



THE COMMUNITY COLLABORATIVE

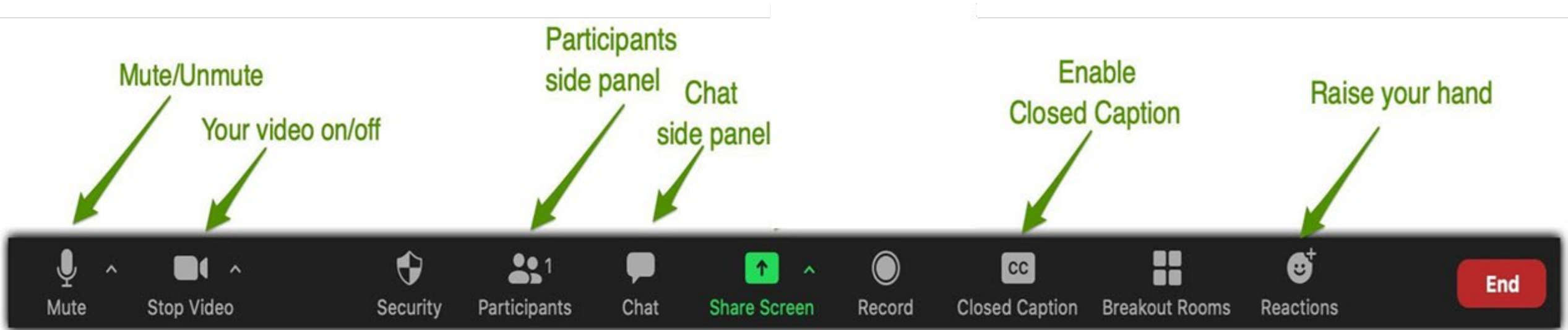


Community Collaborative
Session | June 21, 2023

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Zoom Navigation & Accessibility



Thought Partner Co-facilitator: Mayra Colazo

Mayra became a member of the Central Washington Disability Resources team in March 2016 first as an admin and through passion and hard work, she now serves as the Executive Director. Mayra is not only Bilingual (English/Spanish) but champions the leadership of those experiencing disabilities in forming programs, services and policies that are rooted in the leadership of those with lived experiences of disabilities. She currently serves as a Thought Partner to the Community Collaborative representing her Latinx communities in Central WA.





THE COMMUNITY **COLLABORATIVE** SESSION AGENDA

Welcome & Grounding
Thought Partner Highlight
Community Collaborative Updates
Pride Month Celebration
Long Covid Presentation
Diversity in Clinical Trials
Community Driven Outreach
Closing Remarks

Land & Labor Acknowledgement Part 1

The Community Collaborative would like to acknowledge that we are currently living on the traditional territories of Coast Salish people and other Native peoples who have lived here for many generations and who continue to be systematically erased by policies and practices that remove their histories from this place. We acknowledge and honor the sovereignty of Indigenous peoples in the US continent and in the U.S. Island Territories over their languages, cultures and lands and will collectively labor to center Indigenous humanity and their continued struggles for justice in stewarding the health and wellness of their communities.

Land & Labor Acknowledgement Part 2

We also would like to acknowledge this country has been made possible by the labor of enslaved African peoples and their descendants who suffered the horror of trafficking, slavery, Jim Crow, imprisonment, police brutalities and many other harms we continue to see today through anti-Black sentiment. We recognize the history of Washington State as complicit with the racist ideology of white supremacy. They persist in present-day racial realities privileging Whites while oppressing BIPOC communities. We are committed to uplifting the voices, experiences and histories of Indigenous and descendants of enslaved people's contributions.



THE COMMUNITY
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THOUGHT PARTNER ORGANIZATION HIGHLIGHT



CENTRAL WA DISABILITIES RESOURCE

Service area: Kittitas, Yakima, Grant, Chelan and Douglas Counties.



301 E 2nd Ave

Ellensburg, WA 98926

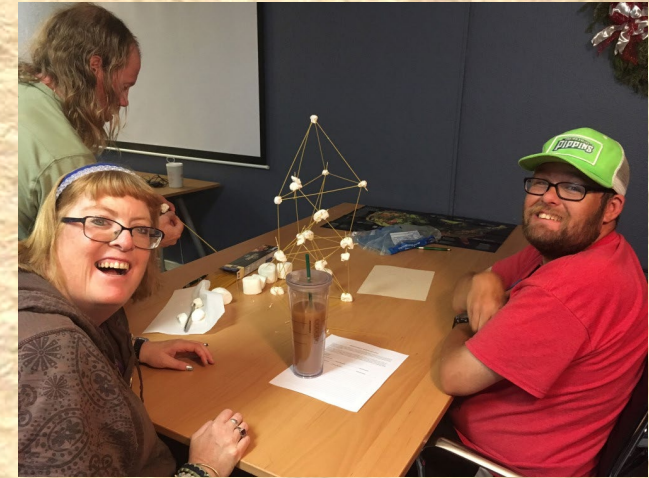
Phone: 509-962-9620

Fax: 509-907-6111

Website: Mycwdr.org



MISSION STATEMENT



“Central Washington Disability Resources advances the empowerment, inclusion, and wellness of all persons with disabilities through advocacy, community education, peer mentoring, and skill development so that they may realize independence and full participation in all areas of life.”



