

The

Evergreen



EVERGREEN AIDS FOUNDATION

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EIP Tries to Fill the Gaps

By Sarah Fanucci



I do believe whoever first said, "change is the only constant" must have been referring to his experience with medical coverage. This past April, the Early Intervention Program once again revealed a new set of changes in their coverage policies. I would very much like to go over those with you.

There are three key points I wish to address. One has to do with medical appointment co-pays and co-insurance fees. One has to do with mental/behavioral health. And the last involves eligibility criteria. Let's start with the co-pays.

Before April 1, 2010, those active with EIP (everyone who applied in a timely way and was approved coverage) AND who were otherwise insured (through Medicare, WSHIP, employer sponsored plans, Basic Health, etc.) could expect no help from EIP with

co-insurance fees. These are the percentage of the fee charged by your health care provider that is NOT covered by your insurance. For example, WSHIP and Medicare are both 80/20 plans. This means the insurance typically covers 80% of your medical costs and leaves you with the remaining 20%. This 20% leftover for you, EIP could not touch. No matter if it was related to your HIV care. That was before.

This is now. As of April 1, 2010, the Early Intervention Program CAN cover your co-insurance fees. Yippee! They can also cover your co-pays. (Co-pays are the flat fees charged by some insurance carriers, typically for office visits. For example, I was on a Regence plan once that charged a flat \$20 for any office visit. I paid this at the time of my visit. The insurance picked up everything else.) So now EIP can cover co-insurance and co-pays. This is good news.

However (listen up), here are the rules: EIP can cover co-insurance and co-pays if (1.) You are active with EIP, (2.) The visit was an outpatient visit, (3.) The service you went in for was one EIP lists on their website as a covered service and (4.) The provider you saw is contracted with EIP.

All four of those must apply for EIP to
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EVERGREEN AIDS FOUNDATION

BELLINGHAM: 115 UNITY ST, SUITE 302 (360) 671-0703

EVERETT: 2709 WETMORE AVENUE (425) 740-3000

From the E.D.

Executive Director, Ed Wilhoite

Change is in the air.

There are times in the year, or the day, when change is palpable – a new season; an approaching storm (growing up in the Midwest, I remember this change vividly, as a thunderstorm looms or a tornado forms); a spreading wildfire; a nearing sea. It is in the air (smell, sound, sight, *feel*). Sometimes the transition is subtle, sometimes abrupt. And try as we might to have it otherwise, change is going to come. So it is for Evergreen AIDS Foundation.

We expanded direct case management services to Snohomish and Island Counties, opening a new office, adding five employees and more than tripling our clients served and our budget. We proposed to do this work because we thought we could improve the level of service to persons with HIV disease and their families. And we have. From day one. I am very proud of this good work and the Everett staff; by all accounts, from client to provider, the work (with very few exceptions) has been exemplary. Starting in 2011, we will receive funding to provide additional prevention services in Snohomish County, as we move to fully integrating EAF into Snohomish County: caring for the sick, preventing new disease and increasing public awareness.

What else? After 10 years at our current location in Bellingham, EAF will also be moving offices at the end of the month. I am certain you will find the new space – which is right across the street – to be more accessible and to have greatly improved functionality. There will be more meeting space for client events. New bathrooms! A separate kitchen. A client resource center. All on one floor. We are very excited about the move and

the possibility this suggests for the next 10 years. As I noted at our last staff meeting, this represents more than a commitment to a disease, it is a commitment to a community. In the short term, of course, the move will cause some disruption. The biggest is that we will be closed for approximately two weeks (September 29 until October 18). Scott has been working diligently to make sure that this move happens as seamlessly as possible, so I expect that the inconvenience will be minor for us all. But please make sure to read elsewhere in this newsletter how to receive services during the closure! **You will have access to your case manager and EAF services throughout the move.**



We often say that in change is opportunity. True, I suppose, but sometimes it seems only in the abstract. On the face of it, some change just sucks. That's the reality of public funding we confront today, as funds at both the state (significantly) and federal level continue to decline or further restrict service. The omnipresent necessity to do more with less, after the initial prompt to efficiency and creativity, eventually merely means a reduced capacity: we

can do less. That is the prospect that I confront almost daily in the meetings I attend. It is also why I always suggest that voting matters. Getting involved matters. The days of complacency, of standing still (as much as I would like simply to stop) are behind us.

