



POCAAN

Same Mission with a Focus on Equity



DOH 150-158 Spring/Summer

HCS Newsletter

A NOTE FROM LEADERSHIP

Dear readers,

If we are talking about equity or health equity, the matter is urgent. But what's the difference? Equity means being fair in how resources, opportunities, and outcomes are shared. Health equity means making sure everyone can get good healthcare, no matter who they are or how they look. By combining these ideas, we can better solve health problems. To give everyone good healthcare experiences, we need to fix issues like not enough testing or case managers. We also need to remove bias, discrimination, and stigma from these services.

In this issue, we highlight POCAAN, an organization committed to providing services to individuals often ignored or excluded by society. They address stigma, social factors that affect health, plus criminal justice. With so much misinformation and new policies impacting lives, service providers must move beyond the usual ways of helping others. To reduce health differences and improve outcomes for communities heavily affected by disease, we need fresh and fair approaches.

If there's one key lesson from this issue, it's the need to think creatively when working with the community. Supporting others goes beyond basic help—it's vital to focus on equity and health equity. We must also learn to clearly share how and when that support is available.

Thank you to the organizations and clients who participated in the client survey. Your collaboration and voices are the pillar to shaping better services, driving meaningful changes, and ensuring we address the needs of the community effectively.

Contributor: **Anthony Rivers**
Infectious Disease Health Equity Manager

IN THIS ISSUE:

POCAAN:
Same Mission with A
Focus On Equity

Don't Hang Up!

What Say You?
Client-Based Survey
Results

Why Bother?
A Town Hall And
Community Discussion

Opportunities for the
Community
Mental Health Screening
Study for Trans People

Cancer Screening Study
for Trans POC

Acknowledgements



In a 1991 photo above are some of the original Board Members of POCAAN, formerly known as People of Color Against AIDS Network. We apologize to all individuals who have not been identified. A few facts about the individuals in this photo: Kaz Jones was the founder of People Of Color Against AIDS Network in 1987, Trip Hunter was the first Board President, Katlin P Fullwood was the first Executive Director, Ray Dumas founded Brother 2 Brother, and worked with Sheilah Robinson to start Sister 2 Sister, Phyllis M Little would serve as Executive Director of P.O.C.A.A.N. from 2000 until her retirement in 2015, Mayet Dalila continues to be a Community Activist, Charles Wilson would become Director of Programs, Marta Vega would serve as Board President until her retirement, and Karen Hartfield is HIV/AIDS Program Administrator at Public Health Seattle & King County.

POCAAN, known as People Of Color Against AIDS Network, is a health equity organization that has served communities of color with HIV education/prevention, testing, care-support, and various capacities since 1987.

Vanessa: **Who are your clients, and have they changed over the years?**

Ty: POCAAN helps community groups and individuals often ignored by society. We started by teaching people about preventing HIV/AIDS. Now we also take on issues like drug use, jail time, homelessness, sexually spread diseases, racism, sexism, and homophobia. These problems are real. They affect the health of people and make them feel left out. We do what we do to help people advocate for themselves, fight stigma, and create a sense of belonging.

Continued on next page...



Above, Steven Sawyer, Executive Director of POCAAN seated behind his desk before the Ribbon Cutting Ceremony for the Open House in their new location in Federal Way, WA

Our 'Greener & Cleaner' program assists communities in safely handling waste. Our services also include housing case management for people with HIV – ensuring they receive the necessary treatment. Konnect 2 provides support and guidance to those living with HIV/AIDS. Our MOCHA PrEP Clinic offers medication to prevent HIV. For people with addiction issues, we help them find medical care through the NMCM program. The Jail Transitional Care Coordination program helps individuals with HIV get better care after their release from jail.

We help people who have problems with substance use by connecting them to medical care through our support program. Adults, 55 and over, get help from 'Senior Mobile Medical Outreach' (SAGE). This mobile unit brings healthcare services to neighborhoods like these.

