Positively Palm Beach

Treasure Coast Health Council

March - April
Volume 2011, Issue 2

SPECIAL ADDITION

The Board of Directors is pleased to announce the appointment of ANDREA STEPHENSON, MBA, MHS as Executive Director

The Board of Directors of Treasure Coast Health Council is pleased to announce that Andrea Stephenson has been appointed Executive Director of the Treasure Coast Health Council effective February 16, 2011. She will succeed Robert A. Bytnar, Health Information Systems Director who has been filling the position of Interim Executive Director while the search for a new Executive Director took place.

Andrea has built an extensive knowledge base about issues and trends in health care and social services during her 15 years in the public, private and non-profit sectors. She is skilled in community engagement and works effectively with various populations and diverse groups. She has demonstrated the unique ability to bring together programmatic and administrative elements necessary for effective management.

She has a Bachelor of Arts degree in Sociology from the University of Florida. She also has a Master's in Health Science as well as a Master's in Business Administration (MBA), both from the University of Florida.

Ms. Stephenson has served on several boards of organizations in aging, healthcare, child welfare, and community partnerships. She is a graduate of Leadership Palm Beach County (Class of 2005), received the Heroes in Medicine Award for Community Involvement (2005), recognized by Success South Florida as one of the "Top 40 Black Professionals Under 40"(2006), and selected as a member of Who's Who in Black South Florida (2007).

Edward Fischman, DPM FACFAS, Chairman of the Board of Directors said "We are delighted by this appointment. The Board looks forward to working with Andrea to ensure that Treasure Coast Health Council manages not only to sustain its position as a leader in health planning activities on Florida's Treasure Coast, but also to ensure that it is well placed to face future challenges and opportunities in the ever changing Planning, Healthcare and Human Services communities."

Ms Stephenson said "I am very pleased to have the opportunity to lead such a vital health planning organization. I look forward to working with both staff and Board colleagues to ensure the Health Council can capitalize on recent achievements and continue the work for which it is so highly regarded."

Article By: Robert Bytnar

Local Support Group Meeting Times & Locations

Drop-In Center at CAP

Palm Springs

Wed 10a-2p

Da Group at UDRC

Wed 110a

Brothers Together at Compass

Wed 7:30p

201 N Dixie Hwy.

Lake Worth FL 33460

Positive Living at Compass

Thurs 7:30p-8:45p

201 N Dixie Hwy.

Lake Worth FL 33460

Defining the Non-HIV Infectious Diseases Leadership Group

Over the course of the past two decades the National Institute of Allergy and Infectious Diseases (NIAID) has developed an extensive set of networks to conduct clinical trials related to HIV/AIDS. These networks have helped to develop effective treatments for AIDS, identify strategies to prevent mother-to-child transmission, and expand the proven methods for preventing acquisition of the virus.

During the past 18 months the leadership at NIAID has been actively discussing whether it might be possible to leverage this extensive infrastructure, which has been developed with AIDS-appropriated dollars, for the purpose of expanding our clinical trials capacity for infectious diseases other than HIV. Following a series of consultations with members of the infectious diseases community, NIAID announced that when we re-compete the HIV/AIDS networks in 2013 we will also issue an RFA for a non-HIV infectious diseases "leadership group" that will be responsible for developing a clinical trials research agenda (to be paid for with non-AIDS dollars) that will be implemented in part by using the existing clinical trial infrastructure originally built for HIV/AIDS and related research. In addition, it is anticipated that non-HIV infectious diseases clinical research that might emanate from the Leadership Group would also utilize other clinical trial infrastructure available to them. NIAID has scheduled a town hall meeting on March 7, 2011, with the original intent of soliciting input from the infectious diseases community about the most important issues that should be incorporated in this research agenda.

Over the past two months NIAID has received a great deal of feedback regarding our proposed plans. First, we have heard that many are not clear on the definition of a non-HIV infectious diseases "leadership group" since this is not something that NIAID has used before within the non-HIV community. Second, some have expressed concern that it seems inconceivable that the entire non-HIV infectious diseases research agenda could be incorporated in a single leadership group while the NIAID Division of AIDS has announced that it will have five separate leadership groups for HIV/AIDS alone. Overwhelmingly, we have heard the sentiment that it is impossible for the infectious diseases community to define a research agenda that encompasses more than 290 pathogens in multiple diverse patient populations. As we have listened to this feedback, it has become apparent that we should more explicitly define the purpose of the March 7 town hall meeting in order to address these concerns.

Article continued on page 6.

NATIONAL HIV/AIDS STRATEGY SUPPORTED IN PRIORITIES REFLECTED IN PRESIDENT'S FY2012 BUDGET

At a White House event on Monday, Mr. Jeffrey Crowley, Director of the Office of National AIDS Policy (ONAP), released the operational plans prepared by the six Federal agencies tasked with lead responsibility for implementing the National HIV/AIDS Strategy (NHAS). During the event, he and I also discussed some of the important HIV/AIDS related elements of the President's FY2012 budget that was also released Monday. As complement to the review of domestic HIV/AIDS funding contained in the President's FY 2012 budget that Mr. Crowley shared last week, I wanted to highlight several features of the Department of Health and Human Services (HHS) FY2012 budget that will support implementation of the Strategy.

The President's budget invests approximately $3.5 billion for domestic HIV/AIDS activities across HHS to expand access to affordable health care and prevention services and align activities with the Strategy. The budget also incorporates a number of policy changes designed to support and accelerate our efforts to achieve the goals of the NHAS. Below are summaries of three of the most significant ones.

