In Living Memory

Dr. Stephaun E. Wallace
1977 - 2023

Washington State Department of HEALTH

Image of Dr. Stephaun E. Wallace

On August 5, 2023, we mourned the passing of Dr. Stephaun Elite Wallace. Dr. Wallace leaves behind a brother, Jeremiah, a sister, Krystal, and a large and extended chosen family with children from many houses, including the House of Marc Jacobs that he founded in 2021.

Stephaun was a research epidemiologist and public health and social justice leader. He was the Director of External Relations for Fred Hutchinson Cancer Center's (Fred Hutch) HIV Vaccine Trials Network (HVTN), and had faculty appointments at Fred Hutch, the University of Washington (UW) and Yale as a staff scientist, clinical assistant professor, and affiliate professor, respectively. In addition, he launched the inaugural Office of Community Engagement for the University of Washington /Fred Hutch Center for AIDS Research.

Dr. Wallace's interests sat at the intersection of public health and social justice with a particular and intentional focus on increasing the positive health outcomes among members of racial/ethnic and gender/sexual minority groups in the United States and internationally.

This excerpt was taken from the HTVN.org news webpage.

Washington State Department of HEALTH

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HCS Newsletter

A NOTE FROM LEADERSHIP

The changing of seasons is a natural part of life. It teaches us to appreciate change, let go, and reflect. With this reflection in mind, this Newsletter edition is dedicated to Dr. Stephaun Wallace and community members who have engaged in positive change and solutions to make a better world for people living with HIV.

Stephaun's lifelong work on HIV health disparities, prevention, and education is well known across the U.S. and internationally.

His extraordinary presence will be missed by all who had the opportunity to work with him, but his legacy will live on.

We invite you to read more about this bright leader and the many outstanding community voices contributing to this Newsletter edition. And, as we spring forward into the next chapters of months and seasons, let's take time to remember colleagues and community members making a difference in our lives.

Contributors: Columba Fernandez and Vanessa Grandberry

IN THIS ISSUE:

In Living Memory:
Remembering Dr. Stephaun E. Wallace

Image of Dr. Wallace speaking at an HVTN Full Group Meeting in May, 2022

Remembering Dr. Stephaun E. Wallace

(November 17, 1977 – August 5, 2023)

By Gail B. Broder, MHS
Associate Director, Social & Behavioral Science and Community Engagement Unit,
HIV Vaccine Trials Network, Fred Hutchinson Cancer Center

The field of HIV prevention and public health, writ large, lost one of its shining stars with the passing of Dr. Stephaun E. Wallace in August due to Stage four lung cancer. An accomplished researcher and dedicated community advocate, Stephaun joined the HIV Vaccine Trials Network (HTVN) Social and Behavioral Science and Community Engagement Unit staff in as a Senior Project Manager in 2016. He received his PhD in 2019 and became the Director of External Relations for the HVTN in 2020. He also held faculty appointments at Fred Hutchinson Cancer Center, the University of Washington, and Yale University as a staff scientist, clinical assistant professor, and affiliate professor. He launched the inaugural Office of Community Engagement for the Center for AIDS Research (CFAR) at the University of Washington/Fred Hutch. His interests sat at the intersection of public health and social justice with a particular and intentional focus on increasing the positive health outcomes among members of racial/ethnic and gender/sexual minority groups in the United States and internationally.

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In Living Memory: Remembering Dr. Stephaun E. Wallace *continued...*

Dr. Wallace with Beti Thompson at Pathways to Equity Symposium 2023

While his lifelong work was on the health disparities of HIV, the COVID-19 epidemic saw him utilize his skills to lead the CoVPN's efforts to overcome health disparities for COVID-19 vaccination. He led a highly successful COVID in Black program, linking the CoVPN with BlackDoctor.org, the National Medical Association, and the four historically Black medical colleges to collaborate on the COVID-19 vaccine effort. This work brought him widespread attention, including a profile about these activities by Bill Gates in his book, "How to Prevent the Next Pandemic." In an interview with Mr. Gates, Dr. Wallace noted "Acts of racism in the medical establishment are not just historical. People still actively experience the very same sorts of abuses and traumas today." Mr. Gates designated Dr. Wallace a "Hero in the Field."

Dr. Wallace built bridges, made connections, and uplifted people. He was an incredible source of information, wisdom, and insight. He championed the lives of those in the transgender and non-binary communities, constantly calling attention to the pervasive violence and victimization they experience, especially among Black and Latino/a/x community members. Within the House and Ballroom community, many called him "father" and looked to him for his steady presence, mentorship, and the life lessons he shared.


Stephaun with Davida Ingram at Legendary Children 2017

His many friends and family members remember him as a champion for health equity and justice, a fierce and passionate leader, and a true advocate. His colleagues at the CFAR noted that he touched many people through his multi-faceted work, influencing hearts and minds with his intellect, gravitas, heart, and humor. Stephaun was always willing to generously share his time, attention, energy, and wisdom with colleagues doing meaningful work. His colleagues at the NIAID/DAIDS Office of HIV/AIDS Network Coordination also noted some of his memorable personal qualities – his deep, soulful laugh, passion, bright, wide smile, and trademark pause as he chose his words with care.

In his obituary in the Seattle Times on Aug. 22, 2023, Dr. Wallace's work to expand health access for LGBTQ+ people of color was highlighted.

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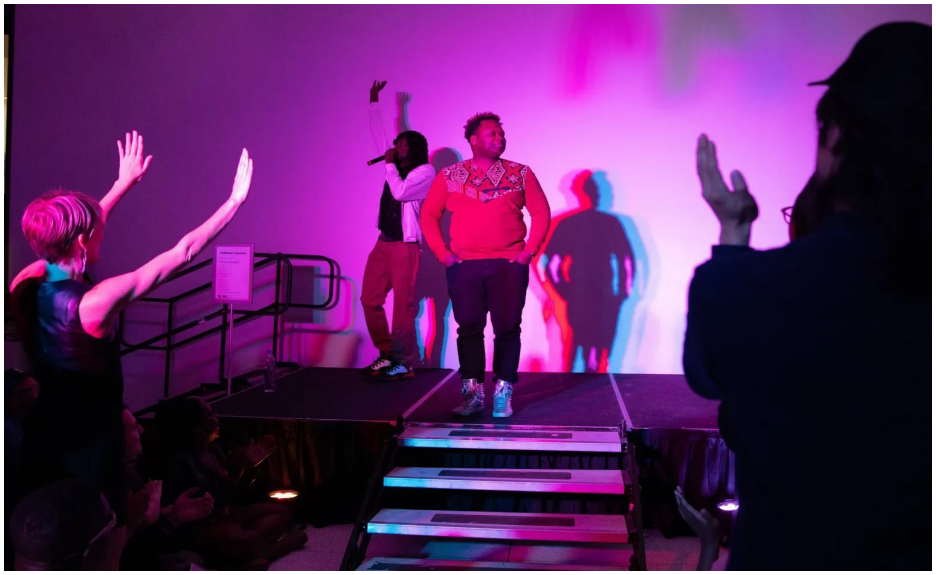
In Living Memory: Remembering Dr. Stephaun E. Wallace *continued...*

