

BRONX WIHS NEWSLETTER

Spring 2007

A Note From The Project Coordinator

WIHS has changed over the years in so many ways. When I first came to WIHS, over 8 years ago, the move into the present clinic building had just occurred, and the WIHS Team traveled to and from two medical facilities (Beth Israel & Mt. Sinai). Much has changed since then -- we now have one site, we expanded enrollment into WIHS, and new faces have arrived at WIHS.

Recently Madeline Crespo, known to you as Mattie, left WIHS for a wonderful opportunity at another major NYC Hospital – we wish her much success at her new job! Rosa Casanova (aka Rosie) is still out on medical leave --we hope and pray for a speedy recovery for her. Betsy, our lead phlebotomist will be leaving WIHS sometime in the summer for the sunny skies of Florida – how great for her and her family. Our best wishes will surely travel with her. Jill, the clinician who covers for Lorraine, is expecting a baby on September 7th – and she says “not a day later” Congratulations to Jill and her family.

The clothing drive for Rwanda was a success! Three full containers were packaged by Marguerite Johnson – Senior Data Clerk and NCAB Representative Nilsa Ramos. I am sure the donations will be received with great delight by the Rwandan people. We will be shipping them out at the end of March. Be sure to stay tuned for our upcoming Bronx CAB Project. If you have any suggestions leave me a note when you come in for your visit – all ideas are welcome. I would love for you ladies to contribute to the newsletter as well. Poetry, short stories, and testimonials are welcome.

Through the many changes, the one constant has been you – for that I thank you. Hope to have the opportunity say hello, personally, to all of you when you come in for your V26 – Spring & Summer 2007.

With great affection,

Tania Williams

Nilsa Ramos & Marguerite Johnson and the three bins of donated clothing.



Newsletter submissions can be left with WIHS staff the day of your visit or can be mailed to:

Tania Williams
3311 Bainbridge Avenue
Bronx New York 10467

WIHS IV

All the WIHS sites have just completed our WIHS IV grant application for continuing the WIHS for five more years, beginning December 2007. Plans for our continuation have been going on for most of last year. Now that the grant has been submitted the next step is for the applications to be reviewed by experts and then scored. Once this is complete, the National Institutes of Health (NIH) will determine the amount of funding for each WIHS site.

Changes for Visit 26

Visit 26 will start on April 1st. This will be the last visit in our current 5-year funding cycle, WIHS III. The grant application for WIHS IV was recently submitted and we are very hopeful that the WIHS will keep going for 5 more years. Because all the WIHS investigators have been busy writing the new grant, there are not very many changes for this coming visit. But there are a few new things.

- For this visit only, we will be asking you to fill out a questionnaire that asks about Pap testing and related topics.
- We have mailed or given you a vaccination card during the last visit. Please make sure to have all your vaccinations recorded on the card and bring it to your next WIHS visit. This will make it easier for your interviewer to record your previous vaccinations.

And although there will be no mental tasks this visit they will be back next visit.

These things will remain the same

- We still want you to fast (not eat or drink anything, except water, for at least 8 hours) before your visit 26 study appointment. The reason for this is to get a more accurate measure of key laboratory tests for things like cholesterol, lipids, and glucose. These blood tests are important markers for diseases that affect women, including diabetes, heart disease, and hypertension (high blood pressure). So please continue to fast 8 hours before your next WIHS visit. You have been doing great at this and we are grateful.
- Please continue to bring your medications or a list of your medications to the study visit. For your HIV medications, we also need to know the dosage you're taking. It makes it easier to complete the forms and therefore makes the interview take less time.
- For those of you who are on HIV medications, we will continue to ask you to give us a small hair sample.
- Because this is an even-numbered visit, we will ask you the mood questions. We will also continue to ask you some questions about your experience with domestic violence and sexual abuse, but only about the time since your last study visit.

Additional Studies At WIHS

If you have not participated in the genetic substudy, we will ask if you would. This study looks at whether genes that may be associated with mood, the stress response, and risk for drug dependence, including alcohol, street drugs and tobacco, play a role in depression and /or worsening of HIV disease. It consists of a 45-minute interview only. There is no blood draw, but we will test blood that we have already drawn from you to find out the type of genes that may be related to mood, stress response and addictive diseases that you inherited from your mother and father.

- The Cardio-Vascular study will continue and we will offer ultrasounds of the artery in your neck to those women who are eligible. You may be eligible if you have had an ultrasound with us before, and you have had at least yearly fasting blood draws. When you come to your WIHS visit, your interviewer can tell you whether or not you are eligible to continue in this study.
- For women undergoing colposcopy, we are happy to welcome Dr Neirida Correa and Donna Alpert to our Team. Dr. Correa is a bilingual senior gynecologist/obstetrician who has worked in the Bronx for more than two decades and Dr. Henry, is a gynecologist with many years of experience in working at the AIDS Center at Montefiore Medical Center. They have begun to provide all indicated colposcopy for WIHS participants at their clinic in upper Manhattan. Drs. Correa and Alpert can also provide all necessary clinical care and follow-up through Medicaid or other reimbursement-based mechanisms. Already women are taking advantage of the availability of this reliable and expert follow-up care. We will also continue to ask if you want to donate tissue to the AIDS and Cancer Specimen Resource (ACSR).

Completed:

- The STROOP (the questionnaire with all the colored blocks), the sexual functioning questionnaire, the menopause questionnaire and the Hopkins Verbal learning test were only being asked for visit 25 and are completed. Thank you all for your patience and cooperation in completing these additional questionnaires.

