**Washington Syndemic Planning Group Meeting**
**Notes/Minutes**
**Date/Time:   March 25, 2025  6:00pm – 7:30pm (PDT)**

**Washington State Department of HEALTH**

**Washington Syndemic Planning Group General Meeting**
**Notes/Minutes**
Tuesday March 25, 2025
Virtual Meeting Via Zoom Conference Call

**WSPG Members Attendance:**

| Name | Present | Away | Name | Present | Away |
|---|---|---|---|---|---|
| Ann Mumford | ✓ | ☐ | Nia Sipili (Fania) | ✓ | ☐ |
| Brigette Young | ✓ | ☐ | Monte Levine | ☐ | ✓ |
| Christina Jackson | ✓ | ☐ | Omero Perez | ✓ | ☐ |
| Christopher Claypool | ☐ | ✓ | Ray Gregson | ✓ | ☐ |
| Ella Deverse | ☐ | ✓ | Tamara Foreman | ☐ | ✓ |
| Elsa Daly | ✓ | ☐ | Tyrell Jackson | ✓ | ☐ |
| Hexe Fey | ✓ | ☐ | Tanaya Davis | ✓ | ☐ |
| Howard Russell | ✓ | ☐ | Victor Loo | ✓ | ☐ |
| James Tillett | ✓ | ☐ | Walter McKenzie | ☐ | ✓ |
| Jsani Henry | ✓ | ☐ | William Harrison | ✓ | ☐ |
| Kathleen Wilcox | ☐ | ✓ | Yob Benami | ☐ | ✓ |
| Lara West | ☐ | ✓ | Elizabeth Crutsinger-Perry | ✓ | ☐ |
| Lisa Al-Hakim | ✓ | ☐ | | | |

## Washington Syndemic Planning Group Meeting
## Notes/Minutes
## Date/Time:   March 25, 2025  6:00pm – 7:30pm (PDT)

**MEMBERS of the PUBLIC PRESENT:**
**DOH SUPPORT STAFF PRESENT: Shana Ferguson, Claire Mocha**

| TOPIC | FINDINGS, CONCLUSIONS & RECOMMENDATIONS | ACTIONS & DUE DATES | PERSON RESPONSIBLE |
|---|---|---|---|
| I. Call to Order/ Welcome by Tri-Chairs (10 mins) | • Meeting called to order at 6:04PM<br>• Review of agenda<br>• Community agreements of focus tonight:<br>  ▪ Leaving stories and taking learnings<br>  ▪ Accept and expect non-closure | | |
| II. DOH/WSPG member updates (55 mins) | • DOH Supported Testing Overview Presented by JJ Baker and Patrick Dinwiddie<br>  ▪ Introduction – OID Testing Team:<br>    o Integrated Infectious Disease Testing and Condom Distribution<br>    o Housed within the Office of Infectious Disease (OID) at WA DOH<br>    o Dedicated Testing Staff:<br>      ➢ JJ Baker: Infectious Disease Testing Consultant<br>      ➢ Patrick Dinwiddie: Infectious Disease Testing Coordinator<br>    o Work within other programs at OID, including:<br>      ➢ HIV Prevention<br>      ➢ Sexually Transmitted Infection Prevention<br>      ➢ Adult Viral Hepatitis Prevention<br>      ➢ Drug User Health<br>    o Focus Primarily on community-facing non-clinical testing work<br>      ➢ HIV<br>      ➢ Syphilis<br>      ➢ Hepatitis C<br>      ➢ Chlamydia/Gonorrhea<br>  ▪ OID Testing – What Do We Do?<br>    o Help community-facing programs establish and maintain testing projects around the state: | | |