Which brings me to another change – *and opportunity*. Effective January 1, 2011, the Region 3 Planning Council (Region 3) will no longer exist. This group was responsible for planning care and prevention services in the five northwest counties. For purposes of planning care services in Snohomish and Island Counties, they will now be integrated into the Seattle Transitional Grant Area (TGA), which comprises all three counties by federal designation under the Ryan White program. To do this planning, the Seattle TGA Planning Council and the region 3 Planning Council are forming a Snohomish & Island Counties HIV/AIDS Planning Sub-Committee (SICHAPS). Details on membership in this very important planning body, which requires and depends on the meaningful participation of consumers like you, can be found at the SICHAPS website (see this newsletter for membership application details). I encourage you to consider whatever level of participation you are able.

In the coming months, you will hear about much change. For awhile, the familiar will become strange – forms, faces, funds, services. Be assured that EAF will always strive to insure that these changes have the least affect on your health and well being. YOU are the clients we serve. But sometimes, I hope that you will be patient, because that is what change requires. That, and a smile.

Nutrition and HIV

With

**Lori B. Taylor,
MA/MS, CN, RD, CNSC
Clinical Dietician**



Wednesday, September 29

11:00 a.m. to 1:00 p.m.

This 2 hour Nutrition and HIV workshop will address:

- Best foods for your health today
- Managing medication side effects
- Minimizing lypodystrophy through diet
- 30 minutes for Question and Answers
- Individual Self Assessments

Please join us . The workshop will be held at:

**Whidbey General Hospital
101 North Main Street
Coupeville, WA 98299
The Board Room**

Give us a call with questions or to RSVP:

Sarah @ 360-671-0703 ext. 3307 or 425-740-3000 ext. 103

Thank You!

A Big Thank You to Everyone Who Attended our Everett Open House

Our offices at 2709 Wetmore Avenue may never see such a crush again. We were all thrilled that so many folks were able to attend our Open House on August 18. Staff and EAF Board Members were present to meet and greet. A special thank you is extended to Dr. Dreyer, Dr. Ramers, Barb Sim, the whole crew from Catholic Community Services, Snohomish Health District, and all our Clients for attending. It was a great turn out for proud office tours, good eats, and some fun door prizes.

Oh! And we still have plenty of *100 Questions and Answers about HIV/AIDS* by Dr. Joel Gallant. This is a really great resource no matter your knowledge level around HIV. If you are interested in obtaining a copy, please give your case manager a call or stop on in the office.

We'll have to think up an excuse for another get together. ☺ Thanks everybody!

READY TO GO GREEN?

Would you like to start receiving some of your Evergreen AIDS Foundation communications by e-mail? If so, please send a message to peer@evergreenaids.org

It's quicker, easier and good for the environment!



SICHAPS

Snohomish & Island
Counties HIV/AIDS Planning
Sub-Committee

www.sichaps.org

GET INVOLVED!

Are you someone who wants to make a difference in your community?

Do you want to have a voice in how HIV care dollars are spent?

The Region 3 Planning Council is currently seeking representatives to serve on its regional Snohomish & Island Counties HIV/AIDS Planning Sub-Committee.

Who is needed

HIV+ people who use services in **Snohomish or Island** Counties

Providers of direct HIV care services in Snohomish or Island Counties.

Special skills:

Your experience in receiving HIV/AIDS services in Snohomish or Island Counties

Your experience providing direct HIV/AIDS services in Snohomish or Island Counties

Time requirement:

A 2 1/2 hour meeting quarterly in Everett (time and location TBD)

A prioritization process in Snohomish County.

Help for low income consumers to attend meetings:

Mileage reimbursement, Ferry tickets, Bus tickets

To apply, fill out an application:

Online at:

www.sichaps.org

Call 425-339-8691 to have an application mailed to you

First Application Deadline: October 15, 2010

Applications accepted on an on-going basis. Questions? Call Pamela Spence of the Region 3 Planning Council, (425) 336-8691 or email coordinator@sichaops.org.

New Resource at EAF!

Essential Household Supplies Kit NOW AVAILABLE!

Evergreen has always tried to be responsive to Client need while remaining true to our mission. We think we've struck on a resource that brings those two into harmony.

The Essential Household Supplies Kit is now available through your EAF case manager for those who qualify. There are two varieties: one for those who have regular stable housing and one that is more portable for folks who may be wandering at the moment. The first includes toothpaste, a toothbrush, floss, mouthwash, shampoo, liquid soap, dish soap, all-purpose spray cleaner, baking soda, latex gloves, toilet bowl cleaning discs, and anti-microbial soap. The latter includes wisp waterless tooth cleaners, waterless shampoo, waterless body bath, a comb, nail clippers, toe nail clippers, floss, anti-microbial hand wipes, and disposable towels and comes packaged in a very handy and attractive fanny pack.

