

# Entre Hermanos

33 Years Into the Future



Washington State Department of

**HEALTH**

DOH 150-158 June 2024

# HCS Newsletter

## A NOTE FROM LEADERSHIP

Dear readers,

Hispanic/Latinx persons living with HIV face unique challenges and barriers. In Washington state, Hispanic/Latinx persons account for 13% of the total population. Yet, the HIV epidemic has a disproportionate effect on them. Every 4 days a person from this community is diagnosed with HIV in Washington State. Nationwide, Hispanic/Latinx persons account for 26% of the HIV diagnoses, despite only representing 18% of the total U.S. population. For this and many other reasons, engaging them in the Ryan White HIV/AIDS Program Part B and the AIDS Drug Assistance Program is a must if we hope to reduce healthcare gaps. This is where our partners' efforts make a difference. This newsletter edition highlights our partners' efforts to close healthcare gaps in our state's Hispanic/Latinx community. The time to celebrate such efforts in this community usually happens during the Hispanic Heritage Month; which takes place from September 15 to October 15. We didn't want to wait until then to share their accomplishments with you. We are proud of the continued efforts partners such as Entre Hermanos are doing to make a difference in the lives of individuals who self-identity as gay, lesbian, bisexual, and transgender living with HIV.

Join us in celebrating our partners' achievement and contributions. We hope this special edition in English and Spanish is to your liking. Thank you for all you do!

Columba Fernandez  
HCS Newsletter Editor-in-chief and Translator

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# Entre Hermanos: 33 Years Into the Future



Seated on floor: Atasha Aya Alfajora; in red dress: Yesenia Cruz; right to left: Alain Chirino, Eloy Armendariz, Samuel Martinez Santamaria, Alec Castor, Macarena Saucedo, Walter Rodriguez, Mario Gil Samaniego, Kelsey Shamrell-Harrington, Americ Marquez, Airely Beltran, Katrina Black, Sarai Robledo-Velador, Sydney Garcia, Victor Blanco, Elio Arandia.

We want the community to learn about the wonderful work Entre Hermanos does for the LGBTQ+ Latino Community in Washington State. So we asked Entre Hermanos Executive Director, Edgar Longoria, to help us achieve this by answering a series of questions to clearly define the importance of this organizations role in providing community services.

## **Who is Entre Hermanos and for how long has it served the community?**

We are an organization with roots in the community. Everything we do is community-based and we do it in ways that are culturally affirming, safe, and supportive. We were created to respond to the HIV/ AIDS crisis in Washington State in the early 1990's. Our founders wanted to support members of the LGBTQ+ Latino community regardless of their immigration status.

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# Entre Hermanos: 33 Years Into the Future

For over 33 years we have honored that legacy by promoting health and well-being for the Latinx LGBTQ+ community. The work we do is rooted in love, care, and support.

## Who are your clients?

We serve sexually diverse Latinx people, including transgender immigrants. Most of our clients reside or work in King County and surrounding areas, but we also see clients from Central or Eastern Washington. Clients that come from afar are drawn by a need for our integrated services in health, housing, and immigration.



## What services does Entre Hermanos provide?

We provide testing services for HIV and other sexually transmitted infections. We also provide HIV medical case management and help remove barriers to transportation and other essential needs. We offer preventive services such as PrEP navigation and condom distribution.



Joel Aguirre interviews a community member on an episode of an Entre Hermanos podcast

Pictured on the left, (from left to right): Alondra, Rafael Robles, Valentina De La Mora, Carlos Cabezas, Edgar Longoria, Americ Marquez, Airely Beltran, Matthew Bromley, Macarena Saucedo, Yesenia Cruz

We do light-touch outreach and education via radio and social media. We have wrap-around services in housing and immigration law. Every year we reach over 7,000 people in our community. Our services are free of charge in Spanish and indigenous languages from Central America. Our staff speak the same language as our clients. This helps decrease communication barriers and provides a sense of safety to clients. Our cultural experience helps us understand clients' holistic and intersecting needs.