1. ***Strategy Implementation Funds***—The Budget authorizes the Secretary of HHS to transfer 1% of domestic discretionary HIV/AIDS program funding to support the implementation of the NHAS through new and innovative cross-agency collaborations. This will establish a pool of approximately $60 million that will be administered by my office, the Office of the Assistant Secretary for Health (OASH). HHS leadership will identify, pursue, and leverage high-impact collaborative activities that can most benefit from the strengths and capacities of the different agencies and offices working together in new ways to address issues such as combination prevention, interventions for high-risk and underserved populations, improving linkages to care; and increasing our capacity to monitor implementation of the Strategy.

2. ***Refocusing Minority HIV/AIDS Initiative (MAI) Fund***—This component of the MAI is administered by the HHS Secretary, through OASH, and totals approximately $53 million in the 2012 budget. To ensure that these funds are having the biggest impact on reducing the disproportionate impact of HIV in minority communities and are responsive to the highest risk populations, we will develop a strategic approach for using the funds to complement other public and private efforts consistent with the goals of the NHAS. Priority consideration will go to funding activities that have been previously evaluated and demonstrated to have high impact. For example, resources could be used to focus on reducing the disparate infection rates of HIV among women of color or to support interventions to address high rates of undiagnosed HIV infection among Black and Latino gay youth.

Shifting Prevention Resources from Low to High Impact Activities—In pursuit of the Strategy's call for us to redirect resources to the most effective programs, CDC will redirect approximately $51 million from less effective and efficient programs to programs that are better aligned with the goals of the Strategy. This will be achieved by:

a. Placing greater emphasis on effective interventions for people living with HIV including those addressing linkage to and maintenance in medical care; adherence to antiretroviral treatment; and interventions that reduce transmission risk placing greater emphasis on effective community-level, structural, and single session interventions and public health strategies;

b. De-emphasizing intensive individual and small group interventions for at-risk populations that are difficult to bring to scale; and

c. Within CDC's HIV prevention portfolio, combining biomedical, behavioral, and structural approaches and integrating them through program activities and demonstration projects.

As demonstrated by the President's budget, at the Federal level we're doing the hard work of changing how we operate in response to this epidemic. The President's budget reflects these changes, directing resources toward clear priorities consistent with the Strategy, and will support us in advancing efforts toward the Strategy's goals.

By Howard K. Koh, M.D., M.P.H, Assistant Secretary for Health, U.S. Department of Health and Human Services

State of Florida to Move 6,500 People From Life Saving AIDS Drug Assistance Program

The AIDS Institute Calls on Florida, Congress and the President to Take Action

Tampa, FL – In an unprecedented move in the treatment of HIV/AIDS in the United States, the State of Florida is finalizing a plan to move 6,000 low-income people from its AIDS Drug Assistance Program (ADAP). The Florida ADAP program currently serves about 10,000 people across the state but officials say they only have enough money left to support roughly 3,500 patients until April 1, 2011 when new federal dollars are expected.

"This is devastating," stated Michael Ruppal, Executive Director of The AIDS Institute. "Efforts to fill the financial gap from additional state or federal sources have yielded nothing. We are in a perfect storm with the loss of jobs and health insurance, increased infections and increased diagnoses through expanded testing programs, while at the same time State and Federal governments are cutting their budgets." Ruppal continued, "We are risking peoples' lives with the potential of treatment interruptions that dramatically increase their chances of becoming resistant to the same drugs that are currently saving their lives."

ADAP's provide HIV-related medications to uninsured and under-insured people living with HIV/AIDS or about one-quarter of the people with HIV/AIDS estimated to be receiving care in the U.S. ADAP is part of the Ryan White HIV/AIDS program, which is funded by both federal and state resources. Receiving medications daily is critical to effective AIDS treatment.

The ADAP crisis is not unique to Florida. Ten states have instituted waiting lists to receive medications from the program. Of the 5,779 people on waiting lists, Florida's is the largest with 3,008. Wait lists are just one measure of how a state ADAP is doing. States are also reducing their eligibility, and in the process, actually disenrolling patients from the program, and reducing their formularies.

U.S. Senator Bill Nelson of Florida stated in recent letters to President Obama and Florida Governor Rick Scott, "These events make it clear that the current federal funding level for the ADAP program is not enough to ensure the program's viability during this period of economic turmoil." He went on to say, "I will also encourage state officials to work with your administration to ensure that Florida's ADAP program is administered properly and that all money is spent as efficiently as possible." Nelson also requested that Scott "find additional state resources to keep the program fully operating."

Florida officials, in an attempt to prevent treatment interruptions to patients, are finalizing a plan for the 6,000 patients to receive their medications from a pharmaceutical sponsored charity for the next 6-8 weeks. Ruppal stated, "This charity program was established to provide a temporary safety net for those patients who are on wait lists. It is supported by donated medications by many pharmaceutical companies but was never intended to handle the volume and scale of this crisis. We need long lasting solutions."

In the last Congress, funding proposals by the House of Representatives called for an increase in ADAP of $60 million for fiscal year 2011, while the Senate proposed an increase of $65 million. Unfortunately, Congress did not pass a full year spending bill and the government is operating on a continuing resolution at current funding levels.

"There are rallying cries from many members of the new Congress to significantly cut spending," stated Carl Schmid, Deputy Executive Director of The AIDS Institute. "The ADAP program cannot afford to be cut; too many lives are at stake."

A twenty percent cut to the program would translate into removing over 19,100 people across the country from the program. Even with level funding, the situation would continue to be grave since ADAP utilization continues to skyrocket.

"We need states such as Florida and the U.S. Congress to protect ADAP from any cuts. Additionally we need Congress to increase funding by at least the $65 million that was proposed by the Senate for FY11. We also need the Obama Administration to forcefully insist on these increases in addition to proposing adequate increases in FY12 and relay the urgency of this request to the Congress as they deliberate next year's spending bill," stated Schmid.

We are living in challenging times and record budget deficits and there is a call for spending freezes and cuts. In the process, programs must be prioritized and protected from cuts. For the sake of the over 1.1 million people living with HIV/AIDS in our own country, ADAP must be one of those programs.

