



# WestCAP WORDS

## WESTERN COLORADO AIDS PROJECT

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

February-March 2011

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

### Important Numbers:

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

**website:**  
[www.westcap.info](http://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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### CALL TO ACTION: FOR OUR CLIENTS

As I sit here thinking about what to write, I am fairly overwhelmed with the number of important topics that I could address. Some things that come to mind include HIV-specific issues such as the changes with the AIDS Drug Assistance Program to other broader issues that reach a larger audience, like the health care reform and implementation of a shared data system. As clients, I am confident that you are being kept well informed of the changes that affect you and are being updated as often as possible. I am also confident that WestCAP is represented at any discussion on the local and state level, to advocate for our clients, to represent the concerns of those on the Western Slope, and to speak to what is best for those living with HIV.

As I reflect on the current and upcoming issues, I wonder if the voices of WestCAP are enough. There are tough decisions being made in response to the economic climate and more importantly, there are decisions being made among shifting philosophies on how best to serve people living with HIV. As recommendations are brought to the table that could make the work we do more efficient and possibly more effective, the first question for me is “how does this affect our clients?” and “what would our clients think about this change?” WestCAP is there for you to have these difficult discussions and now we need you to be there too. Now, more than ever, is the time to speak out on both the local and the state level. Many of you have seen changes and shifts over the years and you have seen the pendulum of change swing from one extreme to the next. And although the pendulum will most likely swing again, we need your voice there to help it swing in the right direction! Your voice is the most powerful and will have the most impact!

There are specific ways that you can help. There are ways that you can connect with leaders and have your voice heard. Your input is very important and there are ways and places where your opinion will count and you will make a difference. Call WestCAP to talk about these ways!

—Mary Beth Luedtke  
Executive Director

# CLIENT SERVICES

## CASE MANAGEMENT TIDBITS

Thank you! For everyone that attended the Client Holiday Party this year. The food and conversation were great. Happy New Year!

Service Vouchers: If you have requested assistance for dental, vision, or another service through WestCAP and have received a voucher indicating the assistance, please make your appointment as soon as possible. The fiscal year is ending March 31, 2011 and the treatment must be completed by that time. Thank you!

Communication: Please remember that Case Managers are often on the phone or working out of the office. We want to be able to talk with you. Please leave a detailed message that includes your phone number so that we can reach you. WestCAP does NOT have caller ID.

Utility/Heat Assistance: This year WestCAP has received another generous donation from Energy Outreach Colorado to assist clients with their heating bills this winter. We appreciate the assistance EOC provides. Please remember that, in order to receive assistance, you MUST apply for LEAP first and can only receive assistance one time a year. You can contact the LEAP (Low Income Energy Assistance Program) office through your local Department of Human Services or online at <http://www.cdhs.state.co.us/leap/> or by calling the Heat Helpline at 1-866-432-8435.

*“...what we **are** communicates far more eloquently than anything we say or do”—author unknown*

## COMPREHENSIVE HEALTH INSURANCE IS NOW AVAILABLE TO ADAP PARTICIPANTS!

Early next spring, people who receive prescription assistance from the AIDS Drug Assistance Program (ADAP) will have the opportunity to move into comprehensive medical insurance coverage through a new insurance program, called Getting Us Covered (GUSC). GUSC is a special high-risk insurance that offers individuals, who have been without insurance for at least six months due to a pre-existing condition, the chance to sign up for full health insurance at standard individual policy rates. The plan will be coordinated through Rocky Mountain Health Plans. Premium rates are based on age and smoking status. For example, a non-smoking person aged 25-29 would pay \$179 a month; a smoker of the same age would pay \$222 a month.

This is a wonderful opportunity to expand health care options from simply getting prescription assistance to complete medical coverage for ALL medical concerns. The GUSC program is ideal for people with multiple health concerns because it covers office visits, hospital stays, and medications for non-HIV conditions, and includes mental health and substance use services.

There will be limited openings for people living with HIV/AIDS to apply for a full subsidy of their monthly premiums as well as up to \$5950 in out-of-pocket costs through ADAP. Those that don't qualify for a full subsidy may qualify for a partial subsidy. With a partial subsidy, ADAP would pay for all medical and pharmaceutical co-payments related to the ADAP members insurance, up to the \$5950 in out-of-pocket costs. This would mean the ADAP member receiving a partial subsidy would only be responsible for paying their insurance premium every month.