## What makes you proud of the work Entre Hermanos does?

I am proud of our collective intersectionality experience. It makes us look for ways to serve those who are excluded in other contexts.





## Entre Hermanos: 33 Years Into the Future

We know from our own experience what it is like to be pushed aside due to our languages, sexualities, races, and genders.

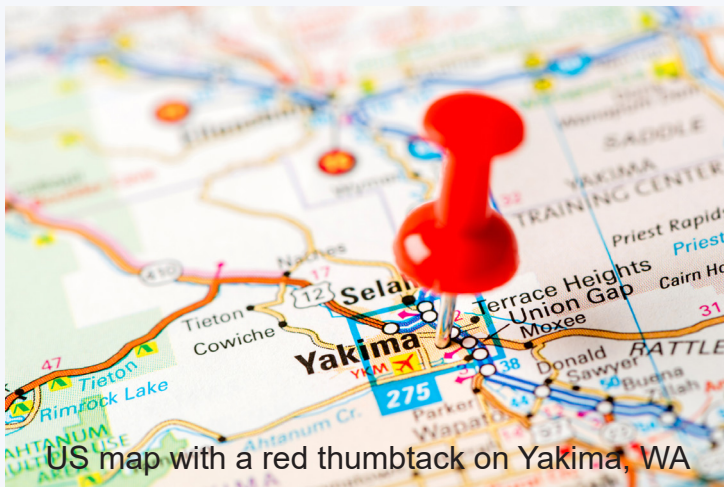
Our collective intersectionality experience helps us understand client's holistic and intersecting needs.

And we can meet these needs through case management related to medical care, housing assistance, support groups, and more.

I am also proud of the way we cultivate a transformative and gracious space where people can live their most authentic and empowering selves.

### Is there anything else you would like to share?

Yes. Very soon Entre Hermanos will expand our reach to the community. We are excited to announce that we are opening an office in rural Yakima. This was possible thanks to a Congressional Direct Spending project from



US map with a red thumbtack on Yakima, WA

Senator Patty Murray. We hope to be ready to roll this out by next year. This office will help us expand our holistic programs on HIV care and prevention, legal representation, prevention education outreach via radio, and more. Rural areas in Eastern Washington are home to many Hispanic/Latinx individuals.

Members of the LGBTQ+ community in those areas have little access to culturally and linguistically sensitive services that are LGBTQ+ affirming. Our presence hopes to change that. We want to continue marching into the future, on the road to justice, striving for progress, and expanding our services to sexually diverse Latinx individuals in Washington.



Pictured above, (from left to right): Cameron, Mario Gil Samaniego, Eloy Armendariz, Audencio, Rafael Solti, Emmanuel, Arjona, Jazmin, Americ Marquez, and Carlos Cabezas

We are blessed with a supportive community, talented and committed staff, and the support of health champions, like you. Thank you for taking the time to learn about Entre Hermanos. We look forward to future opportunities to advance the health and wellbeing of all LGBTQ+ people in Washington State. Thank you for your support!

**Contributor:** Edgar Longoria  
Executive Director, Entre Hermanos

To learn more about [Entre Hermanos](#), please visit their website.

# Washington State HIV Statistics Report

## December 2023

This report focused specifically on Hispanic/Latinx men who have sex with men (MSM) and the trans community.

In 2023, **111** Latinx or Hispanic individuals were diagnosed with HIV

In 2022, **2** Trans men and **11** Trans women were counted as new HIV cases

In 2023, **217** MSM were among the newly diagnosed HIV cases

The full report is available per request.

## Kitsap Public Health District: *Culturally and Linguistically Appropriate Services*

Kitsap Public Health District knows the value of giving good services to Washingtonians. We typically serve a certain group of people in Kitsap, Jefferson, Clallam, and North Mason counties. Our team noticed a recent demographic shift in the clients we serve. We are starting to have more clients who speak Spanish as their main language, and English as their second language. Because of this, we chose to conduct a review of our current materials. This made us realize that we had a gap in bilingual services.