His son, Ricardo Wynn of Milwaukee, WI, was quoted, “He used to tell me, ‘We have to change the lens in how we see things and encourage people to see things,’” Wynn said. “He opened doors for people like me and other Black same-gender-loving men to do this work unapologetically. He helped people understand that we should learn how to uplift leadership from the community because they are the closest to the solutions.”

Stephaun speaking at a PRIDE flag ceremony, June 1, 2022

As I remember my friend and colleague, I am reminded of a quote from Audre Lorde, “You do not have to be me for us to fight alongside each other. I do not have to be you to recognize that our wars are the same. We must commit ourselves to some future that can include each other and work toward that future with the strengths of our individual identities. And to do this, we must allow each other our differences simultaneously as we recognize our sameness.”

One of Dr. Wallace’s greatest strengths was his ability to see everyone’s unique qualities and help them find those strengths within themselves. He did this for his friends, colleagues, mentors, and children.


Stephaun takes center stage at Legendary Children 2017

Dr. Wallace worked to unite people in search of a future celebrating our identities and strengths.

Legacy

We can best honor Stephaun’s legacy by striving to emulate his, honoring the differences among us, celebrating the things that we share, and recognizing where we can use our combined efforts to fight the battles against our common enemies of racism, sexism, ignorance, homophobia, and transphobia, and all the other structural inequities that prevent our communities from thriving. **END**

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Remembering Dr. Stephaun E. Wallace: Legacy & Reflections

Contributor for pages 3, 4, and 5:
Gail B. Broder, MHS Associate Director, Social Behavioral Science & Community Engagement Unit
HIV Vaccine Trials Network/COVID-19 Prevention Network

On Friday, November 17, 2023 in Pacaar Hall at the Olympic Sculpture Park, hosted the eighth annual Legendary Children. “The most emotional moment of the night came during the tribute to the late Dr. Stephaun Elite Wallace. To honor his legacy, Legendary Children had an altar for Dr. Wallace’s chosen family and community to reflect on his life and the lives of other queer and trans people who have died. They also gave out a cash award to four community members continuing Wallace’s work: Aaliyah Sèphora, Ms. Teen Pride 2022; Louis Shackelford, acting director of external relations, HIV Vaccine Trials Network and COVID-19 Prevention Network at Fred Hutch; Randy Ford, aka Aísha Noir, executive director of the Central District Forum for Arts & Ideas and ballroom legend; and Julian Everett, the acting director of the Dr. Stephaun Wallace Advocacy and Community Engagement division” – quoted from an article in the South Seattle Emerald.

“Dr. Stephaun Elite Wallace wasn’t just my colleague, and wasn’t just my friend. He was my work husband, and I was his work wife. He was my travel buddy, and my confidante. He was my teacher, and I was his teacher too. I keep returning to the song “For Good” from the Broadway musical “Wicked.” [listen here: https://www.youtube.com/watch?v=TZ0pXUb5jVU] The lyrics seem to capture our friendship perfectly.” – Gail Broder - Fred Hutch

“Words alone cannot describe the impact that Dr. Wallace has had on my life both professionally and personally. He was a mentor/boss/advisor/biggest supporter/friend/brother, but more than all, he was a source of light and love!!!” – Kyle Gordon - Fred Hutch

“Stephaun was such a big lover of the hearts of people—he really wanted to know the humanity within someone. Truly someone who didn’t want anything but to know you, and that was always refreshing in this world.” – Austin Anderson - Amsterdam, Netherlands

“He was one of the most generous colleagues I worked with. His analysis and work ethic were exceptional and he helped yours be the same.” – Lydia Guy-Ortiz - DOH

“Dr. Wallace influenced countless hearts and minds with an exceptional combination of intellect, gravitas, heart, humor. Knowing him and working with him made me a better person.” – Susan Mello - UW

“I worked alongside him with the community consultative group at the Center for Aids Research (CFAR), where he consistently demonstrated his deep passion for community-engaged research and health equity. I am deeply saddened that we lost a generous soul like Stephaun so early, but I have been deeply touched by his passion and generosity, and hope that I can take it forward with me and provide the same sort of guidance to those I meet in the future.” – Nahom Daniel - YMCA

“Stephaun broke down barriers and built bridges of understanding. His commitment to equality was unwavering, and his legacy is etched in the stories of countless lives transformed by his efforts. Stephaun lived with purpose, dedicating his time and energy to creating a world where everyone, regardless of background or circumstance, could stand tall and be acknowledged.” – Natalie Curtis - Fred Hutch

I will miss Stephaun’s hugs, and his generous support whenever we were planning an event. One thing I learned from him professionally, is to make sure your message is clear and concise, with no room for ambiguity. – Vanessa Grandberry - DOH

Stephaun left us way too soon, but his work and legacy will live on through all he influenced.

Community Voices:

What's Missing In the Black Church?

Image of a Black pastor giving support to a young gay Black man

Although Black Americans have been disproportionately affected by HIV, stigma still plays a major role. If you ask me, the big issue around HIV is there is not enough social support. People feel once their status is out in public, they will be discriminated against.
But it doesn't have to be.
Support can come from different places in the community, like churches. Many in the Black community have always seen churches as a safe haven. The Black Church, for instance, is the longstanding institutional backbone of the African American community, and it remains a gateway for meaningful change and reform among its members. Still, lots of churches continue to condemn homosexuality. This can become a problem when trying to get the resources needed to support those living with HIV who identify as gay or homosexual.