For more information and to become involved, please contact The AIDS Institute at: (202) 835-8373, or by email at: Info@theaidsinstitute.org

New Resource Supports Faith Community Engagement on HIV/AIDS

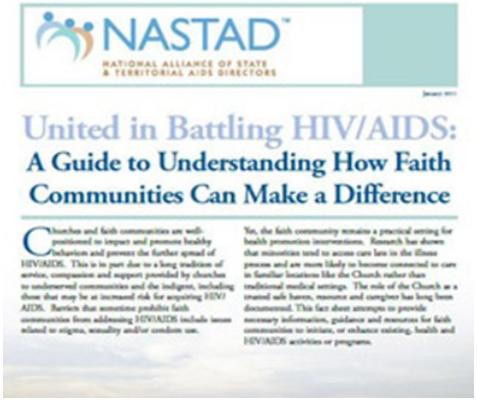
As has been frequently observed, the job of implementing the National HIV/AIDS Strategy does not fall to the Federal Government alone, nor should it. Successfully achieving the Strategy's important life-saving goals requires the commitment of all parts of society, including the nation's rich diversity of faith communities. In fact, the Federal Implementation Plan calls upon the Department of Health and Human Services to work with Centers for Faith-Based and Neighborhood Partnerships across the U.S. government to develop a plan for engaging more faith leaders to promote support for people living with HIV. Last Fall, we described our initial efforts to foster the engagement of faith communities in these important activities through our collaboration with the Centers for Faith-Based and Neighborhood Partnerships at the Departments of Health and Human Services, Labor, Justice, Housing and Urban Development, Veterans Affairs, and Education.

Our churches, temples, mosques, synagogues and other faith communities are uniquely positioned to contribute to the broad-based national effort underway to reverse the course of the HIV epidemic in America. Many faith communities have been involved in important HIV education, prevention, testing, and care efforts from the early days of the epidemic. ***To realize the promise of the Strategy's goals, however, we need even more faith communities to engage in such efforts***. Some will do so independently. Others will become engaged in collaboration with some of the many other partners—including other faith communities, state and local governments, health care providers, affected communities, businesses, philanthropy, educational institutions, media outlets, and others—all similarly mobilized by the President's call for collective action on this significant national need.

Given their abiding concern for the wellbeing of their congregants, there are many ways that faith communities can support the goals of the NHAS. Two that are particularly important are:

1. ***Encourage congregants to learn their HIV status so that, if infected, they can take advantage of life-saving treatments.*** Such efforts will help identify some of the more than 230,000 Americans living with HIV who are unaware of their infection and, thus, not accessing the care and treatment that can enhance and extend their lives and reduce the likelihood that they will pass their infection to others.

2. ***Work to reduce stigma and discrimination against people living with HIV/AIDS.*** The ongoing stigma associated with HIV disease—and the sexual and drug-using behaviors that can lead to infection—continue to interfere with our efforts, as a nation, to conquer this illness. Fear of discrimination causes some Americans to avoid learning their HIV status, disclosing their status, or accessing needed medical care. Faith leaders are especially well positioned to deliver messages of understanding and non-judgmental support that can serve as constructive examples to others in the community.


NASTAD
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS
United in Battling HIV/AIDS:
A Guide to Understanding How Faith Communities Can Make a Difference

A new fact sheet from the National Alliance of State and Territorial AIDS Directors (NASTAD) is designed to help faith communities pursue these and other activities. The fact sheet, United in Battling HIV/AIDS: A Guide to Understanding How Faith Communities Can Make a Difference was developed in collaboration with the National Black Leadership Commission on AIDS, The Balm in Gilead, Inc. , Latino Commission on AIDS , and the HHS Center for Faith-Based and Neighborhood Partnerships.

Just in time to help faith communities prepare for the National Week of Prayer for the Healing of AIDS which begins March 6, the fact sheet provides information and resources for faith communities to use in initiating or enhancing existing health and HIV/AIDS activities. The four-page fact sheet also features a great list of specific actions that faith communities can consider taking to educate members, promote health, prevent new infections, and encourage compassionate care and support of those living with or impacted by HIV/AIDS. "State and local health departments are eager to partner with faith-based and other community organizations to achieve the goals of the National HIV/AIDS Strategy," said Ms. Julie Scofield, the Executive Director of NASTAD. "State and local health departments can provide up-to-date information about the spread and impact of the virus and their programs offer critical services including HIV testing and referral into HIV care."

We would also like to share examples and ideas that are working in your community. **How does your faith community respond to HIV/AIDS? How could it enhance those activities as part of the broader national efforts to achieve the Strategy's goals? What is needed to make this happen?**

By Ronald Valdiserri, M.D., M.P.H, Deputy Assistant Secretary for Health, Infectious Diseases, U.S. Department of Health and Human Services

COMMUNITY OPPORTUNITY

SAMHSA, Behavioral Health and the National HIV/AIDS Strategy (Part I)

As the recently appointed Federal inter-agency liaison for HIV/AIDS at the Substance Abuse and Mental Health Services Administration (SAMHSA), I am pleased to join the discussion on AIDS.gov about how the National HIV/AIDS Strategy (NHAS) is being implemented across the Federal government. In support of the NHAS, SAMHSA is engaged in a variety of activities that address the behavioral health needs of people at high risk for or living with HIV/AIDS as well as efforts to improve coordination across the government and with State, Tribal and community partners. In this post, I'll highlight just a few of these activities but I'll be blogging again soon with more information about other NHAS-related activities underway at SAMHSA.