To close this gap, we opted to take on a project related to the National Standards for Culturally and Linguistically Appropriate Services (CLAS). CLAS can help us improve the quality of care we give. It can also help address the cultural and communication barriers many individuals face when seeking health care services.

As part of the project, we opted to translate our case management forms into Spanish. We did this to help our growing number of Spanish-speaking clients make better choices about their health.

To achieve this project, we ask for help from a bilingual staff member in our team. This staff speaks English and Spanish and was able to help with the translation.

We also decided to hire a case manager who is fluent in Spanish when the position became available in the fall. We hired this person right away because they are able to explain case management to Spanish-speaking clients better. This new staff member makes a great addition to our team.

We're always looking for ways to help our clients, especially those who are harder to reach. This project was a big step in that direction.

Contributor: Ashley Duren

# Aging Into Medicare: Tips for Case Managers and Consumers



Heart-shaped ball and stethoscope over a blue background

I remember when I started as a medical case manager, I never thought I would understand Medicare! It felt so confusing, and most of my peers and the clients I worked with felt the same. After many years of working in this field, I have learned many lessons along the way, and have developed some strategies to better support clients who may be transitioning to Medicare. Knowledge of the Medicare programs is important since many of our clients are aging.

According to the 2023 Washington State Surveillance report, 83% of People Living with HIV/AIDS in Washington State are aged 55-64. Because of this large and growing demographic, it is critical that case managers and consumers understand the basics of Medicare and how to navigate these programs to give our consumers the knowledge they need in preparing for this transition.

## Tips and Reminders for Co-educating Case Managers and Clients

- Clients have three months before or after their 65th birthday to enroll in Part A, B, and D or C plans. Start talking to your clients about Medicare before their 65th birthday, especially if they are awaiting a disability determination.

- Let them know there may be some differences to Medicare Insurance from what they are used to. This way, when reviewing the information together at [Medicare.gov](https://www.Medicare.gov), you can help them feel less overwhelmed.
- Find out if your clients have mail that they are reluctant to open. Often, clients will get a lot of Medicare related mail. Offer to open the mail with them if that would help.
- Equip your client with knowledge about what the different parts of Medicare are for, and what to expect with premium assistance and out of pocket expenses. For example, EIP/EHIP doesn't pay Part B premiums, only Part D or Part C (Advantage Plans)
- Let clients know they may have co-payments or out of pocket costs they weren't used to. It all depends on what health insurance coverage they had before Medicare. Medicare Parts A, B, C, D only covers 80% of costs, the other 20% are out of pocket or might be covered by supplemental Medicare programs depending on income.
- Utilize statewide SHIBA (State Health Insurance Assistance Program) experts to help explain parts of Medicare you may be unfamiliar with. These experts can also show you how to navigate Medigap plans: Find out more at <https://www.shiphelp.org/about-medicare/regional-ship-location/washington>

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# Aging Into Medicare: Tips for Case Managers and Consumers

- Assist your clients to see if they are eligible for Extra Help, or Medicare Savings Program and help to ensure they stay eligible.
- Talk with your clients about Dental care. Medicare doesn't cover any dental care, and this is such a critical piece of our health. Let clients know what their options are. For example, they can sign up for low-cost dental through the health exchange if they can afford it, or utilizing the EIP dental supplement if they are EIP eligible.

There are many resources available to you to learn more about Medicare! Sign up for one of the many ACE TA Webinars related to Insurance through a lens of EIP/ADAP programs. They are specifically geared towards consumers living with HIV. DOH HIV Community Services staff and EIP/EHIP staff are also available here to help you find resources and answers to your questions.