Condemning homosexuality is stigmatizing, but people are afraid to state the obvious. When you go into a church on a Sunday morning, look around. Who's singing in the choir? Who's the pianist? Who is the choir director? Quite often, you'll see that it's filled with gay choir members or musicians who know very well they're not fully supported. Think about what it would take for the lack of support to change — pastors will have to take the time to understand a member's sexual orientation and behaviors, which may include homosexuality, drug use, multiple partners, and so on. What's really needed is open dialogue and collaboration between pastors and their congregations. This will allow pastors to better understand their members' lives, needs, desires, and challenges.

In the fight against HIV stigma, collaboration, and clear communication play key roles.
I personally would like to see collaboration between the Washington State Department of Health and churches to provide education about HIV stigma. This kind of partnership is not new.
There is a rich history of shared, community-based interventions involving the Black Church that have been effective in promoting positive health outcomes. I honestly don't feel pastors would be against it.
The issue is most pastors don't know how to deal with HIV stigma. I am not talking about changing what people believe in; I'm talking about changing their negative or stigmatizing attitude about HIV. Churches have never been forced to do anything around HIV stigma, yet some are known to tiptoe around the topic.
Creating materials about fighting HIV and adding a spiritual component to them could be the start of educating pastors and members of the church.

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Community Voices:

What's Missing In the Black Church? *Continued...*

The Black Church can be a powerful ally in helping end the HIV/AIDS crisis. The Black Church should be more open to those living with the virus and needs to encourage members in the community to request Pre-exposure prophylaxis (PrEP) medication. Queer-Black faith leaders in churches should demand that the humanity of those living with HIV be nonnegotiable; their lives are equally as sacred as any other lives.

One thing that needs to improve is providing more education about PrEP — especially among young Black men who have sex with men (YBMSM). Sadly, PrEP is not a top priority for young Black gay/bi men, and their attitude toward it is one of reservation. Insurance coverage and cost also play a big role. We also need to stop using the word "risk" when educating young people about PrEP and HIV.
It gives them an opportunity to exclude themselves from the conversation and say, "Well, that's not me."

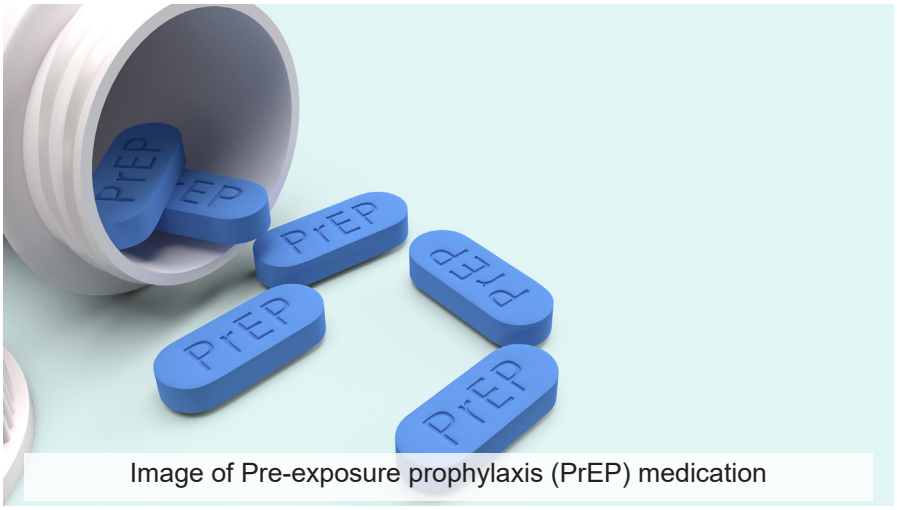

Image of Pre-exposure prophylaxis (PrEP) medication

Closing the gap between PrEP knowledge and usage among YBMSM, efforts must be directed towards eliminating the barriers to PrEP uptake and addressing their reasons. For instance, in rural communities, transportation is a big issue. Utilizing mobile units could play a major role in getting more young men on PrEP.

Expanding availability to low-barrier HIV prevention and care services is critical to ending the epidemic. Mobile units can offer a wide range of healthcare service options, such as preventive health screenings and testing. But to boost the uptake of PrEP among YBMSM, a single preventive strategy is not enough — you need a combination of strategies. Incentives, when combined with other interventions, can potentially be a good strategy to encourage YBMSM to learn about PrEP and PEP to prevent HIV infection.

Leandro Mena, a clinician-researcher and Associate Professor of Medicine and Infectious Diseases at the University of Mississippi Medical Center, said it clearly during an interview with AIDSVu on PrEP intervention strategies: "PrEP, at the end of the day, is an intervention that requires people to access and use our health care system — but our health care system itself is an uphill battle in many ways. For those who are HIV-negative and are trying to access PrEP, their motivation to overcome these challenges is less intense because they do not have the disease." Again, incentives could help motivate young people to access that information.

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Community Voices:

What's Missing In the Black Church? *Continued...*

Overall, the relationship between religion and HIV/AIDS has been an ongoing struggle. Faith communities are key to ending HIV stigma and promoting testing and prevention. Interventions aiming to increase PrEP uptake and adherence among Black people in the U.S. should employ a multi-layered approach to address their needs. Efforts must be directed towards addressing the barriers to PrEP uptake. We must also do a better job at not distributing information that sounds too clinical. Instead, create information with messages that appropriately represent and resonate with the Black community. **END**

Contributor: Howard Russell
Editors: Columba Fernandez, Emalie Huriaux, and Vanessa Grandberry

DOH Welcomes...


Image of Darrow Brown

K. Darrow Brown, CEAP, LICSW
Pronouns (He/him)
Chief of Inclusion, Belonging and Wellbeing
Center for Inclusion, Belonging and Wellbeing

My name is Darrow Brown, I'm the new Chief of Inclusion, Belonging and Well-being at Washington State Department of Health's also-new Center for Inclusion, Belonging and Well-being.
I joined DOH in August 2023. I began my public service career with the Washington State Department of Enterprise Services in June 2020,leading the Washington State Employee Assistance Program for just over three years.
I have a master's degree in social work and have been licensed at the independent level for over 16 years. I have 30 years of professional experience in information technology, social work, mental health, behavioral health, employee and student assistance programs and workplace bullying and violence prevention.

I was born and raised in Rochester, NY, and describe myself as "a human being living at the intersection of Black, gay and male, with parent, friend and servant leader as the main side streets." My spouse, two kids and two dogs reside in University Place, Washington.