Vanessa: **What services does POCAAN provide?**

Ty: In POCAAN we have many services and programs. We offer services on health, education, counseling, housing, and recovery. We also offer support for mental health therapy and medication. We have a program called 'Best Starts for Kids'. This program works to prevent homelessness among young people and families. We help young adults affected by the law through 'Communities Uniting Rainier Valley and Beyond' (CURB).





Previous page bottom right, POCAAN alum, Maria Valazquez and Vanessa Grandberry. Above: POCAANs Senior Medical Mobile Outreach (SAGE) medical mobile RV with (left to right) Aaliyah Messiah, Jose Medince - Pemberton, (the late) Kenny Joe McMullen, Tylicia Messiah, and Chris Mcknight

The 'Law Enforcement Assisted Diversion' program (LEAD), helps people avoid jail by giving them support instead of punishment for minor drug offenses. People with a history of abuse or harm can get emergency money and mental health help through the 'Victims Of Crime Act program' (VOCA).

Vanessa: What makes you proud of the work POCAAN does?

Ty: At POCAAN, we are very proud to help everyone have a fair chance at good health; it doesn't matter what their money situation,...



Pictured right: Inside one of POCAANs mobile testing vans.

...continued on next page



Starting from the left side the person in purple is Dewayne King (Board Member) Jermell Witherspoon (Board member), Alliyah Messiah, Taylor Brown, Nisha Perez, Chrystal Walker, Shas Carr, Ebonee Heller, Demontrice Bigham, Garland Jarmon, Esther Iwuoha, Tylicia Messiah, Luis Viquez, Juliana Odinndo, Martha Boughner, Steven Sawyer, (Back Row) Ernest Walker, Alex Wills Michael Robertson, Claudia Lawrence, Maria Valazquez, Aaryhon Newton, Brain Kitliit, Deborah Lawson, Leondre Morris, Neal Berry, Antwoine Parmer, Autry Bell, Chris Porter

race, or other challenges are. Our spaces are safe and welcoming for all who feel left out, like Black LGBTQ+ individuals and single Black mothers. Since the 1980s, we have focused on helping communities of color, starting with outreach to Black gay men affected by HIV/AIDS. Now, we continue that mission with programs like our mobile healthcare service for seniors. This service provides medical help to older people in remote areas. Our ability to change and adapt to what the community needs is what makes our work important.

Vanessa: **Is there anything else you would like to share?**

Ty: POCAAN's goal is to make sure everyone gets the care and support they need, no matter what their background. It started with changing negative attitudes towards people living with HIV/AIDS. In many places, getting healthcare is still hard for people who don't have the right information. It can lead to people judging, treating them unfairly, and making them feel alone.

We have programs that help educate others to change the wrong ideas and encourage understanding. Creating a supportive community makes every person feel accepted, making it easier for everyone to get the health care they need without feeling embarrassed or excluded.

Contributor: **Ty M.**

Don't Hang Up!

Imagine you get a call out of the blue; from someone you don't even know about something as personal as sex and your sexual health. You ask yourself:

Who is this? What do they want? How did they get my number?

Imagine there is a knock on your front door. It's someone from the health department who wants to talk to you about a confidential health matter. You think to yourself:

Why are you here? How did you get my address? Why should I tell you about anyone else?

Imagine you're houseless, living outdoors and have a substance use disorder or other challenges you are trying to prioritize. You would also like to treat your STI but aren't sure where to start. You ask yourself:

Where can I get help with treatment? How would I even get there?

When someone tests positive for a sexually transmitted infection (STI) like syphilis, HIV, gonorrhea, and/or chlamydia, this is considered a notifiable condition.

This requires the medical provider's office to send a case report to the local health jurisdiction. This exchange allows public health to go into action to reduce the chance of infectious disease transmission by reaching out to the individual to ensure that they receive correct treatment, to offer more testing for other conditions if needed, to offer referrals to support continued health, and to offer testing and treatment to other people in their sexual and social networks.

Reaching people in such a sensitive moment requires skill, patience and practice. What are the best ways to do it well?

The Capacity Building team in the Office of Infectious Disease (OID) at DOH can help you find answers! This team consists of experienced trainers and a leader who zoom around like busy bees in the background, helping public health workers who receive those case reports.