The general theme to keep in mind when navigating this topic is to talk to your clients and assess the level of support they might need. This can be a hard transition and can be overwhelming to navigate. If you are a case manager, take some time to review your clients' birthdays and try to ask those clients who may be entering this transition if they have questions or need support. If you are a consumer or client, reach out to your case manager, they are available here to help.

This is a general overview of Medicare. Ryan White HIV Community Services recommends you talk with your supervisor, EIP/EHIP Advocates, SHIBA experts or your Case Management Coordinator if you have questions, need resources or support.

## When do I get Medicare?

People become eligible for Medicare when they meet any of the three following criteria:

- Age 65 or older
- Under 65 with a qualifying federally determined disability
- People with End-Stage Renal Disease (ESRD)

For some people this transition can be hard to navigate. For example, if someone is newly eligible due to a Disability Diagnosis, they likely were used to having Medicaid coverage which covers all medical and drug expenses under one program.

Then they get onto Medicare, and they get confused because Medicare has three parts and it doesn't cover all services or costs. Here is a simplistic overview of how the parts of Medicare work, and what they cover. There are sometimes unique situations that fall outside of these guidelines, so it's important to work closely with our clients on this transition.

## How Each Part of Medicare Works?

- Covers services such as Hospital, Skilled Nursing, Hospice, Labs, Surgery.
- May have a premium cost if client does not have enough work credits.
- Enrollment is done through Social Security
- Covers services such as Primary Care visits, Specialty Visits, Ambulance, Durable Medical Equipment (such as mobility devices or Diabetic supplies) and Preventative care (flu shots)



## Aging Into Medicare: Tips for Case Managers and Consumers



Pharmacists explaining Medicare benefits to a customer

- Does have a monthly premium and, this is often taken out of monthly social security award. Depending on Income, client may be eligible for a DSHS program that pays this monthly premium. EIP/EHIP does not pay this premium. There is a monthly premium, however some have a low or zero cost. EHIP will pay the premiums if the client has EIP eligibility and enrolls in a plan approved by EIP/ EHIP. Enroll through the Medicare website: <https://www.medicare.gov/>

**Part C:** (otherwise known as Advantage plans):

- Combines part A, B and D for a comprehensive plan with some extra perks like silver sneakers, and vision care or even hearing aid devices.
- Typically has a monthly premium, however some have a fairly low cost. EHIP will pay the premiums if client has EIP eligibility. website: <https://www.medicare.gov/>

Contributor: Dory Nies, MSW  
HIV Case Management Coordinator,  
Western Washington

[160-246-HIVSurveillanceReport2023.pdf \(wa.gov\)](#)

## Community Voices on: **Living & Aging with HIV**



Hands holding a heart-shaped cut out of an elderly couple with walking sticks

This article was inspired by a conversation I had with Yob and Starlett, two long-term survivors living with HIV about the ongoing stigma that still exists. Both Yob and Starlett feel like despite HIV having been around for over 50 years and the abundance of educational materials available, HIV stigma and misinformation remains prevalent.

As more people with HIV are living longer, some individuals may think that all they have to do is take a pill and everything will be fine. However, aging with HIV is not talked about enough. This is why having a conversation with everyday people like Yob and Starlett, who are long-term survivors, may give pause to those who feel a pill a day can conquer HIV. After all, this pill won't stop our bodies from aging.

Yob and Starlett are advocates for people living with HIV, and provide peer support whenever possible. Both are active members of the Washington State Planning Group (WSPG), which is a group led by individuals who through experiences understand how chronic illness, addiction, and injuries can impact health. Each member provides feedback on health related projects and communications based on the expertise from their lived-experience that helps to inform Statewide efforts.



## Community Voices on: **Living & Aging with HIV**

### Interview with Yob

1. Is HIV stigma still an issue?

Yes it is.

2. With so many messages to inform various communities about HIV, why does the stigma remain?

Just because messages have been put out there, that doesn't mean people are reading them. Sometimes you have to do more than just send a message.

