



# WestCAP WORDS

## WESTERN COLORADO AIDS PROJECT

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

October-November 2008

“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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## PRIORITIES! PRIORITIES!

WestCAP's annual Priority Setting meeting was this week, where we set the service priorities for the coming Ryan White fiscal year, which is April 1<sup>st</sup> through March 31<sup>st</sup>. The Ryan White money is the primary funding for client care. In the past, this fell under the responsibility of the Western Colorado AIDS Care Consortium (The Consortium) where WestCAP was chosen as the lead fiscal agent to distribute the Ryan White dollars. The Consortium was made up of providers in our 22-county region who also worked with people living with HIV and our agency in order to provide necessary services. In 2008, HRSA decided that the process of distributing Ryan White funds needed to change (yes, more change!) and the idea of The Consortium was no longer necessary. Now WestCAP receives Ryan White funds directly through the Colorado Department of Public Health & Environment (CDPHE). Even though The Consortium model is no longer the process by which to distribute funds, WestCAP continues to maintain the strong collaborations established many years ago through The Consortium, and those who once met under the name of The Consortium now meet under the name of Western Colorado Regional Advisory Council on AIDS (Advisory Council), with the same dedication to providing quality care.

It is under the direction of the Advisory Council that WestCAP shares the work that our case management staff is undertaking, and it is within this group we work together to address needs as a region. It is also in this format at the annual Priority Setting meeting that WestCAP shares results from the annual "Client Questionnaire" and the "Client Satisfaction Survey" with our partners and constituents, to set Ryan White funding priorities. WestCAP has always felt strongly that input from clients and from other service providers is an essential piece to be able to prioritize needs appropriately. Who knows needs better than direct service providers and clients themselves!?

This year's Priority Setting meeting was September 16<sup>th</sup> and we had an excellent turnout! Many people participated not only in filling out and returning our annual client questionnaire and survey, but also in being a voice at this meeting! The top priority funding categories were selected, and we will incorporate these results into next year's Ryan White work plan. The remaining categories will continue to be funded, but at a slightly lower level of priority.

I want to say "thank you" to everyone who took the time to fill out the questionnaire and the survey every year, and to those who participate in not only the Priority Setting meeting, but also in the Advisory Council!! WestCAP recognizes that client feedback and ongoing collaborations with community providers are valuable and necessary in order to provide the services needed to care for people living with HIV. We couldn't do it so well without you!

*Mary Beth Luedtke*  
Executive Director

# ***CLIENT SERVICES***

## **CASE MANAGEMENT TIDBITS**

**Thank you!** for completing the Client Survey and Questionnaire. We randomly drew names from the folks that returned the survey for the City Market cards and have mailed them out. We wish we could give everyone a gift card because you are all winners in our book. Thanks again for all your input.

**Reminder:** If you would like financial assistance with dental care, mental health care, medical visits, vision exams, etc., please speak with your Case Manager prior to making an appointment for any service that you may need assistance with. You *must* have prior approval and a voucher in order to guarantee WestCAP's financial assistance.

**Money:** If you would like to attend a retreat related to your HIV, please contact your Case Manager. There may be travel assistance available.

**Cancellation:** Due to the lack of response, the Women's Group has been cancelled. If you would like support related to women's issues and HIV specifically, please speak with your Case Manager or contact *The Women's Lighthouse Project* at 720-941-8200 or at [womenslighthouse@aol.com](mailto:womenslighthouse@aol.com)

“Things which matter most must never be at the mercy of things which matter least.”  
– Johann Wolfgang von Goethe

## **TIPS FOR MEDICATION ADHERENCE**

Often, the biggest obstacle to successful treatment is adherence to your medications. Here are 10 tips that will help.

- 1. Integrate meds into your life.** Fit the meds into your life instead of structuring your life around your meds.
- 2. Count out doses in advance.** Use a pill box to prepare your meds a week or two in advance. Note: some medications need to be refrigerated. If that is the case, keep the pill boxes in the refrigerator or a cool place.
- 3. Keep a checklist.**
- 4. Use a beeping alarm.** Use a beeping watch or timer to remind you when a dose is due.
- 5. Put dosage times into a planner.**
- 6. Plan ahead.** Pack your meds and keep them with you when traveling. Also, plan ahead for refills. Give the pharmacy at least three days to get your refills.
- 7. Arrange for privacy.** If you want to hide the fact that you take meds, arrange for some private time to take them.
- 8. Keep a diary.** Write down successes and failures to remind you what works and what doesn't. Record missed doses to identify times or doses that need to be worked on to improve adherence.
- 9. Establish and use a support network.**
- 10. Leave yourself notes and reminders.**

If you find you are having difficulty adhering to your medication, talk to your physician, therapist, or case manager.  
—<http://aids.about.com/od/adherencestrategies/tp/tenadherence.htm>

# ***CLIENT SERVICES***

## **WHAT IS “SBIRT”?**

*(S-Screening, B-Brief, I- intervention, R-Referral to, T-Treatment)*

SBIRT is a program that is funded by the State to screen people for alcohol, tobacco, and illicit substances. Once screened, the person will be referred to various forms of treatment. The level of the treatment may be identified by a separate facility.