They teach others how to find and engage people, whether over the phone, in the field or anywhere people may be. They teach how to do it well and with heart. Recently one of those trainers, Corey Betz, hosted an event at the Snohomish Health District with people from the following local health jurisdictions:

Continued on next page...

Don't Hang Up!



Back Row: Kyle Davidson, DOH; Corey Betz, DOH; Justin Shoriz, Kitsap HD; Julie McElroy, Whatcom HD; Marcus Taylor, DOH; Ruben Gallegos, Snohomish HD; Jeremie Neuville, DOH; Tajel Mehta, Snohomish HD; Roger Capron, Skagit HD; Kiana DeCandia, Snohomish HD; Victoria Ball, Jefferson HD; Tina Albedyll, Snohomish HD; Ocean Mason, Jefferson HD; Danielle Lee, Skagit HD; Gus Bell, Kitsap HD **Front Row:** Isabella Hansen, Kitsap HD; Graciela Ibarra, Skagit HD; Ally Kaeser, Snohomish HD; Drew Nazarian, Snohomish HD; Lisa Roberts, Snohomish HD; Angela Fay, Snohomish HD; Emily Mason, San Juan HD; Stephen Basubas, Clallam HD; Karla Suarez, Skagit HD; Jaxon Lee, Skagit HD; Wendie Borja, Kitsap HD; Lauren Solbakken, Island HD; Summer Richardson, Clallam HD; Lesster Mungia, Snohomish HD.

- Snohomish
- Skagit
- Kitsap
- Clallam
- San Juan
- Island
- Whatcom
- Jefferson

They talked about field safety and how to go out into the community and find people while being mindful of personal and information security. They also discussed people's resistance to partner services, and how to respond in a trauma-informed way so that those who might be scared or worried during partner services interviews can find comfort in the process. The mission of public health is to be there for all people and their communities. Sometimes hearing some cuss words or rougher language is part of that work, as it is important to reflect the language that clients use for the conditions we cover.

Don't Hang Up!



Corey Betz (pictured above), and attendees in the Snohomish County for the STI Intervention Skills Training hosted by the Capacity Building Team.

Attendees shared many positive comments on the chance to come together and learn from Corey and each other.

“Corey your engaging sense of humor and integrity made this training even more memorable! Thank you!”

“Thank you for taking the time to review with us and the participation is great! It takes us out of our comfort zone and reminds us how our clients may feel when we contact them.”

The Office of Infectious Disease prioritizes maintaining close connections with community partners, including local health jurisdictions, tribal nations and community-based organizations to strengthen our State’s collective response to STIs, including HIV. The work may be challenging, but it is rewarding, and we do not do it alone!

For more information on the Capacity Building team and their talents, please email the team at OIDCapacityBuilding@doh.wa.gov.

Contributor: **Kari Haecker**
Capacity Building Coordinator

What Say You?

Client Survey Responses to Case Management



Surveys, surveys, surveys! We are always asked for our opinions but almost never hear the results. In July of 2024, the Client Services and Health Equity teams, and Assessment Unit (AU), collaborated to create a “Client Based Survey” to proactively find out from clients about the HIV care services they receive. What’s working? What’s not working? What are the barriers to getting quality care services? The launch of the in-person survey took place in Spokane, WA with a small group of clients that grew to a larger online survey, reaching 347 participants.

Numbers and statistics can be difficult to understand, especially when percentages are part of the reporting. We want to make sure the information is easy and engaging for everyone. In addition to the numbers, we have included comments from the clients as well.

Population

346 individuals answered our survey, 321 (93%) are current clients. All respondents represent current and former case management clients, people whose primary language is English and Spanish, and people from 16 different agencies across the state.

Continued on next page...

What Say You?

