



WestCAP WORDS

WESTERN COLORADO AIDS PROJECT

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

December 2010-January 2011

“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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MAKING IT ALL MAKE SENSE.....

With the Ryan White reauthorization, there came some changes in the Health Resources and Services Administration (HRSA) guidelines for grantees of Ryan White (RW) funds. The past year, WestCAP, along with other AIDS Services Organizations (ASOs) in the state have been discussing the HRSA changes with the Colorado Department of Public Health and Environment (CDPHE) and gaining clarity around the details and how to implement the changes. It has meant long conversations and discussions around the impact on clients and the agencies delivering services.

These discussions have not been easy ones. HRSA has set some new guidelines and it has charged its grantees to comply. This means some significant changes around defining case management, in funding definitions, and how funding is accessed. HRSA is looking for increased accountability by grantees—which not only means detailed reports to include specific information on the usage of Ryan White funds, but more information to speak to the effectiveness of our programs and whether they are helping clients link to and stay in care.

Not only have requirements for specific agencies shifted and increased; HRSA has mandated that establishing statewide standards be a priority as well. This means that there will be more conversations about how the case management system is structured, and how delivery of care and eligibility for Ryan White financial assistance can be similar, across the state. Fitting very unique, regional needs (urban and rural, Western Slope and southern Colorado) into one definition is difficult, to say the least. Those conversations will continue statewide and WestCAP will make sure we are present to represent the needs of rural, Western Slope clients.

There are no easy answers for any of the issues we have faced and will continue to face, but WestCAP is taking on the challenge. The bottom line is the desire to improve the care that people living with HIV receive, and our job is to constantly keep that in our focus as we tackle these tough decisions.

—Mary Beth Luedtke
Executive Director

CLIENT SERVICES

CASE MANAGEMENT TIDBITS

Holiday Party: Client Services will be hosting the annual client Holiday Party in December. Date to be announced. Please watch the mail for a flyer. The more the merrier!

Thank you: For attending the annual Ryan White Priority Setting Meeting. It's great to have client input.

Medicare D: Open enrollment for Medicare D insurance provider/plan options is from November 15 to December 31st. If you need help choosing a plan or reviewing your current plan, please call a SHIP (State Health Insurance Assistance Program) at 1-888-696-7213 or Medicare at 1-800-633-4227 or talk with your Case Manager.

ADAP/Bridging the Gap: Bridging the Gap can help with Medicare D premiums and co-pays. It is time to renew with Bridging the Gap in December. Applications are being sent out to those clients already on the program. If you have questions, talk with your Case Manager.

ADAP (AIDS Drug Assistance Program): Remember! Your application renews in your birth month. You must renew your application annually to be on any of the programs (insurance assistance, medication assistance, and Bridging the Gap).

Please! Leave your Case Manager a detailed phone message about why you are calling and how to reach you. We do not have caller ID and assistance can be provided much faster if we know the specific need. Thank you!

"Be the change you hope to see." – Author unknown

Curanderismo is the folkloric practice of using a folk healer or shaman to cure physical or mental illnesses. It is a very strong influence in my culture and is seen as a practice that does not fit in to the realms of conventional medicine. The Curandero, or healer, uses herbs, massage, and intricate rituals to heal many sorts of problems. The Curandero accepts his or her scope of practice and refers people to a traditional physician when he/she feels that the patient needs it, and sometimes physicians are known to do the same in Latin America.

Curanderismo promotes mental health as well as an understanding of the body, thus connecting mind, body and spirit. This is all done through the work of the Curandero, who is sometimes believed to have special powers or a "gift" that common people do not have. A person may seek the advice or treatment of a Curandero and receive a prayer, or an herbal tea, or a "limpia" to cure the illness. A limpia is a cleansing ritual to rid the person of ailments we may not be able to see with our eyes. Some of the benefits to this type of therapy are: stress management, the improvement of mental illness or related problems, and a subsiding of a spectrum of physical complaints.

Growing up with Curanderismo, I was able to incorporate it into my practice of overall health maintenance. I can appreciate the benefits of this therapy and value the fact that it can complement western medicinal therapy. I believe that people living with HIV and/or other chronic illnesses can combine the two therapies. The treatment that a Curandero may prescribe would not replace HIV medication and the Curandero would not replace the doctor. Instead, the two therapies could augment each other. It would be important to let your physician know if you were seeing this type of healer so that they could take into consideration any herbs or other treatments the Curandero may have given. My goal with this article is to expand our knowledge of a complementary therapy and to encourage people to understand their bodies and balance their care.

—Jenny Vargas, Client Services Advisor

GROUP UPDATE

Most clients (excluding those in the Four Corners region because they already have a group) were sent a survey in September asking their opinion on support groups and if they would like to attend a WestCAP-sponsored support group. A majority of those who returned surveys stated they would like to attend a group. So where do we go from here? WestCAP is working hard on trying to find money for the group. Money is needed for staff time, food, travel, and a place to hold the meeting. Please know we heard you and are doing our best to make sure this happens. Thank you for your patience as we continue the process.

If you live in the Four Corners region and are interested in attending group, please contact Crystal at (970) 243-2437 and she will give you more information.