The screening tool is called the ASSIST\* which is a series of questions designed to find out the severity or impact of the drug to the life of the person being screened. This tool was developed by the World Health Organization (WHO) and has been applied to populations worldwide.

*\*(A-alcohol, S-smoking, S-substance, I-involvement, T-test)*

The HIV Collaborative Care Clinic was awarded a grant to screen all HIV-positive patients for substance use and abuse, since there appears to be a correlation between the incidence of HIV infection and the use of substances. Through the SBIRT process, it may be determined that a client would benefit from treatment, which can be as involved as inpatient treatment, outpatient treatment, or as simple as nicotine patches. There may also be financial assistance available for different treatment options. Each client has a different need and only he/she decides if he/she is ready.

Alicia Gutierrez is a Health Educator and works for St. Mary’s Family Medicine. Alicia will be doing site visits with WestCAP Case Managers. Part of her job is to apply the screening tool and make the needed referral, then make sure that the client receives the help he/she is seeking. Please feel free to discuss any drug/alcohol use with Alicia. It is not her job to report or to pass judgment. Any information given is confidential and does not affect client medical care. As a health educator, Alicia’s job is to educate patients on the health effects secondary to substance use.

—Jenny Vargas, Client Services Advisor

## **HEPATITIS C (HCV) and HIV CO-INFECTION**

Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV). HCV infection sometimes results in an “acute” illness, but most often becomes a “chronic” condition that can lead to cirrhosis of the liver, liver cancer, and death. Acute Hepatitis C virus infection is a short-term illness that occurs within the first six months after someone is exposed to the hepatitis C virus. For most people, acute infection leads to chronic infection. The disease is transmitted through contact with the blood of an infected person, primarily through sharing contaminated needles. There is no vaccine for hepatitis C. Approximately one-quarter of all HIV-positive people in the United States are “co-infected” with HCV. It is recommended that all HIV-infected people be screened for HCV. For HIV-infected individuals, as well as their health care providers, prevention of HCV infection is important for those *not* infected as well as reducing chronic liver disease in those who *are* infected. Often when you get lab work done you are tested for Hepatitis C; it is a good idea to get tested for HCV and examine possible treatments. If you are co-infected, talk with your health care provider about options available. There are support groups through Hep C Connection; you can either contact them toll-free at 800-390-1202 or visit their web site at [www.hepc-connection.org](http://www.hepc-connection.org).

<http://www.cdc.gov/hepatitis/HepatitisC.htm>

<http://www.cdc.gov/hepatitis/>

<http://aids.about.com/od/hepatitisbasics/a/hivhepc.htm>

<http://aids.about.com/od/hepatitisbasics/a/hivhepc.htm>

## *CLIENT SERVICES*

# ***Dinner and a Movie***

### **“CHARLIE BARTLETT”**

At first glance Charlie Bartlett may look like a movie designed for the average teenaged moviegoer; however, after watching the movie it's clear that this film is for people of all ages who want a good laugh. The comedy/drama is about a boy who is used to the boarding school lifestyle, although he has been kicked out of every boarding school available because of his unusual ideas. Charlie's mother, out of options, enrolls Charlie in a public school. On his first day at the public school Charlie is made to feel the differences between his clean and pressed demeanor and that of his classmates. Instead of changing himself to make friends, Charlie changes the whole school so that there is a place for him in it.

Charlie finds his niche in the school by dispensing advice and medication to the students through the dim-wittedness of his own psychiatrist. This first step of listening to students who are routinely ignored leads to the mafia-like rule of Charlie Bartlett over the whole school, including the principal's daughter. The transformation of Charlie Bartlett from a boarding school boy into a public school mob boss will have you giggling until your eyes water. Enjoy!

—Randalee Gates, Client Services Advisor

### **TUNA NOODLE CASSEROLE**

2/3 bag of egg noodles  
1 small can of Cream of Mushroom soup  
¾ can of milk  
1 can or pouch of tuna  
½ tsp salt  
½ tsp of pepper  
½ tsp of garlic salt

- Boil 2/3 of a bag of egg noodles until the noodles are tender (about 12 minutes).
- Drain the egg noodles and rinse them with cool water. Return the noodles to the pan.
- Add the can of Cream of Mushroom soup to the noodles.
- Fill the can ¾ of the way full with milk and stir to get the remainder of the soup, and then add to the noodles.
- Stir in the remaining spices and cook at medium heat for 5 minutes stirring constantly.
- Remove from heat and let stand 2-3 minutes.