WHO ARE WE

- **CWDR is a non-residential center for independent living providing assistance through independent living planning, peer support, advocacy, information and referral.**
- **Since 1981, CWDR has enhanced our communities through advancing the empowerment, inclusion, and wellness of all persons with disabilities through advocacy, community education, peer mentoring, and skill development so that they may realize independence and full participation in all areas of life. CWDR is an organization that is run by and for persons with disabilities.**
- **51% of staff and board of directors are individuals with disabilities.**



WHAT WE DO

- We work with individuals with disabilities to provide resources so that they can become as independent as they can be.
- Provide services for all types of disabilities (Don't need medical documentation)
- All ages
- Free services
- No legal status needed



John
1/10

Center for Independent Living

What is a Center for Independent Living (CIL)?

Centers are non-profit organizations which assist people with disabilities who want to increase personal freedom and live more independently. CILs are staffed by people with disabilities within the communities they serve. They assist people with all types of disabilities.

How Do CILs Assist People?

CIL Services are peer driven – people with disabilities assisting other people with disabilities as mentors, and partners. Each Center is unique because it offers services based upon the particular needs of its community. At the same time, Centers are alike in that they all offer these services: Information and Referral, Peer Support, Individual and Community Advocacy, and Independent Living Skills Training.



THANK YOU

Follow us on Facebook:

<https://www.facebook.com/centralwashingtondisabilityresources/>

Visit our Website: www.Mycwdr.org

Phone: 509-962-9620

Email: admin@mycwdr.org





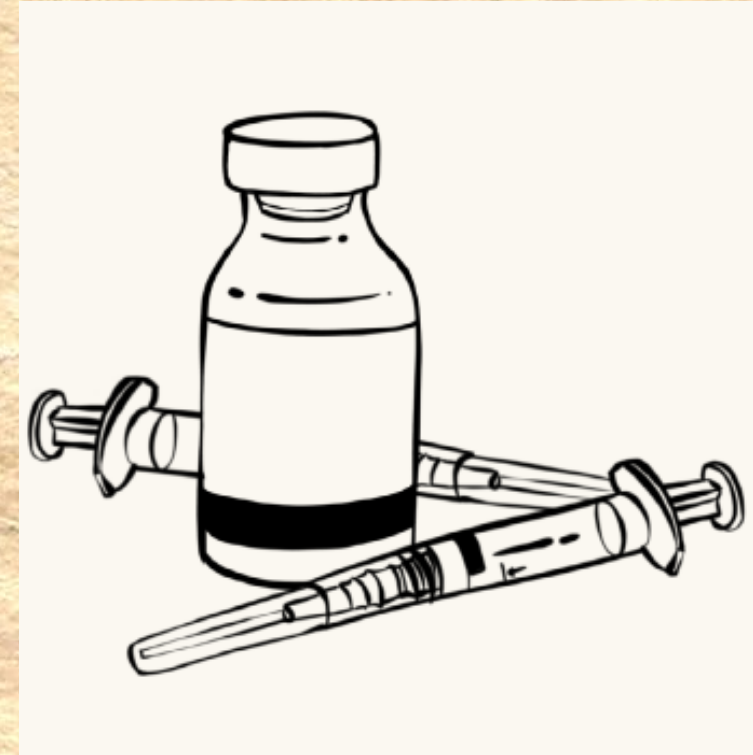
THE COMMUNITY
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COMMUNITY COLLABORATIVE UPDATES



OUR BEGINNINGS

Formerly the Vaccine Implementation Collaborative, and envisioned jointly by community leaders and DOH staff in February of 2021, the Community Collaborative is a collective comprising of thought leaders and members who are involved from many different sectors in uplifting communities that experience health inequities and the devastating impacts of COVID-19 through co-designing recovery efforts with the goal of eliminating further harms on Black, Indigenous, communities of color and other most impacted communities facing harm due to systemic racism. In this recovery period, the Community Collaborative is now focused on strengthening community engagement and investment strategies and focusing on structural and social determinants of health for most impacted communities.



OUR MEMBERS



The Community Collaborative is guided by the direction of our Community Thought Partners and Workgroup members. Thought Partners & Workgroup members are community stakeholders and organizers who take a more formal, active, and represented role within the Community Collaborative to ensure it is community co-led, centers the communities and sectors that have been most disproportionately impacted by health inequities, and advances pandemic recovery efforts well beyond the COVID-19 pandemic. The Thought Partners provide critical thought leadership in co-designing efforts that center most impacted communities in collaboration with the Department of Health.



