



WestCAP WORDS

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

JUNE-JULY 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

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WHAT DOES SUCCESS LOOK LIKE???

As I sit here to write this article, I just shake my head in disbelief in how quickly this year has gone. WestCAP’s fiscal year ended on March 31, 2011 and it all seems like a blur! Looking back, my head spins with thoughts of deadlines and applications and meetings in Denver! With all the business and craziness, it is rare we have the luxury to sit back and reflect upon the past year and celebrate the many successes!

It is easy to measure success by how many grant applications were awarded or how many tasks were completed and completed on time. I consider these big steps toward success but I also know that there was so much more that contributed to making those steps happen.

“The ladder of success is best climbed by stepping on the rungs of opportunity.”
—AynRand

WestCAP has had many “opportunities” in the past year to find success through what sometimes felt like impossible challenges. WestCAP has been able to respond to changing and increasing client needs, to shifting program guidelines, and to increasing mandates—all while successfully delivering better services and meeting the needs of individuals that walk through our doors. Success is remaining focused on our clients amidst many challenges!

So what else does success look like for WestCAP?

- Linking 41 new individuals living with HIV to needed care
- Providing quality services to 218 unduplicated Care Clients
- Recognition of programs and the unique people we serve on a statewide and regional level
- Increase in collaborations to focus on improving statewide quality of care
- Implementation of ways to better measure effectiveness of our services
- “Working smarter” by re-structuring positions
- Passionate and dedicated staff!

I know that there is so much more, as success can be defined so differently for many! However we define success—whether it be helping someone access medication, increasing a person’s ability to stay safe, or helping someone just make it through another day—it is important to recognize those successes and to celebrate!

—Mary Beth Luedtke
Executive Director

CLIENT SERVICES

CASE MANAGEMENT TIDBITS

Watch the mail: The WestCAP Client Satisfaction Survey will be sent out in July. We would love your feedback!

Shadowcliff Retreat: Watch the mail for the Shadowcliff flyer. This is a great opportunity for HIV + people to attend a wonderful, healthy, and refreshing retreat...and partners are welcome. It will be held at the Shadowcliff Lodge in Grand Lake, Colorado on July 28-31, and again on August 18-21. If you are interested or want more information, contact your case manager or Michael at 303-377-3127, or go online to www.OnTheTen.org/retreat

Please: Remember that WestCAP does NOT have caller ID. Please leave a detailed message and phone # where we can reach you. WestCAP serves 22 counties (the size of the state of Kentucky) and we are often out of the office or on the phone. Thank you!

Vouchers: We encourage all WestCAP clients to access dental, vision, and mental health services. If you are in need or interested in any of these services, please talk with your case manager. We are here to help you.

Health Care Reform: Changes are still coming. Keep posted. Medicaid is expected to become available for single adults without children beginning 2012.

Going Green: If you would prefer to get information via email, please let us know. Thank you!

“If you want a golden rule that will fit everybody, this is it: Have nothing in your house that you do not know to be useful, or believe to be beautiful.” —William Morris

RISK REDUCTION

Risk reduction is a way to minimize the possibilities of health hazards. It is taking responsibility of our actions and regaining some control of the behavior. Assessing the risk behavior and creating a plan to reduce or completely eliminate the behavior is a main key to success. Sometimes people find themselves engaged in activities considered “risky” or harmful and find it difficult to stop the behavior or the activity. Here are some key steps to manage or reduce a negative or undesirable behavior.

The first step is **recognizing** the behavior. For example: a common behavior is having unprotected sex. A way to address this is to get in the frame of mind of what to do if the situation arises. Condoms reduce the possibility of contracting or infecting others with sexually transmitted diseases/infections as well as pregnancy. This may mean fully “picturing” how using condoms will work in your sexual relations. Try visualizing in your mind incorporating condom use into your sexual practice. Try experimenting with your partner with different types and styles of condoms. Try incorporating different kinds of lubrication to make it more enjoyable. Experiment on making it part of the sexual act, making it more enjoyable and plan ahead.

Secondly, having **knowledge** about the behavior you would like to change. For example: Knowing more about HIV and other sexually transmitted diseases is a very important key in decreasing the possibility of transmission. Considering how HIV and other STIs are acquired and/or if they are curable may help you decide if the action is going to be worthwhile.

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Another part of addressing or eliminating unwanted behavior is **discussing** it. For example: you may want to talk with your partner or partners about protection methods or products available, in order to evaluate and recognize if the methods/products are effective. Explore with your sex partner by using other alternatives to decrease the risk. And finally, make a **commitment** to change.