Client Survey Responses to Case Management

Agencies who participated are:

Lifelong
Harborview Madison Clinic
Cascade AIDS Project (CAP)
AIDS Healthcare Foundation
Coastal Community Action Program
Kitsap Public Health District
Community Health Care-Tacoma
Spokane Regional Health District
Other
Benton-Franklin Health District
POCAAN
Seattle Roots
Entre Hermanos
King County MAX Clinic
Confluence Health Foundation
Yakima Valley Farm Workers Clinic
Blue Mountain Heart to Heart

75% of participants said, “It is easy to get In touch with my case manager (Agree or Strongly Agree)”

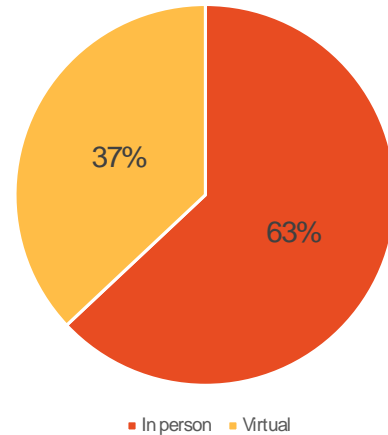
65% said, “My case manager’s schedule is flexible enough that I can see my case manager when I need to (Agree or Strongly Agree)”

58% said, “My case management agency asks for feedback (Yes)”

Question: Do clients feel they know about all the resources that agency case management offers?

- Know all the services (**31%**)
- Don’t know all the services but know where to find out (**45%**)
- Don’t know all the services and don’t know where to find them (**24%**)

Question: Do clients prefer speaking to their case manager in person or virtually?



What services do clients receive that are most important?

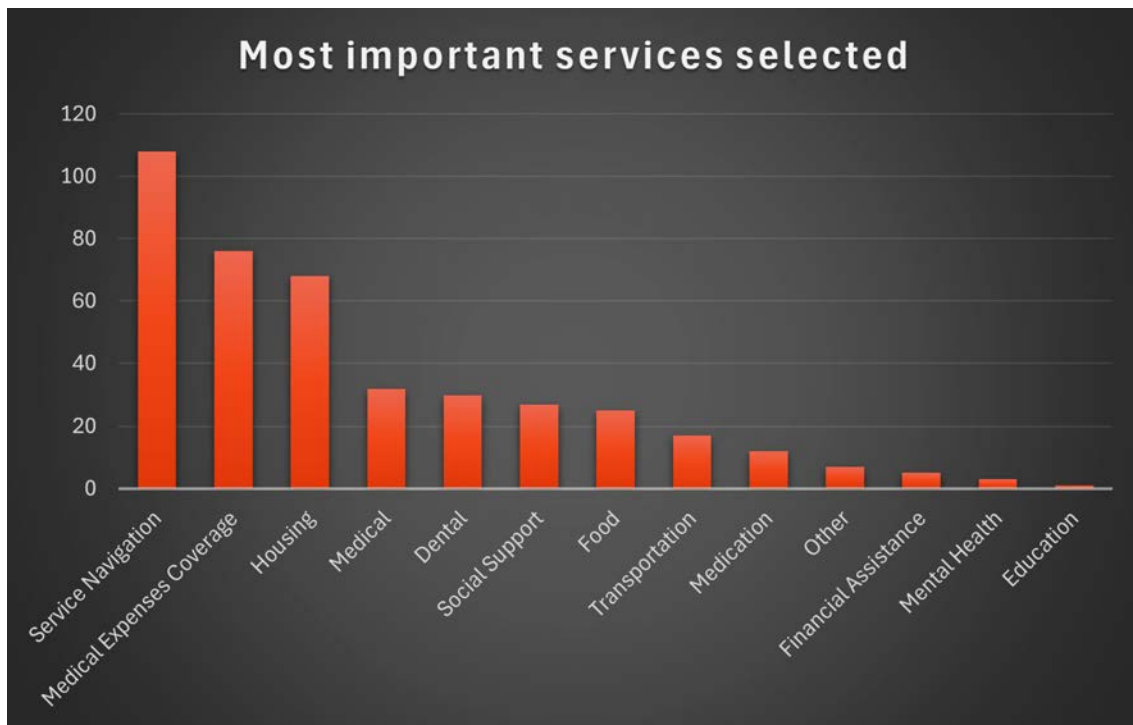
| Agency | Responses |
|---------------------------|-----------|
| Service Navigation | 108 |
| Medical Expenses Coverage | 76 |
| Housing | 68 |
| Medical | 32 |
| Dental | 30 |
| Social Support | 27 |
| Food | 25 |
| Transportation | 17 |
| Medication | 12 |
| Other | 7 |
| Financial Assistance | 5 |
| Mental Health | 3 |
| Education | 1 |