I love storytelling, speculative fiction, and the sound, look and feel of vinyl records. I got the storytelling bug after telling a parenthood story to a live audience of over 500 people at The Stoop Storytelling in Baltimore, MD. And my spouse and I were once featured on National Public Radio's (NPR) Story Corps. My favorite author by far is NK Jemisin, and while I no longer deejay for crowds, discovering, playing, and dancing to music continues to bring me joy.

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DOH Welcomes... *continued...*

Samuel Silvestro
Pronouns (they/them/theirs, he/him/his)
Medical Case Manager
Ryan White Case Management Services
Office of Infectious Disease


Image of Samuel Silvestro & Hollow

Hi, I'm Samuel Silvestro, and I am grateful to be part of DOH, starting in November 2023 as a Ryan White Part B Medical Case Manager along with several of my former co-workers from Pierce County AIDS Foundation (PCAF). I moved to Tacoma in June 2020 and graduated from the University of Washington, Tacoma with a Master of Social Work degree in June 2023. However, the bulk of my experience comes from being involved with community organizing, including: LBGTQIA+ youth support and advocacy work, mobile syringe exchange, overdose prevention, street outreach and homeless services programs.

Outside of my professional and community work, I live with my boyfriend and dog who I love to spend time outdoors, camping, and traveling whenever possible. I was an active musician for many years, playing bass and doing vocals in punk bands that toured all over the country. Currently, I enjoy spending quality time at home, staying connected to loved ones, listening to music (especially physical media like records and cassette tapes), reading, and have been dabbling in learning how to use a few different synthesizers. My passion for work comes mostly from lived experience and I'm proud to live a legacy that demonstrates community care, resilience, and bodily autonomy.

As for my dog, that's Hollow. It's pronounced like holler because I found him in rural middle Tennessee near Short Mountain Sanctuary, which has a history of being used for hospice during the AIDS crisis (just a lil' fun fact). **END**

DOH Congratulates...

Shelley Lankford, ELS, 35 years
Gregory Olin, 25 years
Caroline West, ELS, 15 years
Leigh Bacharach, 15 years
Asuka T. Christman, 15 years
Rama Mwashite, 15 years
Lydia Guy Ortiz, 10 years
Krystal Sterling Cammarata,10 years
Rachel M. Amiya, 5 years
Dawn Stewart, 5 years
Chelsie Porter, 2 years

Deborah S. Green, 5 years
Patrick Dinwiddie, 6 years
Collette A. Byrd, 5 years
Jennifer Templeton, 5 years
Jasmine Rodriguez, 5 years
Gabriela Stickel, 5 years
Gilbert Zuniga, 5 years
Kelsey Nichols, 5 years
Sally Shurbaji, 5 years
Emalie Huriaux, 6 years
Sean Hemmerle, 5 years

What To Do If You Witness an Overdose

Overdose is a leading cause of death in the United States. In 2022, a total of 2,646 Washingtonians died of an overdose. Among people living with HIV, overdose is the second leading cause of death. Most overdoses are caused by opioids, like illegally manufactured fentanyl and heroin. Naloxone, also known by the brand name NARCAN®, is a medication that reverses opioid overdoses and saves lives. Anyone in Washington State can legally carry and use naloxone. You can give naloxone to someone as an injection in the muscle or as a nasal spray. Both kinds of naloxone are safe, effective, and easy to use. Carrying naloxone and learning how to use it is one of the most important things you can do to keep your community safe. The following information will help you save a life from opioid overdose with naloxone.

FIRST, LOOK FOR SIGNS OF AN OPIOID OVERDOSE:

Image of a man helping a woman having an opioid episode

- The individual won't wake up, even if you shake them or call their name.
- Not breathing or breathing very slowly (not breathing at least once every five seconds)
- Turning blue, purple, or gray

FOLLOW THESE STEPS AFTER WITNESSING AN OPIOID OVERDOSE:

1. **Give naloxone.**
   Give one dose of Naloxone naloxone every three minutes until the person starts breathing again or EMS arrives.

2. **Call 911.**
   If someone is unresponsive, not breathing, or turning blue or gray, call 911 right away.

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What To Do If You Witness an Overdose *Continued...*

3. **Give rescue breaths or hands-only CPR, whichever you are trained to do or whichever the 911 operator instructs you to do.**
   For rescue breathing, after you give the first dose of naloxone, lay the person flat on the ground, tip their chin back, and cover their mouth with your mouth.