OUR THOUGHT PARTNERS

1. Lin Crowley, Asian Pacific Islander Coalition
 2. Lua Pritchard, Asia Pacific Cultural Center
 3. Van Kuno, Refugee & Immigrant NW Services
 4. Dr. Ben Danielson, Community Advocate
 5. Todd Holloway, Center for Independence
 6. Mulki Mohamed, Runta News
 7. Ahmed Ali, Somali Health Board
 8. Kathleen Wilcox, African Americans Reach & Teach
 9. Mayra Colazo, Central Wa Disability Resources
 10. Cyril Walrond, Black Prisoners' Caucus
 11. Jo Anderson, South King County
 12. Toni Lodge, Native Project
 13. JanMarie Olmstead, A. Indian Health Commission
 14. Amelia Bai, Oceania Northwest
- Thurston County
Pierce County
Snohomish County
King County
King County
King County
South King County
King County
Kittitas County
King County
South King County
Spokane County
Washington State
Snohomish County



COLLABORATIVE SESSIONS

Our All Partners' Monthly Sessions – 3rd Wednesdays

Disabilities & AFN – 2nd Mondays

NH/PI Health Equity – 1st Mondays

Carceral Health Equity – 2nd Tuesdays

Latin(x) Community Access – 4th Tuesdays

Community Thought Partners – 2nd & 4th Tuesdays





THE COMMUNITY
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MONTHLY CELEBRATIONS

JUNETEENTH & 2SLGBTQIA PRIDE



Two Spirit Kin: Raven Two Feathers

Raven Two Feathers (Cherokee, Seneca, Cayuga, Comanche) (he/they) is a Two Spirit, Emmy award winning creator based in Seattle, WA. Originally from New Mexico, they spent their childhood moving and exploring Indigenous cultures across the continent and Pacific. They returned to New Mexico to attend Santa Fe University of Art & Design, graduating magna cum laude with a BFA in Film Production. After graduation, their path led them to working on and creating more Indigenous art than ever and things began to feel right. They recently released a comic-based zine, "Qualifications of Being," about their journey of realizing they are trans and Two Spirit.







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AGENCY BRIEF

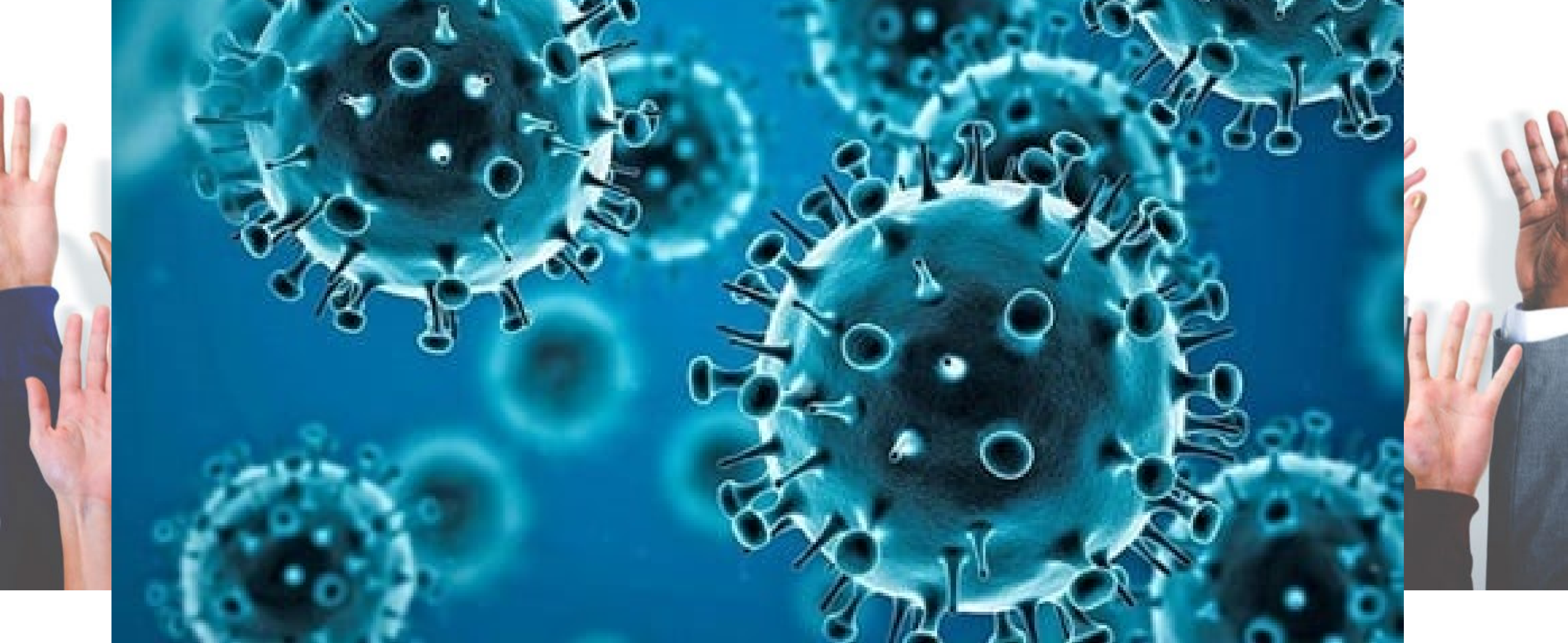
LONG COVID



Tao Sheng Kwan-Gett, MD, MPH, Chief Science Officer

Dr. Kwan-Gett has long focused on bringing together people, systems, and ideas—building collaborative relationships with state and local public health leaders in rural and urban regions on both sides of the Cascades. Previously he practiced pediatrics at Virginia Mason for over 12 years with an emphasis on behavioral health and did volunteer work with refugee communities globally and locally. As a medical epidemiologist at Public Health Seattle & King County, Tao led a team responsible for communicable disease prevention and control. Tao has also served as a faculty member at the University of Washington School of Public Health.