Behavioral Health and HIV/AIDS

As part of the U.S. Department of Health and Human Services (HHS), SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA's new strategic plan, "Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014," aims to improve the Nation's behavioral health, transform health care in America, and achieve excellence in operations. Strategic Initiative 5, Health Reform, specifically addresses the behavioral health problems of people at highest risk for or living with HIV/AIDS and emphasizes SAMHSA's commitment to implementing the NHAS. In fiscal year 2011 and beyond, SAMHSA remains committed to addressing the behavioral health problems that can put individuals at greater risk for HIV infection or that co-occur with HIV infection and can hinder access to treatment and maintenance in care.

The phrase "behavioral health problems" refers to substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicidal ideation, and mental and substance use disorders. Behavioral health can also refer to emotional health and the choices/actions that affect wellness.

Substance Abuse Prevention and Treatment Block Grant HIV Set-Aside

SAMHSA administers the Substance Abuse Prevention and Treatment Block Grant (SABG), which provides approximately $1.8 billion in resources to States. Since 1993, Congress has authorized a set-aside of 5 percent of these block grant funds for early HIV intervention services in "designated States." As currently defined in the legislation, a designated State is one with a case rate of 10 persons living with AIDS for every 100,000 people. In FY 2010, 19 States used set-aside dollars for early intervention services including: HIV risk assessment, pre-test counseling, HIV testing, post-test counseling, referrals for treatment, and testing for other infectious diseases (such as Hepatitis C).

As part of HHS-wide efforts to intensify HIV prevention in communities where HIV is most heavily concentrated, SAMHSA is working with the HHS Assistant Secretary for Health, the Assistant Secretary for Legislation, and Office of the General Counsel to develop a strategy for updating the funding criteria that allow States to use SABG funds for HIV/AIDS services. These resources represent a significant portion of SAMHSA's "HIV/AIDS budget." As such, we want to ensure that the provisions governing their use are consistent with the current epidemic and support States in using evidence-based prevention interventions for people at risk for or living with HIV/AIDS who have mental and/or substance use disorders

12 Cities Project

SAMHSA also is actively involved in supporting the HHS 12 Cities Project,

which seeks to foster innovation around more closely aligning HIV prevention, care and treatment efforts in the 12 U.S. jurisdictions bearing the heaviest burden of AIDS. SAMHSA's efforts include engaging our grantees as well as the Addiction Technology Transfer Centers (ATTCs) in these 12 jurisdictions to support this project. We are also working to engage the Single State Authorities (i.e., the State agency responsible for distributing the SABG funds for services and treatment for mental and substance use disorders), and SAMHSA grantees to support this project in each of the states where the 12 cities are located. As the project continues in the months ahead, SAMHSA will explore the feasibility of developing a treatment-on-demand referral network of substance abuse treatment providers who can collaborate with local HRSA and CDC grantees in some or all of the 12 jurisdictions.

By Gretchen Stiers, PhD, HIV/AIDS Policy Lead, Office of Policy, Planning and Innovation, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

Six-Month Drug Regimen Cuts HIV Risk for Breastfeeding Infants, NIH Study Finds

Giving breastfeeding infants of HIV-infected mothers a daily dose of the antiretroviral drug nevirapine for six months halved the risk of HIV transmission to the infants at age 6 months compared with giving infants the drug daily for six weeks, according to preliminary clinical trial data presented today.

The longer nevirapine regimen achieved a 75 percent reduction in HIV transmission risk through breast milk for the infants of HIV-infected mothers with higher T-cell counts who had not yet begun treatment for HIV.

The study was presented at the 18th Conference on Retroviruses and Opportunistic Infections (CROI) in Boston.

"Extended breastfeeding reduces infant mortality in places that lack safe, clean water by protecting babies from common childhood diseases because breast milk contains protective antibodies from the mother that formula feeding does not provide," says Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, which funds the trial. "These findings show that giving the infants of HIV-infected mothers an antiretroviral drug daily for the full duration of breastfeeding safely minimizes the threat of HIV transmission through breast milk while preserving the health benefits of extended breastfeeding."

The new findings apply to mothers and infants in developing nations, where infectious diseases such as gastroenteritis and pneumonia often pose a life-threatening risk to very young children. The U.S. Department of Health and Human Services recommends that HIV-infected mothers in the United States feed their babies with infant formula, not breast milk, because safe and affordable formula is available, infant deaths due to infections are low and only total avoidance of breastfeeding will completely protect these infants from HIV transmission through breast milk.

This advanced-stage clinical trial known as HPTN 046 is co-funded by NIAID, the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, the National Institute on Drug Abuse and the National Institute of Mental Health, all part of NIH. The HIV Prevention Trials Network and the International Maternal, Pediatric and Adolescent AIDS Clinical Trials Network are conducting the trial under the leadership of Hoosen Coovadia, M.D., M.B.B.S., of the University of the Witwatersrand in Durban, South Africa. Bonnie Maldonado, M.D., of Stanford University in Stanford, Calif., presented the study results for Dr. Coovadia on March 2, 2011, at CROI.

More than 1,500 mother-infant pairs in South Africa, Tanzania, Uganda and Zimbabwe are participating in HPTN 046, which began in February 2007 and will conclude in July 2011. The participating infants received daily nevirapine for the first six weeks after birth. Those infants who remained free of HIV then were assigned at random to receive either daily nevirapine or a placebo until six months after birth or the cessation of breastfeeding, whichever came first. Study investigators compared the rates of HIV infection in the two groups of infants, and evaluated and compared the safety and tolerance of nevirapine in the infants.

The primary analysis of study data found that 2.4 percent of the infants who received six weeks of nevirapine had acquired HIV through breastfeeding by 6 months of age, but only 1.1 percent of the infants who received six months of nevirapine had acquired HIV through breastfeeding by that time—a 54 percent difference. After the preventive nevirapine regimen was discontinued at six months, however, the rate of subsequent HIV transmission via breastfeeding was the same whether the infants had received daily nevirapine for six weeks or six months.