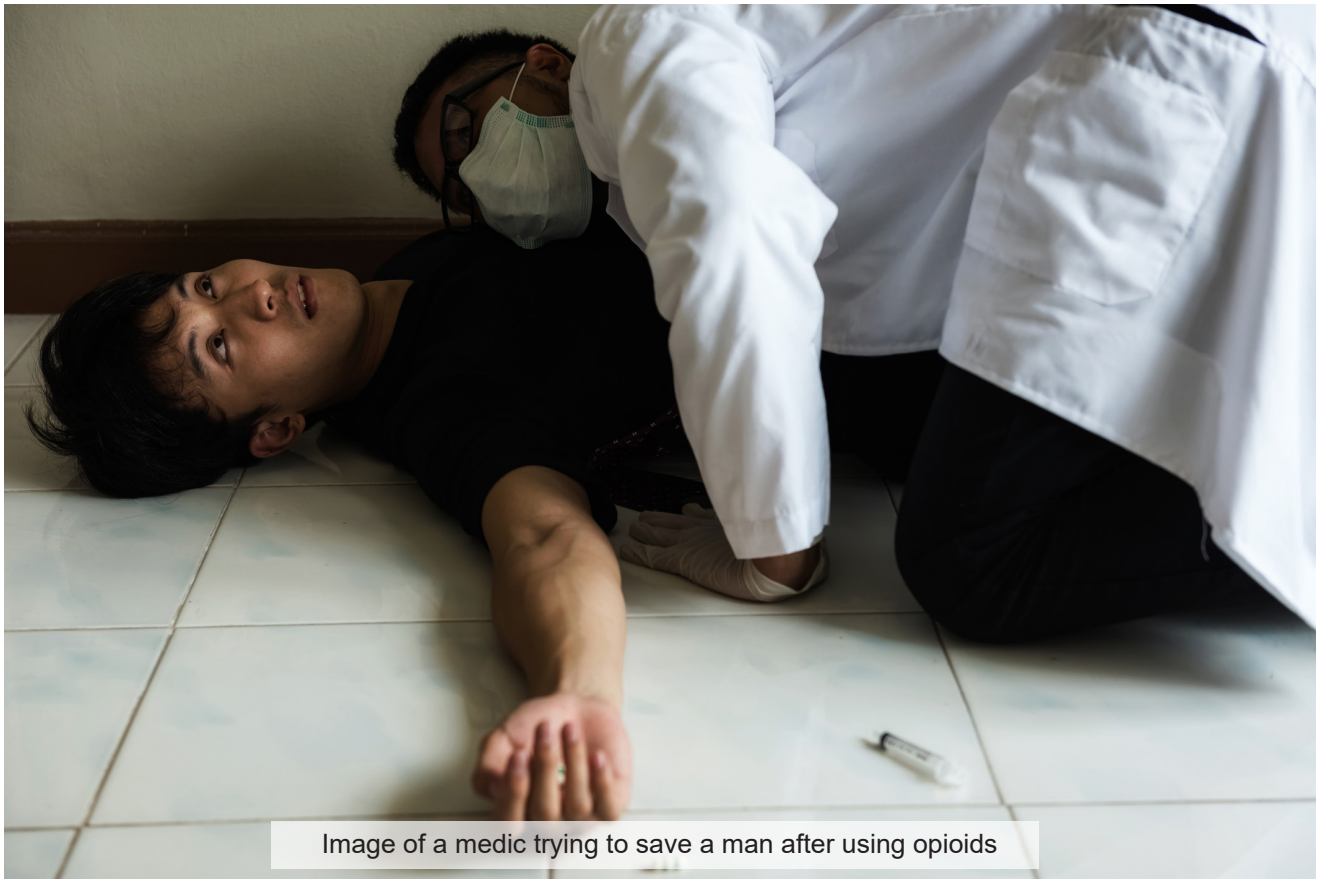

Image of a medic trying to save a man after using opioids

   Provide one rescue breath every five seconds. Check to see if their chest rises and falls with each breath you give.

4. **If the person is still not breathing after three minutes, give another dose of naloxone.**
   Give one dose of naloxone every three minutes until the person starts breathing normally or EMS arrives.

5. **Stay until help arrives.**
   When the person wakes up, they may be confused or not feel good. They should not take any more drugs, and they should get medical attention. Naloxone wears off within 30 – 90 minutes. When it wears off, the person can overdose again.
   If you don't call 911, stay with the person in case the naloxone wears off and they overdose again.

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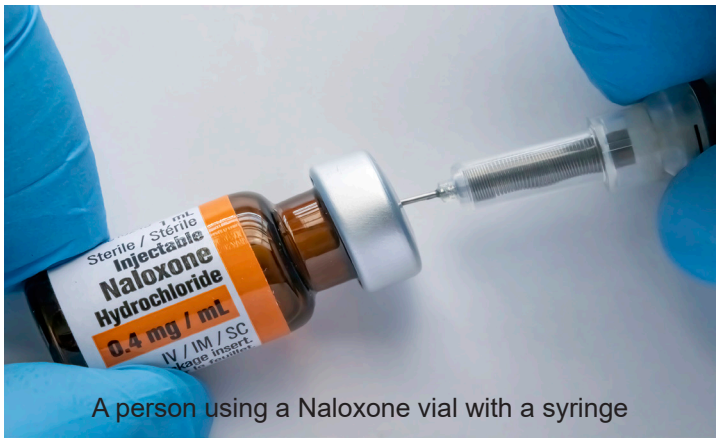
What To Do If You Witness an Overdose *Continued...*

INFORMATION ABOUT FENTANYL:

Today, most overdose deaths are caused by illegally manufactured fentanyl, a strong, fast-acting opioid. While there is a lot of misinformation about fentanyl, it is important to know that you cannot overdose from touching fentanyl, or from helping someone who has overdosed on fentanyl.

Naloxone works on fentanyl, too! If you suspect somebody has overdosed on fentanyl, you do not need to do anything different – just follow the steps above.



A person using a Naloxone vial with a syringe


Naloxone opioid overdose medication kit

WAYS TO GET NALOXONE:
There are many ways to get naloxone in Washington State. These resources can help you and your family members get naloxone:

- NARCAN®, a brand of naloxone, is now available to purchase over the counter at many local pharmacies. The cost is about $45-$50.
- The Statewide Standing Order to Dispense naloxone can be used as a prescription for naloxone. You can take this standing order to a pharmacy to get naloxone (including over the counter NARCAN) instead of going to a healthcare provider to get a prescription.
- Apple Health (Medicaid) clients can get naloxone (including over the counter NARCAN) at the pharmacy for free. Call the pharmacy ahead of time to check if they have naloxone in stock, and bring a digital or printed copy of the standing order with you.
- Many community organizations in Washington hand out naloxone for free. All syringe service programs in the state provide safer drug use supplies, including naloxone. To find a syringe service program near you, visit this directory.
- StopOverdose.org shows where to find free naloxone in your area. If you do not have health insurance or a place to get naloxone free naloxone in your area, you can request free naloxone by mail. This program is for people who can't easily go to a community organization or a pharmacy. When possible, consider alternative options to get naloxone. **END**

Contributor: Chelsie Porter
Editors: Columba Fernandez & Emalie Huriaux

A Potluck/ Town Hall Meeting for Former PCAF Clients

On January 24, 2024, DOH hosted a potluck for the former clients of Pierce County AIDS Foundation (PCAF) as a post-holiday activity held at People's Community Center in Tacoma. Organized by: Viki Nikkila, and Dory Nies. Support staff included: Joyce Jefferson, Eldonna Beales, Cecilia Acosta, James Samuels, Carlos Orozco, Luis Ozuba, and Anna Maria Garcia. The potluck turned into a town hall meeting where clients discussed their feelings about the transition of insurance, housing, and medical services from PCAF to DOH.

Image of a covered table with cheese, fruits, vegetables, and desserts

A few clients expressed the stress of not knowing what was happening with their housing and other resources. Others expressed anger at DOH for not telling them. It was then that a former PCAF manager, and one of the more outspoken clients let the group know that it was DOH taking over the contract that saved their services. The grievances led to a discussion facilitated by Vanessa Grandberry on how things went during the transition of services from PCAF to DOH. What services, if any, were disrupted? What's working and what's not? Clients said there are transportation challenges for those living outside metro city limits, and food bank services were disrupted during the DOH transition.

Image of Carlos, Dory, and Cecilia

James Samuels, former PCAF Case Manager informed the clients that this transition, like everything else, was a process. Case managers were so overwhelmed during the transition that they couldn't get back to creating an information sheet or newsletter to inform the former PCAF clients of the details of what happened. James pointed out that 'clients will have to step up and work together during this time. "We're going to have to work hard to make this work. It's hard meeting the expectations of others if they don't put in the work," he said.

