



WestCAP WORDS

WESTERN COLORADO AIDS PROJECT
805 Main Street, Grand Junction, CO 81501
(970) 243-2437 or 1-800-765-8594

March-April 2010

“There are endless possibilities in every present moment...”

Important Numbers:

WestCAP:
(970) 243-2437
1-800-765-8594

website:
www.westcap.info

ADAP program:
1-866-499-2879

HIV/AIDS Treatment Information Service:
1-800-448-0440

CDC National Hotline:
800-342-2437 (English);
800-344-SIDA (en español);
800-243-7889 (for people who have a hearing impairment)

Western Colorado HIV Specialty Care Clinic:
Lucy Graham: 255-1735, or
toll-free @ 866/448-8383

Office Hours
are
Monday-Friday,
8:30 AM-5:00 PM.

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BEEP BEEP, TOOT TOOT!!!!.....

Well, I need to sound the horn of appreciation to WestCAP's incredible staff and volunteers! As I have written in previous newsletters, the last year has been very challenging for our agency—to say the least. With the economic crisis hitting hard on the Western Slope and lingering as we enter in 2010, WestCAP's staff and volunteers have responded with professionalism and persistence! My head is typically buried in day-to-day activities that leave me with tunnel vision and I often forget to see the overall picture and the strides we have actually made over time! As I write today, I am taking an aerial view to reflect on WestCAP's team and all that they have done!

My first response is WOW! As case management caseloads climb from serving approximately 50 clients per case manager to now 70, the Client Services Department has risen to this challenge with grace. As client needs increase and funding does not, case managers have shown creativity in helping solve problems and assisting clients.

Then there is the Prevention Department! Oh the strides that they have made! Even with funding staying the same (and in some cases decreasing), the prevention team has worked hard to expand current programs and reach more individuals. Current programs are thorough, accurate, and life-changing, and we receive testimonial after testimonial stating that WestCAP is truly making a difference and empowering individuals!

SO, instead of focusing on increased with impending budget cuts, I felt I needed to send kudos to all WestCAP staff and volunteers who make WestCAP successful! Thank you for all your hard work!

—Mary Beth Luedtke
Executive Director

CLIENT SERVICES

CONSCIOUS EATING AND HIV

Throughout the years I have learned that what we eat affects our bodies. Healthy eating affects our energy level, our moods, and our overall health. Through eating well, we can maintain a healthy weight; which studies show to be beneficial in recovery and prevention of disease.

Healthy eating is the intake of balanced nutritious foods. Becoming aware of the food groups is the key to a successful balanced diet. Recognizing the foods that are nutritious, high in fiber, high in vitamins, and natural sugar is important. Eating at least five fruits and vegetables daily and choosing whole grains can help maintain a healthy weight. The intake of fruits will increase your energy levels because they have natural sugar. Fruits and vegetables that have antioxidants are blueberries, blackberries, strawberries, oranges, grapes, and cherries. Some examples of vegetables that are rich in antioxidants are the following: spinach, red pepper, broccoli, beets, and alfalfa sprouts.

If you are like the rest of us and eat packaged foods it is important to read the label because they have valuable information such as: serving size, calories, fat percentage, cholesterol, carbohydrates, and protein. Here is a quick tip for eating right:

- Make sure that half of your plate is colorful filled with fruits and vegetables
- One quarter should be starch or pastas
- One quarter should be proteins or dairy products.
- Limit sweets and foods that are high in saturated fats (animal fats)
- Recognize when you are full, and put your plate away

I find eating to be an enjoyable experience I hope you do too, just be a mindful about what you eat...

—Jenny Vargas, Client Services Advisor

WINTERTIME BLUES

Have you noticed yourself, or have other people commented on, getting sad or moody and tired in the winter months, more than usual? If you have, you are not alone; the medical term for one cause of wintertime blues is Winter Seasonal Affective Disorder (SAD). Symptoms of Winter SAD are: depression, hopelessness, anxiety, loss of energy, social withdrawal, oversleeping, loss of interest in activities you once enjoyed, appetite changes (especially a craving for foods high in carbohydrates), weight gain and difficulty concentrating and processing information. Only a medical professional can diagnosis SAD. A typical cause of Winter SAD is lack of sunlight; as the days get shorter and the temperature drops we are less likely to get sunlight. Taking brisk walks or opening the blinds at home or work can increase our exposure to sunlight. It is important to maintain your medication regimen, even if you feel depressed or have anxiety. Talk to your case manager if you feel like you need assistance with adhering to your medication regimen. Wintertime blues can be serious for some people and it is important to talk to a medical professional if it is starting to make a negative effect on your life.