Total: 411

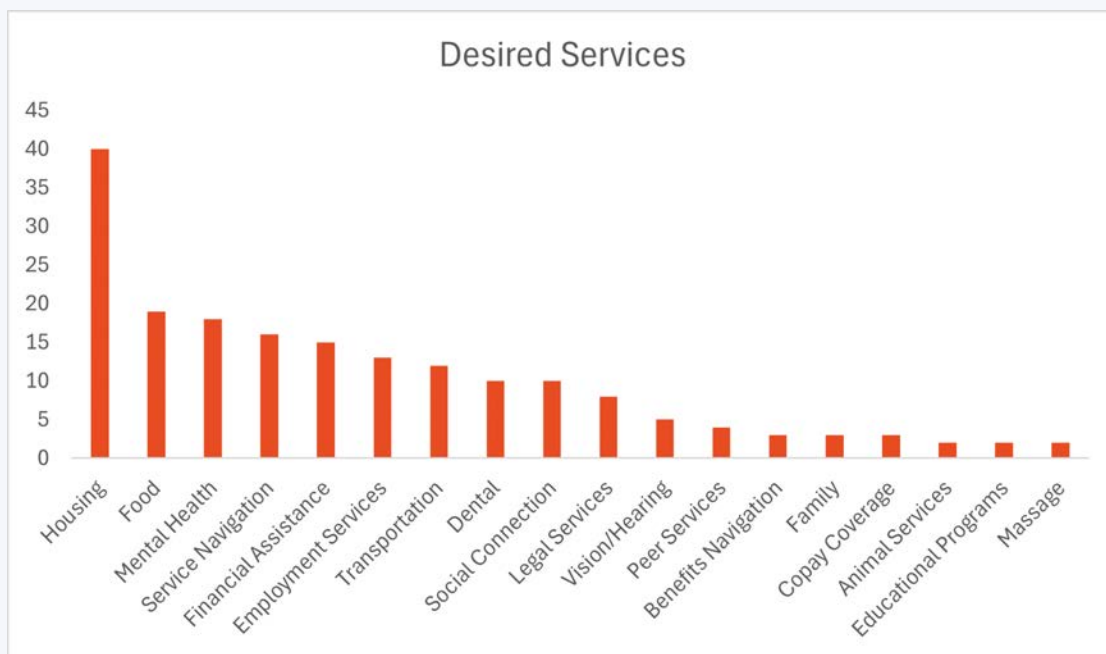
See the infographic above on the next page.

What Say You?

Client Survey Responses to Case Management



What desired services do clients wish case management agencies provided?



See the number of respondents on the next page.

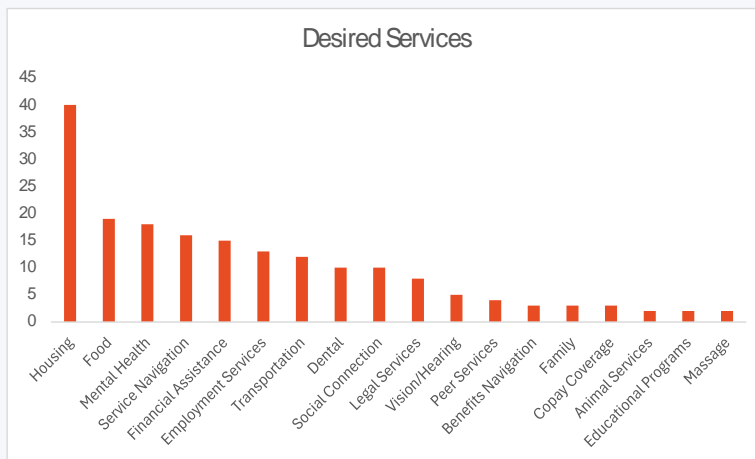
What Say You?