The kits are really quite innovative. They are meant to address both personal and household hygiene, with products all linked to improved dental and health outcomes, such as a reduction in the number of colds and flus and other bugs picked up through surface contact (the anti-microbial soap and hand wipes protect from bacteria AND viruses!), plus a reduction in tooth decay and gum disease. Dental care is especially important for folks with HIV – as it and all its many medications wreak havoc on your gums and teeth.

We are really proud of these kits. The items included are important to maintaining a healthy environment and a healthy you.

To find out if you qualify for a kit, give your case manager a call. He or she will go over a very straight forward checklist with you that asks questions about your current food purchasing power (do you rely on food stamps? access the food bank?), your current health status (are you fighting an opportunistic infection? a tummy bug? gum disease?), and does broach a few questions about your spending patterns (do you spend money on cigarettes?). This latter is not a disqualifier, but may be an opportunity to check in around harm reduction (are you ready to quit?). We can't pass up an opportunity to do some harm reduction. ☺

Come in and check them out!



Autumn Wellness Tips

By Scott Bertani

In this the beginning of the Flu Season (which starts early October and peaks in January), the mantra should be “*The soap on your hands, go sudz, sudz, sudz*”: Remember, people don't just get sick from walking into the proverbial (and often unforeseen) open-mouthed cough or sneeze (eeewh!), so wash your hands often. Treat 'em like biohazards after touching things like steering wheels, door-handles, railings, shopping carts, counter tops, etc. Better yet, spray things you touch regularly—especially your cell phone and keys—with a light Lysol mist, or pick a day each week to wipe down those regularly used items with a disinfecting wipe.

Did you know that germs remain dormant for longer periods of time in stagnant air? So, even during the

colder months, open up those windows to circulate the room or apartment. And bar soap? That stuff once resembling a Dove Bar melding into the counter top (along with that sponge), get rid of it on a regular basis. Germs and viruses love warm, moist places to gather their forces. If you have to keep your bath or kitchen sponge longer than anticipated, pop it in the microwave for about 30 seconds on high. That's hot enough to kill most living organisms.

Now, the most direct (and invasive) access point for any pathogen is either via the respiratory system or directly through our mucosal linings (nasal passages, eyes, mouth). So, when you go to the store, don't touch the carts and then rub your eyes or inadvertently itch your nose. And close the lid before flushing.

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EIP Tries to Fill the Gaps

continued from page 1

cover. To make it much much easier for you and your provider's billing personnel; you should present your EIP card to your medical provider during your visit. Same time you present your WSHIP or Medicare or whatnot card. That's simple. If you need a new EIP card, call EIP to request or call your case manager and he/she will assist you.

Now on to the second key point: mental health. The Early Intervention Program tries to recognize and address gaps in care. One of the gaps that has consistently been identified by the State overall by HIV positive persons is mental/behavioral health. In response this, EIP is now covering outpatient mental health costs. For those with EIP only (no insurance [As an aside, this is not good. If this is you, call EAF and we will help get you on to insurance]), they will cover the full cost of your mental health visit. For those with insurance (good job), EIP will cover your co-pay or co-insurance fee.

Once again, this applies only if you (1.) You are active with EIP, (2.) The visit is outpatient, (3.) The service is on EIP's list of covered services on their website, and (4.) THE PROVIDER IS CONTRACTED WITH EIP. The all caps may be annoying, but it is meant to grab your attention. There are not very many mental health providers to date who are contracted with EIP. If you are currently seeing a mental health professional and are paying a portion of your visit, let them know about EIP. Contracting with EIP is pretty easy and straightforward. Or you can call your case manager and pass on the name of your mental health provider (counselor, psychologist, behavioral health specialist) and we will call them for you in an effort to connect them with EIP.

The third key point is around eligibility. The Early Intervention Program is not insurance. It cannot cover the cost of a broken leg. It completely runs away from hospital costs. It probably can't cover an appendectomy. Because of this, it recognizes the



importance of everyone being insured and has made it their mission to see that this happens. As of April 1, all new applicants to EIP must have insurance in addition to their EIP. They will give you a small window (3 months) to obtain insurance, but obtain it you must. Just so's you know, Evergreen AIDS Foundation has been making insurance a priority forever. Currently, more than 95% of all our clients are insured. If you do not have insurance, or know someone who is HIV positive and without insurance, please let us know.

All of these changes are attempting to be positive and responsive changes. They have, let us say, good intentions. Of course, we all know about good intentions.

Prior to these new EIP changes (and for dental and mental health continuing through this calendar year), EAF had put aside moneys intended for medical care co-pays and co-insurance, mental

health services, as well as dental services. Because of the size of agency we are (much smaller clientele than EIP), we were able to use these moneys in perhaps a more flexible and maybe even, one could argue, a more straightforward way. We have for years and years had a very generous mental health program at EAF. We have been able to fill in gaps for dental care that resulted in our clients no longer identifying dental as a gap. These resources, these benefits, have been helpful and appreciated and have removed obstacles to essential care. And many of you have gotten used to our ability to utilize funds in these ways.

