



WestCAP WORDS

WESTERN COLORADO AIDS PROJECT

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

September-October 2009

“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.

This newsletter is published with funds from the Ryan White C.A.R.E. Act.



Ryan White Reauthorization and Health Care Reform – How Does It All Fit?

In 2006, Ryan White was extended for three years under the Ryan White Treatment Modernization Act. The date that this act is to expire (or to “sunset”) is September 30th, 2009. As this date quickly approaches, Congress is busy trying to put together a health care reform package that meets President Obama’s guidelines. As the world watches, and listens to the debates around care reform, AIDS activists are urging Congress to make sure these proposals address needs of those living with HIV/AIDS, while simultaneously requesting another extension for the Ryan White Treatment Modernization Act.

And this is no small task. The health care reform proposals seem to rely on Medicaid expansions to serve all people under 133% of the Federal Poverty Level (FPL), including those living with HIV/AIDS. There are objections to this type of expansion because there is concern that it will financially burden states in a time of a recession, in addition to the fact that there are some areas (like the Western Slope of Colorado) where there are few or no Medicaid providers to see patients. Even with these objections, bills include pieces that address important issues in HIV/AIDS like routine, opt-out HIV testing, eliminating pre-existing conditions, and addressing the Medicare D “donut hole”. But even if Congress can fulfill President Obama’s guidelines and approve a reform by the end of August, where does that leave Ryan White (RW) funding?

Realistically, health care reform will not be enacted by September 30, 2009, so AIDS activists are urging the extension of RW funding and taking no chances for any gap in care! AIDS Action, along with many others in the HIV/AIDS community, came together to create The Ryan White Working Group and submitted a *Community Consensus* document to Congress that included recommendations to improve current RW funding and they strongly recommended not a one-year, but a three-year extension. (To see the full document go to: <http://www.caear.org/coalition/pdf/RyanWhiteConsensusJune17.pdf>.) As of the end of July, there has been no word on whether this extension and the recommendations have been approved.

(continued on the next page...)

CLIENT SERVICES

(continued from the front page...)

So, we wait. After urging our Colorado Representative on the House Energy & Commerce Committee to approve a three-year extension for the Ryan White Modernization Treatment Act, the unofficial word is that this was being supported. As for information about the additional RW recommendations, there is no word yet—official or unofficial. Whatever the word, WestCAP will continue to inform our stakeholders, to advocate for the people that we serve, and to meet the needs of our clients the best that we can.

—Mary Beth Luedtke, Executive Director

“Be Who You Are and Say What You Feel Because Those Who Mind Don’t Matter and Those Who Matter Don’t Mind.”

—Dr. Seuss

CASE MANAGEMENT TIDBITS

Annual Survey: Thank you for completing the annual client survey and questionnaire. Your input is essential for us to provide the best services possible to WestCAP clients. The results will be available at the annual Strategic Planning meeting in September and copies will be available by request. Please speak with your Case Manager if you are interested in receiving a copy of the results.

Acupuncture: Audrey Barrett, MSAOM, Lac, has offered any WestCAP or Specialty Care Clinic patient a reduced fee for group acupuncture. If you are interested, please speak with Lucy at St. Mary’s or with your Case Manager.

HIV Legal Services: If you have questions or concerns about legal issues surrounding your HIV status, please contact The HIV Legal Project at 1-800-288-1376.

ADAP: Many of you are receiving medication assistance through the AIDS Drug Assistance Program and are having your medications mailed to you. Applications are renewed annually in your birth month. If you need assistance with your medications or need help completing the ADAP application/renewal form, please let your Case Manager know. We can help.

Medications: Recently, Case Management staff have been receiving reports from clients that they are out of medications. It is imperative that if you are on HIV medications that you take them regularly. Please check the bottle frequently and order your medications about a week before you run out. If there is a problem with getting medications due to insurance issues or other issues please talk with your Case Manager as soon as possible so that we can assist you in getting your medications *before* you run out.

