



# WestCAP WORDS

## WESTERN COLORADO AIDS PROJECT

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

October-November 2011

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

### Important Numbers:

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

**Website:**  
www.westcap.info

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

**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

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

### WESTCAP BECOMES PART OF SOMETHING BIGGER: THE NEW, STATEWIDE COLORADO AIDS PROJECT



October 2011 will go down as a big month in the history of WestCAP, as the organization just became part of something bigger. We have merged with three other ASOs in Colorado—NCAP, S-CAP and the CAP in Denver—to form the new, statewide Colorado AIDS Project.

Fear not! Nothing about your experience with WestCAP will change. We will continue to operate independently, as will the others. We will have the same name, the same great people, the same location, and the same great commitment to service. We will remain the same WestCAP that our clients and partners have grown to rely upon and trust.

Rest assured that this was not a quick decision but has been an intense, intentional, and thoughtful process!! This all began with the Executive Directors meeting monthly to talk about ways to sustain services in Colorado for people living with HIV. Four years later, we decided that the best way to do that was to bring the agencies together to form a unified front. We are moving forward together to meet the rapidly evolving needs of people impacted by HIV and AIDS in our state. While the experience of our clients will not change, the unified front will mean greater efficiency, greater access to funds, and greater leveraging of funds in pursuit of our mission.

We are very excited about what this merged organization can bring to clients across the state! To offer everyone a chance to find out what is happening and hear what others have to say, we have created a blog about the merger. I am one of a number of people across the state participating in this blog. The blog launched on September 16, and we're inviting everyone into the conversation. Check it out at <http://mergingcaps.wordpress.com/> and visit our new Facebook page at <http://on.fb.me/nN88Ob>.

—Mary Beth Luedtke  
Regional Director

# CLIENT SERVICES

## CASE MANAGEMENT TIDBITS

Thank you! We had a great response to the Client Services Survey. We appreciate your feedback. Results were presented at the annual Priority Setting Meeting and are available at your request.

Medicare: Open enrollment times have been changed! It is now from October 15<sup>th</sup> to December 7<sup>th</sup>.

Changes: Please welcome Catie and Scott to the Client Services team! Catie is now the new Intake Coordinator. You may be hearing from her to complete update paperwork or participate in an interview. Scott is now the Housing Coordinator and Insurance Coordinator. You also may be hearing from him if you are involved in either of these programs. Please let us know if you have any questions or would like to meet either Catie or Scott. We are glad to have them.

Reminder: In order to receive WestCAP assistance through Case Management, paperwork must be updated at least annually. Letters and necessary documents are mailed as needed and include a return envelope. Generally we need current income, previous year's taxes, identification, proof of residency, and release of information, in order to collaborate care. Often we can coordinate this with an ADAP application or CICIP application if either is needed. Please talk with your Case Manager if you would like assistance.

Volunteer: Volunteers are needed to help coordinate the annual client holiday party this year. Please talk with your Case Manager if you are interested.

*"Twenty years from now you will be more disappointed by the things you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover."*

—Mark Twain

## CASE MANAGEMENT AND TECHNOLOGY

Serving 22 counties can be a difficult task for anyone and oftentimes to visit face-to-face with clients is something we just don't get enough of a chance to do. WestCAP case management thus utilizes the phone to its greatest ability to stay in contact with clients and providers. Unfortunately, technology can fail us from time to time. A great example of this was that late this summer, our voice mail system stopped working and we were not able to retrieve messages people may have left for us, or people weren't able to leave messages for us often leaving us or our clients in the dark. For these reasons, it's good to be reminded of the elements of good phone communication.

First, when leaving a message it is a good idea to leave your name, number, and a message as to why you are calling. Our phones do not have Caller I.D., thus we cannot see who is calling or what number they may be calling from. It is always a good idea to leave your number twice, sometimes a phone can cut in and out and we miss the number the first time.

Second, please let us know if you need an immediate call back. Some messages are simply asking for a gas voucher but you would like to call us to talk about something else so please let us know.

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Third, it is ok to leave a message after hours but know we may not get back to you till later in the day.

Fourth, our new phone system does allow you to state the message is urgent. If you are simply asking for a GVT bus pass, this may not be urgent compared to if you just ran out of medications and need assistance as soon as possible.

Finally, if there is another way you wished to be contacted please let us know. Some clients rather we use e-mail to contact them. E-mail is fine to us, however be aware we cannot guarantee the security of the e-mail system so information you send to us is not necessarily 100% secure and we cannot guarantee your confidentiality.