—Randalee Gates, Client Services Advisor

# ***PREVENTION***

## **IS HIV/AIDS STILL A GLOBAL EMERGENCY?**

The topic of this article alone could fuel endless debate and controversy. A recent article by John Bongaarts, in Population and Development Review, theorized it is now time for the world community to refocus their attention on other infectious diseases rather than HIV/AIDS.

Bongaarts based his belief on a study he conducted with three demographic experts from the United Nations Population Division, entitled Has the HIV Epidemic Peaked? Methods used included mathematical models combining population projections with data from UNAIDS, predicting the effect of HIV/AIDS on demographics. The report found that the rate of HIV infections has reached its climax worldwide and is now declining. However, total global infections will likely remain about the same for another 20 years and will continue to increase in sub-Saharan Africa. Bongaarts states, "AIDS has gotten special treatment because of its emergency status; that view is no longer valid because the epidemic has peaked."

This research indicated the "peak" of the pandemic may have occurred as long ago as 1995, with North America's "peak" coming in the early 1980s and the last "peak" in Eastern Europe in 2001. Bongaarts asserts that this finding has not been in the news because it was contradictory to the interests of HIV/AIDS-specific agencies like UNAIDS. In fact, senior UNAIDS and World Health Organization officials have admitted that they exaggerated the numbers of HIV infections worldwide to maintain the flow of donor money. The presence of AIDS will not prevent population growth, it is argued; even in sub-Saharan Africa, the population is expected to increase by one billion between 2005 and 2050.

However, in early August, new facts came to light regarding the CDC (Centers for Disease Control) and its estimates of new HIV cases in 2007. The agency reported that 40% more new infections had occurred in the U.S. than previously believed, about 56,000 for the year. Dr. Kevin Fenton, Director of the CDC's National Center for HIV/AIDS, believes this is because new methods of estimation are taking into account the fact that not every individual is diagnosed immediately, and include "new diagnoses" up to five years after infection. "The fact that 56,000 Americans each year are contracting HIV for the first time is a wake-up call for all of us in the U.S.," Dr. Fenton told CNN.

The CDC also reported that 80% of people living in Washington, D.C. with HIV were black. California-based research agency Black AIDS Institute found that the AIDS epidemic among blacks in this nation is perhaps as severe as in parts of Africa. According to Black AIDS Institute, if African-Americans in the U.S. made up their own country, they would rank 16<sup>th</sup> world-wide in the number of people living with HIV.

This new information also calls to attention the fact that one out of four HIV-positive individuals in this country has never been tested. Efforts to make HIV testing routine in medical settings are not making the expected inroads. Ideally, Dr. Fenton believes the answer is investing more federal funds in prevention efforts. Right now, only four percent of the national HIV/AIDS budget is dedicated to prevention.

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# ***PREVENTION***

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In conclusion, HIV/AIDS may no longer be an emergency, according to some sources, but it is nonetheless an epidemic with no cure. However one views the virus, it is important to keep this irrefutable fact in mind.

—Rabeeha Ghaffar, Resource & Prevention Director

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## **GET TO KNOW THE NEW PREVENTION EDUCATION COORDINATOR**



by Scott Montgomery

My career at WestCAP came about as a result of coming in for an HIV test in March 2008. I had asked whether WestCAP was hiring and had applied for an open position a few days later but was not hired. Fortunately, they remembered me when this position became available! I am excited to be working with Rabeeha, Mary Beth, and the entire WestCAP staff.

As HIV Prevention Education Coordinator, I will be responsible for facilitating educational and social outreach activities, conducting HIV and Hepatitis C testing, acting as Program Manager for ManREACH, liaising with 4cGLAD, supervising weekly Bingo fundraisers, supporting grant writing, finding new ways of generating interest within the 22 counties that WestCAP serves on harm- and risk-reduction for HIV and other sexually-transmitted infections, and any other duties that Rabeeha surprises me with.

My previous employers have included call centers, a background screening company, retail stores, a restaurant, a pharmaceuticals unit at a cancer center, an oil company, a local TV station, and a TV production company.

I graduated from the University of Tulsa, having majored in communications. I also attended Richmond College in London, England. My pipedream was to be a TV scriptwriter. Writing is my main hobby. I have had a few short stories published. I have submitted numerous unsolicited scripts to production companies...only to receive “no” responses. Alas, this is typical in the writing industry.

I was born in İzmir, Türkiye, at a U.S. Air Force dispensary. I have lived in Tulsa, Houston, Lafayette Louisiana, and Los Angeles. Because my stepfather worked as a geologist in international exploration, I had the opportunity as a kid to travel to Egypt, Indonesia, Australia, New Zealand, Singapore, Hong Kong, Greece, and back to Türkiye.

I believe that my limited exposure to various cultures will allow me to relate to clients of various ages and backgrounds.

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***UNTIL THERE IS A CURE THERE IS PREVENTION***