—Crystal Luce, Client Services Advisor

CLIENT SERVICES

ETHNOGRAPHY IN HEALTH CARE

The demographics in the Western Slope continue to change, it turns out that others have the same desire of interacting with the land, the intimacy of small places, characteristic of rural living, the relative safety for children and adults, making the Western Slope, a great place to play, work, raise a family, share life with a partner, and retire. No surprise then to see lots of new faces in our hospitals and clinics, they come from everywhere in the United States and the World with a mosaic of rich history and culture. The western Slope is no stranger to diversity, before the arrival of Europeans in Colorado, there were hunters some 20,000 years ago and Basket Makers some 100 BC. Many Native American tribes such as the Pueblo, Jicarilla, Ute, Comanche, Kiowa, Navaho, Shoshoni, Arapaho, lived in harmony with the land, their distinct cultures and languages weaved into a social fabric of cultural interdependence that assured them survival in times of peace and alliances in times of conflict.

With the arrival of the Europeans and their aspirations, the native cultures and languages faded under pressure of the newcomers who often forbade Natives to use them in an effort to homogenize what was then not valued or understood, so no surprise that after such a precedent, the expectation has been until recently, for people of different cultures to assimilate. This often meant amputating parts of their culture or leaving in fear of real threat of violence if their sexual orientation or gender identification was not valued or understood by the main stream dominant culture.

Most clinics and Hospitals in the western slope are hardwired to function inside a legal and ethical framework that it is rooted in said dominant culture; their response to the challenge posed by the change in demographics is forcing them to discover ways to meet the needs of their patients while maintaining financial solvency. The more aristocratic an institution becomes, the longer the bureaucratic time gap between identifying an issue and the action to address it. Their capacity to absorb change is measured by the resiliency of their vision, and their vision is always hand in hand with economic survival.

WestCAP is thankful to a grant from the Colorado Trust, addressing the need for health providers to improve their clinical skills by providing them with Cultural Competence Trainings. The emphasis of these is for Providers to recognize that they can improve on the experience when treating patients of diverse cultural backgrounds.

The challenge is to accept that time has compassion, that change while slow, is forgiving and that every small action to advance the cause of justice, makes each of us better for it.

—Luis Ibañez-Dalponte, Cultural Competence Coordinator

A SIMPLE GUIDE TO ADDITIONAL HIV HEALTHCARE ASSISTANCE

Sometimes figuring out how to afford your healthcare, much less your HIV care can be a nightmare—or confusing at the very least! Luckily there are programs available to help. Listed below are the most commonly used programs for HIV care. As always, if you need more information or assistance, please contact your case manager. We are here to help. *(Continued on the next page...)*

CLIENT SERVICES

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Insurance Continuation Program: Ideally health insurance coverage is available and affordable. Oftentimes, however, it may be available but not necessarily affordable. There can be high co-pays, high deductibles, or high premiums. The Insurance Continuation Program (ICP) offers some financial assistance for those living with HIV. There are two levels of assistance. Currently for those people below 200% of poverty, the ICP can assist with both premiums and co-pays up to \$10,000 per year. For people between 200% and 400% of poverty, the ICP can assist with either co-pays or premiums up to \$700 per month or \$8,400 per year. If you have access to insurance coverage through your employer, a partner, family member, or COBRA, please enroll. Not only does it offer health and safety but it also helps ease any financial burden that a health condition could cost. Occasionally, the health insurance that is available is not "credible," meaning it isn't necessarily cost-effective. Often this means that there is no prescription benefit or there is a cap on the benefit amount that someone can receive. Please review the insurance plan to determine if it will cover your HIV care.

Medicare: Medicare is offered to those receiving Social Security benefits who are over the age of 65. It is also offered, after a two year waiting period, to those people receiving Social Security Disability. Generally the premium for the Medicare is deducted from the monthly Social Security payment. People with low income may be eligible for assistance for those premiums and/or co-payments through Medicaid, the Medicare D Low Income Subsidy (LIS), and/or Bridging the Gap Colorado (BTGC). Applications are available for Medicaid through the Department of Human Services. Applications for LIS and BTGC are available through your case manager.

Medicaid: People receiving Social Security Insurance automatically qualify for Medicaid. Low income families, pregnant women, and some disabilities may also qualify you for Medicaid. Contact the Department of Human Services for more information.

AIDS Drug Assistance Program (ADAP): This is a pharmaceutical assistance program that is available for those living with HIV below 400% of poverty without access to prescription insurance. It is intended to help pay for the high cost of HIV medications. Applications are available through your case manager.

Colorado Indigent Care Program (CICP): Most hospitals and medical centers have some kind of charity assistance program for people requiring health care services who are either uninsured or under-insured. If you have outstanding hospital or medical bills please contact that care facility and speak with a financial counselor. WestCAP case managers have CICP applications for St. Mary's Hospital and can help refer you to other medical care assistance.

Patient Assistance Programs (PAP): Luckily Colorado has been able to have a large formulary of medications available to HIV-positive people, through the ADAP program. However, without insurance coverage, the full price of a medication not on the ADAP formulary can be unaffordable. Many pharmaceutical companies offer discounted prices or financial assistance for prescription medications. Please talk with your case manager, medical social worker, or pharmacist about these assistance programs.