LONG COVID

June 2023

Tao Sheng Kwan-Gett, MD MPH
Chief Science Officer

Long COVID is defined as signs, symptoms, and conditions that continue or develop after initial COVID-19 infection

- It is also known as post-acute sequelae of SARS-CoV-2 infection (PASC)
- Long COVID is an umbrella term for many overlapping conditions
- Long COVID has symptoms that continue or develop 4 or more weeks after COVID-19 infection
- The symptoms can be new, recurring, or worsening, with severe symptoms that can occur months or years after infection



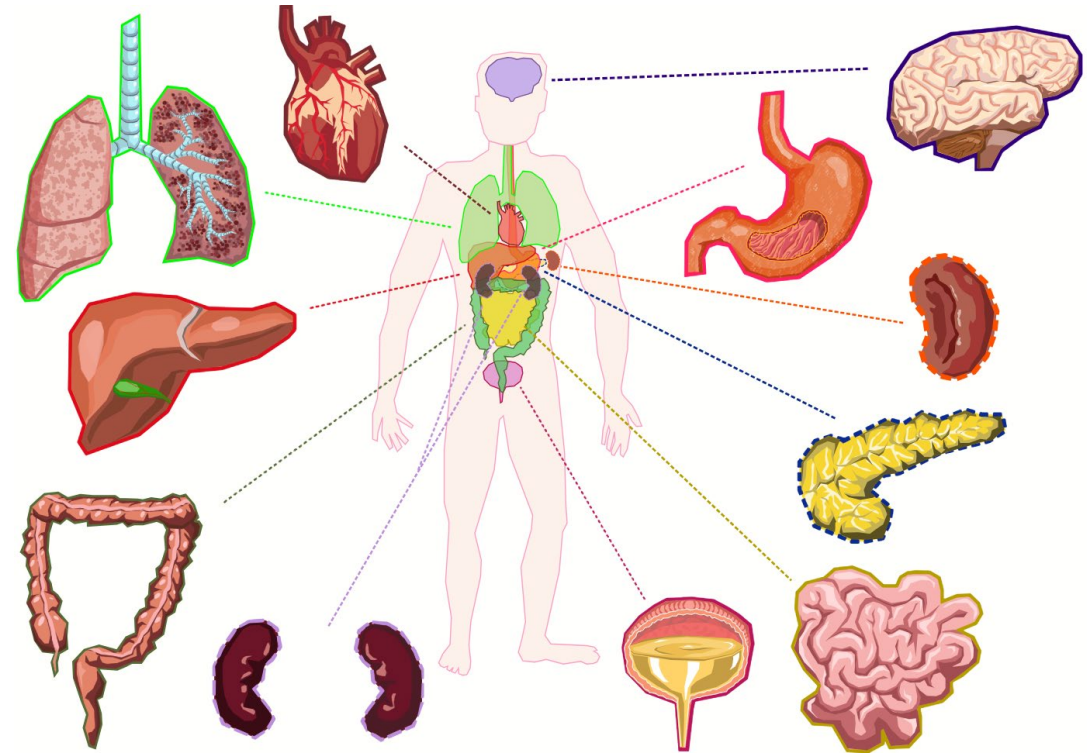
Long COVID can involve many body systems

The top three symptoms are:

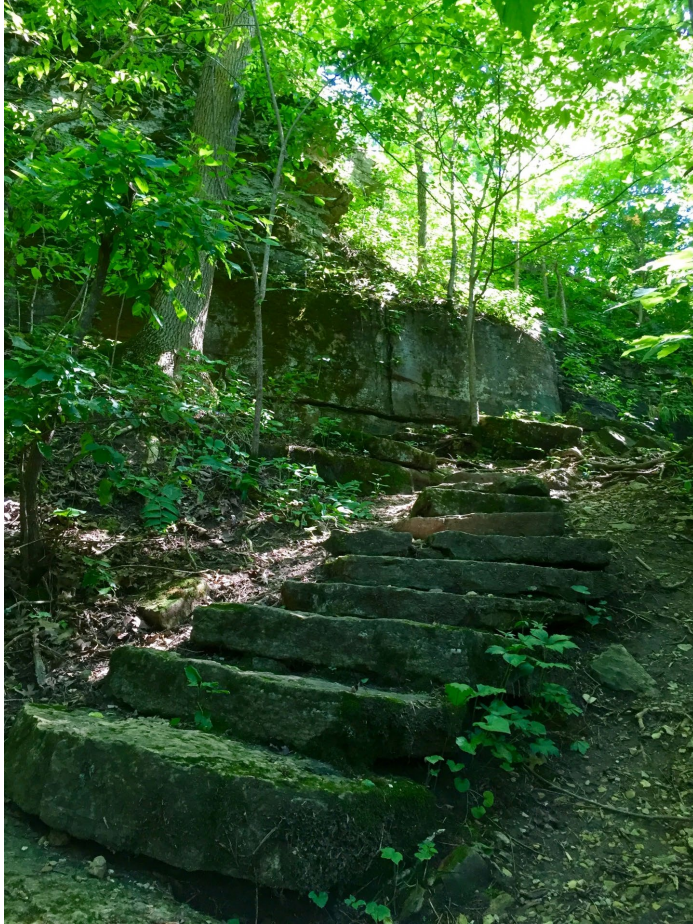
- Post-exertional malaise (fatigue that gets worse after activity)
- Fatigue
- Brain fog