A few clients could be seen nodding their heads to James' statements, and there were no questions asking him to explain what he meant - as if they all understood the moving of services from PCAF to DOH, was not the fault of the staff, and the fact that now former PCAF staff work for DOH, clearly showed something happened at PCAF, that was beyond their control.

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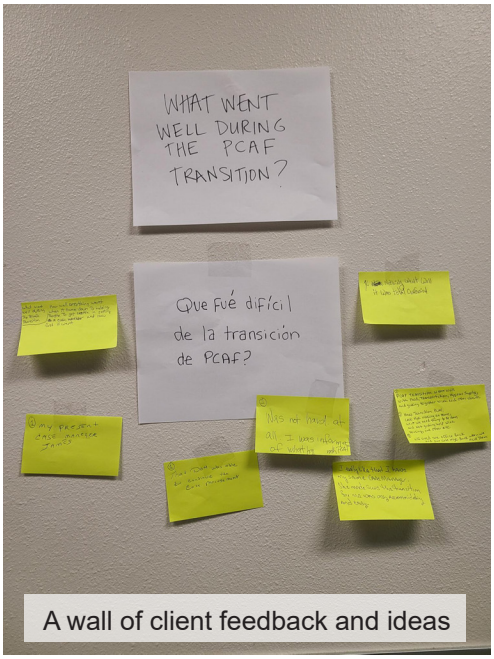
A Potluck/ Town Hall Meeting for Former PCAF Clients *Continued...*



A wall of client feedback and ideas

Vanessa shared that other former clients wanted to start a client-based advisory committee, and no one from DOH could attend their meetings. DOH staff provided technical support, leaving the clients to discuss what they wanted among themselves.
The clients seemed to want more guidance from DOH, but Vanessa pointed out that DOH cannot create the vision of what they want their group to be. “I can share what we did with our community advisory committee, but that was program-related, not client-based,” Vanessa said.

The issue of transportation came up several times during the meeting, with some clients expressing a need for shuttle services to see their case managers and the food bank since they live further outside the city. Vanessa explained that whatever services they receive have been locked in, and none of their ideas would be implemented now but discussed as a possibility for future service implementation. “And even this will depend on the budget,” Vanessa said. Another client expressed a need for housing support, yet another said they needed help paying for utilities.

A third client spoke to the group about programs that will assist with utility payments based on income.

There is a need for case managers with lived experience who can help new clients understand how HIV client case management works – what’s available and what’s not.
Vanessa mentioned a client-based survey to be conducted in the spring of 2024. Vanessa suggested a virtual survey for clients living in rural areas, but some clients felt it would be poorly attended. There were concerns about needing assistance with technical issues. One client suggested a large group meeting in one location, with an onsite facilitator and food, may encourage more clients to attend. For their participation, the clients were informed they would receive a gift card for their attendance and feedback. Clients were told they would be notified by case managers with more information about the survey once details were finalized.

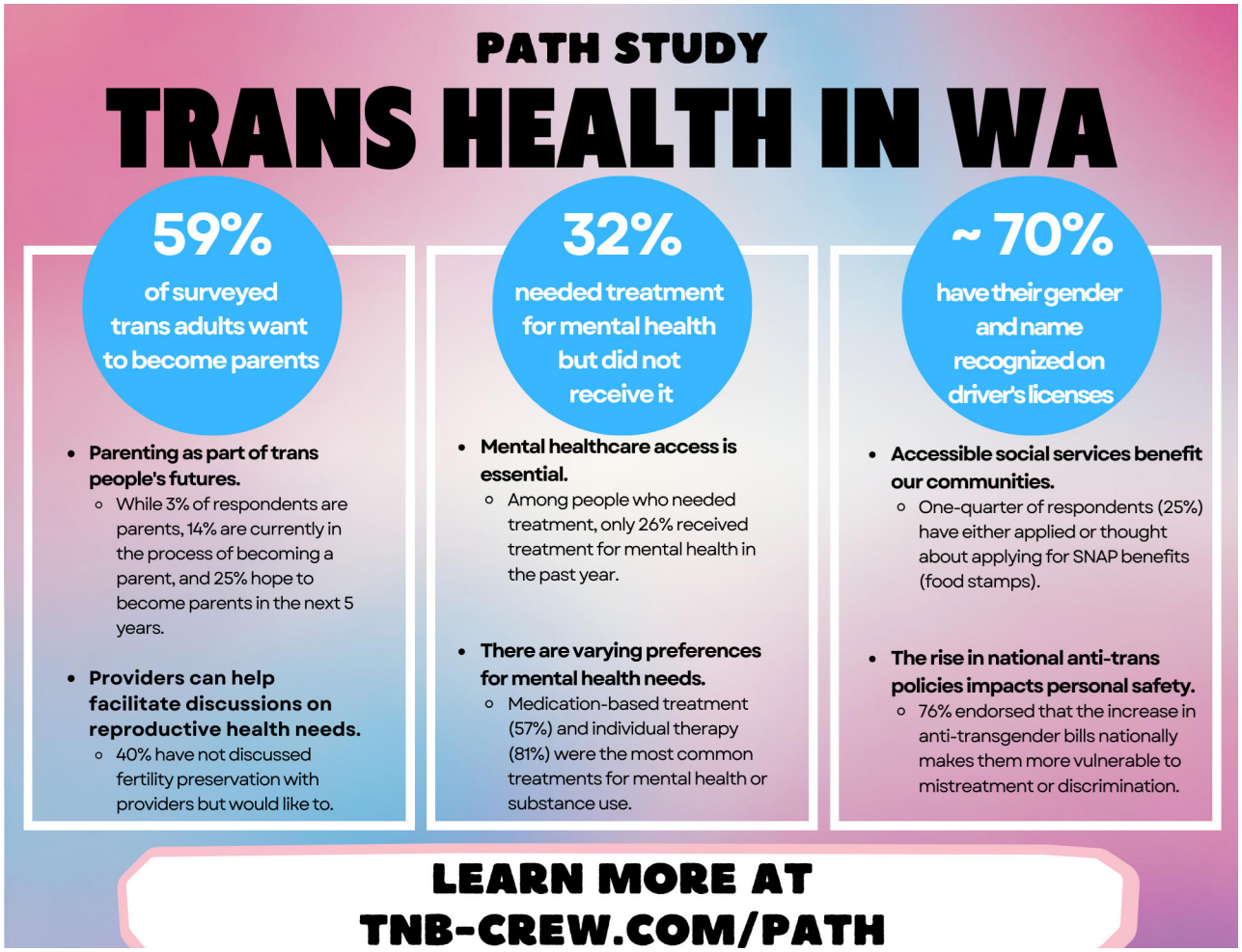

Image of Vanessa, and Joyce Jefferson

The potluck was well attended, with 20 former PCAF clients who came out to speak their minds on the DOH transition, their services, and desired innovative approaches to care services in the future. **END**