3. Have you or your peers noticed any changes in how HIV affects the body with age?

What I have noticed is health issues I have been dealing with for the last 30 to 40 years have gotten considerably worse as I've gotten older. Chronic pain which was bad in my 30s and 40s has gotten considerably worse in my late 50s. I have had HIV under control for a long time.

4. Has anyone ever said HIV exacerbated other health conditions?

Yes. Before I was on medication, and my immune system was extremely weak. I had infections that nearly killed me because there was no immune response to fight it back. That was directly caused by HIV.

5. Are there any support groups for long-term survivors with HIV?

Not that I have been able to get to. I live in Thurston County and things of that nature are only in Tacoma and Seattle. The HIV/AIDS community often gets forgotten about down here. My biggest support comes from myself.

6. What words of wisdom would you give to the youth who say HIV is no big deal, all you have to do is take a pill?

I would say that I thought the very same thing when I was in my 20s. I was wrong. I've had nearly 10 years of chemotherapy. I've been on medications for HIV/AIDS for over 30 years. I would show them my scars from IV and surgeries. I would tell them about the side effects of those medications.

I would be brutally honest and telling them how their life would change.

I would tell them about how I lost virtually all of my friendships because people were scared that they would get something from me. I would tell them how I've had to deal with all of this alone.

7. What more could DOH do to reduce HIV stigma?

Well, putting out flyers and written messages can be helpful, but what I think is even more helpful is to talk to people directly. There used to be programs where long-term survivors would talk to students, and any other group willing to listen, but this is hardly the case now. We need to go back to face-to-face meetings where questions can be asked and answered while looking into the eyes of the person you're talking to; this has more impact than any flyer or written message.

*Continued on next page...*

## Community Voices on: **Living & Aging with HIV**

### Interview with Starlett

1. Is HIV stigma still an issue?

Yes.

2. With so many messages to inform various communities about HIV, why do you think stigma remains?

People living with HIV still face stigma and discrimination because people refuse to educate themselves.

3. Have you or your peers noticed any changes in how HIV affects the body with age?

Yes, I am faced with health-related issues much earlier than if I were healthy.

4. Has anyone ever said HIV exacerbated other health conditions?

Yes, I have been told HIV can exacerbate health conditions since it makes the immune system weaker and harder to fight off other issues like cancer for instance.

5. Are there any support groups for long-term survivors with HIV?

Yes, there are several support groups online for long-term survivors with HIV, such as BABES Network or Positive Women's Network.

6. What words of wisdom would you give to the youth who say HIV is no big deal, all you have to do is take a pill?

I would tell you it is important to prevent HIV from spreading using condoms and other tools to prevent HIV from occurring.

You only have so many options for pills before your body builds resistance to the virus and you can no longer take them.

7. What more could DOH do to reduce HIV stigma?

DOH needs to keep trying to educate people in remote areas and making HIV as well as HIV medications more accessible to people who do not have resources to pay for them.

### A call to action:

It's important to remember that HIV prevention is for everyone, and there are ways you can protect yourself. Some of these include getting tested for HIV, limiting your number of sexual partners, using condoms each time you have sex, or talking to your healthcare provider about pre-exposure prophylaxis (PrEP), which is more accessible and, according to the CDC, reduces the risk of contracting HIV by about 99%. Injectable PrEP reduces your risk of getting HIV by at least 74%.

Visit [Let's Stop HIV Together](#), an information page from the CDC, to learn more about [PrEP and how it works to prevent HIV](#).