GUSC is part of an overall plan from the Colorado Department of Public Health and Environment (CDPHE) to reduce prescription drug costs while expanding health care options for HIV-positive people. Colorado is one of a minority of states that does not have a waiting list for HIV medications and CDPHE is committed to keeping these vital medications available to all that need them. This program starts in April, so please call your case manager for more information.

Also, keep your eyes open for more information about GUSC, including a mailing from ADAP and a community meeting with CDPHE to be held in January or early February that will further explain the benefits of choosing this plan.

If you have any questions, please contact your case manager at (970) 243-2437 or (800) 765-8594.

# CLIENT SERVICES

## WHY IS MEDICATION ADHERENCE IMPORTANT???

Persons living with HIV, who are on some sort of HIV medication, are often told they need to be adherent to their medication(s). But what does it mean to be adherent to medication and why is it so important?

Technically, according to the American Public Health Association,

the term ‘medication adherence’ in HIV/AIDS care specifically refers to the ability of the person living with HIV/AIDS to be involved in choosing, starting, managing and maintaining a given therapeutic combination medication regimen to control viral (HIV) replication and improve immune function.

In other words, for someone to be adherent they need to be able to maintain their current medications and it will help decrease HIV making copies in your body and increase the immune system. This means you need to take your medication correctly and on time. This is one reason why doctors, when drawing your blood, want to look at your viral load (how many copies you have) and your CD4 (how many T-cells you have). Several medical journals and professionals state that a good adherence rate is 90-95%. Obviously, 100% is the best but we can have a slip-up and forget to take medication. The important thing to remember is to take your medication. If you have questions about the correct frequency and time to take your medications, talk to your doctor or case manager.

The basic reason being adherent to your medications is so important is because it keeps the medication in your system. If you don’t take your medications correctly then the amount of the medication in your system will decrease. When the medication decreases then the virus is able to adapt to it, thus the HIV can become immune to the medication. When you skip doses, you may develop strains of HIV that are resistant to the medications you are taking and even to medications you have not yet taken. This may leave you with fewer treatment options should you need to change treatment regimens in the future. According to [AIDSinfo.nih.gov](http://AIDSinfo.nih.gov), “Although there are many different anti-HIV medications and treatment regimens, studies show *that your first regimen has the best chance for long-term success*. Taking your anti-HIV medications correctly (adherence) increases your odds of success.”

Beyond that many of the newer medications contain more than one drug, so if you forget to take your medication, you might not only become resistant to the one medication you are taking but all the drugs that make up that medication. For example, if you are taking Atripila, it contains three types of drugs. If you become resistant to Atripila, you are not only resistant to that regimen but to any regimen that may contain one of those three drugs. Because drug-resistant strains can be transmitted to others, engaging in risky behavior can have especially serious consequences.

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# ***CLIENT SERVICES***

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Ultimately, it is important to be adherent and take your medications correctly. We may forget a pill here or there and missing that dose may not matter, but each time a dose is missed then you risk becoming resistant to a medication and thus your viral load will increase and your CD4 levels will decrease. For assistance in increasing your adherence to your medications, talk to your doctor or case manager.

## **ACCESS TO RECOVERY**

A study published in the May 2003 Medical Journal of Medicine article found that substance use can have an effect on medication adherence. Additionally, several studies have found substance use can have harmful effects on the human body. These two findings alone are often reason enough that doctors and other medical professionals wish to see people, especially those living with HIV, decrease or stop their substance use. Often, decreasing or stopping the use of a substance can be easier said than done. The federal government has created a funding source known as Access To Recovery (ATR) that people can access to assist them in seeking substance use counseling. The program can be accessed if you have insurance, but cannot if you are court-ordered due to a DUI or a minor possession charge. For more information talk to your case manager or go to [www.atrcolorado.org](http://www.atrcolorado.org).

## **HELLO!**

My name is Catie Pitts. I am the new Cultural Competence Coordinator and Intake Coordinator at WestCAP. I look forward to meeting everyone involved with WestCAP. I'm excited to be part of a great team.

My main goal as the Cultural Competence Coordinator, while working at WestCAP, is to increase WestCAP staff cultural awareness and cultural competency. My goal is also to help WestCAP by looking at ways that we can better meet the culturally diverse needs of our clients. I plan on meeting with WestCAP clients to assess their individual satisfaction level with the services received at WestCAP, as well as ways in which WestCAP could greater assist clients and their families, and also clients' cultural experience with WestCAP programs and staff. Lastly, I intend on increasing the amount of Spanish and French educational and informational media available for reference by clients, potential clients, and anyone else interested in services at WestCAP.