We know the phone system is not perfect but is a useful tool in the case management of WestCAP's territory. If there are any questions, please feel free to contact your case manager.

—Crystal Luce, Medical Case Manager

## **WHAT DOES IT MEAN TO EAT HEALTHY AND TAKE YOUR MEDICATIONS WITH OR WITHOUT FOOD?**

Are you eating healthy? And what does it mean when your doctor says take your meds with food? These are all good questions that people can interpret differently. I have some recommendations that can be helpful when deciding when and what to eat according to your medication regimen.

What does it mean to eat healthy? Eating healthy implies eating a well-balanced diet that includes fruits, vegetables, carbohydrates, protein, dairy, and fats daily, and eating 2000 calories every day. If you are unsure about the amounts you need to eat a well-balanced diet, ask your case manager for a copy of the "food pyramid".

So, what if you are trying to gain weight? If you are trying to gain weight, it is recommended that you eat more than 2000 calories a day. It is also recommended to take food supplements in addition to your regular meals, such as Ensure or Boost protein drinks. However, it is important to continue to eat a balanced diet as described above, even if you are trying to gain weight.

So, what if you are trying to lose weight? If you are trying to lose weight, it is recommended that you eat a balanced diet, and slightly reduce your calorie intake. In addition, slowly increasing your amount of exercise to your daily routine can also help you lose weight.

What about medications? If your medication regimen recommends that you take your medications with food, you should take your medications with a full meal. A small snack does not mean you are taking your medications with food. On the other hand, if your medication regimen recommends that you take

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your medications on an empty stomach, this means you should not eat for one hour before taking your medications, and you should not eat for two hours after taking your medications. If you have any questions about your medication regimen and nutrition, contact your case manager.

It is very important to adhere to your medication regimen and to eat healthy as recommended by your doctor. Both are important for you to feel your best every day.

—Jenny Vargas, Medical Case Manager

## **HAVING CONVERSATIONS ABOUT RACE**

On August 31<sup>st</sup>, 2011, the majority of the WestCAP staff attended the Regional Equality in Health Training entitled, “About Race: Having Conversations.” This training focused on the barriers to and the importance of having meaningful discussions regarding race, discrimination, and inequality in health. In addition, this training pointed out the potential harmful results of not engaging in and avoiding courageous conversations on racial inequalities, discrimination and prejudice.

When having conversations about race and inequality, it is always important to speak your own truth and from your own experiences. Discomfort and non-closure are typical results of these courageous conversations as well, and the participants must be willing to have these conversations without reaching complete closure on the issue in question. However uncomfortable or emotionally charged these conversations may be, the only way to combat discriminatory behavior and begin to reverse existing racial inequalities is to speak up. When an individual does not confront discriminatory behavior from others, in essence that individual is helping to continue racial inequalities.

Confronting discriminatory behavior can be extremely difficult. However, the EIH training provided advice and tips that can help improve communication and courageous conversations with others about racial inequalities. When someone says something you find offensive, it is important to approach the situation as a learning experience. This can lead to constructive communication so long as the person remains low on the “emotional ladder”. The more emotionally charged an individual is in confronting offensive behavior, the more likely the confrontation will not have a positive impact on the other person involved. Taken further, it is important for both participants to listen to each other’s points of view in order to understand and learn that individual’s perspective rather than attempting to change their viewpoint. Clarification can also help avoid miscommunication, and can lead to a more productive and understanding conversation.

Overall, the more prepared an individual is to have courageous conversations with others regarding race, the more those conversations can have a positive impact on educating others about the harms associated with discriminatory behavior.

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# PREVENTION

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*“When the truth is spoken without judgment, but rather to point to the possibilities of a more excellent way of living together as brothers and sisters, in spite of the differences of race, class, or creed, there is the potential of everyone accepting a new start.” —Andrew Young*

—Catie Pitts, Intake Coordinator and Cultural Competence Coordinator

## **HEPATITIS: A SILENT EPIDEMIC**

Nearly one out of every three people in the world, about 2 billion people, have been infected with the Hepatitis B virus (HBV), and one in 12—more than 520 million people—live with chronic HBV or chronic Hepatitis C virus (HCV) infection, according to a report from the World Health Organization (WHO) for World Hepatitis Day, observed July 28, 2011.