CICP/Sliding Fee/Collaborative Clinic Fee Application: The good news is that there is assistance available for medical care for HIV positive people who do not have insurance or are under-insured. However, there is an application process to receive this assistance. The application must be completed and supporting documentation provided in order to receive this assistance. Applications are available at the Specialty Care Clinic, through your Case Manager, or by contacting St. Mary’s Financial Counseling at 244-7070. Most of the application can be completed at home, at WestCAP, or at the Clinic, but there are some forms that you must go into the Financial Counseling office to complete. If you need any assistance, please talk with your Case Manager. WestCAP must be payer of last resort and you must apply for these programs prior to any financial assistance through WestCAP. Unfortunately, if the bills end up going to collections, you will be responsible for paying for them.

There are two ways of spreading light – to be the candle or the mirror that reflects it.

-Edith Wharton

CLIENT SERVICES

ARE YOU BEING “ADHERENT”?

When a person is adherent, they take all of their medications exactly as prescribed by their physician without missing a dose. Sometimes people can forget to take their medications or take them intermittently, and sometimes people stop their medications without consulting with their physician. This can lead to resistance, where the medication regimen will no longer work for that person. A blood test can determine if a person has become resistant. If a person is found to be resistant they are put on a different medication regimen, if one is available. Each time this happens the person is left with less choices for HIV treatment. Why do people miss doses? Here are the top five reasons people are non-adherent:

1. Refilling medications too late.

Recommendation: Allow your pharmacy/doctor’s office one week to respond to your refill request. Call a couple days ahead to make sure they are processing your request.

2. Side effects.

Recommendation: if you have any side effects, talk to your doctor, they can possibly give you something to help you feel better. Remember, the first two weeks of any medication are the most difficult.

3. Travel.

Recommendation: Prepare your medications as you would your luggage; make sure you have enough for your entire stay in a pill box so that all you have to do is take them as scheduled. If it’s a long trip ask your physician to give you a prescription large enough to cover the entire stay.

4. Not knowing how to properly take medications.

Recommendation: Ask! While at the doctor’s office, ask questions until it is clear to you how to take the medications. It may also be helpful to write the instructions down, especially if your regimen includes many other pills.

5. You’re just not ready to take meds.

Recommendation: Talk to your doctor about alternative treatments.

Your Case Manager can also offer some suggestions that can help you stay adherent—such as adherence phone calls, helping you to understand the instructions, a pillbox, a watch to alert you of when to take your medications, and many more. When you’ve done the work and been adherent for a while, it will become as easy as riding a bike.

The Dollar on a Budget

Part 3

The following are ways to save money by doing some simple things:

- Regularly, clean your car’s air filter.
- Use grocery store bags as trashcan bags.
- Consolidate and pay off debt as soon as possible.
- Pay your bills on time and avoid late fees.
- Be aware of your bank balance and avoid overdraft fees.
- Avoid ATM fees.
- Avoid credit cards with an annual fee.
- Disconnect landline phone if possible.
- Instead of buying books, borrow books from the library. If you have to buy books, check if you can buy them used.
- Ride your bike, walk, or carpool whenever possible. (Not only does it save gas, but it is also good for your health.)
- If you watch a lot of movies, get a movie store membership. If you like watching movies at the theater, go before 6:00 PM; matinee fees can save you up to \$10 a ticket.
- Visit yard sales, and local thrift shops for clothes, books, movies, and other items you may want/need.

CLIENT SERVICES

CULTURAL COMPETENCE UPDATE

Hello All, this is my second contribution to the Newsletter and I am counting to all who read this to help guide this process along with your own ideas, contributions and requests. My name is Luis Ibanez-Dalponte and I am the new Cultural Competence Coordinator for WestCAP/ Medical Case Manager/Researcher. I want to share with you the latest feat that WestCAP engaged in closing the gap between needs and services. It was an amazing journey that lasted about 3 months, where I had the opportunity to chat with folks from all walks of life, orientations and beliefs.

WestCAP received a grant from the Colorado HIV/AIDS Prevention Program to conduct an “Unmet Needs Assessment” of the Underserved Populations in Moffat, Routt, Grand and Jackson Counties. The goal was to identify who in those communities are most at risk for HIV infection, what were the barriers to services and identify opportunities to serve those sectors of the population in a way that is aligned with their culture.

The findings were significant and the process led to collaborative partnerships between providers and social service organizations. One of these was the recent event sponsored by the efforts of Integrated Community, an organization working hard to find a common ground between immigrants from all over the world and the receiving communities of Moffat and Routt counties. Integrated Community invited other providers to join in a health fair. Present where Visiting Nurses Association from Steamboat and WestCAP.