The percentage of infants who experienced serious health problems was nearly the same in both groups (17 percent in the six-week group and 19 percent in the six-month group). The great majority of these problems were infectious diseases not associated with nevirapine, such as diarrhea, malaria or pneumonia. Only 5 percent of the infants in each group had a health problem that required temporarily stopping daily nevirapine.

In addition, the HPTN 046 study team analyzed the impact of the mother's health and antiretroviral treatment on the benefit of providing daily nevirapine to breastfeeding infants for six months rather than six weeks. One group the investigators evaluated was the infants of mothers who had a T-cell count of at least 350 cells per cubic millimeter of blood, and who thus did not yet require antiretroviral therapy according to World Health Organization guidelines. In these infants, the six-month nevirapine regimen cut HIV transmission through breast milk by 75 percent relative to the six-week regimen.

In infants born to women with a T-cell count lower than 350 cells per cubic millimeter who received antiretroviral therapy for their own health, viral transmission to infants through breast milk was zero or nearly zero regardless of the duration of infant nevirapine.

HIV transmission through breast milk occurred at the highest rates among infants born to mothers who had a T-cell count lower than 350 cells per cubic millimeter but did not receive antiretroviral therapy even though they qualified for it. However, the difference in HIV transmission rates between the two infant drug regimens was not statistically significant.

The investigators will conduct their final analysis of the HPTN 046 study data after all infants have completed 18 months of follow-up this summer.

U.S. Department of Health and Human Services
NIH News
National Institutes of Health

Welvista-Florida Bridge Program

February 10, 2011

Welvista Steps In To Serve Florida's Uninsured HIV Population

With thousands of HIV patients in Florida on the brink of losing essential state-funded prescription drug assistance, Welvista has announced a new commitment to ensure these patients continue to receive needed medications.

Beginning February 14, Welvista and its partners in the pharmaceutical industry will provide HIV medications to approximately 6,500 Florida residents who currently receive those drugs through the state's AIDS Drug Assistance Program (ADAP). Due to a state budget crisis, Florida's ADAP was expected to exhaust all available funds and shut down in early February if an emergency solution was not implemented.

The operational agreement between Welvista and the state of Florida will allow the transition of approximately 6,500 of their nearly 10,000 active clients to Welvista. Welvista will provide medications to these clients until the next ADAP fiscal year, which begins April 1, when Florida's renewed allocation of federal Ryan White/ADAP funds becomes available. Clients will then again receive their medications from Florida's ADAP program.

"We are very concerned about the number of under- and uninsured who are at risk of losing essential assistance as a result of the deepening budget crises across the nation," said Welvista CEO Ken Trogdon. "Thanks to our partners in the pharmaceutical industry, we are fortunate to be able to bridge this critical need in Florida's ADAP today. We will continue to work with our partners to develop the kind of sustainable solutions that will help address the needs of the under- and uninsured while providing significant savings for healthcare providers."

Abbott Laboratories, Bristol-Myers Squibb (BMS), Gilead Sciences, Merck and Co., Tibotec Therapeutics and ViiV Healthcare already participate with Welvista to expedite access to HIV medications for ADAP clients on waiting lists in 10 states, including Florida. Abbott, BMS, Gilead, ViiV, and Merck have agreed to participate in this bridge program brokered by the FPC and will provide medications to Welvista for these additional clients in Florida on a one-time, emergency basis.

With a grant from the Heinz Family Philanthropies and Abbott Laboratories, Welvista began serving ADAP waiting list clients as part of its mission in July 2010.

Nationally, state ADAPs are situated in the eye of a "perfect storm." Thousands continue to enroll in state ADAPs each year due to the effects from the economic recession. Meanwhile, a litany of factors is combining to further squeeze these state programs:

• Rising drug prices on already-expensive medications. Some companies have agreed to price freezes for ADAPs while others continue to take price hikes, limited by law for ADAPs to be no more than the rate of inflation.

• Minimal increases in federal appropriations. The federal ADAP contribution has shrunk from approximately 70 percent to 50 percent of the overall national ADAP budget in recent years.

• Significant state budget cuts.

• Larger client caseloads due to HIV-positive individuals living longer. Positive developments such as national efforts to significantly expand HIV testing and linkages into care and new HIV treatment guidelines calling for earlier therapeutic treatments have further pushed ADAPs to a fiscal tipping point from which recovery will be difficult.

The National Alliance of State and Territorial AIDS Directors (NASTAD) reports that as of January 27, 2011, there are 5,779 individuals on ADAP waiting lists in 10 states. Twenty states have instituted, or anticipate instituting cost containment measures other than ADAP waiting lists before the end of the ADAP fiscal year ending in March.

Welvista
Hope and wellness for the uninsured.

AIDS Drug Assistance Program (ADAP) How to Access HIV/AIDS Medications

☐ Atripla	☐ Prezista
☐ Combivir	☐ Rescriptor
☐ Crixivan	☐ Retrovir
☐ Emtriva	☐ Reyataz
☐ Epivir	☐ Selzentry
☐ Epzicom	☐ Sustiva
☐ Intelence	☐ Trizivir
☐ Isentress	☐ Truvada
☐ Kaletra	☐ Viracept
☐ Lexiva	☐ Viread
☐ Norvir	☐ Ziagen

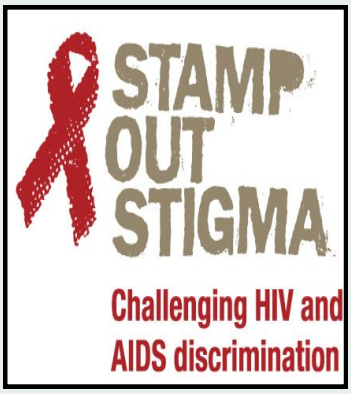
- The patient must be currently on a State ADAP waiting list
- The State ADAP Coordinator must sign the form authorizing the patient to receive medications
- The completed prescription form must be faxed to Welvista at 1-877-258-1557
- It may be necessary to submit the form to the Healthcare provider for prescription information

