

The Coordinator's Chat: A Monthly Exchange To Inspire Health Check Coordinator Outreach

May 2013

Outreach Targeting HIV

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The year 1981 seems so far away, but in my life it was certainly an incredible year. I had made a commitment to graduate school, sold all but my most essential belongings, driven myself 3,000 miles to a new home and friends in the San Francisco Bay Area, and I met the woman who would become the mother of my two children.

That year was about something else as well. I remember casually scanning the first pages of The San Francisco Bay Guardian and before me unfolded a report of a man who had just passed away in San Francisco of seemingly unrelated symptoms: skin cancer (Kaposi's sarcoma), lung disease, and organ failure. The author suggested that the illness wasn't random, and that other men in the local gay community were reporting similar persistent flu-like symptoms, lung infections and peculiar skin conditions.

As I read the first paragraphs of the article that day, I remember the quality of the weather, the colors of the buildings, the fall of light against the trees. I also recall the nausea, the involuntary tensing of my muscles and the heightening of all my senses as though I had just witnessed some horrific, violent act on the quiet street before me.

The next decade was unforgettable. Halfway houses and shelters opened. In 1984 nearly 500 men died. A syndrome was defined and a virus was identified. An entire region was in shock. By the late 80's and into the mid '90's over one thousand people were dying in the Bay Area each year. Nationally recognized artists, scientists, celebrities and political leaders fell. No one in professional and academic communities was untouched by a suffering friend or loved one. The problem was local, it was visceral and it was personal.

Over the next 20 years, something happened. I'm afraid that the shock has subsided, the numbness has set in, and our local cultures have arrived at some level of acceptance of HIV driven by familiarity and habit. Habit can numb our senses to reality.

The HIV virus, however, has not been asleep. This virus adapts, learns from experience, and then changes to adjust to the new knowledge.

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Share with DMA!

Thanks for your enthusiastic responses to these first editions of *Coordinators' Chat*, a monthly forum focused on enhancing activities and relationships among the state's *Health Check* Coordinators. We've already begun receiving great ideas and submissions from you to include in your monthly publication. Please keep sending your articles, thoughts and your reports on local activities events, seminars, webinars, and resources our way. We would love to share them with your colleagues across the state.

To have your event or topic of interest shared in an upcoming issue, email Maya Gist at maya.gist@dhhs.nc.gov.



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Outreach Targeting HIV cont.

The HIV epidemic continues and now our African American and minority communities are at greatest risk. This is where the number of people of color living with the burden of HIV is greatest and it continues to rise. These children and young adults are more frequently isolated from the help and attention they need to increase their odds of healthy living. High poverty rates, lack of access to healthcare, rising rates of incarceration and educational challenges create individual and intergenerational barriers to learning and adaptation.

As Health Check Coordinators, an opportunity to raise awareness, to build new health habits and to impact the continued spread of this horrible and costly illness lies before us. The beginning of this journey lies in strategic and creative outreach to pre-teens and youth in their natural settings. The formula to success is yet to be discovered.

Success may lie in small communities rising up to decide that the epidemic is unacceptable, or in conversations shared with children, with parents, and role models. It may lie in expanding the possibilities for interactions between survivors and peer groups. Success might be felt by high school athletes who read stories of inspiration to primary school children, by middle schools and grandparents holding hands and by adolescents who have trusted mentors and health resources in their natural environment. What is clear is that small, committed communities and activists are needed to start the adventure.

Please take some time this spring to look at this terrible problem with fresh eyes. The personal and social costs of HIV are unacceptable for the individuals and families who suffer and or the complex ecological communities that support us all.

Read. Think. As we consider this coming year cycle of outreach activities, challenge one another to see opportunities for outreach in both big and small ways. Shake the habit of believing

that, because HIV has now been somehow demoted to the ranks of a 'chronic illness' it is an acceptable problem of living. And, most importantly, please act.

An agreed fact of microbiology is that symptoms of HIV that are encountered today are from viral cultures already many, many generations old. Consider that seriously, as if your life depended on it.



Outreach Observer

Maya Gist, MSW, MPH, Health Check Consultant, Division of Medical Assistance

This month's Outreach Observer section will highlight a sex education texting program that was created to meet teens where they are and serve as a resource to spark healthy conversation about sex.