Contributor: Vanessa Grandberry

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 who are committed to advancing trans health across multiple domains, including health disparities, access to care, policy, and social justice through research and practice. The Priority Assessment in Trans Health (PATH) Study was created with the intention of centering trans voices in research. The PATH Study survey aimed to holistically



characterize sexual and reproductive health, gender affirmation, healthcare access, mental health, access to cancer prevention treatment services, social support, and other domains of health among trans adults in Washington state.

This survey was coupled with interviews with participants 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.

The study is still recruiting for interviews, specifically prioritizing perspectives of Black, Indigenous, Latin, Asian and Pacific Islander, and other communities of color.

Learn more at tnb-crew.com.

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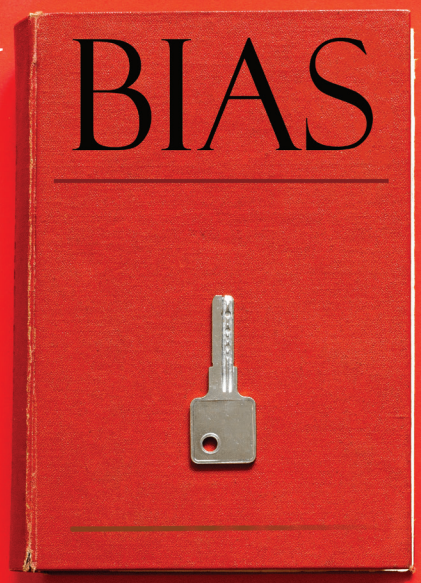
Why does BIAS Matter?



Healthcare inequities experienced by Black, Indigenous, and People of color (BIPOC) and gender and sexual minority communities are pervasive in the United States. Over the past twenty years, more and more researchers have observed racial and ethnic differences in healthcare. These differences persist even after economic, educational, and access differences are accounted for. In early 2000, the Institute of Medicine (IOM) found irrefutable evidence that healthcare inequities are widespread and that inequities exist even when factors such as socioeconomic status, patients' insurance status, and income are controlled (Smedley, et al, 2003). The IOM concluded that these differences result from multiple factors, and that the ***"evidence suggests that bias, prejudice and stereotyping on the part of healthcare providers may contribute to differences in care".***

To reduce disparities and inequities, we must identify and address all possible contributing factors and bias is one of those factors. As humans, we all have biases. This bias is rooted in the privilege that is given to certain identities which results in societal, economic, and political benefits for one identity over another. A privileged identity results in the experiences of fewer barriers and access to greater resources. Our identities impact our worldview, upbringing, and socialization. The impact of bias is greater when we have limited engagement and interaction with diverse groups. When our lived experiences with others who have different identities is limited it can create "blind spots" which create challenges in our ability to recognize vulnerabilities. This is particularly true if our lived experience is largely from socially dominant, privileged spaces. Our blind spots can be exacerbated by negative messages we have received about certain identities, resulting in bias. It is important to remember that we are largely immersed in cultures that provide ongoing and consistent depictions of groups in stereotyped and negative ways. Even though we may actively reject these negative ideas and images about specific groups (and even belong to these groups), societal attitudes or stereotypes affect our understanding, actions, and decisions.

Healthcare professionals, physicians, and nurses exhibit the same levels of implicit bias as the wider population. In a 2009 study (Sabin et al, 2009),

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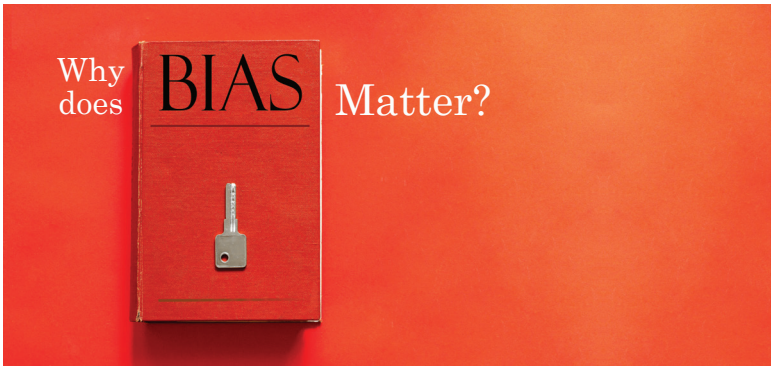

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there was significant pro-White bias reported among a sample of 2,535 participants who reported having an MD degree on the Harvard Project Implicit website. Research suggests that implicit bias may contribute to health care disparities by shaping physician behavior resulting in differential medical treatment based on characteristics such as race, ethnicity, or gender. Biases in health care most often disadvantage patients who are already vulnerable (have devalued identities). Several studies have explored the association between racial bias among healthcare providers and health care outcomes. These studies have found significant relationships between provider level bias and lower quality of care, diagnosis, treatment decisions and level of care (Fitzgerald & Hurst, 2017), patient-provider relationships (Hall et al, 2015), perceptions of patients, and treatment recommendations (Paradies, Truong & Priest, 2013).

Throughout the literature there are numerous examples of associations between bias, stigma, and negative HIV outcomes. People with devalued identities are more likely to engage in negative coping strategies such as isolation, denial, substance use and risky sexual behavior. For people living with HIV, significant associations have been found between HIV-related stigma and higher depression, lower levels of social support and adherence to antiretroviral medications, and barriers to access to and usage of health and social services (Rueda et al, 2016). In addition, delayed HIV care is associated with psychological distress and lack of information (Sprague & Simon, 2014).

Bias also impacts the uptake of Pre-Exposure Prophylaxis (PrEP). In the US, PrEP prescribers are less likely to discuss PrEP and prescribe PrEP to racial and ethnic minority patients and tend to discuss PrEP only in response to patient requests which favor more privileged groups (Calabrese et al, 2019). Furthermore, US-based medical students rated Black patients as more likely than White patients to engage in increased unprotected sex if prescribed PrEP, resulting in reductions in willingness to prescribe PrEP to Black patients (Calabrese et al, 2014).