Other symptoms include:

- Dizziness
- Gastrointestinal symptoms
- Heart palpitations
- Issues with sexual desire or capacity
- Loss of smell or taste
- Thirst
- Chronic cough
- Chest pain
- Abnormal movements



Long COVID symptoms can be mild to severe



- The majority of people have mild symptoms
- Around 23% have significant activity limitations

There is no test for Long COVID



- A healthcare providers considers the diagnosis of Long COVID based on:
 - Your health history
 - A previous diagnosis of COVID-19 by a positive test or by symptoms or exposure
 - A physical examination
- Results of routine blood tests, chest X-rays, and electrocardiograms may be normal

Long COVID is real

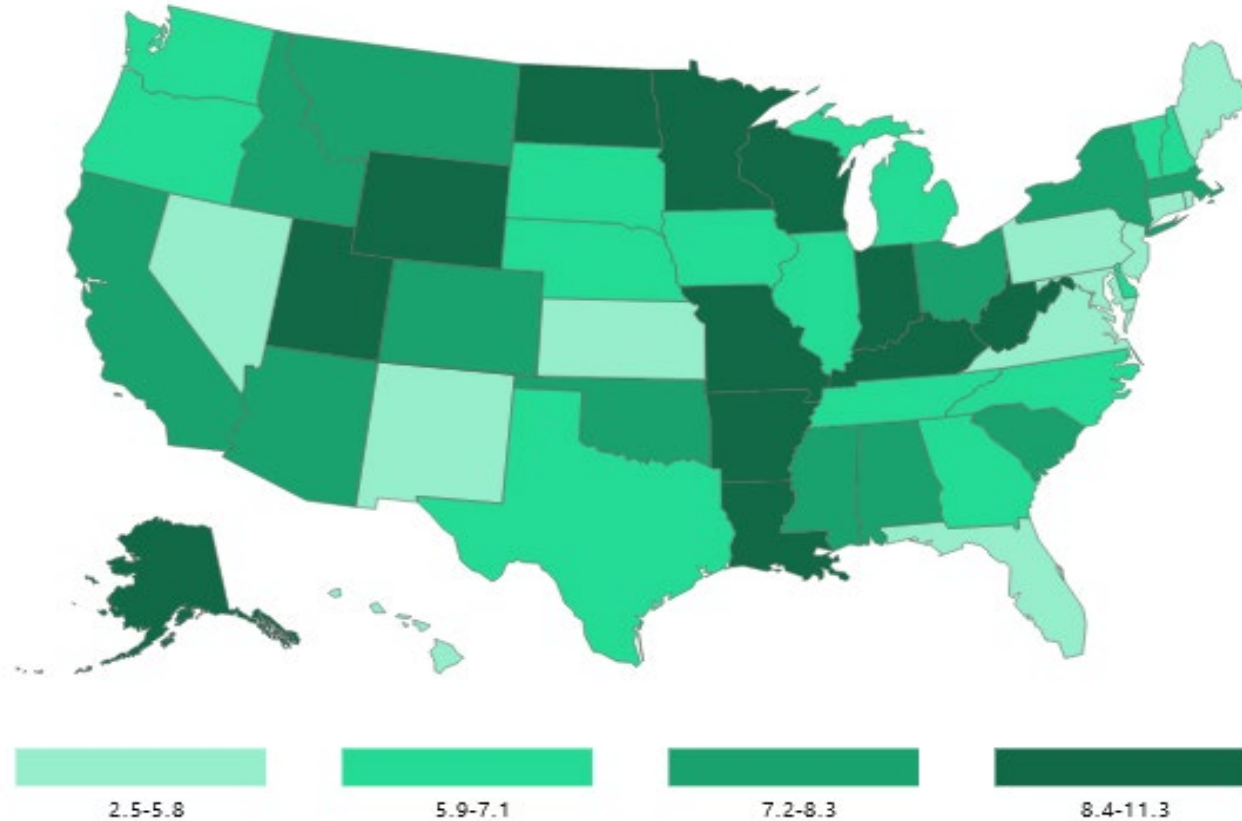
- Long COVID affects people in different ways – some with Long COVID may not appear ill
- People with Long COVID may develop or continue to have symptoms that are hard to explain and manage
- The symptoms can be similar to those reported by people with myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS)
- People with these unexplained symptoms may be misunderstood by their healthcare providers, which can delay diagnosis and getting care