Client Survey Responses to Case Management

Agency Responses

| | |
|----------------------|----|
| Housing | 40 |
| Food | 19 |
| Mental Health | 18 |
| Service Navigation | 16 |
| Financial Assistance | 15 |
| Employment Services | 13 |
| Transportation | 12 |
| Dental | 10 |
| Social Connection | 10 |
| Legal Services | 8 |
| Vision/Hearing | 5 |
| Peer Services | 4 |
| Benefits Navigation | 3 |
| Family | 3 |
| Copay Coverage | 3 |
| Animal Services | 2 |
| Educational Programs | 2 |
| Massage | 2 |

Total: 185



Above: Infograph from previous page

| Challenge | Frequency | Percent |
|-----------------------|-----------|---------|
| Turnover | 44 | 33% |
| Poor Communication | 32 | 24% |
| Other | 22 | 16% |
| Service Unavailable | 13 | 10% |
| Lack of Understanding | 6 | 4% |
| Not Enough Time | 5 | 4% |
| Transportation | 5 | 4% |
| Under Trained | 5 | 4% |
| Language Barriers | 1 | 1% |
| Slow | 1 | 1% |

134

See the infograph above on the next page.

What Say You?

Client Survey Responses to Case Management



Quotes from the clients:

"I feel lucky with the few case managers I've worked with. They've been extremely caring, and I feel I truly have someone in my corner who is there to help when the road gets bumpy."

"I would not be here today if it were not for the case management team."

"It's changed my perspective regarding what it means to be living with HIV...Honestly my case manager is a fountain of positivity..."

...and reinforcing how to walk with my head up and to live without shame."

Honestly, I think they're doing great for what they're there for, I wish they had more funding for some housing assistance here and there, but I think they're doing a great job."

Quotes about scheduling conflict:

"Sometimes when I need to speak to someone, my case manager is frequently only available at another time and day."

Quotes about turnover:

"Turnover. I've had several case managers assigned to me in the course of just a couple of years."

They keep on changing them every now and then and it's challenging and I get nervous when I have to start all over again with a new person that I'm not familiar with. High turnover. Just when I am comfortable with one person, that person leaves or changes positions."

Quotes about housing:

"My housing issue I'm homeless and no income and they are helping me"

Contributors: **Steven J Erly** - (AU) Senior Epidemiologist (Non- Medical)
Claire Mocha - (AU) Data Management/Analyst

Vanessa Grandberry - Community Engagement Coordinator

Danika Troupe - (AU) Epidemiologist 2 (Non-Medical)

This article will be continued.

Why Bother?

A Town Hall And Community Panel

The causes of poor health: racism, discrimination, and medical mistrust have caused HIV to adversely affect the Black community. Reducing health disparities among Blacks is about more than addressing systemic problems. Significant public health issues are the result of half-truths and missing information. Misinformation about HIV, and not enough of the right information to guide Blacks to HIV prevention and through care. A group of organizations and individuals stepped up to address this challenge.

February 7th, 1999 was the first day designated as the National Black HIV/AIDS Awareness Day (NBHAAD). The theme this year in 2025, was to “Engage, Educate, Empower”: Uniting to End HIV/AIDS in Black Communities”. In recognition of that day, community members from various parts of Seattle gathered at Plymouth Church. On February 8th, motivated by the question, “Why Bother?”, over 65 individuals came together for an honest discussion about why anyone should bother dealing with HIV. Panelists representing various members of the Black community led a town hall discussion about how HIV affects friends, families, and other people in their lives. Each presenter brought information that was educational and inspirational; by the end of the event, it was clear that everyone agreed it is important to continue efforts to end the HIV epidemic.