Image of an open bottle of Pre exposure prophylaxis (PrEP) medication used to prevent HIV



## DOH Welcomes...



Image of Caro Johnson

### **Caro Johnson, MPH**

Pronouns (They/Them)

Program Assistant for the SET-NET Pregnancy Registry Program  
DOH Office of Infectious Disease

My name is Caro Johnson, and I'm the Program Assistant for the Washington State Department of Health's and CDC's Surveillance for Emerging Threats to Pregnant People and Babies Network (SET-NET). I collect and manage all the medical records for this program. My focus is on ensuring our records' inclusion and completeness, with the confidentiality and respect that every patient deserves. Our

program supports the CDC in reviewing all WA cases of syphilis and hepatitis C that occurred during pregnancy, and we follow up to see how these infections may have impacted the infants. Recently we did the same with COVID infections in pregnant people. The de-identified, aggregate data we collect helps to paint a larger picture of parent-baby health and highlight areas that need greater focus and priority.

I joined DOH in April 2022 after working on the COVID – 19 response and STI prevention tasks at Public Health Seattle King County. My previous public health work includes experiences in:

- HIV case management for Lifelong in Seattle, WA.
- Conducting environmental health field work for an asthma and air pollution study in Lima, Peru, where some of my chosen family members are from, supporting indigenous environmental health in Pucallpa, Peru.
- Volunteering with the People's Harm Reduction Alliance and VOCAL-WA for drug-user health and naloxone distribution in Seattle, WA.

I have a master's degree in public health and seek a life of ongoing learning. My partner and I live in Seattle, WA with our cat. We find joy in mutual aid with our neighbors, urban gardening, tenant rights work, and creating and appreciating a wide range of art and music. I love spending time with children, animals, and plants. I, particularly enjoy mushroom-hunting.

Also Welcome:

#### **Deborah Mbotha –**

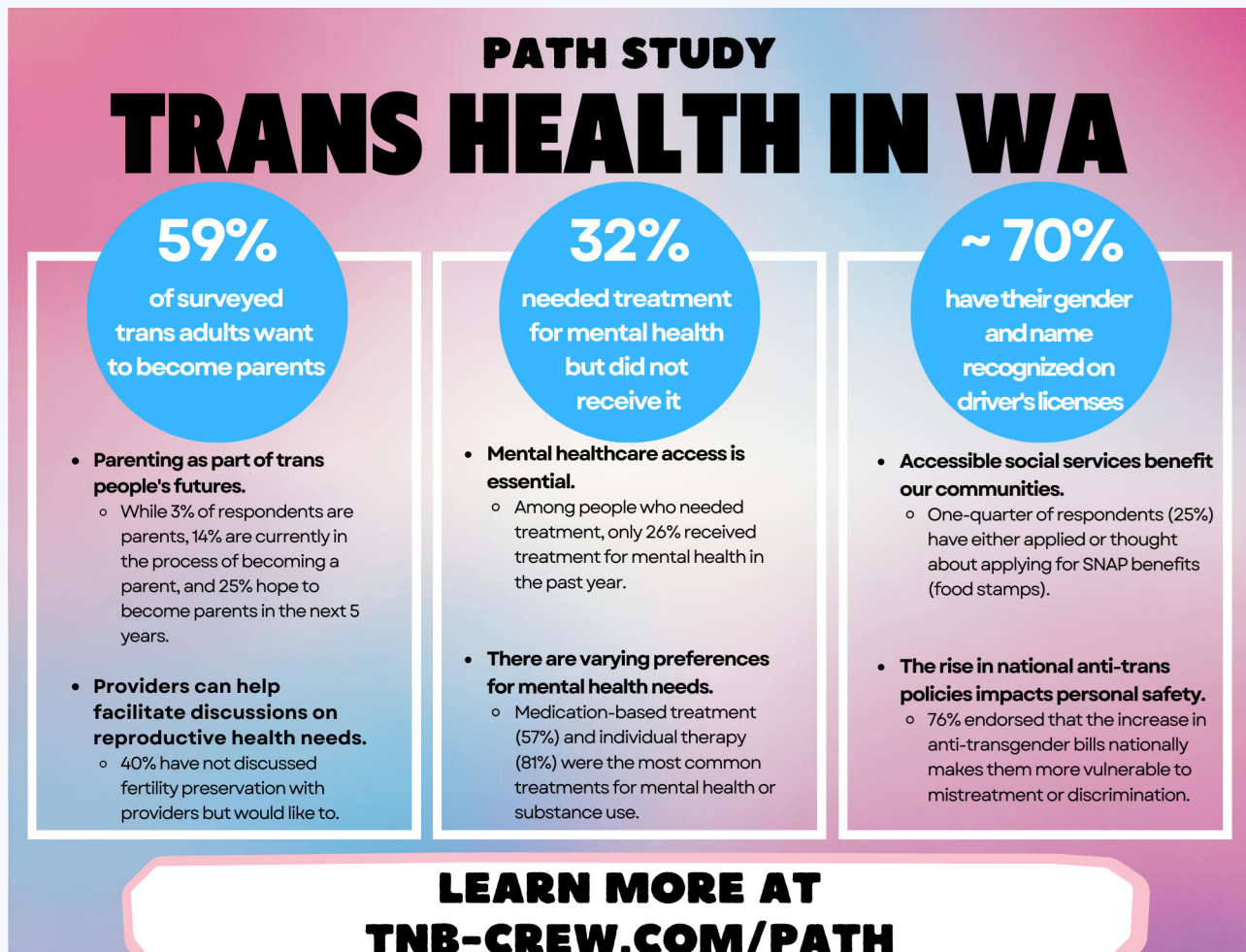
Senior Epidemiologist (NON-MEDICAL)  
Disease Control and Health Statistics