This is a simple overview of the assistance that is available. Remember. Talk with your case manager.
—Martha Monroe, Lead Case Manager

PREVENTION

THIS MARCH, National Women's History Month celebrates its 30th anniversary. The theme this year is "Writing Women Back into History" because "the history of women often seems to be written with invisible ink." (National Women's History Project).

One could make the same case about women in HIV prevention efforts. The focus of the Centers for Disease Control (CDC) is still on "high risk groups" for HIV infection, such as those with a history of substance use, specifically injection drug use, men who have sex with men, and youth. In fact, however, according to CDC data, the number of women living with HIV in the U.S. has tripled since 1985, to over 300,000. Every 35 minutes, a woman tests positive for HIV in the United States.

Only cancer and heart disease cause a greater number of deaths among women than HIV/AIDS-related illnesses in this country. Women of color are disproportionately affected; complications resulting from HIV/AIDS are the leading cause of death for black women ages 18 to 35.

Around the world, women now make up more than 50% of HIV/AIDS cases. In November 2009, the World Health Organization (WHO) released a report indicating that HIV/AIDS complications are the leading cause of death and disease among women between the ages of 15 and 44. "Unsafe sex is the greatest risk factor for HIV among women of childbearing age in the developing world, causing one in five deaths among women in this age group," WHO stated.

A 2009 study of 1,000 American women by the MAC AIDS Fund raises even more concerns around HIV prevention. 73% of those in the study reported they did not know their current HIV status. 78% of the women surveyed indicated that they've had unprotected sex. Over half (55%) of women said they have never had an HIV test. Further, 19% of those in the survey said "there was nothing that would convince them now to get an HIV test, even if they had already had one in the past."

The MAC AIDS fund is partnering with the Washington, D.C., HIV/AIDS, Hepatitis, STD and TB Administration Fund to increase HIV awareness in the nation's capitol. A 2009 study conducted by the CDC and George Washington University in Washington, D.C., found that at least 3% of the city's residents have HIV/AIDS, surpassing the 1% threshold that constitutes a "generalized and severe" epidemic. An estimated one in 20 city residents has HIV and approximately 1 in 50 residents has AIDS. In addition, The Washington Post reported that more than 80% of HIV cases identified between 2001 and 2006 were among blacks. Among women who tested positive in the District, nine of 10 were black.

The Washington, D.C., Health Department and the World Health Organization (WHO) are collaborating in a comprehensive effort to spread awareness about the female condom, FC2, which may give women more power over decisions related to protected sex and provide alternatives for women who do not feel they can negotiate safer sex with their partners. Unlike the male condom, the female condom can be put on eight hours before intercourse. The new Female Condom 2 (or FC2) is less bulky, less noisy, and less expensive than the Female Condom 1, according to the distributor. The two condoms also differ in material: the Female Condom 1 is made of polyurethane, while the Female Condom 2 is made from nitrile, a type of rubber. (Both are latex-free.)

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PREVENTION

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Studies conducted by WHO, the Female Health Company, Population Services, Family Health International, and the International Planned Parenthood Federation (IPPF) concluded that “women in stable relationships who introduced female condoms to their partners reported improved communication regarding safer sex in general.”

"Do I know my own and my partner's HIV status? Is it only the two of us in this relationship? And should we use condoms? Relationships aren't always easy, and those aren't always questions that people really want to deal with," said Dr. Shannon Hader, Senior Deputy Director of the HIV/AIDS, Hepatitis, STD and TB Administration at Washington, D.C.'s, Department of Health.

On March 10, the Office of Women's Health will mark “National Women and Girls HIV/AIDS Awareness Day,” in an effort to increase HIV testing and education among females. This year's theme is "HIV is Right Here at Home". Funded by the U.S. Department of Health and Human Services, the webpage for the event and resources can be found at <http://www.womenshealth.gov/nwghaad/>.

—Rabeeha Ghaffar, Director of Resources and Prevention

Western Slope ManREACH

ManREACH fosters a sense of community among gay, bisexual, and questioning men in a safe, healthy environment free of alcohol and drugs.

We host social events every month and informational workshops every three months.

For a calendar of events, visit www.manreach.org and click on WestCAP or call Scott at 970-243-2437.

Building Heart-Centered Connections

Upcoming Events ManREACH

Saturday, February 20th

Hot Spring Soak

Orvis Hot Springs

1585 County Road 3 in Ridgway

Carpool from WestCAP at 9:00am

Call Paul to RSVP at 970-361-1282.

Friday, March 19th

Conversational Dinner

6:00pm at Dulce Vita

336 Main Street in Grand Junction

RSVP with Scott at 970-243-2437.

You won't have any out-of-pocket expenses.

Every attendee will receive a gift.

Saturday, March 20th

Statewide Colorado ManREACH

Spring Equinox One-Day Gathering

Stone Forest Retreat

15464 - 2525 Road in Cedaredge

For Registration Information,

call Charles at 303-960-9323

or Richard at 719-271-5865.

Lunch and Dinner will be provided.