It's hard to know how common Long COVID is

Estimates of the percent of people who had COVID-19 that go on to experience Long COVID vary

- We do not have a way to count Long COVID cases – health care providers and laboratories are required to report acute COVID-19 cases to the public health system, but not Long COVID cases
- There are many reasons why different studies give different results
 - There are multiple, different definitions of Long COVID
 - Studies analyze groups of people who differ in demographics, symptom severity, and other characteristics
 - Surveys use different methods of asking questions and analyzing the answers

The best estimate is that 6.3% of adults in Washington are currently suffering from Long COVID.



Some people are more likely to get Long COVID

Anyone can get Long COVID, but some people are at higher risk than others:

- People who did not get a COVID-19 vaccine
- Females
- People who experienced more severe COVID-19 illness, especially those who were in the hospital or needed intensive care
- People who had underlying health conditions prior to COVID-19
- People who experience multisystem inflammatory syndrome (MIS) during or after COVID-19 illness
- People who experience health inequities

There are no broadly effective treatments for Long COVID

- Many Long COVID treatments are being studied
- A healthcare provider can help people with Long COVID improve symptoms and quality of life with a holistic approach that emphasizes:
 - Mental wellness
 - Nutrition
 - Appropriate physical activity
 - Sleep



Most people with Long COVID get better

- Most people with Long COVID recover, but many have long lasting symptoms
- Around 6% of non-hospitalized and 16% of hospitalized patients have not recovered 18 months after initial diagnosis



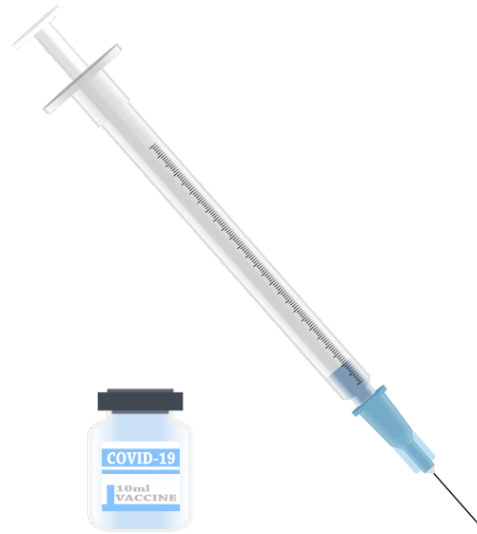
There are things you can do now

- Improve your overall health and wellness, especially if you are at higher risk for Long COVID
- Support people with Long COVID
- If you have COVID-19 symptoms, get tested
 - A positive test can be helpful for diagnosis if you later develop Long COVID symptoms
 - If you test positive, talk to your health care provider to see if treatment is right for you
 - Antiviral medications can reduce the risk of Long COVID



Vaccination can help protect against Long COVID

Vaccination reduces the risk of long COVID by 15-41%



Get up to date on COVID-19 vaccination



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QUESTION & ANSWER SESSION





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AGENCY BRIEF

IMPROVING DIVERSITY IN CLINICAL TRIALS



About 2SHB 1745



Purpose

Increase participation and representation of diverse demographic groups in clinical trials of drugs and medical devices.



DOH's role

Produce a legislative report identifying underrepresented demographic groups, barriers to participation, and approaches for improving diversity in clinical trials.

TIMELINE

- December 1, 2023: Report due to the Legislature
- November 10, 2023: Report due to Washington State Office of Financial Management for review
- October 6, 2023: Finalize report for internal DOH review
- Impact of timeline: compressed time frame to conduct community engagement activities

2SHB 1745 and the Community Collaborative

- Support identifying:
 - Underrepresented communities and demographic groups by race, sex, sexual orientation, socioeconomic status, age, and geographic location.
 - Additional communities not included in 2SHB 1745 definition
 - Barriers to participation in clinical trials for underrepresented demographic groups
 - How clinical trials can partner with CBOs to increase representation
- Additional considerations not included in the bill
- Participation will be compensated



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COMMUNITY HIGHLIGHTS

COMMUNITY DRIVEN OUTREACH





PARTNER MOBILIZATION THROUGH COMMUNITY DRIVEN OUTREACH

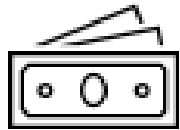
In 2021, CDC launched the National Initiative to Address COVID-19 Health Disparities, awarding grants to health departments in 50 states, 50 localities, five territories, and three freely associated states. These recipients implemented one or more of four program strategies according to their jurisdictions' needs and report on their activities quarterly.