As of 2011, (earlier for medical co-pays and co-insurance) this will no longer be an option. Those funds will no longer be made available to EAF, but instead, will be returned to the general EIP pot, to be distributed according to their rules and in the manner articulated by them.

Again, these changes are well intentioned and EIP is trying hard to be appropriate and responsive to client identified gaps in care across the entire state. We are hoping for the best, too, but recognize that there will be hiccups (adjustments, errors, confusion) along the way. The best thing for you to do is to arm yourself with knowledge (read this article through again **and** know all the kinds of insurance and medical coverage you have currently) and ask for help when and if you need it. That's why we're here. Good luck and remember this quote when it all gets a bit much:

If you're in a bad situation, don't worry it'll change. If you're in a good situation, don't worry it'll change. ~John A. Simone, Sr.

Personal Health Planner

One of the questions that has come across my desk in the last month is....How do I know what kind of tests and screenings the doctor should be doing for me and when ? I have answers!

In this edition of the newsletter, we have included this pull out for you to keep. It is a chart which tells you what you can expect from your primary care provider when you are HIV positive.

I recommend bringing a folder with you every time to go to the doctor. Keep a list of your meds, a record of your labs, this chart you are getting today, and paper where you can write out questions for your doctor ahead of time and record their answers.

Before we start, one word I would like to define for you that shows up all over the chart is baseline. Baseline is information gathered at the beginning, from which all future information is compared to. Oftentimes, safety and efficiency is determined by studying how a drug affects the baseline. For example- you first CD4 test is 210 and after 2 months on Atripla, your CD4 increases to 300- we would consider this drug effective, based upon the increase of your CD4 cells.

Here's to Health,

Michelle Dever

MINIMUM HIV PRIMARY CARE GUIDELINES

	COMPONENT	TIMING
Periodic Evaluations	GENERAL HEALTH	
	Medication Assessments & Counseling (How is it going taking your meds and how can we help?)	Every visit
	Complete physical exam	Baseline and annually
	HIV clinical laboratory studies (Complete blood count, comprehensive metabolic panel, CD4 T cell count, VIV viral load)	*Baseline and every 3 months
	Lipid screen (To check your cholesterol)	Baseline and annually or every 6 months if at risk (at least 1 fasting lab annually)
	STD Screen (Syphilis -RPR/VDRL, Gonorrhea, Chlamydia)	Baseline, annually, and as needed
	Urinalysis	Baseline and annually
	Diabetes (fasting glucose)	Baseline, before initiation of ART, and then annually; consider more frequent screening if high risk
	Hepatitis Screen	Baseline and as needed for high risk patients
	Toxoplasmosis screen (IgG)	Baseline
	Resistance testing (Genotype) (To see if your body is resistant to any ART meds)	Baseline and at treatment failure
	HLA-B*5701	If considering ABC (Abacavir)
	Tuberculosis screen <i>Chest X-ray</i> (if clinically indicated to rule out TB if positive TST or present with symptoms)	Baseline and annually
	Anal rectal exam	Annually
	Colon cancer screening	Over age 50; colonoscopy every 10 years. If high risk, consider earlier
	Interval physical exam	Every 3 months
	Dental exam	Every 6 months
	Vision exam	Annually
	Diet and exercise	Annually
	Nutrition	Annually if using Medical Nutrition Therapy
Advanced directives (living will)	Review annually	