In addition, about 1 million deaths per year are caused by viral hepatitis infections worldwide, the WHO report states. Further, HBV and HCV are the leading causes of liver cancer in the world. In the U.S., the Centers for Disease Control (CDC) estimates 80,000 new viral hepatitis infections each year. Despite these numbers, testing rates for hepatitis viruses are low. Among those screened for Hepatitis C by WestCAP last year, 84.3% had never been tested for the virus before.

Hepatitis refers to an inflammation of the liver. Non viral (also known as toxic or drug-induced) hepatitis is caused by alcohol and other drugs. Most individuals recover from non viral Hepatitis and it can not be passed from person to person. The most common forms of viral Hepatitis (which can be transmitted by infected individuals) are Hepatitis A, B, and C. All types can lead to cirrhosis (scarring of the liver), liver disease, and damage to liver functions. All of the hepatitis viruses can live outside the body and remain infectious, unlike HIV.

Hepatitis A (HAV) is usually spread when a person ingests fecal matter from contact with objects, food, or drinks contaminated by the feces or stool of an infected person. HAV is cleared by about 95% individuals who contract it within weeks, although it can cause mild to severe abdominal illness.

The Hepatitis B virus is 50-100 times more infectious than HIV, according to WHO. Hepatitis B is usually spread through exchange of blood, semen, or other bodily fluids. A woman infected with HBV can also pass it to her child during pregnancy and childbirth. In nine out of ten adults, acute hepatitis B infection will clear on its own in the first six months. However, if the virus becomes chronic, it may cause liver cirrhosis and liver cancer.

Hepatitis C is spread through blood-to-blood contact with someone who is HCV-positive. It is important to keep in mind that HCV can remain infectious outside the body for at least four days. Although the majority of those infected with the Hepatitis C virus report sharing needles or other equipment to inject drugs, other transmission methods include occupational exposure in health care

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settings, mother-to-child transmission, sexual contact with someone infected with HCV, and even sharing personal care items that may have come in contact with another person's blood, such as razors or toothbrushes. Before 1992, when screening of the blood supply for HCV began in the United States, Hepatitis C was also commonly spread through blood transfusions and organ transplants. Another high risk group for HCV infection is military veterans. According to the Veterans Health Administration, one in ten military veterans is infected with HCV.

Prevention and early testing are key. There are vaccines available for HAV and HBV which are 94-100% effective in preventing contraction of the viruses. Further, Hepatitis C screening is recommended for anyone who has a history of injection drug use, an individual who has or has had a sexual partner with HCV, a person with a blood transfusion before July 1992 or anyone who has been on hemodialysis. Testing is also advised for those individuals who have had blood-to-blood contact with someone who may be Hepatitis C-positive.

Of those infected with HCV, 15-30% clear the virus although there is no conclusive research to support that this means the person is "cured" and can not thus pass on HCV. Further, there are medical treatments available for those who are infected, including antiviral agents interferon, ribavirin, as well new protease inhibitors. These can be costly, however, and are taxing on the body.

Even if treatment is not an option or not chosen, a healthy lifestyle can help in managing the virus. Avoiding alcohol, cutting down on smoking, and eating a low-fat diet rich in vegetables and fruits is important, according to the World Hepatitis Alliance. The liver is the only organ in the body that regenerates; thus, recovery from cirrhosis (liver scarring) can occur.

WestCAP offers Hepatitis C screenings to those who are at risk. The test is conducted through a finger stick, and processing of results takes about three weeks. Clients interested in this screening can come in during a regularly scheduled walk-in testing day (second Friday of each month, from 9 a.m. to 1 p.m., or fourth Monday of each month, from noon to 4 p.m.) or contact the office at 970-243-2437 to speak with a Prevention team member.

In the words of President Obama in a statement released for World Hepatitis Day 2009, "Public awareness and preventative care are crucial to reducing the impact of hepatitis on Americans. Together, we can... provide support and care for those infected, and aspire to eliminate this terrible disease."

—By Rabeeha Ghaffar, Resource and Prevention Director

*"We cannot afford to be silent anymore. In fact, we will not be silent any more. Why? Because our countrymen and women are dying daily, needlessly, from a disease that is entirely preventable if detected early. Each year, approximately 15,000 people die from liver cancer or liver diseases related to Hepatitis B and Hepatitis C. That's over 40 Americans dying every day, with no state or district in our nation exempt from its deadly reach... I urge all of you to join me in supporting activities that promote early detection and education. With your help, we can sound the alarm on this silent crisis."*

—Congressmember Michael Honda, U.S. House of Representatives