As always, if you have questions or have difficulty, please talk with your case manager. We are open to any discussion you may want to have.

—Jenny Vargas, Medical Case Manager

PRESCRIPTIONS AND MEDICATION ADHERENCE

A key component of good medication adherence is having your medications available when you are supposed to take them and taking them as prescribed. This aspect can be rather tricky, especially for people living in rural areas, due to concerns of medications having to be mailed or small pharmacies not carrying the medications. The following are some steps to take to ensure you can get your medications in a timely fashion.

No matter how you get your medications you should read their labels. On a medication's label is key information including: the name of the person taking the medication, the type of medication, the size of the medication, how often and how many you should be taking of your medication, how you should take your medication (with food, on an empty stomach, at bedtime, etc.), possible side effects (drowsiness, upset stomach, etc.), how to store the medication (refrigerate, in a dry area, etc.), when the medication expires (and thus you should dispose of), and how many refills you have available. It is important to read the information; make sure you have the correct prescription and you know how to use the medication. It is also important so you know how many refills you have left. If you have no refills left on your prescription, then when you go to get the next month's medications there can be a delay in getting them. Any questions about your medications should be directed to your doctor so they can assist you.

If you are ordering from your local pharmacy, check to see if you will need to order your medications ahead of time. HIV medications can be expensive for a pharmacy to carry so they often don't have them in stock and only get them when someone places an order. You often need to call 24-48 hours ahead of the time from when you need to pick up your medications to ensure they are there. Each pharmacy is different, so talk to your pharmacist and see if the medication is something they have regularly on hand or if it is something you need to call ahead of time.

If you are getting your medications from a mail order, such as ADAP's Rose Medical Center, then you need to give the pharmacy enough time to mail the medications to you. Oftentimes it can take 2-3 days for medications to get to you, so you need to make sure you give the pharmacy enough time to get the medication to you. A good rule of thumb is to call five days in advance of running out; this should give enough time for your medications to be mailed.

If you are on ADAP, Bridging the Gap (SPAP/Medicare D assistance), or the Insurance Continuation Program, you need to make sure your information/application is up-to-date. ADAP, Insurance Continuation, and SPAP have renewals on your birthday month. If you do not renew by the end of your

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birthday month this will hinder your ability to get medications. Additionally, SPAP has renewal in December for the Medicare D portion of the application. If you are having problems with your application, talk to your case manager for assistance.

Key aspects to remember: read your prescription's label, make sure you know how many refills you have, give your pharmacy enough time to get you your prescription, and make sure your applications for your assistance are up-to-date. Don't wait until the last minute to fill your medications; don't wait until Friday afternoon to fill your medications. If you do, then you are putting your medication adherence at risk.

—Crystal Luce, Medical Case Manager

CULTURAL COMPETENCY: A TWO-WAY STREET

Cultural competence is a set of attitudes, behaviors, and policies within an individual and organization that enables effective communication, interaction, and service delivery to diverse populations and cultures. Cultural competency is a continual process of development, and is viewed to be the most effective way of reducing health disparities in care and services.

WestCAP has held and maintained a strong focus and drive to improve the cultural competence of the organization in recent years. Much progress has been made in regard to reaching this goal, including but not limited to an increase in the number of organizational materials available in the Spanish language for clients and potential clients, an increase in educational and outreach testing events, the development of policies and procedures specifically addressing cultural competency, and an increase in staff development through cultural competence trainings.

Despite these efforts, WestCAP cannot truly be culturally competent without listening and responding to feedback from clientele. Organizational efforts concerning cultural competency only provide part of the picture; in order to gain a comprehensive understanding and knowledge of the ways in which culture impacts WestCAP services, clients' feedback on their experiences with the organization is imperative. WestCAP is attempting to gather client feedback using two methods: a cultural competence client survey and the collection of client stories. The client survey is still in the design phase; however, this survey should be mailed out to clients in the near future. Providing feedback on the survey and in client interviews may prove challenging due to discussing past experiences that may or may not be pleasant. However, we encourage clients to be courageous and be willing to step forward to truly improve what WestCAP can offer in terms of assistance, care, and services.

In essence, cultural competency is a two-way street, and must encompass both organizational efforts and feedback from clientele to truly be effective in altering and improving WestCAP care and services.