➢ Community-based organizations, including traditional AIDS Service Organizations
➢ Syringe Service Programs
➢ Local Health Departments (Local Health Jurisdictions)
o Provide Technical Assistance and Training:
➢ Phlebotomy training though UW STD Prevention Training Center
➢ Test kit and controls training
➢ Disease/Conditions 101 basic training
➢ Assistance with what the testing program will look like at the local testing agency level
➢ Setting up testing partners with laboratory services
➢ Help with identifying prevention and care linkage partners for client referrals
o Ensure programs are meeting national and state rules and requirements for testing:
➢ Food and Drug Administration Rules regarding test kits
➢ Medical Test Site/CLIA Regulation and Oversight of Laboratories
➢ Phlebotomy licensing and medical oversight of phlebotomy staff
➢ Bloodborne pathogen training and exposure control plan (L&I)
o Obtaining Rapid Test Kits, External Controls and Laboratory Service for partners
➢ Currently working with 5 different rapid kit companies
➢ Currently working with 2 condom companies serving about 150 prevention partners around the state:
✓ Local Health Jurisdictions/Local Health Departments
✓ Syringe Service Programs
✓ Community Based Organizations
✓ Tribal Health
✓ Naloxone Distribution Partners
✓ School-Based Health Centers
▪ OID Testing – Who Do We Serve?
o Our office and program lead with equity in the design and reach of our testing work-we want to hear from folks like yourselves!
o DOH/OID prioritizes clients and communities through a syndemic lens where health outcome disparities are most pronounced. Communities most impacted as indicated by data and community input include:

> Men who have sex with me; Trans-identifying persons who have sex with me; LGTBQ/Queer/Nonbinary community groups
> Black, Hispanic/Latinx, Indigenous and People of Color community groups
> People who inject or use substances
> Houseless population
> Rural communities

o OID, with the help of our partners and community members, works to ensure quality syndemic testing opportunities are available statewide with equitable reach.

o Syndemic/Integrated Testing meaning – is based on the understanding that a behavior that makes someone vulnerable to one infection, such as sharing drug injection equipment or having sex without a condom, may put an individual at risk for multiple infections, and that the prevention and treatment of these multiple infections can be addressed a single intervention or service visit.

▪ OID Testing – Who Do We Partner With?

o Generally, CBOS, LHJs, and SSPs

o We partner with both DOH-contracted and In-Kind (donation) testing partners

> Currently there are 8 contracted integrated testing partners around the state. Contracted testing partners offer integrated testing services with staffing support from DOH/OID.

> There are currently 18 in-kind partners around WA who received support for testing kits/controls and technical/consultative services from OID, including training. These agencies provide their own staff to be able to deliver these testing services to the communities they serve.

o Community-facing testing sites-all of our partners are geared towards testing within the communities they serve among priority population groups identified locally in their communities and through data reviews.

▪ OID Testing – Testing Service Available:

o Integrated Testing Services by DOH Contractors – Fully syndemic or Integrated testing:

> HIV – screening and confirmation
> Syphilis – screening and confirmation
> Hepatitis C – screening and confirmation
> Chlamydia and Gonorrhea (CT/GC)

- o In-Kind Testing Partners:
  - ➢ Any combination of HIV, Syphilis, Hepatitis C and Chlamydia/Gonorrhea
    - ✓ Not all in-kind partners are able to offer all of these tests to clients due to local capacity and resource limitations.
    - ✓ OID is working with in-kind partners to make more of these testing options available to clients.
  - ➢ Confirmation testing is available among partners testing for HIV and Syphilis. OID is slowly on-boarding Hepatitis C confirmatory testing among SSP providers, but this will be resource-dependent as we move forward
- o Additional testing services for future consideration (resource dependent)
  - ➢ HIV care initiation labs – for clients who have a reactive or positive HIV screening test.
  - ➢ PrEP initiation labs – for clients who have had a negative or non-reactive HIV screening test and are interested in PrEP.
- ▪ OID Testing and Linkage Service Available:
  - o Linkages- Care, Prevention, and Social Services
    - ➢ Care – treatment services as well as any additional testing needed for treatment determination/decisions
    - ➢ Prevention – Pre-Exposure Prophylaxis or PrEP, etc.
    - ➢ Social – housing, mental health, treatments services referrals, etc.
    - ➢ Health benefits – linkage to relevant health benefits plans such as Apple Health.
- ▪ DOH/OID Support:
  - o Contact Info:
    - ➢ Testing Coordinator: Patrick.dinwiddie@doh.wa.gov
    - ➢ Testing and Condom Consultant: JJ.baker@doh.wa.gov
- ▪ Questions?
  - o James: Talking about expansion as far as counties go. Are there any counties you are looking to expand into next?
    - ➢ We are always willing to hear and listen and suggest getting in touch with us. Currently working with Clark, Cowlitz, King, Spokane, Pierce, Jefferson, Snohomish, Walla Walla, Kittitas, Yakima, San Juan, Skagit, and Whatcom counties. Leaves more rural counties that we don't have DOH funded for. Our field services consultants can go there. It isn't totally uncovered but not covered like the above counties.