The event was an absolute success from the standpoint of testing and disseminating of educational materials.

I want to take this opportunity to thank on behalf of WestCAP all of the individuals and organizations who participated in this assessment. Thank you for your time, your ideas, your suggestions, and your vision.

DINNER AND A MOVIE

“Under The Same Moon” (La Misma Luna) is a story about the power of love and courage between a mother and child. The debut, from director Patricia Riggen, centers on a young boy’s journey across the U.S./Mexico border so he can reunite with his mother. Adrian Alonso stars as Carlitos, a scrappy nine-year-old boy. He has been living with his grandmother for four years while his mother, Rosario, works as a maid, hoping to someday send for her son. While Rosario struggles for a brighter future, Carlitos embarks on a journey to find her. “Under the Same Moon” premiered at the Sundance Film Festival in 2007, where it received a standing ovation.

LAYERED MEXICAN CHICKEN LASAGNA

This Mexican lasagna will last up to five days in the refrigerator. It’s a terrific “make-ahead” meal.

1 cooking spray	8 oz. chopped green chilies
2 pounds uncooked boneless, skinless chicken breast	2 tsp. ground cumin
30 oz. canned black beans, rinsed, and drained	1/2 tsp. black pepper
3 cups sour cream	12 medium corn tortillas, cut into 2-inch strips
2 cups shredded Mexican-style cheese	1 cup salsa, mild, medium, or hot

- Preheat oven to 350° F. Coat a lasagna pan with cooking spray.
- Place chicken in a medium saucepan and fill it with cold water to just cover chicken. Set pan over high heat and bring to a boil. Reduce heat to medium and simmer until chicken is cooked through, about 10 to 15 minutes; drain. When chicken is cool enough to handle, cut into 1-inch pieces.
- Transfer chicken to a large bowl and add beans, sour cream, 1 cup of shredded cheese, chilies, cumin, and pepper; mix well, and set aside.
- Arrange half of tortillas in bottom of prepared lasagna pan, overlapping pieces to cover surface. Top tortillas with half of chicken mixture, layer with remaining tortillas, and then top with remaining chicken mixture. Sprinkle with remaining cup of cheese.
- Bake until filling is bubbly and cheese is melted, about 30 minutes. Let stand 5 minutes before slicing. Serve with salsa on the side.

PREVENTION

END THE BAN ON FEDERAL FUNDING FOR SYRINGE EXCHANGE PROGRAMS?

July 24, 2009, the U.S. House of Representatives voted to end the ban on the use of federal funds for syringe exchange programs. The bill to authorize the end of the ban, H.R. 179 (the Community AIDS and Hepatitis Prevention Act) was sponsored by Congress member José E. Serrano of New York. “Today we had a major victory in our fight to end funding restrictions on effective syringe exchange programs around the nation...The harsh ban on syringe exchange programs was literally killing people as they contracted infectious diseases. Our [argument] is based on belief in facts and sensible policies [and we have] struggled against false arguments. I applaud my colleagues for taking this action in favor of a vital public health program...I also wish to recognize the incredible efforts of the various national and local groups that have been working for years to make this possible,” said Congress member Serrano.

This progress for syringe exchange programs (SEPs) has raised the hopes of HIV prevention specialists and activists around the nation, who were heartened by the Obama/Biden pledge that “best practice, not ideology” would be the basis for HIV/AIDS programming. Currently, a total of 185 syringe exchange programs operate in 37 states, including the District of Columbia (Kaiser Family Foundation).

In 1997, the Centers for Disease Control (CDC) concluded that “needle [or syringe] exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood-borne infectious diseases [such as Hepatitis C-HCV] in communities that choose to include them.” CDC recommendations for IDUs (injection drug users) include education, testing, and medical referral for treatment, vaccination for hepatitis A and hepatitis B, using sterile syringes only once, and referral to syringe exchange and other harm reduction programs. SEPs provide a method for those IDUs who continue to inject drugs—a method to not only safely dispose of used syringes and obtain sterile ones at no cost, as well as access to information and testing for HIV, HCV, and other infectious diseases.