#### **Zacharie Eric Bakwa –**

Health Services Consultant 2  
Disease Control and Health Statistics

# A Trans & Nonbinary Study On the Right PATH

The Transgender and Nonbinary Collective in Research Equity from Washington (TNB-CREW) is a group of Washington-based trans researchers, stakeholders, and community partners based in Washington state. Members of this group are committed to advancing trans health across multiple domains. Some of these domains include health disparities, access to medical care, policy, and social justice through research and practice. The group's most recent project was the Priority Assessment in Trans Health (PATH) Study. For this project, they prioritized the perspectives of Black, Indigenous, Hispanic/Latina-o-x, Asian, Pacific Islander, and other communities of color. The aim of the PATH study is to uplift trans voices in research.



The study consisted of a survey and interviews exploring various domains of health and lived experiences among transgender and nonbinary adults in Washington state. Through these surveys and interviews they hope to better understand trans individuals' experiences with navigating sexual health services, barriers to care, and how to improve these services. The survey and interviews were created by trans researchers and our all-trans scientific and stakeholder advisory group (TSSAB). The TSSAB is comprised of experts across areas of community engagement, trans health, health policy, community health, and social justice, with diverse lived experiences in WA.

Learn more at [tnb-crew.com](https://tnb-crew.com).



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## ARE YOU BEING SERVED?

How do you feel about your case management services?

- What's working for you?
- What's not working for you?
- What could be done better?

**We want to hear from you!**



10 Participants will receive lunch and a \$50 Gift Card for their time. This survey is by invitation only and participants must RSVP.

Please contact Vanessa Grandberry at: [vanessa.grandberry@doh.wa.gov](mailto:vanessa.grandberry@doh.wa.gov)

The HIV Community Services (HCS) Newsletter is a publication created by the Washington State Department of Health (DOH). The HCS Newsletter is used as a tool of engagement to highlight the work of our community partners, DOH staff, and elevating voices from diverse communities with lived experiences.

We encourage diversity with a focus on equity and inclusion to build stronger bonds through commonality and improve the overall health and well-being of individuals and communities.

If you have submitted an article, and do not see it in the current newsletter issue, it will be added to a future newsletter.

Want to have your agency and the work you're doing featured in our newsletter? Please get in touch with Vanessa Grandberry at [vanessa.grandberry@doh.wa.gov](mailto:vanessa.grandberry@doh.wa.gov)

Thank You

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