- Stigma Work Presentation: Ray Harris – Ray.harris@doh.wa.gov
  - What does the word stigma mean to individuals?
  - The below answers were from 2022 to August of last year.
    - Judgement
    - Afraid to bring something up because of judgement possibly received
    - Ostracizing people bas on experience
    - Culturally accepted bias
    - Feelings of shame and exclusion due to a condition or personal attribute
    - Discrimination against an individual
    - Biases around certain things
    - Shame, feeling unhealthy and being brushed aside
  - Going through the who, what, when, where, and why this came about.
    - Why the Stigma Work Group?
      - To better understand the impacts of stigma on individuals and their engagement with healthcare.
    - What do we already know?
      - Stigma is a contributing factor when it comes to low engagement in healthcare, poor satisfaction in health experiences, and prevalent negative health conditions.
    - Who should we be listening to?
      - The individuals being served.
  - When did we come to the WSPG?
    - January 23, 2024 – WSPG General Meeting – Stigma Project Presentation
    - May 29, 2024 – The WSPG Stigma Work Group Discussion
    - March 25, 2025- The WSPG General Meeting – Stigma Work Group Brief Update
    - The experiences yall have had got us to start saying we need to have this conversation. We came to you in January of 2024 to bring the idea of the stigma project to yall. You all said it was further to go into this conversation. That is where the stigma work came to be.
  - How should we focus on Stigma Reduction efforts?
    - Center discussion based on responses from the work group.
    - To center the discussion, work group members were asked to prioritize our conversation's agenda before meeting.

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| | o Levels we should focus our efforts (based on what levels the group wanted to focus on)<br>  ➤ Individual Level – The way someone internalizes stigma<br>  ➤ Interpersonal level- The way stigma is experienced between individuals<br>  ➤ Community Level – The way stigma is upheld by negative social and cultural norms<br>  ➤ Structural Level – The way policies and laws reinforce stigma.<br>o Areas we should focus on reducing stigma:<br>  ➤ Engagement in HIV Care or HIV Prevention<br>  ➤ Getting mental health care<br>  ➤ Finding and keeping housing that is safe<br>  ➤ Getting help for substance use<br>  ➤ Welling and send of self<br>  ➤ Getting or using insurance<br>  ➤ Dating or having a fulfilling sex life<br>o The best audience for Stigma Reduction Education (what came up in first discussion before what folks thought to prioritize):<br>  ➤ Those with authority<br>    ✓ Providers<br>    ✓ Case managers<br>    ✓ Landlords<br>  ➤ Those alongside:<br>    ✓ Friends<br>    ✓ Family<br>    ✓ Partners<br>o The best audience for Stigma Reduction Education (after discussion on what to prioritize):<br>  ➤ Healthcare providers<br>  ➤ Friends or community members<br>  ➤ Family members<br>  ➤ Case managers<br>  ➤ Romantic partners | | |

➢ Coworkers or supervisors

➢ Landlords

o Identities or experiences we should focus our Stigma Reduction efforts on:

➢ HIV status

➢ Race and ethnicity

➢ Gender identity and sexual orientation

➢ Substance use

➢ Poverty and class

➢ Housing status

➢ Immigration status

o Communities or experiences missing:

➢ The jail system or legal system

➢ Indigenous

➢ Educating healthcare providers on HIV progress

➢ Discussion on how some have successfully worked through stigma

o Next steps:

➢ The Stigma Project team will return to the WSPG General Committee in summer 2025 to facilitate community discussion about stigma.

➢ Look forward to hearing from you all this summer and continuing the conversation.

▪ Questions?

o Howard: Noticed that more of the transgender community are definitely in fear right now. Since health care has been one of these issues, and they have been trying to take away from that, do you have any support groups to help this specific population. What direction do we give our transgender community feeling this and pain right now?

