



WestCAP WORDS

WESTERN COLORADO AIDS PROJECT

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

March-April 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

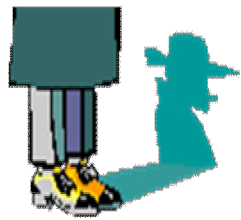
HIV/AIDS Treatment Information Service:
1-800-448-0440

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.

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ARE YOU AN “UNUSUAL SUSPECT”?

After almost a year in the Executive Director position, I have been able to see the incredibly strong partnerships that have been created over the years and I can truly appreciate how these long-standing relationships helps WestCAP achieve our goals, meet our mission, and create better services for our clients. I am worried, as many are, about what the future holds in these challenging economic times. Funds are shrinking, client needs are increasing along with new challenges for those living a long time with HIV. Not only is the financial and political climate changing, but the needs of our clients are changing and—because of this—there is a need for WestCAP to reach out beyond our doors and our current stakeholders. It is time to increase collaborations by creating new and unusual partners.

When I think of partners, I start to think about WestCAP’s current partners—the local partners that our agency works with in so many different communities. These not only include other human services agencies, but other service entities such as medical and dental providers. These partnerships are crucial in providing direct care to clients. I also think about our funding partners that provide the means for direct financial assistance to clients—essential for continuing client care. Collaborations with state partners are important as well, in an effort to look at more of a statewide approach to HIV/AIDS prevention and care and treatment issues and the best ways to address them. What about other community entities that have the same vision as WestCAP? WestCAP not only helps people successfully live with HIV; we work together to improve lifestyles and to change behaviors that put people at risk. WestCAP promotes healthy lifestyles and encourages clients to live better. Promoting healthy lifestyles and healthy behaviors can translate into healthy communities, and everyone has a stake in this vision!

So, who are the other community members? Those I call the “unusual suspects”? Are they elected officials? Are they local businesses? I would argue, all of the above and more! What about you? What is your role? Aren’t we all responsible to help create healthy communities? We need you to become one of our new partners so that we can look at all the new possibilities and achieve a community that is working together to educate and care for its members! You may not know exactly how we can work together but we are just a phone call away! Call us and talk to us about how you can help to create a healthy community!

I look forward to talking with you soon!

Mary Beth Luedtke, Executive Director

CLIENT SERVICES

HELPING TO BUILD YOUR CASE MANAGEMENT RELATIONSHIP

With so many new clients and improvements in health care and technology, case management is shifting and focusing more towards “medical” case management. With the shift, now is a good time to remind clients of the best ways to get the most out of your case manager. The topics have been broken into six different areas: financial assistance, travel, vouchers, appointments, phone calls, and working with your case manager.

Financial assistance: The Financial Committee usually meets Monday afternoons; please have all requests and supporting documents in at that point. If your request is not in by Monday morning, then it may have to wait until the next week. Also, ask your case manager if there is any supporting documentation they need in order to successfully present your request.

Travel: Gas coupons are given out based on mileage and the current rate of gasoline. This means that as gas rates change, so can the amount of your coupons. Gas coupons are meant to be supplemental and not necessarily pay for your entire trip or fill your gas tank. GVT bus passes are issued monthly. If you have no other transportation, live in Mesa County, and need assistance getting to appointments, please request bus passes through your case manager. If you live out of town and need assistance with Greyhound tickets, please make a request at least two weeks prior to your medical appointment since we must purchase and mail the ticket to you.

Vouchers: Please talk to your case manager prior to making an appointment or getting work done. The agency is often limited by the procedure that you may want/need done and there may be a cap on the amount of money we can pay. We have been fortunate to be able to pay for several items, but as clients grow and budget limitations vary, this may not always be the case. Talk to your case manager about getting a voucher. Often vouchers require supporting documentation and treatment plans, prior to a voucher request being approved.

Appointments: Please do your best to make appointments with your case manager if you wish to see them. Case managers are often out of the office, taking phone calls, in meetings, or with other clients. If you do not make an appointment, you may not be able to meet with your case manager. There are also issues with confidentiality of yourself and other clients. So, if you know you are going to be stopping by the office, call ahead and make the appointment.

Phone calls: As a reminder: we do not have caller ID. So when you call, leave a message with your name, phone number, and the best time to reach you. We do our best to get ahold of you within 24 hours after you called. If there is something that you need immediate assistance with, let the person who answered the phone know, so they can direct you to an available Case Manager.

Working with your case manager: Talk to your case manager. Let them know if there is something that you are having trouble with and they may be able to help. Please try to not wait till the last minute to contact your case manager because last-minute may be too late.

Thank you! We look forward to talking to you!

—Crystal Luce, Client Services Advisor

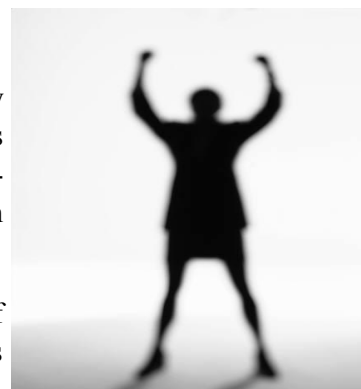
Have you ever found yourself feeling alone with your diagnosis and hoping that you could tell someone without them judging you or knowing anything else about you? “Message in a Bottle” is our attempt to unite women living with HIV without having to expose their identity. It starts with a few questions, then you choose an alias or fake name for your self. Using the fake names we will be able to communicate with each other and share our stories. At the end of a few months we will compile the writings and make a book that every member will get a copy of. There will also be a mental health therapist offering advice to the group or on a personal level. If you would like to participate, please call Alicia at the clinic (250-4607); she will get you started. We believe that putting feelings down on paper is very powerful; therefore we hope that you take advantage of this gathering of women in the spirit of healing.