	COMPONENT	TIMING
	WOMEN'S HEALTH	
	Cervical pap/pelvic exam	Every 6 months, annually after 2 negative pap smears in a row
	Clinical breast exam	Annually
	Mammogram	Annually age 40-49, if high risk; Every 1-2 years age 50-75
	MEN'S HEALTH	
	Genital and digital rectal exam	Annually
	Prostate cancer screening	Annually after age 50; begin at age 45 with risks
	PREVENTION	
Immunizations	Hepatitis A	For non-immune patient, series of two immunizations at 0 and 6-18 months
	Hepatitis B	For non-immune patient, series of three immunizations at 0, 1 and 6 months
	Hepatitis A and Hepatitis B combination vaccine	For patients in need of both vaccines (A&B), series of three immunizations at 0, 1, and 6 months
	Influenza	Annually
	Pneumococcal	CD4 count of ≥ 200 cells/ μ L should be administered a single dose of 23-valent polysaccharide pneumococcal vaccine (PPV) unless they have received this vaccine during the previous five years (AII). Revaccination can be considered for patients who were initially immunized when their CD4 T lymphocyte counts were < 200 cells/ μ L in response to HAART
	Tetanus/diphtheria (TDAP < 65 years old; TD every 10 years after	Every 10 years
	Measles, mumps, rubella (MMR)	If not immune and CD4 > 200
	Meningococcal	If at risk
	Varicella	If not immune and CD4 > 200
	Human Papillomavirus	Consider in women $<$ age 26; use of vaccine in HIV infected persons is currently under investigation
	Herpes Zoster	The zoster vaccine is currently NOT recommended for persons with HIV
	H1N1	Per current guidelines
Risk Assessment	Tobacco	Annually and as needed
	Alcohol	
	Illicit drug use	
	Mental health: stress, anxiety, depression, suicide	
	STD prevention	
	Hepatitis A,B,C	
	Pregnancy and/or contraception	
	Emotional support	
	Domestic Violence	
	Seat belt use	
	Geriatric functional status	$>$ age 60, annually and as needed

Evergreen AIDS Foundation is Moving!

A big step up, only a few steps away.

Hello and happy moving day to us all!

On **October 1st 2010** Evergreen is moving.

Yes, you heard it right. After ten wonderful years at 1509 Cornwall in Bellingham, Evergreen AIDS Foundation is moving its office to a new (and bigger) location. But don't fret; it's literally a hop, skip and a jump across the way. In fact, it's the building directly behind us.

Drum roll, please. Our **NEW ADDRESS** is:

**115 Unity Street, Suite 302,
Bellingham, WA 98225**

So how will this move work exactly? This is a wee bit complicated, but we can get through it. We may be without an available office from **September 29th through October 17th** for the shift from the old to the new. This is the worst case scenario. It could be that we get to move in earlier and if so, we welcome you all to visit. To check our moving status, either log on to our homepage at www.evergreenaids.org or give us a call at our Bellingham phone number and our voice message will keep you posted. No matter what, **We Will Be Available by phone** and for some urgent face to face appointments throughout the entire move. Case managers, Dale Tarpenning and Sarah Fanucci, will be working out of our Everett office until the new Bellingham office is all set up. They will be available by telephone throughout those few weeks. Case Manager, Cathie Miller, will remain in Bellingham. She will be working remotely and will be available by telephone and in person by appointment.



To contact your Bellingham Case Manager by telephone, you have two options. The first is to simply dial our same old number: **360-671-0703** and leave a voice message. Case managers are being asked to check their voice messages during this transition period daily at 9:00 a.m., 12:00 noon, and 4:00 p.m.

Your second option is to dial our 1-800 number and be connected to a real live person in our Everett office. As Dale and Sarah are expected to be in Everett, you've got a good chance of reaching them directly. As a reminder, that number is **1.800.249.2437**.

One more thing, if you dial our 360-671-0703 number and it just keeps ringing (more than maybe 4 rings), this may mean you have hit us during our brief "black out" period when our phone system is moving over from the old to the new building. If this is the case, simply dial the 1-800-249-2437 number and you will be connected with the Everett crew.

This is a big step up for us (for you), especially after being in one place for so long. And while change isn't always welcomed (or even anticipated) it's a part of life.

And don't worry. There won't be any changes to the service (or care) you've come to expect from us. The faces (Case Managers, Staff and Front Desk Volunteers) will all remain the same, just the scenery will change. And we think you'll like these new changes.

Our anticipated move-in date will be **Monday, October 18th**—it's not that far away. So, bear with us as we shake the dust from our storage attics, wipe clean our desks (some for the first time) and start fresh. The place will be bigger, brighter and have lots more space to move about (about 3,000 Square Feet worth). And while we'll be on the 3rd floor (it's a gentle slope upward), we'll have an elevator. How cool is that?

Thank you in advance for your patience. We can't wait for you to see our (your) new space!

*The Staff at
Evergreen AIDS
Foundation*

**115 Unity Street, Suite 302,
Bellingham, WA 98225**



Living Forward III : A Positive Retreat

Evergreen's Annual Client Retreat held September 17-19

It's Back! For a third fabulous year EAF presents the retreat designed to inspire **Y-O-U**—the most important asset we have.

Our goal is to show you a landscape full of friendships, health and inspirations on **Living Forward with HIV.**

We hop board the *Evergreen Express*, **Friday, September 17th at 11:30 AM** from EAF, only to be whisked away, to Cornet Bay at Deception Pass. We'll meet our Skagit/Island/San Juan County friends at the Cook Road Park-N-Ride on I-5 at **12:15 P.M.** We will return on Sunday September 19th @ 7:00PM.