There is ample evidence to support the negative impact of biases. The good news is that they can be unlearned and changed with repeated and constantly reinforced practice and training. Working to reduce bias is an ongoing and iterative process. Bias is pervasive. It is everywhere and therefore, guilt or shame about our own biases is a common human experience. Removal of all bias is not possible, but we can change the impact our biases have on our behaviors. ***We can work to shift from guilt toward responsibility.***

Increasing our awareness of our susceptibility to implicit bias can change behavior. Awareness is important. However, it is not sufficient to reduce automatic, habitual activation of stereotypes and reduce the effect bias has on decision making. More deliberate strategies are required. Practicing the following strategies can help reduce the impact that our biases have on our behavior:

Bias Reduction Strategy #1: Individuating
Individuating involves a conscious effort to focus and learn historical/specific information about an individual. The more we focus on individual information, the more likely it is to factor into decision making and the less we rely on social category information and the stereotypes and biases related to specific identities.

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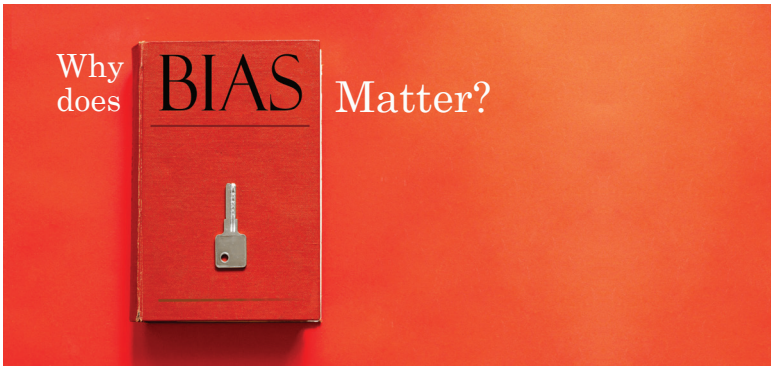

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Bias reduction strategy #2: Perspective Taking
Perspective taking involves a conscious attempt to envision another persons' viewpoint and imagine how they feel to reduce bias. This is putting yourself in another person's shoes and making a conscious effort to understand their reality.

Bias reduction strategy #3:
Reframing Patient-Provider Contact
Thinking of interactions with others as an interaction between collaborating equals can shift our thinking of people who have identities different than our own. This helps us perceiving them as part of our own social group. For health care providers, this requires a focus on partnership building. This means providers need to view patients as equal, and work towards the common goal of helping them achieve good health.
This strategy involves utilizing a ***patient-centered care*** approach, which emphasizes patients as collaborative partners, with unique psychosocial and clinical needs. Implementation of this strategy requires the following:
1. Willingness to ask open ended questions.
These types of questions cannot be answered with a YES or a NO and they facilitate conversations. Examples of Open-ended questions:

- Why do you find that so frustrating?
- Tell me more about….
- How did you decide….?

2. Commitment to reflective listening. Ensuring that you are listening, and the other person is doing most of the talking is important. To accomplish this, you should:
- Paraphrases comments back
- Validate feelings
- Communicate understanding

Here are some examples conversational phrases that show reflective listening:
- It sounds like…
- What I hear you saying…
- So, on the one hand it sounds like…and yet on the other hand…
- I get the sense that…
- It feels as though…

Bias reduction strategy #4: Questioning Our Objectivity

All of us make decisions based on our own experiences and worldview. We are typically inclined to be subjective. Increasing objectivity requires ongoing self-regulation and self-monitoring. Moving toward a state of "Critical Consciousness" – the ability to change ourselves by recognizing social, political, and economic oppression. This requires acting against inequities through critical dialogue, training, and practice (Pereda & Montoya, 2018).
The habit of nonbiased thinking requires continued conscious practice over time to learn and understand how circumstances and situations differentially impact another person's reality. It is important to set discrete goals to monitor and reflect on biases and attitudes, and to reevaluate their success over time. For example, over the next 6 months you may work to learn about the experiences of people who are unstably housed.

Bias Reduction Strategy #5: Mindfulness
Mindfulness requires emptying the mind of distracting thoughts to allow for a focus on the present moment. This is done without judgements or assumptions. It allows us to be more deliberate in our actions. Practicing mindfulness increases our ability to recognize our biases before we automatically act on them. Mindfulness exercises have also been utilized to reduce stress and to improve patient-provider communication. Mindfulness allows you to look at your thoughts and feelings, observing your mind as a stream of consciousness without attaching judgment. There are many free resources online that can be utilized to help practice mindfulness. One that may be particularly helpful can be found here: Stressing Out? S.T.O.P. - Mindful.

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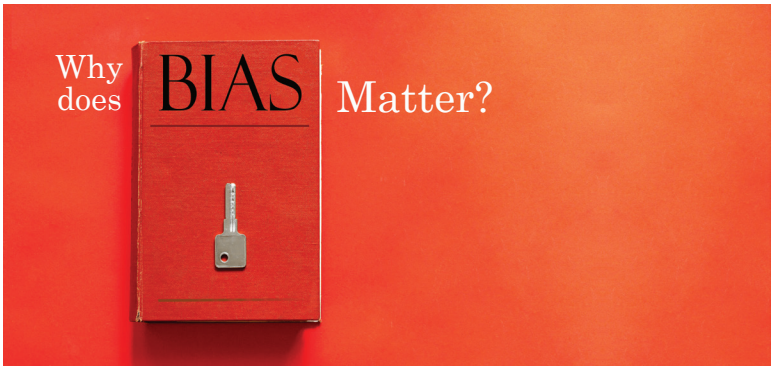

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Bias Reduction Strategy #6: Increasing the number of African American/Black physicians and health care providers

The Institute of Medicine has stated that increasing racial and ethnic diversity in the health sector is one of their recommendations to eliminate racial and ethnic health care disparities. Black and African American physicians consistently exhibit significantly less race bias (Chapman et al, 2013) and inclusive and diverse workforce environments may promote an environment that improves patient care (Aysola et al, 2018). **END**

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The HIV & Community Services (HCS) Newsletter is a quarterly publication created by the Washington State Department of Health (DOH) and 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 issue, it will be added to a future newsletter.

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

Thank You

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