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**Washington Syndemic Planning Group General Meeting**

**Notes/Minutes**

Tuesday January 23, 2024

Virtual Meeting Via Zoom Conference Call

**WSPG Members Attendance:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  | | --- | --- | --- | | **Name** | **Present** | **Away** | | **Amy Hernandez** |  |  | | **Ann Mumford** |  |  | | **Brigette Young** |  |  | | **Christina Jackson** |  |  | | **David Roehn** |  |  | | **Howard Russell** |  |  | | **James Sammuels** |  |  | | **James Tillett** |  |  | | **Jsani Henry** |  |  | | **Kathleen Wilcox** |  |  | | **Lara West** |  |  | |  |  |  | | |  |  |  | | --- | --- | --- | | **Name** | **Present** | **Away** | | **Lisa Al-Hakim** |  |  | | **Nia Sipili** |  |  | | **Monte Levine** |  |  | | **Omero Perez** |  |  | | **Remy Styrkowicz** |  |  | | **Starlett Cunningham** |  |  | | **Stephen Zeller** |  |  | | **Tamara Foreman** |  |  | | **Walter McKenzie** |  |  | | **William Harrison** |  |  | | **Yob Benami** |  |  | | **Elizabeth Crutsinger-Perry** |  |  | |

**HMA SUPPORT STAFF PRESENT:** Charles Robbins

**DOH SUPPORT STAFF PRESENT:** Starleen Maharaj-Lewis, Shana Ferguson, Genee Grimmett, Vanessa Grandberry

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| **TOPIC** | **FINDINGS, CONCLUSIONS & RECOMMENDATIONS** | **ACTIONS & DUE DATES** | **PERSON RESPONSIBLE** |
| I. Call to Order/ Welcome by Tri-Chairs and member check and connect (10 mins) | * Agenda approved. * Review community agreements: * Center Community. * Experience Discomfort. * Leave stories, take learnings. * Share space. * Acknowledge your impact. * Different perspectives. * “I” statements. * Expect and accept non-closure. * Introductions from new members: * Starlett Cunningham * Tamara Foreman * Nia Sipili |  |  |
| II. WSPG Program and member updates (20 mins) | * Positions are open for Tri Chairs for 2024. Government Tri Chair, Provider Tri Chair, Community Tri Chair. For all three, we will be holding selection process for who will fill these positions. * Introductions/2-minute statements from Tri Chairs for 3 chair positions vote: * Beth: Current Government Tri chair * Provider Tri chair: Howard Russell, James Tillett * Voting in favor of James Tillett * Community Tri chair – Christina Jackson, Omero Pero * Voting in favor of Omero Perez |  | Starleen and Summer |
| III. DOH updates (30 mins) | * Compensation/equitable stipend project presentation. Will have this presentation at next general meeting in March. Will tie in well with how to submit time for the quarter. Will be able to learn as we start using this process. * DOH created an HIV plan that addresses multiple areas of WSPG. Genee met with members and discussed ideas for activities and projects to work toward the 13 goals of the Integrated plan. She then compiled ideas into a document. * Link to site - [Washington state Integrated HIV Prevention and Care PLan CY 2022-2026](https://doh.wa.gov/sites/default/files/2023-01/150186-IntegratedHIVCarePreventionPlan2022-2026.pdf?uid=651717475d3ef). |  |  |
| IV. Stigma reduction community collaboration(20 Minutes) | * Syndemic Prevention Presentation by Emalie Huriaux: * “The Office of Infectious Disease is committed to addressing the syndemic, or braided and interrelated epidemics of HIV, sexually transmitted infections (STIs), and viral hepatitis through service integration.” * Some folks have one or more of these conditions, they are all connected in a way – Chlamydia, Gonorrhea, Syphilis, HIV, Hep C. * Syndemic, STI, substance use, overdose - these all compound each other, when two or more of these interact with each other. This can cause worse impact and negative health outcomes. Can increase illness and death. * Factoring in Substance Use and Overdose: * Integrating a complete understanding of the ways substance use interacts with each of the infectious diseases is critical for three reasons: * Substance use can have negative health effects such as: * Increased transmission of HIV and viral hepatitis. * Bacterial infections. * Overdose and death. * People who use substances experience significant harms due to increased stigma and marginalization, including: * Loss of social support and safety nets. * Employment and housing discrimination. * Financial