As Intake Coordinator for Client Services I plan on assisting HIV-positive persons with all the necessary paperwork and documentation associated with not only becoming a WestCAP client, but also with other community resources such as ADAP and CICP. Once completed, I will refer clients to their respective case manager, who can provide ongoing assistance for clients to obtain and maintain optimal health.

# PREVENTION

## 2010 HIV PREVENTION ADVANCES: HOPE FOR 2011 AND BEYOND

In the context of HIV prevention efforts, the year of 2010, “brought -- for the first time ever -- nothing but good news,” according to Michael Smith, in MedPage Today. “It's a bit of boom time for HIV prevention,” concurred Mitchell Warren, executive director of the New York-based AIDS Vaccine Advocacy Coalition.

There are two main reasons for this excitement in the field of HIV prevention: the first microbicide gel clinically shown to reduce the risk of acquiring HIV and the release of a study demonstrating that oral pre-exposure prophylaxis (PrEP) can also decrease the risk of HIV infection.

A vaginal gel containing tenofovir reduced the risk for HIV infection of the 889 women in the study by 39% compared with a placebo gel, lead researcher Dr. Quarraisha Abdool Karim of the Center for the AIDS Program of Research in South Africa (CAPRISA) announced in July 2010 at the 18th International AIDS Conference. Women who used the gel at least four out of five times they had sex had a 54 percent reduction in HIV infections. Additionally, the gel reduced a woman's risk of acquiring genital herpes by 51%.

Tenofovir (marketed as Viread) is a type of antiretroviral drug, specifically a nucleotide analogue reverse transcriptase inhibitor. The U.S. Food and Drug Administration granted “fast-track approval status” to 1 percent tenofovir gel, and confirmed that the current National Institutes of Health-funded VOICE trial can serve as a confirmatory study for the gel.

Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, stated that while antiretroviral drugs have been used for years to treat the virus, “We now have proof that an antiretroviral drug, in this case tenofovir, can be formulated into a vaginal gel that can protect women against HIV infection.” Dr. Kevin Fenton, Director of the CDC's National Center for HIV/AIDS, said the results need to be confirmed, but “they suggest that we could soon have a new method to help reduce the heavy toll of HIV among women around the world.”

In November 2010, the results from the first-ever human study of PrEP, led by Dr. Robert Grant, demonstrated it to be effective in reducing sexual transmission of HIV. The clinical trials, published in the *New England Journal of Medicine*, gave 2,499 HIV-negative gay and bisexual men a combination of two antiretroviral drugs, which are used to treat individuals with HIV. The results showed that HIV infections were 44 percent lower in the group taking PrEP than the control group which took a placebo. The researchers in this oral pre-exposure prophylaxis study also reported side effects were minor and the treatment was unlikely to produce resistance to HIV.

One bonus of PrEP, Dr. Grant hypothesized, is that daily pill-taking can remind patients to be more cautious about other safer sex practices. During this trial, the percentage of participants in both the placebo and treatment groups who had sex without using a condom decreased from 60% at the beginning of the study to approximately 30% at the end. Similarly, participants’ number of sexual partners also decreased.

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# PREVENTION

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The significant cost associated with antiretroviral medications and the importance of adherence in PrEP are concerns in furthering the utilization of both of these methods of HIV prevention. However, the findings do prove hopeful for current studies of PrEP in other populations at risk for HIV prevention. There are currently four trials investigating the safety and effectiveness of antiretroviral drugs for HIV prevention. To quote Dr. Warren: "The past 15 months have produced the most exciting science in HIV prevention ever." We all hope that in 2011, this progress will continue.

—Rabeeha Ghaffar, Resource and Prevention Director



Seeking **BINGO VOLUNTEERS**  
once a week.

Hours include every Thursday,  
11:30am to 3:30pm.

Contact WestCAP at  
970-243-2437  
or  
805 Main Street  
Grand Junction CO 81501

Volunteer Opportunities  
WestCAP Bingo

Monies raised from Bingo supplement current funding for uninsured or underinsured local clients.

WestCAP will gladly write letters of recommendation for volunteers, stating their

help in fundraising for a non-profit community health assistance program; volunteer work looks great on resumes for people between jobs.