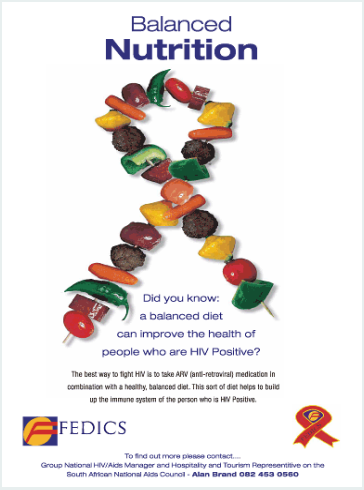
Once the prescribing authority has completed the prescription, it can be faxed directly to Welvista at 1-877-258-1557 by the Healthcare provider

Link for ADAP Prescriptions' form

http://www.welvista.org/pdf/adap_prescription_form.pdf

Nutrition Matters





Local Support Group Meeting Times & Locations

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Da Group at UDRC

Wed 110a

Brothers Together at Compass

Wed 7:30p

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Lake Worth FL 33460

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Living with HIV makes it more important than ever to stay focused on keeping your body healthy. Research has shown that a good diet can help your body fight the progress of HIV as well as improve how you feel day by day. For HIV-infected people, eating the right types of foods is a vital part of treatment. Nutrients in food provide energy needed by all parts of the body, including the immune system. Proper nutrition can help prevent weight loss, wasting, and lipodystrophy which is a serious side affect of anti-HIV therapy.

No matter what foods you eat, they are converted into sugars, fats or proteins while traveling down the digestive tract. Sugars are burned (metabolized) by the body first while fats are burned once sugar levels run low. Excess fat is stored if it is not burned for energy. Protein is used to help build cells, repair damage to tissues, and build muscle mass.

Many people with HIV do not metabolize these nutrients correctly. In wasting syndrome, protein is often metabolized first by the body, resulting with decreased muscle mass. Luckily, anti-HIV medications have helped to control this in many people. But anti-HIV drugs seem to cause their own problems. Many people taking anti-HIV drugs are seeing the levels of fats and sugars in their blood increase, sometimes to serious levels. Some also have lipodystropy and see the amount of fat in their face and legs shrink, only to become bigger around the waist, breasts and back of the neck.

Can better nutrition, when cutting down on sugars, salt and fatty foods really make a difference? Absolutely! Several HIV clinical studies and outcomes report the benefits associated with those patients receiving nutrition services early in their HIV/AIDS treatment. The nutritionist will make sure you are eating the right kinds of food as well as an exercise program to help burn extra fat and build muscle mass during your HIV medical management.

Here are the Top Ten Reasons to see the Nutritionist:

- *"Positive Eating"*- Immune Function and Diet Connection
- *Changes in body weight or appetite*
- *Problems with swallowing, chewing or digestion*
- *Nutrition Supplements: "what, when and how much"*
- *Menu planning and preparation*
- *Food security and food safety*
- *Food and Drug interactions*
- *High blood sugar, triglycerides and cholesterol*
- *Body Composition Studies*
- *Preventing/Treating Lipodystrophy and Lipoatrophy*

Be sure to ask your nutritionist (RD, LD/N) for an individualized Nutrition Assessment and advice needed to make a successful nutrition plan work for you.

Consult these helpful resources for more information about nutrition and HIV

www.aegis.com
AIDS Educational Global Informational System Database of HIV- and AIDS- related Information

www.healthfinder.gov
Healthfinder
A wide variety of consumer health information

www.eatright.org
HIV/AIDS Evidenced Based Nutrition Practice Guidelines

Eat Up. C.Smigelski RD, LD/N
Nutrition Advice and Food Ideas for People Living With HIV and AIDS

www.flairs.org/tcrs/Aidsline.htm
The Florida HIV/AIDS Hotline

Article by: Shana Bayder RD,LD/N
Palm Beach County Health Department

CARE Council Retreat February 11, 2011

Special Thanks to all those that participated in this event, Speakers Tammy Fields, Sunshine Law Review. Lorenzo Robertson & Coretha Smith, Stigma Training. Mary Jane Reynolds, Equal Treatment for All. As well as all the members that help throughout the year!! We couldn't do it without you!! Looking forward to a successful 2011!

Message from the Ryan White Program Manager

March 3, 2011

Access to HIV Medications in Palm Beach County

This year has been quite challenging for the State of Florida's AIDS Drug Assistance Program (ADAP). In the beginning of the ADAP fiscal year (April through March), it was apparent that the State was having difficulty forecasting the funding needed for the sustainability of ADAP. None of us were prepared for the budget crisis to come.

Many of you are aware of the cost containment measures the State implemented, including a wait list for new applicants, as well as the reduction of the medications covered under the ADAP program. The waitlist now includes over 3,000 people statewide and over 200 people in Palm Beach County. Patients who are on the ADAP waitlist successfully continue to receive free medication through Patient Assistance Programs (PAPs).

Most recently, the State was facing a possible $15 million deficit in funding and a potential closing of ADAP in February. Fortunately, an emergency solution was implemented. The Fair Pricing Coalition was able to broker agreements that allow patients enrolled in ADAP to continue to receive their HIV medications. This is being arranged through Welvista, a nonprofit organization who provides prescription medications to the uninsured and underinsured. Most pharmaceutical companies agreed to provide 60 days of medication to approximately two-thirds of the people enrolled in ADAP.

While patients in Palm Beach County are waiting for their Welvista medications, they are being given 5 and 10 day supplies of their medications until the Welvista shipment arrives. While this is not ideal, it is important for patients to remain adherent to their medications. Medications from Welvista started arriving in Florida two weeks ago. And as this article is being printed, Palm Beach County is finally receiving shipments of prescription medications. An incredible amount of coordination has gone into making these arrangements. We are very thankful to everyone involved in this effort.