So, get to ready to pack up your sleeping gear (1 blanket & 1 pillow), three days worth of clothes and a few toiletry items, because it's time once again to meet up with old acquaintances and find some new ones. We are at a different location this year: beautiful Cornet Bay State Park on Whidbey Island. On Friday afternoon, we'll start it off right with a mouth-watering Bar-B-Que. From there we launch into the *Living Forward* activities and interactive sessions. We're excited to have a variety of brand new providers this year.

Now, no trip to Whidbey Island would ever be complete without time set aside to reflect upon nature and the world itself. Beautiful Cornet Bay and the Environmental Learning Center (which we'll call home for the weekend) is the ideal place to do just that. Our journey homeward begins after a healthy Sunday morning breakfast and a morning Yoga session.



This Year Naturopathic & Homeopathic Practitioners will be featured.

Naturopathic Physicians specialize in the use of diet, herbal and nutritional supplements as well as lifestyle counseling to assist people in achieving optimal health. Getting to the root of chronic illness and the treatments that overcome them is why Naturopaths are an increasingly important part of our health care system.

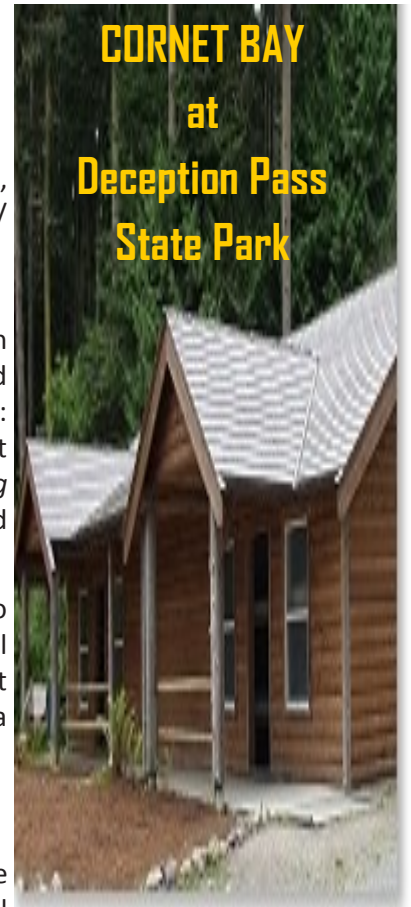
Homeopathic Practitioners strive for homeostasis, or balance in bodily systems. They utilize scientifically prepared natural remedies to strengthen the healing abilities of the body and assist against disease.

We are excited to offer all of this year's NEW specialties at no charge *or* cost to you. **That said, sessions must be attended.** Now, get ready for the fun and friendships. We look forward to a bigger and better program than ever before.

Proudly sponsored in part by



Naturopathic & Homeopathic Medicine, Massage Therapy, Tai-Chi & Yoga, a Story-Teller, Nature Walks & More!



Set on saltwater, Cornet Bay is abound with fresh water lakes nearby and hiking trails.



Summer Cruise a Big Success!

EAF held its first annual summer cruise in July and it can truly be said that a good time was had by all.

Thank you to all the Bellingham and Snohomish county clients who attended. We had a terrific turnout! Thank you to the EAF staff and volunteers from both Bellingham and Everett who stepped up to help out. Without all of your help the event would not have been possible.

We had about 70 attendees and the weather was absolutely beautiful; if a bit chilly. We went on a three hour tour of the Bellingham and Chuckanut Bays and enjoyed some great food plus fabulous cupcakes provided by Katie's Cupcakes in Fairhaven.

Our ship's captain Terry Buzzard of our host Island Mariner Cruises expertly and smoothly navigated us through the beautiful waterways of the area. Our vessel was the "Island Caper". At 110 feet long it is the largest whale watching vessel on the Puget Sound and we were fortunate to have a chance to experience our area's natural beauty from her decks. Some folks congregated outside on the decks to watch the scenery slip by. Others watched from inside and talked with old friends or acquaintances or played cards. The relaxed atmosphere perfectly matched the magnificent scenery and weather we enjoyed on our voyage.

Thank you again to everyone who made the event possible and to all of you for attending. Ahoy!



Fall 2010  **Volunteers of America®**
WESTERN WASHINGTON

The Life Skills Education Program...

Volunteers of America's Life Skills Education Program is an adult education program designed to develop personal skills and competencies that support self-sufficiency for homeless families and individuals.

The Life Skills Education Program focuses on three main areas:

- Self-worth Development
- Financial Management
- Employment Readiness & Retention

Classes are offered for free or little cost and open to the public. Unless otherwise specified, all classes are held at Volunteers of America at 1230 Broadway in Everett.