According to the Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology, an individual IDU injects about 1,000 times a year. The Harm Reduction Project reports that an estimated 11,500 people in the state of Colorado are using syringes to inject drugs. The Colorado Department of Public Health and Environment (CDPHE) estimates that between 2004-2008, 21% of Coloradans living with HIV were infected via sharing syringes. In addition, a study conducted by Denver Public Health (DPH) showed that of IDUs surveyed, 76% had been infected with HCV. Seventeen percent of new HIV cases in the U.S. are attributable to injection drug use (according to the CDC, two of three of these new cases could be prevented if “drug users had access to clean needles”) and over 90% of HCV cases in Colorado.

Currently, in the state of Colorado, there is no legal syringe exchange program and IDUs must rely on “syringe-friendly pharmacies” as an avenue for new, sterile syringes. However, once an individual has a syringe in their vehicle without a prescription, the syringe constitutes “paraphernalia,” which can carry a misdemeanor charge. Thus, an individual may be less likely to exchange a syringe and instead continue to use an old one, perhaps sharing, exponentially increasing the risk for HIV and viral Hepatitis. SEPs not only provide safer syringes for IDUs but also may offer other health prevention and care services that can improve a person’s overall health. According to the Public Health Report, SEPs offer an effective method of linking IDUs that may not otherwise seek assistance with public health services such as TB (tuberculosis) and STI (sexually transmitted infection) screening and treatment, in addition to HIV and HCV testing and referrals.

(continued on the next page)

PREVENTION

(continued from the previous page)

One of the main arguments against SEPs is that they promote injection drug use. No studies have shown that—lacking sterile syringes—injection drug users stop injecting; rather, they are likely to inject whether or not sterile syringes are available. A five-year study in Baltimore found that SEP clients were more than three times more likely to seek substance addiction treatment than non-SEP clients. Seattle studies show that SEP clients in that city were up to five times more likely to access addiction treatment.

Further, and most importantly, SEPs reduced HIV infection in IDUs by 30% or greater, according to the CDC. An analysis of New York State–approved SEPs published in the May 2006 edition of the American Journal of Nursing found that during a 12-month period, an estimated 87 HIV infections were averted as a direct result of the use of SEPs. In addition, a 2001 study conducted at the University of California-Davis concluded that SEPs not only significantly lower HIV transmission rates but also that potentially infectious syringes spent less time in the community. For instance, in a New Haven, Connecticut SEP, in the first three months of the program's operation, the percentage of HIV-infected syringes dropped by about a third, from 67 percent to 44 percent. In one study of 81 U.S. cities, the average annual HIV positivity rate decreased 5.8% in the 29 cities with SEPs, but increased 5.9% in the 52 cities without SEPs (Journal of Infectious Diseases, 2000).

The risk of acquiring HCV through the injection of drugs is higher than the risk for HIV due to the fact that HCV can be infectious on needles, works, etc., for up to four days. A study in Tacoma, Washington found that injecting drug users who did not use a SEP were six times more likely to get hepatitis B and seven times more likely to get hepatitis C than injecting drug users who were using a SEP (Kaiser Family Foundation). Similarly, a long-range study of drug injectors in New York City found a significant decline in HCV rates from 1990 to 2001, corresponding to a dramatic expansion in syringes distributed by SEPs during this period (Des Jarlais DC, Perlis T, Arasteh K, Torian LV, Hagan H, et al., 2005).

Economic studies also demonstrate the efficacy of SEPs. A 2001 article in The Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology reports that SEPs can save money in all IDU populations where HIV prevalence exceeds 2.1%. An average syringe costs less than \$1; the cost per HIV infection prevented by SEPs in this study was \$4,000-12,000, compared to an estimated cost of \$190,000 of medical costs per person infected by HIV. HCV is the most common cause for liver transplants in the U.S., which can cost up to \$520,000 per individual. Research conducted by the New York State Department of Health found a cost-effectiveness ratio of \$20,947 per HIV infection averted.

The Community AIDS and Hepatitis Prevention Act is expected to see a vote in the Senate in August and the future of the bill is to be determined.

—Rabeeha Ghaffar, Resource & Prevention Director

UNTIL THERE IS A CURE THERE IS PREVENTION