The panelist from Public Health Seattle & King County, presented information about the number of Blacks living with HIV or were recently diagnosed. As he spoke, it was evident how surprising those statistics were to many in the audience. Some were especially startled to learn how many in the Black community are not receiving accurate information about PrEP and PEP. Many were encouraged to learn when a person with HIV takes their medication like their doctors tell them, they will not transmit the virus sexually. It was encouraging to hear a young man comment he would share the information with friends.

The panelists who are living with HIV talked about how difficult it is to keep on top of their medication. Sometimes life just gets in the way. Each shared stories about the struggles of being HIV positive and Black. Regardless of which faith one belongs to, spirituality is a significant part of Black culture and considered a major source of comfort when tragedy hits.

NATIONAL BLACK HIV/AIDS AWARENESS DAY 2025

WHY BOTHER?

A TOWN HALL AND COMMUNITY PANEL

LOCATION:
HILDEBRAND HALL
PLYMOUTH CHURCH
1217 6TH AVE
SEATTLE, WA 98101

**SATURDAY, FEBRUARY 8
2:00-4:00 PM**

Food and light refreshments will be served

MODERATED BY HOWARD RUSSELL

PANELISTS
| ANDREW ASHIOFU | ARIYAH JANE | DALE PEACE | GEORGE DICKS | JSANI HENRY | KURT RAGIN | MARCUS JOHNSON | MICHELE ANDRASIK | RUSSELL CAMPBELL |

COLLABORATING PARTNERS:

NIAC, POCAAN, HEALTH, Fred Hutch Cancer Center, Vaccine Trials Unit, AARTH, CD FORUM, Public Health Seattle & King County, NAACP, State Area Conference Alaska Oregon Washington, U, CONVERGE, GenPride, KINGDOM FAMILY, Urban League of Metropolitan Seattle, SWACE HEALTH

Questions? Contact Rev. Dr. Renee McCoy reneem@aarth.org or Brittney Lincoln brittlincoln06@outlook.com

Continued on next page...

Why Bother?

A Town Hall And Community Panel *continued...*

The speakers agreed, however, that early during their journey through HIV, the church failed them, offering rejection when they needed acceptance and support. Fortunately, each of them reported experiencing relief and renewal of hope after connecting with affirming and supportive congregations. One of the speakers shared that she currently serves one of those congregations as a minister to people addressing special and challenging life situations.

One attendee living with HIV was released from the hospital the day before the event. Although still quite weak, he participated because he felt it was critical for the Black community work together to increase HIV prevention and care services. This panelist was born in Africa and has experienced discrimination on a few levels because of the disease.

One of the most inspiring things about this event was the way the panelists moved away from their professional roles and spoke as members of the community. One of the women on the panel is a researcher and behavioral health professional. She spoke with intensity of her personal feelings. She shared her disappointment with a health care system that does not value Black women. The current health care system does not provide adequate and respectful prevention and care services to Black women. Another panelist who works as a mental health professional shared memories of the early years of HIV. In Seattle, even amid such a devastating experience, Black/African Americans encountered rejection and discrimination within their own communities.

The town hall conversation brought a lot of distressing information to the surface about HIV. Among Blacks, it was a powerful new beginning for many. Each of the panelists provided a call to action, a way for the audience to move away from dread and despair. The young adult panelist spoke about the importance of mentoring young people and helping them live with pride and dignity. The speakers encouraged the audience to pay attention to policy issues and become involved in making changes to improve health care for people living with HIV. A significant number of people with HIV are also elderly and need support to deal with isolation and other problems that come with aging. The most powerful and consistent component of this event was the importance of building community. Every speaker, including those in the audience who made comments, talked about how, in times like these it is critical that we all work to build a strong, cohesive and caring community. Perhaps that was the central message of this year's National Black HIV/AIDS Awareness Day event. It was a reminder that we have choices, we can focus on disproportionate impact, or we can embrace the power and possibilities of community. People came away feeling hopeful. Reminded that historically Blacks have survived many struggles together. HIV is just one more. There was agreement that health emerges when we work to build...a caring, compassionate Black community. This event was just a beginning effort to engage, educate, and empower. It was a call to action for the Black community to work together to correct misinformation and fill in the blanks with the truth about what's really going on with HIV. It was truly an answer to "Why bother?"