If you have questions about the Life Skills Education Program or would like to find out more about any of our classes, please call:

(425) 259-3191 x13001
Or visit us on the web at:
www.voaww.org

VOLUNTEERS OF AMERICA

Life Skills Education Program

Fall 2010

AIDS CLINICAL TRIALS UNIT UNIVERSITY OF WASHINGTON

Immunogenicity & Safety of an HPV Vaccine in HIV-Positive Women

Purpose of This Trial:

Human papillomavirus (HPV) is a common virus that causes warts, and can also cause cervical, vulvar and anal cell growth problems (dysplasia) leading to cancer. A new vaccine has been shown to prevent infection HIV-negative women.

However, the HPV vaccine has not yet been studied among HIV-positive women.

This study will see if the HPV vaccine is safe and effective in HIV-positive women and girls. If you join the study, you will receive the HPV vaccine. We will ask you how you feel and if you had any reactions after each dose of the vaccine.

Requirements to Enter Study:

HIV positive, female, age 18-45.

Any CD4 count and any viral load

On stable HIV medications, or not on any HIV medications, for at least 12 weeks before joining the study.

No history of cervical cancer, very abnormal Pap smear, or genital warts within 6

months

Have never received an HPV vaccine

Not pregnant or planning pregnancy, and willing to use birth control if needed.

Not breast feeding

Medications While on Study:

The HPV vaccine (Gardasil®) will be provided to you by the study.

Length of Study:

72 weeks.

Schedule of Study Appointments:

Screening, Entry, and Visits at 4, 8, 12, 24, 28, 52, and 72 weeks

Reimbursement:

Exams, the HPV vaccine and lab tests are provided at no cost. You will receive \$20-50* per visit, or up to \$250 total if you complete all study visits.

*\$20 for most visits; \$50 if the visit involves a pelvic/rectal exam

Contact:

The Screening Nurse at (206) 744-3184



WOMAN POWER

The 19th Annual
Retreat for
Positive Women



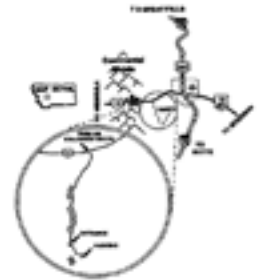
Creating Community

Thursday, September 30 -
Sunday, October 3, 2010

Helena, Montana

LOCATION

The retreat is held in a picturesque mountain lodge setting. Feathered Pipe Ranch is located 10 miles from Helena, Montana, just below the Continental Divide. www.featheredpipe.com



Because the facility has limitations, persons requiring skilled nursing care and significant help with their activities of daily living cannot be accommodated.

This is an alcohol and drug-free environment (except those drugs necessary for your treatment) so that we can be fully present for each other.

For more information,
email karmenah@breastnet.net
call Robie at 406-457-8952
or fax 406-457-8990 (ans. Robie).

Plan to arrive at the ranch between noon and 4 pm on Thursday, September 30

Legal Seminar

Get Help with Completing:

- Durable Power of Attorney for Health Care
- Five Wishes
- Last Will and Testament
- Physician Orders

There are many things in life that are out of our hands. This seminar is designed to give you a way to control something very important-how you are treated if you get seriously ill. We will be providing a monthly seminar where you can learn more. To register for the October 28, 2010 seminar located at 2709 Wetmore, Everett, WA 98201 from 4:30PM-7:30PM; contact Guy Ashmore, MSW at 425-740-3000 ext. 102 or request to be registered by your case manager. Bellingham clients may contact Case Manager Dale Tarpenning at (360) 671-0703 for more information.

Fall Fun!

Fall Word Scramble

Unscramble all the words, then copy the letters in numbered spaces to the spaces below with the same number to solve the puzzle!
(Hints available at the bottom)

