></p> <ul style="list-style-type: none"> a) Beth will provide updates to the upcoming release of the RFAs (Syndemic and Ryan White) <ul style="list-style-type: none"> i. Application process and review committees ii. Focusing on measures aligning with the 13 goals and objectives b) Feedback from DOH OID staff and WSPG members on 13 goals and objectives outcomes (exercise by HMA) 	<i>Provide information</i>
6:30-7:20 pm	<p>IV. Outcomes development on 13 Integrated Plan Goals and Objectives <i>DOH & HMA facilitators (50 Minutes)</i></p> <ul style="list-style-type: none"> a) Exercise to further develop 13 goals and objectives, see reference chart below (Fig. 2) <ul style="list-style-type: none"> i. Jamboard session by HMA 	<i>Provide information</i> <i>Collaborative exercise</i>
7:20-7:25pm	<i>Public Comment (5 minutes)</i>	<i>Receive Public Comment</i>
7:25-7:30pm	<i>Closing thoughts/Adjourn (5 minutes)</i>	

Opportunities for public comment are provided at the end of the meeting for general comments. WSPG Tri-Chairs will ask for a show of hands of people who would like to comment. The Public comment time will be divided equally amongst them.

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(Fig. 1) Table of the three WSPG Internal Committees: Tri-chairs JJ Baker, Monte Levine, Elizabeth Crutsinger Perry

Strategy and Priority Setting	Research, Evaluation and Monitoring	Implementation and Communication
Ann Mumford	Amy Hernandez (chair)	Courtney Wettermann
Bjarke “Mitch” Mitchell	Omero Perez	Jsani Henry
Yob Benami	TBD	Mike Ramirez (chair)
James Tillett	Walter McKenzie	William Cox
Kurt Ragin	Reina Davis	James Sammuels (chair)
Howard Russel (chair)	Lisa Al-Hakim	Brigette Young
		Stephen Zeller

TBD: Kimberly DeCuire, Lara West, Delena Meyer

(Fig.2) 13 Goals and Objectives overview chart

Goal	Outcome	Health Equity Advancement
1- Embrace Phlebotomy	Decrease new infections and improve health outcomes for PLWH by using the best test available.	Significant racial & ethnic disparities exist in Ever-Diagnosed and New Cases Linked to Care within 30 days. Improvement in these bars overall will likely advance equity
2- Support organizations in creating full-service, robust, regional MOU	Increased engagement in care by creating a more effective referral process for people living with HIV	Significant racial & ethnic disparities exist in Engagement in Care Improvement in these bars will likely advance equity.
3- Provide holistic HIV Prevention & Care for gender expansive and transgender people	Apply Targeted Universalism to advance equity in service delivery for gender expansive and transgender people	SCSN data identified Gender non-conforming and transgender people as experiencing significantly more structural barriers. Specific programming with intentional involvement is likely to advance equity

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<p>4- Expand Low & No Barrier treatment options for PLWH</p>	<p>Increase the availability and walk-in clinics and rapid start availability for PLWH</p>	<p>Significant racial & ethnic disparities exist in Engagement in Care & Viral Load Suppression. Improvement in these bars will likely advance equity.</p>
<p>5- Promote Provider Accountability</p>	<p>Motivating providers to change behaviors in patient care to increase their participation in ID prevention and care priorities.</p>	<p>Significant racial & ethnic disparities exist in Engagement in Care & Viral Load Suppression. Improvement in these bars will likely advance equity.</p>
<p>6- Expansion of testing and treatment options and medication access</p>	<p>Increased viral suppression and quality of life for PLWH by providing effective and appropriate biomedical interventions</p>	<p>Significant racial & ethnic disparities exist in Engagement in Care & Viral Load Suppression. Improvement in these bars will likely advance equity.</p>
<p>7- Utilize Mobile Services to reach people where they live and work</p>	<p>Increase engagement in care by locating or collocating services in sites readily accessible</p>	<p>Significant racial & ethnic disparities exist across the continuum. Improvement will likely advance equity.</p>
<p>8- Implement service delivery methods explicitly developed for rural populations</p>	<p>Apply Targeted Universalism to advance equity in service delivery for people in rural and frontier counties</p>	<p>Significant racial & ethnic disparities exist across the continuum. Improvement will likely advance equity.</p>
<p>9- Provide holistic syndemic Care for people who exchange sex for money or non-monetary items.</p>	<p>Increase availability, accessibility, and acceptability of condoms for sex workers and people who exchange sex for non-monetary items</p>	<p>The social determinants of health significantly impact people who exchange sex for money for non-monetary items. Strengthening services to this population will likely advance equity.</p>
<p>10- Expand Self-Collected Testing Options</p>	<p>Decrease new infections and improve health outcomes by using the best test available.</p>	<p>Home testing is likely to reduce stigma as well as increase accessibility; both these factors are likely to advance equity.</p>

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<p>11- Co-location of syndemic Services at OTP/SUD/SSP</p>	<p>Apply Targeted Universalism to advance equity in service delivery for people who use drugs and Improved health outcomes for PLWH who also use drugs</p>	<p>People who use drugs experience significant disparities in HIV outcomes. Population-specific interventions are likely to advance equity.</p>
<p>12- Increase HIV Services Provided in Spanish</p>	<p>Improved health outcomes for PLWH who are monolingual Spanish Speaking</p>	<p>Hispanic /Latina/o/x communities experience significant disparities in HIV outcomes. Population-specific interventions are likely to advance equity.</p>
<p>13- Increase age-specific Syndemic services (youth & elder)</p>	<p>Apply Targeted Universalism to advance equity in service delivery for youth and elders</p>	<p>Significant racial & ethnic disparities exist across the continuum. Improvement will likely advance equity.</p>

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