Which Cooking Oil Is Good For You?

Reprinted from the Northern California WIHS Newsletter

Are all plant oils good for you? What about animal fat? Should you use margarine or butter? Do you get confused when you pick up a bottle of salad dressing or a bottle of cooking oil and read the fat content?

All manufacturers of cooking oils will say that theirs is the best and healthy for you. Oils such as olive, canola, sunflower, corn, rice bran, grape seed, and soybean all have their loyal following. In order to decide which is best for you and your family let us review some basic principles. "Good" fats and "bad" fats are defined based on their ability to raise or lower total and LDL cholesterol (the bad cholesterol). Cooking oil is defined as purified fat of plant or animal origin, which is liquid at room temperature. Fats are an essential nutrient in the human diet, but an unbalanced diet is not healthy.

The Bad Fats are: Saturated fats raise the total blood cholesterol as well as the LDL cholesterol (the bad cholesterol). Source of high saturated fats would be butter, coconut oil, hard margarine, and palm oil. Trans fats raise the LDL cholesterol and lower the HDL cholesterol (the good cholesterol). They are man-made or processed fats, which are made from a liquid oil. When you add hydrogen to liquid vegetable oil and then add pressure, the result is a stiffer fat, like the fat found in a can of Crisco. Trans fats are also called hydrogenated fats. They can be found in cookies, crackers, icing, potato chips, stick margarine, and microwave popcorn. About 80 percent of trans fat in an American's diet comes from factory-produced partially hydrogenated vegetable oil.

The Good fats are: Monounsaturated fats, which lower total cholesterol and LDL cholesterol and increase the good cholesterol, HDL. Canola and peanut oils are high in monounsaturated fats. Polyunsaturated fats also lower total cholesterol and LDL cholesterol. Omega 3 fatty acids (found in some fish) belong to this group. Other oils high in polyunsaturated fats are corn, safflower, olive, sunflower, and grape seed oils.

Remember no matter what oil you choose, all oils are 120 calories per tablespoon (you can eat 2 apples for the same number of calories). Nutrition experts recommend that no more than 30% of a Western-style diet be made up of fats. How do you reduce the amount of fat on a daily basis?

When cooking with oil try to use as little as possible. Use a non-stick pan and a spray mister to lightly coat the pan. If you do not have a spray mister, use a measuring spoon to measure out small amounts of oil for cooking. Try not to eat too many fried foods but if you are planning to fry a chicken or some vegetables, use an oil that has a high smoke point (does not burn/smoke at high heat) and high in mono or poly unsaturated fats. Good examples of oil to use are corn, safflower, canola, and sunflower. If you are looking for a different taste in your salad dressings try walnut, avocado, or pumpkin oils. If you have an allergy to peanuts avoid peanut oil and maybe soybean oil because it is related to peanuts.

There are health benefits to having oil in your diet.

Healthful sources of fat contribute to our energy stores and act as excellent lubricants, lubing up our digestive track and providing protective insulation to our organs as well as allowing for the absorption of fat-soluble vitamins A, D, E, and K. Fats also maintain healthy skin and shiny hair. Remember, a little fat does go along way.

A Guide to Health Coverage in New York

Reprinted from Acria Update Vol 16. no 1

New York State offers a number of ways for people with HIV to get coverage for their medical expenses. You don't need private health insurance to get expert medical care and access to medications. If you don't know where to begin, find someone who does: talk to a local AIDS service organization, ask your case manager, or call the numbers below.

The following is a quick reference guide to available health care coverage options in New York State. It is not a comprehensive guide to all the eligibility requirements for all programs. For example, some programs, calculate your income after subtracting your payments for health-related services and basic living expenses. If you think you might be eligible for one of these programs, contact the program directly for additional eligibility and coverage information.

Medicaid 800 541-2831 \$

Comprehensive health coverage for people with limited assets and income. Must show you are U.S. citizens or qualified aliens. Can be working but must have a medical need. For a single person, income less than \$8,304 per year and assets under \$4,150.

Family Health Plus 877 934-7587 \$-\$\$

Managed care health coverage for U.S. Citizens or documented aliens ages 19-64. There are no medical requirements. Individuals can be working, with income up to \$9,800 for a single person, \$13,200 for a married couple, \$19,800 for a single parent and for families of 3 or more up to \$45,300, assets (depending on family size) less than \$22,950.

Child Health Plus 800 698-4543 \$-\$\$

Comprehensive managed care health coverage for children under 19. Must be a U.S. Citizen or qualified alien. There are no medical criteria. Household income dictates the family share the premium cost. There are no asset limits.

SNPs 800 772-1213 \$

Medicaid HIV Special Needs Plans

Special managed care health coverage for people with HIV/AIDS, providing enhanced coordination of quality health care through HIV specialty providers. Eligibility is the same as for Medicaid. SNP's are available in the five boroughs of New York City. Some services like pharmacy benefits are covered with a regular Medicaid card when you are enrolled in a SNP.

Healthy New York 866 432-5849 \$-\$\$

Streamlined managed care health coverage for people 18-65 who do not have Medicare. Must be a U.S. citizen or qualified alien and working at least part time or episodically. Income for a single person is up to \$25,125 (add \$8,250 for each additional family member), no asset limit. Limited prescription benefit available: \$3,000 per person per year.

Household income:

\$ Less than \$50/month

\$\$ Less than \$100 per month

Again, thank you all so much for your continuing participation and for being part of this important study. Your contributions have helped make it so successful. As we move forward we will ask for your input and hope you share with us how we can make these study visits as pleasant an experience for you as possible.