Activity by Number

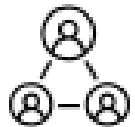
1.1 Supporting people stay home with Covid-19	3.2 Refugee Community Health Outreach Worker Support
1.2 Supporting CHW for Covid-19 response	4.1 Washington State Office of Rural Health (SORH) funds organizations in rural communities to mobilize partners
1.4 Expand partnerships to increase mobile and home-based testing in disproportionately at-risk or isolated areas.	4.2 Community Collaborative
2.1 Data Equity for Indigenous Health	4.3 Community Driven Outreach
3.1 Low-barrier vaccine access for people living with substance use disorder	4.4 Community Engagement and outreach

Inputs

\$29 Million
Funded



Mobilize
Partnerships



Provide Technical
Assistance



Strategies



1. **Wrap around services, isolation and quarantine, testing and vaccination resources**



2. **Disaggregate COVID-19 data collections for indigenous populations**



3. **Provide resources through syringe services programs and increase capacity through refugee community health workers**



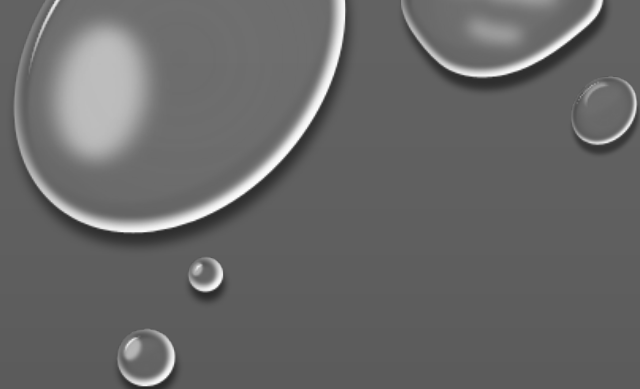
4. **Mobilize trusted messengers to engage communities**

Outcomes

- **Increased access to preventive resources**
- **Enhanced data collection and reporting**
- **Expanded infrastructure capacity**
- **Bolster partner mobilization**
- **Community-centered engagement**

Goal

Reduced COVID-19 Health Disparities



PURPOSE: INCREASE HEALTH EQUITY BY FUNDING COMMUNITY-ROOTED AND DRIVEN ORGANIZATIONS TO LEAD WORK IN PROVIDING CULTURALLY RELEVANT AND LINGUISTICALLY ACCESSIBLE INFORMATION RELATED TO COVID-19.

STRATEGY: MOBILIZE PARTNERS TO ADVANCE HEALTH EQUITY AND ADDRESS THE SOCIAL DETERMINANTS OF HEALTH.

ACTIVITIES INCLUDE:

- ENGAGEMENT, EDUCATION AND OUTREACH
- CREATIVE ASSETS PRODUCTION AND LANGUAGE TRANSCREATION
- CONTRACT MANAGEMENT AND ADMINISTRATION
- SOLICITATION OF INTERESTS, SUBCONTRACTS AND PAYMENT PROCESSES

BRAIDED FUNDING: FISCAL /STATE RECOVERY, IMMUNIZATION GRANT, HEALTH DISPARITIES GRANT (21 MILLION+)

COMMUNITY-DRIVEN OUTREACH CONTRACTORS/PARTNERS



[APARTNERSHIP](#)



[Desautel Hege \(DH\)](#)



[ASIA PACIFIC CULTURAL CENTER](#)



[Health Commons Project](#)



[CENTRO CULTURAL MEXICANO](#)



[Momentum Professional Strategy Partners](#)



[CENTER FOR MULTICULTURAL HEALTH](#)



[Refugee and Immigrant Services Northwest \(RISNW\)](#)



[COMAGINE HEALTH](#)



[Yakima Valley Community Foundation \(YVCF\)](#)

Priority Communities	Contracted Organization	Priority Intersectionalities
Asian	Asia Pacific Cultural Center (APCC)	<ul style="list-style-type: none"> • People living in rural areas • People with disabilities • Religious minorities • LGBTQ+ persons • People over 65 years • People adversely affected by persistent poverty or inequality: • People who are incarcerated • Immigrant and refugee communities • People with limited English proficiency • Agricultural workers • Unhoused people/people experiencing homelessness
	A. Partnership	
Native Hawaiian/Pacific Islander	Asia Pacific Cultural Center (APCC)	
	Center for Multicultural Health (CMCH)	
	Refugee Immigrant Services Northwest (RISNW)	
	DH Desautel Hege	
Hispanic/Latino/Latina	Yakima Valley Community Foundation (YVCF)	
	Centro Cultural Mexicano	
Black/African American	Momentum	
	Comagine Health *	
African Diaspora	Center for Multicultural Health	
	Health Commons	
Technical Assistance and Capacity Building	DH Desautel Hege	



POC: HAVEN NGUYEN

AS AN ASIAN AMERICAN ADVERTISING AGENCY, ALL APARTNERSHIP'S WORK IS DEDICATED TO ADVANCING EQUITY, IMPROVING QUALITY AND HELPING END HEALTH DISPARITIES IN THE ASIAN COMMUNITIES THAT MANY OF OUR STAFF MEMBERS CALL HOME.