The new grant year for ADAP begins April 1, 2011. The amount of funding for the new grant year is uncertain; but with the cost containment measures put in place throughout this past year, we anticipate that the new grant year will be less tumultuous. Despite the serious economic situation we are facing, it is hoped that both the federal and state government will increase funding to the State ADAP to meet the needs of persons living with HIV/AIDS.

A small group of case management supervisors, funders and ADAP staff continue to have *ADAP Transition* meetings on a monthly basis in order to ensure everyone is informed and can pass the information on to patients. Our goal is for all patients to receive the necessary medications. With the system we have in place, no one in Palm Beach County should be going without HIV medications. If you have any concerns or questions, please do not hesitate to contact me.

Sonja Swanson Holbrook may be contacted through the Palm Beach County Department of Community Services, 810 Datura Street, West Palm Beach, FL 33401, 561-355-4730, SHolbroo@pbcgov.org.

Article continued from page 2.

Defining the Non-HIV Infectious Diseases Leadership Group

The first thing that we need to make clear is that it is not our intent that a new infectious diseases leadership group will be the sole mechanism for conducting clinical research on non-HIV infectious diseases. Importantly, it is not meant to represent "leadership" for the entire infectious diseases research agenda. It will provide leadership for a restricted component of the broader infectious diseases research agenda. Therefore, on March 7th we plan to review some of the roughly $250 million dollars' worth of clinical research that is currently supported by the NIAID Division of Microbiology and Infectious Diseases and outline how the new initiative will provide an *additional* mechanism for conducting infectious diseases clinical research using, out of practical necessity, a restricted component of a broader infectious diseases research agenda using a multi-site network.

Second, as mentioned above, it has not been our intent to have the clinical research agenda of the new leadership group encompass every aspect of all infectious diseases. Rather, we have been actively soliciting opinions about what the highest priorities are. The feedback that we have received about priorities has been remarkably consistent. So much so that we can now indicate that the primary responsibility of the new leadership group will be to develop and implement a strategic series of clinical trials to address bacterial antibiotic resistance. In addition, we would want this leadership group to have the potential and capability to respond rapidly to emerging infectious diseases (such as an outbreak of SARS or pandemic influenza). We will reiterate these priorities at the March 7th meeting and look forward to feedback from those who attend. Given the budgetary constraints at NIAID, it does not seem possible to expand the scope of the research agenda beyond these relatively narrow limits at this time. However, as resources become available in the future, we envision holding additional consultations with the community about other research priorities that might be implemented within this leadership group, or through additional infectious diseases leadership groups with other interests and areas of expertise.

Third, it is clear that we need to spend some of the time on March 7th defining what we mean by a "leadership group". In part we will do this by describing how the leadership groups funded by the NIAID Division of AIDS have functioned in the past, although it is not essential that a non-HIV infectious diseases group conform exactly to this model. What we are ultimately looking for is a team of experts who can, in cooperation with NIAID staff, design and implement a strategic research agenda, not just a single clinical trial that comprehensively addresses the clinical research priorities in the areas of bacterial antibiotic resistance and emerging infectious diseases.

PALM BEACH COUNTY DIRECTORY PAGE

HOTLINES

A.G. Holley State Hospital TB Hotline 1-800-482-4636
CDC Info Hotline 1-800-342-2437
Crisis Line (Center Line) 211
Drug Abuse Hotline 662-4357
Florida HIV/AIDS Hotline 1-800-352-2437
Gay and Lesbian Hotline 1-888-843-4564
Medicare Hotline 1-800-638-6833
National Deaf AIDS Line 1-800-AIDS-TTY
Project Inform Treatment Hotline 1-800-822-7422
STD Hotline 1-800-227-8922

Education/information

Accessible Life Saving Education for at Risk Teens (ALERT) 966-4288
American Foundation for AIDS Research (AMFAR) 1-800-392-6327
CDC HIV/AIDS Treatment Information 1-800-448-0440
Children with AIDS Project of America 1-602-973-4319
Clinical Trials Information 1-800-Trials-A
Farmworker Coordinating Council of PBC 533-7227
Glades Health Initiative, Ind 996-0500
National Minority AIDS Council 1-202-483-6622
PBC Health Department 540-1300
PBC HIV CARE Council 844-4430
Red Cross, American 833-7711
Senior HIV Intervention Project (SHIP) 586-4843
Treasure the Children/Charles' Crew Adolescent Speakers, Inc 790-6847

HIV/AIDS Testing

Compass, Inc*. 533-9699
Comprehensive AIDS Program (CAP)
Belle Glade* 996-7059
Delray Beach* 274-6400
Riviera Beach* 844-1266
West Palm Beach* 472-2466
Glades Health Initiative, Inc*. 996-0500
Drug Abuse Foundation (DAF) 278-0000
Drug Abuse Treatment Association (DATA) 844-3556
Families First Palm Beach County. 721-2887
Jesus People Proclaim Int'l Ministries. 368-9044
Minority Development and Empowerment, Inc 296-5722

PBC Health Department (sliding scale fee)

C.L. Brumback Health Center 996-1600
Delray Beach Health Center 274-3105
Lantana Health Center 547-6805
Riviera Beach Health Center* 804-7909
West Palm Beach Health Center 514-5465
Riviera Beach Family Resource Center 840-1888
St. James Missionary Baptist 842-5971
United Deliverance Resource Center* 844-7071
Women of Color, Rise Above Your Shame. 577-3612
*Rapid HIV Testing Available

Dental Clinics

C.L. Brumback Health Center 996-1636
Delray Beach Health Center 274-3111
Riviera Beach Health Center 804-7900
West Palm Beach Health Center 514-5310