challenges. * Incarceration. * The above harms making accessing infectious disease testing and treatment and substance use disorder care and treatment more challenging. * Infectious Disease Overlap: * We see an increasing burden of substance use, which fuels all the infectious conditions that we oversee: * The number of fatal overdoses increased approximately 110% between 2019-2022. * Drug overdose is the #3 cause of death among people living with HIV between 2010-2019. * Injection drug use is responsible for approximately 20% of HIV cases and 62% of hepatitis C cases. * We have seen a significant increase of congenital syphilis cases and syphilis cases amount pregnant women. * In 2021 there were 186 cases compared to an average of 68 in the prior years. * Often associated with substance use – the increase is concentrated in areas of the state where substance use is more common. * Within 5 years of diagnosis: * Nearly 10% of people with a syphilis diagnosis will acquire HIV. * Nearly 10% of people living with HIV will acquire syphilis. * Additionally, 16% of people living with HIV either are infected or have been previously infected with HCV. * Among people living with HIV who also inject drugs, the prevalence of HCV is 66%. * Social Determinants of Health: The nonmedical factors in people’s lives that affect their health status through wide-reaching influence on all areas of life: * Individual Factors: * Characteristics like: * Gender * Race * Ethnicity * Sexual Orientation * Language * Literacy * Socioeconomic status * Adverse experiences * Impact Individual health because of how they interact with structural and societal inequities for each person. * Societal Determinants: * Systems and societal infrastructure like: * Healthcare access * Food access * Education access and quality * Transportation access * Social support * Racism, sexism, other forms of structural and systemic oppression * Directly influence health. * Syndemic Prevention Service Categories: * Community-based integrated infectious disease testing and linkage to service in high-impact settings. * Syndemic Service navigation. * PrEP housing pilot project. * Syringe Service Programs. * Mail-order naloxone program. * Innovative programs. * Communities of Focus   For testing, syndemic navigation, innovative projects, the communities of focus:   * People systemically marginalized and underserved due to racism. * Black, Latino/Latina/Latine/Latinx, Native American/Alaskan Native people and other communities for whom there are documented health disparities in the contractor’s region. * Men who have sex with men. * Gender expansive/transgender individuals. * People who use drugs. * People engaged in sex work.   For syringe service programs, the programs serve:   * People who use drugs, with a focus on the above communities, as well as people who are unhoused or unstably housed. * Community-based integrated infectious disease testing and linkage to services in high-impact settings. * These are in community settings not clinical. They are reaching communities that may not go into traditional health care settings. They go to places of high impact. * AIDS Healthcare Foundation (Pierce) * Cascade AIDS Project (Clark, Cowlitz, SW WA) * Center for MultiCultural Health (King) * Entre Hermanos (King) * POCAAN (King) * Seattle’s LGBTQ+ Center-Formerly Gay City (King) * Snohomish County Health Department * Spokane Regional Health District * Syndemic Service Navigation: * AIDS Healthcare Foundation (Pierce) * Cascades AIDS Project (Clark, Cowlitz, SW WA) * Consistent Care Services (Spokane) * Entre Hermanos (King) * Harborview Medical Center (King) * Seattle’s LGBTQ+ Center – Formerly Gay City (King) * Specialty PrEP Clinic Navigation: * POCAAN (King) * Public Health Seattle-King County * PrEP Housing Pilot Project: * Housing could help facilitate prevention. This is just the pilot, and still have a lot to learn. Will talk about this as learn more. * The communities of focus for PrEP Housing and Supportive Services are Black/Indigenous/Native America/Alaskan Native and Hispanic/Latine/Latina/Latino/Latinx gay and bisexual men and other men who have sex with men (MSM) and their sexual networks. – Note “men” is inclusive of cisgender and transgender men). * Entre Hermanos (King) * Ryan White Part B presentation