APARTNERSHIP

POC: LUA PRITCHARD

APCC HAS A 25-YEAR HISTORY REPRESENTING AND SERVING THE ASIAN AND PACIFIC ISLANDER COMMUNITY OF PIERCE COUNTY AND THE SURROUNDING REGION. PROVIDING PROGRAMS AND SERVICES THAT PROMOTE THE GREATER AWARENESS, UNDERSTANDING, EQUITY, AND INCLUSION OF A DIVERSE PEOPLE, INCLUDING COMMUNITY OUTREACH, ADVOCACY, AND SUPPORT THROUGH COLLABORATION AND PARTNERSHIPS.



ASIA
PACIFIC
CULTURAL
CENTER

POC: ANGIE HINOJOS

CENTRO CULTURAL MEXICANO IS FOCUSED ON THE EMPOWERMENT OF OUR LATINO AND GREATER COMMUNITY STATEWIDE THROUGH BUILDING PROGRAMS AND SERVICES FOR POSITIVE OUTCOMES. OUR CULTURALLY AND LINGUISTICALLY RELEVANT METHODS OF COMMUNICATION SPARKS ACTION AND INSPIRES MOTIVATED BEHAVIOR CHANGES.



POC: Shelley Cooper-Ashford

CENTER FOR MULTICULTURAL HEALTH HAS DEMONSTRATED EXPERIENCE IN DEVELOPING DESIGNING AND TRANSLATING CULTURALLY RELEVANT HEALTH, EDUCATIONAL AND CROSS-CULTURAL MATERIALS FOR THE AFRICAN, AFRICAN AMERICAN, INDIGENOUS AMERICAN, ASIAN, PACIFIC ISLANDER, LATINX, AND LGBTQ+ COMMUNITIES.



POC: RANA AMINI

COMAGINE HEALTH WORKS CLOSELY WITH COMMUNITY-BASED ORGANIZATIONS USING COMMUNITY HEALTH WORKER (CHW) MODELS TO ENGAGE AND ENROLL HISPANIC/LATINX AND BLACK, INDIGENOUS AND OTHER PEOPLE OF COLOR IN INTERVENTIONS DESIGNED TO IMPROVE SELF-MANAGEMENT AND MOTIVATE BEHAVIOR CHANGE.



POC: RUAA ELKHAIR

AT HCP, WE BELIEVE THAT FORMING COMMUNITY PARTNERSHIPS IS CRITICAL TO BUILDING A MORE EQUITABLE AND RESPONSIVE PUBLIC HEALTH INFRASTRUCTURE FOR COVID-19 AND FUTURE OUTBREAKS. HCP WORKS AT THE 'GRASSROOTS' TO CULTIVATE PARTNERSHIPS BETWEEN CBOS, SCHOOLS, LOCAL HEALTH JURISDICTIONS, CITY GOVERNMENT, AMONG OTHERS, TO BUILD CUSTOM, FULLY INTEGRATED PUBLIC HEALTH SERVICES.



POC: CHRISTINA BLOCKER

OVER THE YEARS, MEMBERS OF MOMENTUM PROFESSIONAL STRATEGY PARTNERS HAVE WORKED WITH PUBLIC HEALTH ORGANIZATIONS AND NON-PROFITS TO ENGAGE IN COMMUNITY-FOCUSED PROGRAMS, PROJECTS, AND EQUITY INITIATIVES SERVING COMMUNITIES OF COLOR AND DISPROPORTIONATELY IMPACTED COMMUNITIES.



MOMENTUM
PROFESSIONAL STRATEGY PARTNERS

POC: STEVE VADER

RISNW'S **MISSION** IS TO EMPOWER REFUGEES, IMMIGRANTS, MIGRANTS (RIM) AND OTHER VULNERABLE POPULATIONS TO ACHIEVE THEIR POTENTIAL SO THEY CAN BECOME SELF-SUFFICIENT, HEALTHY, CONTRIBUTING MEMBERS OF SOCIETY.



POC: SHARON MIRACLE

THE YAKIMA VALLEY COMMUNITY FOUNDATION (YVCF) IS WASHINGTON STATE'S FIRST HEALTHCARE CONVERSION FOUNDATION, FOUNDED IN 2003. AS SUCH, THE ORGANIZATION'S MISSION IS TO IMPROVE HEALTH AND HEALTH EQUITY IN YAKIMA COUNTY.



POC: NICO ARCHER

DH is a full-service communications agency that has worked with community-rooted organizations throughout Washington for over 25 years. Our services include public relations, digital media, media buying, graphic design and video production



FOR MORE INFORMATION

CONTACT: HEALTH DISPARITIES GRANT COORDINATOR/CONTRACT MANAGER AT DANIEL.HANNAWALT-MORALES@DOH.WA.GOV

VISIT WEBSITE*: [INITIATIVE TO ADDRESS HEALTH DISPARITIES ACROSS WASHINGTON STATE | WASHINGTON STATE DEPARTMENT OF HEALTH](#)

*SCROLL DOWN TO STRATEGY 4 OF [HEALTH DISPARITIES](#) PAGE FOR COMMUNITY DRIVEN OUTREACH PROGRAM

LINKS TO CONTRACTED ORGANIZATIONS ARE EMBEDDED SLIDE 3



THE COMMUNITY
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QUESTION & ANSWER SESSION





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