

STI AND HEPATITIS B ADVISORY GROUP: A PARTNERSHIP SUCCESS STORY IN WASHINGTON

POLICY SUCCESS STORIES

BACKGROUND

Snohomish County, Washington didn't have a free STI clinic for 14 years. This suburban community north of Seattle was one of many jurisdictions across the U.S. whose public health infrastructure endured significant budget cuts, and the consequences from this loss were staggering.

SINCE THE COUNTY'S CLINIC CLOSED, THE CASE RATE FOR GONORRHEA MORE THAN QUADRUPLED

[The Everett Herald](#)

This all changed after Washington's STI and Hepatitis B Legislative Advisory Group [developed a report](#) for combating out-of-control STI epidemics, which, among other successes, was used by the legislature to support funding for a new STI clinic in Snohomish County. The report was originally requested in a proviso passed by the state legislature. In response to the proviso, a group of experts was convened to provide policymakers recommendations for improving STI care and services.



**National Coalition
of STD Directors**

One of the roles required to be on the committee was occupied by Zandt Bryan, the Sexual Health and Prevention Program Manager for Washington's Office of Infectious Disease. NCSD sat down with Zandt to learn about the impact of the report on Washington's current and future STI policy goals.

How did the group structure itself and what did they achieve?

The Advisory Group divided into committees based on the structure of the work before them: STI surveillance, congenital syphilis, health care systems, public health, and Hepatitis B virus (HBV). Overall, the group had broad and diverse participation. For example, some formal committee members represented organizations which advocate for communities disproportionately impacted by STIs, others represented local health jurisdictions from differently situated regions of the state, and other members represented those providing clinical and public health services in the field.

Many additional people joined the effort from a broad set of roles across the state as interested parties and contributors. Washington State Department of Health employees staffed the committees to maintain structure and organization. The group's eventual report spanned nearly 50 pages and included a tiered system of recommendations to the state legislature based on priority, cost, and statutory changes needed for implementation.



What happened with the recommendations?

The report included several recommendations, including:

- implementing new public sexual health clinics,
- modernizing surveillance systems,
- expanding jail-based sexual health services, and
- enhancing prenatal care.

However, the initial action to come out of the report was funding set aside for Snohomish County, whose new STI clinic opened in December 2023. “The clinic became busy immediately,” Zandt noted, which only further validates the need to provide STI wraparound services in regions lacking convenient entry points.



On top of this, State Sen. Marko Liias (D), who originated the proviso that supported the legislative advisory group and whose district includes Snohomish County, added emphasis to the benefit of the group’s report as the clinic opened and elevated other recommendations into a bill during the 2024 legislative session. His bill, [SB5983](#), allowed medical assistants to administer intramuscular injection treatment for syphilis in the field with audio or video supervision in patients with known or suspected cases. The bill also created statutory support for EPT, including liability protections for providers.

The bill has passed both chambers and was signed by the governor.

What's next?

The Advisory Group continues to anticipate new ways their recommendations can shape and inform policy in the state. For instance, in the event additional funding could be made available, there could be opportunities to pilot a similar STI clinical program implemented by a health jurisdiction in another area of the state where more extensive services are needed.

Washington DOH staff have also created and promoted an internal policy proposal to highlight priorities not yet baked into formal legislation so that the results of the legislative advisory group members' hard work do not gather dust and instead continue to stay on the minds of policymakers.





Thinking of other jurisdictions and your peers, what advice can you share from this experience about how to support policy initiatives safely and effectively?

1. Know your legislative champions and partners.

Identify the local lawmakers and leaders who are enthusiastic about ending STI-related epidemics and syndemics and make sure they are educated about current challenges and barriers. This is what could lead to the legislature asking more questions or requiring subject matter experts' recommendations, such as an advisory group report.

2. Build relationships with in-house policy experts.

As reasonably as you can, get to know the individuals in the health department who are responsible for tallying and translating policy priorities between state government and the legislature. If you make your STI programs' priorities known and understandable, they can come to you with questions or ideas for educating lawmakers when specific policies are proposed or considered.

3. Develop a united message.

Make sure you use consistent and clear language about why STIs, and the other conditions whose work integrates with that, such as HIV, viral hepatitis, and drug user health, require investment and support.

4. Know your own data.

Make sure you have public health-related information ready-to-go and distilled into a digestible format to share and disseminate easily to policymakers who may not be familiar with the complex nuances of STIs and their syndemic overlap with other epidemics.