PREVENTION

“BLACK LIFE IS WORTH SAVING”

This was the motto of this year’s National Black HIV/AIDS Awareness Day, February 7. According to the U.S. Centers for Disease Control and Prevention (CDC), blacks account for half of all new HIV cases, despite comprising only 13% of the U.S. population. Equally alarming is that HIV/AIDS is the leading cause of death for black women between the ages of 25 and 44.

"Let me just put this in perspective: If HIV-AIDS were the leading cause of death of white women between the ages of 25 and 34 there would be an outraged outcry in this country," Secretary of State Hillary Clinton said during the third primary debate between Democratic presidential candidates held at Howard University in Washington, D.C., on June 28, 2007. Perhaps Clinton is correct. In fact, in the nation’s capital, the HIV/AIDS epidemic rivals that of many less industrialized countries. HIV is more common in the District than it is in Ethiopia or Rwanda. Washington D.C. is approximately 60% black. Of its residents, 1 in 20 is thought to have HIV, and 1 in 50 of its residents to have AIDS. Of the 3,269 HIV cases identified between 2001 and 2006, 9 of 10 were in blacks. One in 10 black teens test HIV-positive in the U.S. capital city, according to the Black AIDS Institute. “The Washington data is really a microcosm of what we already know: AIDS in America today is a black disease,” said Phil Wilson, founder of the Black AIDS Institute.



At all stages of HIV/AIDS—from infection with HIV to death with AIDS—blacks are disproportionately affected compared with members of other races and ethnicities. According to the CDC, the rate of AIDS diagnoses for black adults and adolescents was 10 times the rate for whites and nearly three times the rate for Hispanics. The rate of AIDS diagnoses for black women was nearly 23 times the rate for white women. The rate of AIDS diagnoses for black men was eight times the rate for white men. Furthermore, of persons whose diagnosis of AIDS had been made during 1997–2004, a smaller proportion of blacks (66%) were alive after nine years compared with American Indians and Alaska Natives (67%), Hispanics (74%), whites (75%), and Asians and Pacific Islanders (81%).

HIV as a virus is color blind; however, many activists have asked the questions, How is the HIV epidemic different if you're black than if you're white? Why do blacks seem to get HIV more, get sicker more quickly, and get access to HIV treatment later than other ethnic groups in the United States? An estimated 56% of all "late testers," people who are diagnosed with AIDS within one year of an HIV-positive diagnosis, are black. Fear, denial, and stigma are all barriers to testing. Poverty also plays an obvious part in access to proper health care for many black Americans. Given these factors, addressing structural issues around stigma and poverty would seem to be a first step.

There is hope with the new executive administration. In the words of Paul Zeitz, Executive Director of the Global AIDS Alliance Fund, “[President] Obama has presented a specific plan that would not only increase AIDS spending but also provide the overall increase needed for the US anti-poverty effort to succeed. This overall increase is necessary to ensure [that] critically needed development programs other than those on HIV/AIDS are fully funded.”

“The call for the US to dedicate just one percent of its budget to fighting global poverty makes good sense,” said Zeitz. In the next prevention newsletter article, we will examine further President Obama’s plan of action for HIV/AIDS and progress made already during his administration.

—Rabeeha Ghaffar, Resource & Prevention Director

PREVENTION

[T]he “shocking statistics would be tragic anywhere but are particularly inexcusable in a wealthy country such as the United States.”

—Anthony Fauci, director of NIH’s National Institute of Allergy and Infectious Diseases, in a statement on National Black HIV/AIDS Awareness Day, as cited in the 2/9/09 *Kaiser Daily HIV/AIDS Report*

ManREACH GOES FORTH IN FEBRUARY

Grand Valley ManREACH continues to offer monthly social gatherings for people who self-identify as “men who have sex with men” in Mesa County. Our February social was a trip to Orvis Hot Springs on Saturday, February 21st. We are happy to have WestCAP board member Paul Jones as a ManREACH contractor and co-facilitator.



Jones, who has been involved with ManREACH for almost three years, believes that the role of ManREACH in the gay community is “...bringing gay and bisexual men together in a safe, drug- and alcohol-free environment—as well as providing up-to-date information on safer-sex practices.”

We are scheduling our next quarterly educational workshop, known as MGroup, for March.

Mark Wiechmann—who recently competed in a volleyball tournament in San Jose, California—hosted a dinner social for the Southwest ManREACH group on Thursday, February 19th, in Durango.

We are excited to have Scott McGarrity on-board as our ManREACH contractor for the Roaring Fork area. The Roaring Fork ManREACH group, which has been inactive for some time, re-launched with members from Glenwood Springs and Aspen. Their opening debut was a trip to Glenwood Hot Springs and Village Inn on Friday, February 13th.

NCAP in Fort Collins has a ManREACH chapter known as Manhood. According to Michael Bowser, Manhood’s program manager, they held one of four quarterly educational workshops—known collectively as The Post Modern Man Project—on Thursday, February 5th.

Colorado ManREACH’s Statewide group has planned three gatherings—the first of which will be at Stone Forest Retreat Center in Cedaredge from May 22nd to May 24th. The second gathering will be at Cal-Wood Education Center near Boulder from July 31st to August 4th. The third gathering will be at La Foret Conference Center in Colorado Springs from September 11th to September 14th.

—Scott Montgomery, Prevention & Education Coordinator

UNTIL THERE IS A CURE THERE IS PREVENTION