—Catie Pitts, Cultural Competence Coordinator & Intake Coordinator

PREVENTION

The Colorado Department of Public Health and Environment (CDPHE) reports that 51% of individuals newly diagnosed with HIV in 2010 in the state of Colorado were diagnosed with HIV and AIDS or progressed to AIDS within a year. This underscores the need for increased HIV screenings. Early identification of HIV infection enables those who test positive for it to start medical care and treatment sooner, leading to better health. However, the fact remains that an estimated one in five individuals living with HIV has never been tested and is thus unaware of his/her infection, according to the Centers for Disease Control (CDC).

June 27th is National HIV Testing Day. National HIV Testing Day (NHTD) is an annual campaign coordinated by the National Association of People with AIDS (NAPWA) to encourage people to "Take the Test, Take Control." According to NAPWA, "Early HIV diagnosis is critical, so people who are infected can fully benefit from available life-saving treatments. Currently, almost 40 percent of people with HIV are not diagnosed until they already have developed AIDS. That can be up to 10 years after they first became infected with HIV. Finding out whether you are infected with HIV is the first step to improving your health and the health of your partners and your family."

Testing is also crucial to prevention. Increasing the number of HIV-infected people who are aware of their status is an integral part of prevention. Studies show that people who know they are infected are far less likely to have unprotected sex than those who do not. In fact, a project conducted by Janssen and Marks, published in the Journal of Acquired Immune Deficiency Syndrome in 2007, indicates that once HIV-infected individuals test positive, unprotected sexual activity declines by 68%.

Overall, about 50% of U.S. adults have been screened for the virus, according to the CDC. However, among those who tested positive at CDC-funded sites in 2000, 31% did not return for their test results. In the most recent "HIV Testing Study," conducted by the CDC on testing in 2003, the most commonly cited reason for testing reflected personal motivation (i.e., "to know where one stood") followed by recognition of risk (i.e., "thought exposed through sex or drugs"). Reasons given by those who did not wish to test reflected misperception of personal risks factors (i.e., "unlikely exposed to HIV" or "thought HIV-negative").

Around the world, women now make up more than 50% of HIV/AIDS cases. In November 2009, the World Health Organization (WHO) released a report indicating that HIV/AIDS complications are the leading cause of death and disease among women between the ages of 15 and 44. However, testing rates remain low among females.

A 2009 study of 1,000 American women by the MAC AIDS Fund raises even more concerns around HIV prevention. 73% of those in the study reported they did not know their current HIV status. 78% of the women surveyed indicated that they've had unprotected sex. Over half (55%)

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of women said they have never had an HIV test. Further, 19% of those in the survey said “there was nothing that would convince them now to get an HIV test, even if they had already had one in the past.”

Among the 60,000 new infections every year in the U.S., the CDC estimates that half are in individuals under the age of 25, and one-fourth are in those under the age of 21. However, testing rates among this demographic also remain low. According to the Colorado Department of Public Health and Environment (CDPHE), 21% of all new HIV infections in 2008 were in those ages 13-24. While 48% of U.S. high school students surveyed by the national Youth Risk Behavior Survey (YRBS) reported having had sexual intercourse at least once, the CDC reports that more than 50% of HIV-infected adolescents (ages 13-19) have not been tested for HIV and thus do not know their status.

It remains important for us to remember that HIV does not discriminate: it is a virus that infects *humans* and one we can prevent. Early testing and medical care—no matter one’s race, ethnicity, age, gender, etc.—can help stem the spread of this pandemic.

To commemorate National HIV Testing Day, WestCAP is offering free walk-in HIV testing with confidential results available in ten minutes between the hours of 10 a.m. and 4 p.m. on Monday, June 27, 2011. For more information, please call 970-243-2437. The only way to know one’s status is to get the test.
—Rabeeha Ghaffar, Resource & Prevention Director



Based out of Grand Junction, Grand Valley ManREACH provides safe venues for gay/bisexual/questioning men to socialize in atmospheres free of alcohol or other substances.

Upcoming Events...

Wednesday, June 15th:

**Conversational MGroup, 6:00pm
at Western Equality in Grand Junction
We pay for the food!**

Saturday, August 13th:

**River Rafting, noon
at Rimrock Adventures in Fruita
Call Scott at 970-243-2437 for more information.**

Southwest ManREACH
Grand Valley ManREACH



Based out of Durango, Southwest ManREACH provides safe venues for gay/bisexual/questioning men to socialize in atmospheres free of alcohol or other substances.

Southwest ManREACH is the only state-funded HIV prevention program in southwest Colorado.

Southwest ManREACH sponsors free monthly social events, as well as quarterly educational conversations and HIV testing opportunities.

For more information, contact Mark Wiechmann at wiechmann_m@fortlewis.edu.