Pharmacies

Department of Health
Belle Glade 996-1637
Delray Beach 274-3107
Riviera Beach 804-7940
West Palm Beach 514-5380
CommCare Pharmacy 615-0564
BioScrip Specialty Pharmacy (Spanish speaking) 683-0001

HIV/Aids service agencies

Comprehensive AIDS Program, Inc. (CAP)
West Palm Beach 472-2466
Belle Glade 996-7059
Delray Beach 274-6400
Riviera Beach 844-1266

Care Resource

Coral Gables 1-305-667-9296
Fort Lauderdale 1-954-567-7141
Miami 1-305-573-5411
Compass 533-9699
Youth Line 533-9699
Children's Place at Home Safe, Inc.
North/Central Palm Beach County 832-6185
Southern Palm Beach County 995-0490
Farmworkers Coordinating Council of PBC 533-7227
Florida Lighthouse 499-1442
Gratitude Guild, Inc. 833-6826
HIV Pastoral Care 1-305-858-4649
Hospice By the Sea 395-5031
Hospice of Palm Beach 848-5200
Integrated Healthcare Systems 586-7404
Latin American Immigrants & Refugee Org. 966-4515
Legal Aid Society of Palm Beach County 655-8944
Minority Development and Empowerment, Inc. 296-5722
Palm Beach County Home 842-6111
Palm Beach Research Center 689-0606
Planned Parenthood 848-6300
Oakwood Center ..... 383-5912 or 383-5777
Social Security Administration 1-800-722-1213
Treasure Coast Health Council, Inc. 844-4220

Infectious Disease Physicians

Central County

Riviera Beach Health Center
Manochehr Khojasteh, MD 804-7900
Celeste Li, MD 804-7900
Kleper de Almeida, MD (Spanish Speaking) 967-0101
Kenneth Ness, MD 655-8388
Olayemi O. Osiyemi, MD 832-6770
Donald Watren, MD 655-9660
Larry Bush, MD 967-0101

Southern County

Infectious Disease Consultants 499-1442
Hamed A. Komaiha, MD, Jose C. Villalba, MD,
Jaroslav F. Ondrusek, MD, Cesar A. Randich, MD, Melvin S. Kohan, MD
Delray Beach Health Center
Snehprabha Samant, MD 274-3178
Guadalupe Medical Center (Spanish Speaking) 642-0768
Infectious Disease Associates
Julio Cardenas, MD, Ines Mbaga, MD, Susan Saxe, MD, Jill Howard,
MD, Sanda Cebular, MD, Kurt Weise, MD
Delray 496-1095
Boca Raton 393-8224
Leslie Diaz, MD .....North Palm 776-8300 .....Palm Springs 432-5846

Western County

Lyonel Jean Baptiste, MD 992-9216
Juan Carlos Rondon, MD 924-7788

Primary Medical Care

VA Medical Center (for veterans only) 422-7522
Palm Beach County Health Department
Riviera Beach Health Center 804-7900
C.L. Brumback Health Center (Belle Glade) 996-1600
Delray Beach Health Center 274-3100
West Palm Beach Health Center (pediatrics) 514-5300
FoundCare Community Health Center ..... (561) HEALTHY
(adult and pediatric) 432-5846

ROBUST BEET SALAD

8 servings
Beets are a colorful source of anthocyanins, the purple pigments also found in blueberries, red grapes and red cabbage. They are powerful antioxidants and may help protect against cancer and heart disease. This dish brings to mind pickled beets with a grown-up slant. It keeps well in the refrigerator.

Ingredients:
3 pounds beets
1/4 cup brown sugar
1/4 cup rice or cider vinegar
1/4 cup water
1 teaspoon wasabi powder (Japanese horseradish)
1 teaspoon dry mustard powder
1 tablespoon quality extra-virgin olive oil
1 large onion, sliced thin
Salt to taste

Instructions:
1. Cut off the beet tops about an inch above the beet. In a large pot cover the beets with three inches of cold water and bring to a boil. Cover and boil over medium heat until tender, about 45 minutes.
2. Drain the beets under cool running water. Slip off their skins. Trim off stems and root ends and slice the beets thinly.
3. Combine the sliced beets in a bowl with the other ingredients, add salt to taste, and chill. Stir several times. This salad will keep for a week in the refrigerator.

Nutritional Information:

Per serving:
122 calories
2 g total fat (0 g sat)
0 mg cholesterol
25 g carbohydrate

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WE ARE HERE TO HELP

The Palm Beach County HIV CARE council is a community based organization supporting local public participation in the planning for a system of medical and support services for individuals and families living with HIV and AIDS. One of the founding themes of the CARE Council is the belief that people living with HIV/AIDS can live a better, healthier and more productive life with the most current treatments supported by the most practical supports. Thus, we are a partnership of medical and health support service providers, funders of those services as well as people using these services and people who love and care for those living with HIV.

We welcome you to join us in bringing the most effective treatments for HIV/AIDS to those in need, and invite you to work toward providing those services in the most effective compassionate manner.

Responsibilities of the CARE Council are part of the Ryan White HIV/AIDS Treatment Modernization Act. Under this federal legislation areas of the United States which are hit especially hard by the AIDS pandemic receive federal funds to assist in fighting the effects of the disease.

Members of the CARE Council are nominated through a process which is open to public participation. Appointment to the Council is made by the Palm Beach County Board of County commissioners for a two year term. Membership is guided by federal principals guiding participation which reflects the demographic make up of the disease in this county.
The majority of the work of the Council is done in committee and brought to the full Council for approval. All meetings of the Palm Beach County HIV CARE Council are open to the public and are run under aspects of Florida's Open Meetings Act, also referred to as the Sunshine Law.

To be removed from our mailing list please contact Tonya Fowler at 561-844-4220X 15

NOW ACCEPTING MEMBERSHIP APPLICATIONS