by Chris Wukasch: * Federal Funds improve HIV care and supports services. * Part B supports core medical services and support services for people living with HIV. * Ryan White Part B Service Categories: * Case Management * Outpatient Ambulatory Care * Outreach Services (Peer Navigation) * Food Bank/House Delivered Meals * Housing * Linguistic Services * Medical Transportation * Non-medical Case Management * Psychosocial Support * Emergency Financial Assistance * Ryan White Part B Service Providers: * Benton Franklin Health District * Blue Mountain Heart to Heart * Cascades AIDS Project (CAP) * Coastal Community Action Program (CCAP) * CHC Tacoma * Confluence Health * Country Doctor * Entre Hermanos * Harborview Medical Center * Kitsap Public Health District * Lifelong * POCAAN * SeaMar – Vancouver * Spokane AIDS Network (SAN) * Spokane Regional Health District * Yakima Valley Farm Workers Clinic * **For any questions, please email Emalie Huriaux –** [**Emalie.Huriaux@doh.wa.gov**](mailto:Emalie.Huriaux@doh.wa.gov) **or Chris Wukasch –** [**Chris.Wukasch@doh.wa.gov**](mailto:Chris.Wukasch@doh.wa.gov)**.** * Karlos Johson will be presenting in March. * Introductions from DOH folks: * Steven Erly * Ray Harris * Clarie Mocha * Courtney Thompson * Above folks are doing stigma reduction work. Not seeing needle move on data. Not receiving the information, they want. Working on a project that needs to be community focused and community lead. They have met with case managers and steering members. It is the communities’ stories to tell. Communities are facing the challenges of stigma. Want stigma work to be community Led. What looking for from WSPG is getting people to join in the effort and get community feedback. Have questions on how DOH should be doing work for stigma reduction. Could create a work group, monthly meeting, etc. How do we get people involved? Does WSPG have any ideas on how to support this effort? * Omero: Any way for DOH to open to all group members. Would open up to guests. What campaigns would you like to see? How do you think you can reach the community you want to reach? * Steven: How should we engage with the WSPG in this? Is there interest in this? Should we set meetings to work on this topic? * Howard: This is a big discussion to have in the little time left in the meeting. Would like to have time where we have time to discuss this. Have it towards the beginning of agenda rather than ending. Interest in creating a group to discuss this topic. * Steven: Are there a couple people who would be interested and can email after the meetings to brainstorm and collaborate? * Starlett: My understanding is looking for folks who have ideas and instance with stigma. I can look into organization for folks who may be interested in sharing experiences. A separate group would be great for this. * Yob: I believe we need a separate meeting group. * Fania: There should be some careful handling of asking for communities’ stories, in the event it might look tokenizing. * Starleen and Steven to talk more about meeting/group for this. * Peter: Please contact me for this. * Ray: This is not about a specific story but experiences. All have induvial stories, doesn’t mean these don’t intersect with experiences. * Starleen: Quick request, if not WSPG and want to be included, please share with Starleen to share with Steven. * Howard: Is there a deadline or is this an ongoing project? * Steven: Ongoing. * Beth: The stigma you are referring to doesn’t have to be specific stigma to specific experience-example HIV, substance use, etc. * Howard: This could be the whole agenda. There is a lot to discuss, and folks have a lot on their mind to share. * Beth: We did not intend to have 15-minute discussion. We want it to be an introduction to this and input on how to move forward. * James: Our caucuses started off as ideas and we had to figure out how we wanted to work and meet goals, etc. Stigma will be a whole thing in itself. |  |  |
| V. Public Comment |  |  |  |
| VI. Closing Thoughts/ Adjourn | * Meeting adjourned at 7:32. | Send draft Minutes for review |  |

**Minutes prepared by:** Shana Ferguson

**Minutes respectfully submitted by:** Starleen Maharaj-Lewis

**Minutes reviewed and approved by Tri-Chairs:** Howard Russell, Monte Levine,Beth Crutsinger-Perry