In 2005, Quebec's ministry of education removed mandatory sex education programs from public high schools. Leaving a void, AIDS Community Care Montreal (ACCM) is picking up the pieces and executing outreach to teens via cell phones through "Sext ed". Founders of the project stand firmly behind the idea that the anonymity of the community-based initiative makes it easier for the students to ask a question without feeling judged.

How does it work? A young person texts a sex-related question and their phone number is automatically scrambled and assigned a random number to protect their privacy. A volunteer who receives the text consults the ACCM's data-bank of over 1000 frequently asked questions and researched answers for a response, and texts a clinically-sound response back to the teen. If the original question texted is not common, and therefore not in the database, there are sex education professionals available to provide consultation to the volunteer to develop a response.

Research through internet forums and face to face workshops with the teenage population provides an ever-flowing resource to keep the database updated. Users can visit the database as well at www.sexted.org. Topics include sexually transmitted infections, pregnancy, healthy relationships, as well as the emotional side of human sexuality, which is not typically covered in sex education programs.

Future expansion efforts are targeting providing school teachers with tool kits about how to have a sext ed conversation with students and resources to share. Visit www.sexted.org for more information.



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Coordinator's Corner



Kay Bradshaw

Community Care of the Lower Cape

Kay proves her dedication and service to the Lower Cape Fear region and to the Healthy and Ready to Learn (HRL) project through her extensive collaboration efforts. *Healthy and Ready to Learn Project* is a targeted school based Medicaid (Health Check) and Children's Health Insurance Program (N.C. Health Choice) outreach and enrollment effort focused on increasing coverage among eligible and uninsured children from low-income families in grades K thru 12.

Kay developed working relationships and rapport to open doors to promote child health insurance programs in North Carolina. She broke a barrier of communication and introduced the HRL Local Community Coordinator of the south/southwestern region to important lead contacts. These leaders in the community hold a particular place of trust among the community members and families including the Healthy Task Force team leaders in Bladen County, pediatricians and Dream Centers' members who provide a resource for tutoring and teen preventive services.

Her enthusiasm has played an important role in outreach and enrollment efforts and implementing strategies that work in the Lower Cape Fear region. We appreciate her support of the *Healthy and Ready to Learn* project and look forward to strengthening the partnership with Health Check Coordinators on behalf of North Carolina's children.

Mark Your Calendars

MAY HEALTH & WELLNESS OBSERVANCES & EVENTS

- **Asthma & Allergy Awareness Month** Allergy and Asthma Foundation of America, www.aafa.org
- **National Mental Health Month**, National Mental Health Association, www.nmha.org
- **National Teen Pregnancy Prevention Month**, Advocates for Youth, www.advocatesforyouth.org

SNEAK PEEK: JUNE HEALTH & WELLNESS OBSERVANCES & EVENTS

- **Stand for Children Day**, www.stand.org
- **National HIV Testing Day**, National Association of People With AIDS, www.napwa.org



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9th Annual NC Parent Resource Center Conference

NC Parent Resource Center Conference, "Mobilizing to Fight Back: Harnessing the Power of Parents, Youth, and Providers" Day 1 will include remarks by Attorney General Roy Cooper and key note speaker Milton Creagh. Day 2 will be the first ever, NC Marijuana Prevention Summit featuring speakers from Colorado and California including Christian Thurstone, M.D., board certified in general, child and adolescent and addictions psychiatry, and U.S. Army Major. May 14 & 15, 2013 at the DoubleTree Brownstone, Raleigh, NC. For additional information, visit www.ncparentresourcecenter.org or contact Anna Godwin at 252-237-1242.



Free On-line Resource: Fetal Alcohol Spectrum Disorders Toolkit www.aap.org/fasd
"Fetal Alcohol Spectrum Disorders (FASDs) are a leading known cause of intellectual disability and birth defects and are 100% preventable. The American Academy of Pediatrics (AAP), with support through a cooperative agreement with the Centers for Disease Control and Prevention's (CDC) National Center on Birth Defects and Developmental Disabilities (NCBDDD) has developed a comprehensive, web-based FASD toolkit (www.aap.org/fasd) that helps to raise awareness, promote surveillance and screening, and ensure that all affected children receive appropriate and timely interventions." **Rachel Daskalov, MHA** Mgr, Screening and Public Health Prevention Programs

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