➢ I think a lot of people are confused. A lot of people are wondering what to do. What's next? Right now, honestly, I don't have all the answers. One of the reasons we need to continue having these discussions. As far as support group, calling each

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| | other to see if we can do anything to support each other. When you say work group what would that look like?<br>o Howard: How to avoid that fear. If that population needs to go to a doctor, since they are pulling the plug on that care, how do we know they are ok to continue doing what they need to do with fear of being rejected.<br>➢ The past 3 years, I have been working on doing stigma training not just folks we work with but private and non-contracted. People end up getting employer insurance where they didn't have insurance before. My whole goal before even getting to this point with WSPG is how do I get this subject in front of providers across the board? Building Skill and Sexual Health series, the work that we did before coming to the group kind of informed what I was seeing and before coming in front of community. Providers need to be updated to date with current data and information. Bringing up we need to talk to transgender community about fear. We need to prioritize this.<br>o Fania: I think speaking to and hearing from queer and trans communities would be a good start to inform what support can look like. I do know security and autonomy are important aspects that are much needed. | | |
| III. WSPG Updates (15 mins) | • Caucus Leads 2025:<br>▪ Looking for volunteers and community focus for this year. Different ways to be included in caucus work.<br>▪ A form that will be sent out for folks to volunteer or note particular participation in caucuses.<br>▪ Exploratory form. You won't be assigned. I want to engage WSPG members' level of interest. Once the information is back, I will look at budget for community engagement sessions over the summer. Will sent it out with notes and presentations.<br>▪ More information by the May meeting. Will get form soon.<br>• Nomination for community chair. Omero is no longer in that role, as this is a tri chair system, looking for community chair. You will be getting additional information about the nomination. Can nominate self. Folks will receive form. Nomination for someone not yourself, please check in with them if they are interested.<br>• Voting process. | | |

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| | • May membership folks will hear communication from all those interested. You all will vote. Interim position will be extended until next June as we are filling a spot and it is not time for the new cycle.<br>• Chair positions do require more time.<br>• Victor sharing experience and participation with office of equity.<br>• Who is the WA State Office of Equity?<br>  ▪ Created in 2020 to change the way government develops and implements its policies, practices, and processes.<br>  ▪ Believe in government that does things with people instead of to them. We believe in a government that serves everyone in Washington and leave no one behind.<br>  ▪ Our vision – Everyone in Washington has full access to the opportunities, power, and resources they need to flourish and achieve their full potential.<br>  ▪ Our Mission – Promote equitable access to opportunities, power, and resources across government that reduce disparities and improve outcomes statewide.<br>  ▪ Our Pledge – Stay committed to relationship building, convening, and co-creation to meet the complex needs of the 21$^{st}$ century and advance a Washington for all.<br>  ▪ Our Method – We build relationships throughout state government and in communities, working with transparency, accountability and honesty.<br>  ▪ Our Work – We work with state employees to embed our framework for co-creation, Pro-Equity Anti-Racism, and fundamentally change the way we interact with and serve all.<br>  ▪ Our Call to Action – We call on you to identify how you will contribute to advancing systems change in the work you do. This work requires everyone to participate! What are you doing to help us create a Washington for all?<br>  ▪ Our Leadership – Under the leadership of our Director Megan Matthew, our executive team reflects diverse lived experience, decades of government expertise, and a strong dedication to equity that is exemplified throughout our entire team.<br>  ▪ Meet the team: Home | Office of Equity<br>  ▪ Community driven to community advisor board. Some key things we have done are provide compensation. Ensure digital equity form access and what that means is to ensure if I am someone who doesn't have internet access, access to really push to allow access in public library and free internet access. CET community engagement toolkit. Making sure we are developing and goverment entities that they can look at | | |

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| | charters and policies. Engaging more intentional way engagement panel discussion. This year will most likely be digital. If folks in this group are interested in this panel, they can talk about work in this group.<br>▪ Advocating for policy. Time to be bold and brave. How we can work together to amplify work we do as Syndemic Work Group. What resources we have and what we can do collaboratively.<br>▪ Feel free to reach out: victor.loo@equity.wa.gov | | |
| IV. Public Comment (5 mins) | ● Event happening in community NAMIWalks - NAMI Pierce County<br>● Stipends are coming out. Quick turnaround. Will be sending out documents. | | |
| V. Closing Thoughts/ Adjourn (5 mins) | ● Meeting adjourned at 7:31 pm. | | |

**Minutes prepared by:** Shana Ferguson
**Minutes respectfully submitted by:** Starleen Maharaj-Lewis
**Minutes reviewed and approved by Tri-Chairs:** James Tillett, Beth Crutsinger-Perry