Contributor: **Rev., Dr. Renee McCoy** - AARTH HIV Project Manager

Edited by: **Vanessa Grandberry** and **Columba Fernandez**

Opportunities for the Community!

Attention, Case Managers!

The following resource opportunities are for clients .

The mental health and cancer screening studies are through the University of Washington, and the the survey is through Mt Sinai School of Medicine.

Mental Health

SCREENING STUDY FOR TRANS PEOPLE

FOR, BY, WITH TRANS PEOPLE

SCAN BELOW:



We are looking for:
Trans and nonbinary adults (18+)
living in Washington, Michigan, New York, or Utah

We will provide:
\$100 online gift card for completing 1-1.5 hr interview



This is a University of Washington Research Study (IRB #STUDY00018853). For more information, contact Dr. Arjee Restar at lgbtqueityresearch@uw.edu



Link for mental health project: https://uwashington.qualtrics.com/jfe/form/SV_6oo7E9ngaixgPfE

Cancer screening study for trans people of color

Cancer Screening

STUDY FOR TRANS PEOPLE OF COLOR

Looking for trans and nonbinary adults (18+) of color that have experience with cancer prevention and treatment. \$50 gift card for 1 hour interview.

*Scan to see if
you're eligible:*



This is a University of Washington Research Study (IRB #STUDY00018064). For more information, contact Dr. Arjee Restar at lgbtqhealth-study@uw.edu

Link for cancer project: https://uwashington.qualtrics.com/jfe/form/SV_eKYGtTP4JD6TYGO

Research Opportunity

Transgender, nonbinary, and gender diverse adults:



Scientists who study how genes and the environment interact to impact our health are exploring questions about gender identity. Take this survey and share your concerns and hopes about this research. Your responses to this 15-20 minute survey will help guide researchers to do this work in ethical, inclusive ways that honor the experiences of transgender, nonbinary, and gender diverse adults. **You will receive a gift card for taking the survey.**

We are looking for people who:

- Are transgender, nonbinary, and/or gender diverse
- Are 18-80 years of age
- Currently reside in the United States
- Are fluent in English or Spanish

Interested?

1. Complete a short form -

<https://tinyurl.com/surveyinterest123>

2. Take the 15-20 minute survey
3. Receive a gift card for completing the survey

The study team will protect your privacy.

Questions? Please email us at: info@transformgenetics.org

Form here!



This is an Icahn School of
Medicine at Mount Sinai
Research Study (#23-01264).

TRANSFORM
genetics

Oportunidad de Investigación

Adultos transgénero, no binarios y de género diverso

Los científicos que estudian cómo los genes y el medioambiente interactúan para impactar nuestra salud están explorando preguntas sobre la identidad de género.

Complete esta encuesta y comparta sus preocupaciones y esperanzas sobre esta investigación. Sus respuestas a esta encuesta de 15 a 20 minutos ayudarán a guiar a los investigadores para realizar este trabajo de maneras éticas e inclusivas que honren las experiencias de los adultos transgéneros, no binarios y de género diverso. **Usted recibirá una tarjeta de regalo por completar la encuesta**



Estamos buscando personas que:

- Sean transgénero, no binarias y/o de género diverso
- Tengan entre 18 y 80 años de edad
- Residan actualmente en los Estados Unidos
- Dominen el inglés o el español

¿Interesado?

1. Complete un formulario corto

<https://tinyurl.com/surveyinterest123>

2. Realice la encuesta de 15-20 minutos
3. Reciba una tarjeta de regalo por completar la encuesta

El equipo de estudio protegerá su privacidad.

¿Preguntas? Por favor, envíenos un correo electrónico a: info@transformgenetics.org

¡Formulario aquí!



Este es un estudio de investigación de la Escuela de Medicina Icahn en Mount Sinai (número de estudio#23-01264)

TRANSFORM
genetics

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



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

Thank You!

Editor-in-Chief and Translator: Columba Fernandez
Content Creator: Vanessa Grandberry