CLIENT SERVICES

AIDS DRUG ASSISTANCE PROGRAMS

If you are on ADAP you probably noticed last April a change in the medications that were available through the program. You may have also noticed that ADAP is asking for more information for the applications. If you are not on ADAP you may have heard of states across the country having to put people on waiting lists for ADAPs. All of this is due to shortfalls in ADAP funding. There is a bill in Washington, D.C., that would increase funding for ADAP programs across the country by \$126 million, but there is no guarantee of if/when it will pass. So what are states doing in the meantime? As mentioned above, some states are placing people on waiting lists. According to the National Association of State and Territorial AIDS Directors (NASTAD), as of August 12, there were 2,937 people on waiting lists in Florida, Hawaii, Idaho, Iowa, Kentucky, Montana, North Carolina, South Carolina, South Dakota, Utah, and Wyoming. Additionally, the following states have had to lower eligibility levels, limit the medications that are available, ask clients to pay a co-pay for their medication, and/or even start to examine adherence rates to determine eligibility: Arizona, Colorado, Illinois, Louisiana, Missouri, North Dakota, and Washington. Colorado is doing its best to be proactive and create the smallest possible impact to clients.

So what does this all mean? If you are concerned, talk to your case manager; they may have some ideas to help you in the interim. Second, maintain your adherence. As mentioned above, in some states, it is an option to restrict numbers on ADAP by examining adherence rates and limiting those who have difficulties being adherent. At the time of this article, this is not an option for Colorado, but it is always a good idea to do your best to be adherent with your medications. If you are having difficulty adhering to your medications, talk to your doctor or case manager about possible solutions. Third, if you have insurance with a viable prescription plan you must take the insurance. ADAP allows for a one year waiver for not accepting viable prescription insurance. However after a year you need to sign up for the prescription coverage if you have the option. You need to do so at the next open enrollment. If you choose not to accept the prescription coverage, then ADAP has the option to take you off the assistance. If you believe you will have difficulties paying for your health insurance then talk to your case manager and they can discuss options with you. Fourth, if you do not have insurance, look into the high risk insurance. The premiums can be rather reasonable. If you have been a resident in Colorado for the last six months, you are a legal resident of the United States, you have been uninsured for the last six months (including COBRA), and have a pre-existing condition you could be eligible for the program. You can either go to the website <https://www.gettinguscovered.org/> or call (Toll-free) 877-779-0387 to get more information. Fourth, if you are really concerned write to your Congress member; they may be able to push the bill along or at least agree to sign the bill. Fifth, if you are thinking of moving states talk to your case managers; HIV care in each state is different and it is a good idea to plan ahead.

All of this is not meant to be a scare tactic, and there is a lot in the works with no guarantee of where we are going from here. This is meant to inform you of possible changes that could be occurring and possible steps you can take to better prepare yourself. Once again if you have questions please contact your case manager at (970) 243-2437 or 1-800-765-8594 and discuss possible options.

—Crystal Luce, Client Services Advisor

PREVENTION

World AIDS Day, observed December 1st each year since 1988, is dedicated to raising awareness of the HIV/AIDS Pandemic. Avert.org estimates that over 35 million people around the globe are living with HIV and more than 25 million individuals have died due to HIV/AIDS complications. According to the United Nations, HIV/AIDS is the leading cause of death for women worldwide. The Centers for Disease Control reports that 60,000 new HIV cases occur in the United States every year; every nine and a half minutes a person becomes infected with HIV in this nation.

The theme for World AIDS Day 2010 is "Act Aware." Because of the prejudice and stigma surrounding HIV/AIDS and misinformation about transmission, this theme highlights the need for individuals to become aware of HIV/AIDS, help educate others, and take control of their own personal health by being tested for HIV.

This year the World AIDS Campaign is also working to promote the "Light for Rights" campaign. According to the Campaign, "The Light For Rights campaign strives to underscore this year's focus on HIV and human rights by encouraging people in cities around the world to dim the lights on key landmarks to remember the devastating affect AIDS has had on us all, and to turn back on the lights to illuminate the fundamental rights we all share."

Another highlight of this year's campaign is "I'm living my rights: I am well," addressing those living with HIV/AIDS and stressing that access to HIV prevention, treatment, care, and support is a critical part of human rights.

According to their official website, www.worldaidscampaign.org, the mission of the World AIDS Day Campaign Informed is "to ensure that governments and policy makers meet the HIV targets they set, the commitments they made, and mobilize the necessary resources for a world where people do not die of AIDS and opportunistic infections like TB. At the heart of the global commitment is the publicly stated ambition of Universal Access by 2010—enabling everyone to have non-discriminatory and non-judgmental access to adequate HIV prevention, treatment, care and support."

Previous themes of World AIDS Day have included "Our Lives, Our World – Let's Take Care of Each Other," "Sharing the Challenge," "Time to Act," "Shared Rights, Shared Responsibilities," "One World. One Hope," "Children Living in a World with AIDS," "AIDS: Men Make a Difference," "Live and Let Live: Stigma and Discrimination," "Have you heard me today? Women, Girls, HIV and AIDS," and "Stop AIDS: Keep the Promise."

In order to honor the theme of "Be Aware," WestCAP is offering free walk-in, confidential HIV testing on December 1st, from 10:00-4:00. One in four people living with HIV has never been tested and thus do not know their status. Getting tested is the only way a person can become aware of his/her HIV status. In addition, discounted HIV testing is offered at WestCAP on the second Friday of every month from 9:00 to 1:00 and on the fourth Monday of every month from noon to 4:00. One can also call WestCAP's Prevention Department to make an appointment for a non-discounted HIV test.

—Rabeeha Ghaffar, Resource and Prevention Director