NIAR

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SOOHCL

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12

LAEVES

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7 1

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10

SNAEBKTL

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6

PERLIFECA

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3

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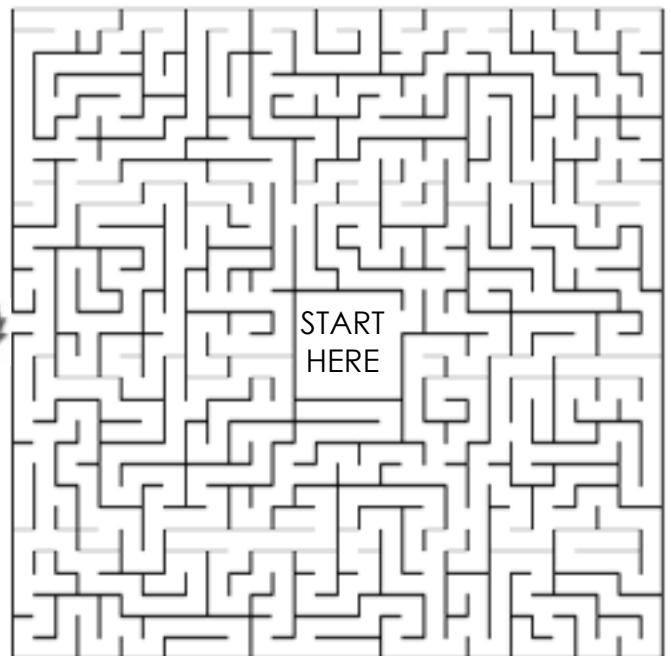
1 2 3 4 5 6 7 8 9 10 11 12

A. Rain, B. School, C. Leaves, D. Trees, E. Wind, F. Blankets, G. Fireplace, H. Harvest, I. Holidays, J. Family, K. Friends

Just for Fun

- Autumn is a season for big decisions -- like whether or not it's too late to start spring cleaning.
- I love autumn. I love watching the leaves fall. It reminds me of the Seahawks.
 - Autumn -- time to drag out your winter clothes and see what kind of summer fun the moths had.
 - The autumn leaves are a lot like raising kids. First they turn on you, and then they fly away. And next thing you know, you look out the window and they're back!
- I got tired of looking at all those leaves in my yard, so I got up off the couch and went into action. I closed the curtains.
 - I can hardly wait until all the leaves turn brown to match the grass.
 - Now, today's lawn & garden tip. If you haven't found the hedge trimmer yet, forget it. It's almost time now to lose the leaf rake.
 - Autumn is a great time of the year. Soon those ugly patches of dead grass in your lawn will be covered up -- with ugly patches of dead leaves.

Fall Escape





Evergreen AIDS Foundation



From our proud beginnings in 1985 of friends helping friends, we've evolved to become the largest, community-based AIDS Service Organization serving the Northwest Washington counties of Whatcom, Skagit, Island, San Juan... *and now Snohomish!*

www.evergreenaids.org

115 Unity Street Suite 302, Bellingham, Washington 98225 • (360) 671-0703
2709 Wetmore Avenue, Everett, Washington 98201 • (425) 740-3000

Autumn Wellness Tips

Continued from page 5

That stuff you don't want in the bowl can easily end up on items like your toothbrush or that once gleaming bar of Irish Spring (*ugh*). Even the washer should be run once in a while, empty with only a cup of bleach and a titch of detergent to keep those pesky germs in control (and not on your clothes). Remember, if you're not proactive those viruses out there will be. And don't even get me started on reusable grocery bags that haven't ever been washed (at least once per week). To avoid getting the really bad stuff like MRSA (Staph Infections), Influenza and the dreaded H1N1/Swine Flu, try washing your hands with a solution called *Dyna-Hex* (Chlorhexidine Gluconate 2%). Ask your case manager how you can get a bottle of this skin disinfectant from EAF.

And please get yourself an annual flu shot. About 200,000 people get sick with the Seasonal Flu every year. You'll only need one shot to protect you against two seasonal viruses and the Swine flu this year. Ask your provider about the nasal mist (or spray—approved for people up to 49 years of age). A variety of places these days, like pharmacies and grocery stores, offer vaccinations beyond a trip to your doctor. Remember, some places charge, others won't. But you should always make doctors your first stop. In fact, we've included a handy pullout in this issue for you to take with you to the doctor detailing a number

of items you and your doctor should be talking about. Make sure to ask your case manager for a Flu Clinic nearest you, or how you can get one for free by using your Early Intervention Program (EIP) card. And for goodness sakes ask about a PPSV, or a Pneumonia shot, as well. It's often a secondary infection caused by the flu. Everyone with HIV, Chronic Kidney and/or Heart Disease needs one (with a "booster" about 5-6 years after the first in people aged 19-64). In fact, with HIV we're up to 100 times more likely to get it. And for those smokers out there, every year after you've quit reduces your chances of contracting Pneumonia by 14%, and then returns to a risk similar to that for persons who had never smoked in approximately 13 years. A PPSV shot will protect you against 23 of the most common strains of Pneumonia out there (90 are actually known).

Last Tips: Beyond exercise (shown to decrease cold durations), did you know that people who have diverse social networks, have better immunity to cold germs than those with more narrow social circles? And with Vitamin C, if you're already dehydrated and taking large quantities of it to better with a stubborn cold, it can actually cause higher concentrations of uric acid to build up. The reality? Kidney stones. We're already at a greater risk for those, so gulp down water.