



The Positive Side

A QUARTERLY PUBLICATION OF POSITIVE WOMEN'S NETWORK | VOLUME 18 NUMBER 2 | APR MAY JUN 2010

Contemplating Fabulous Forty ... Fantastic Fifty ... HIV and Aging

By Janet Madsen

Not so long ago, no one would have thought the words "HIV and aging" might go together, let alone spark a great deal of research about the relationship between the two. But with the introduction of highly active antiretroviral therapy (HAART) in 1996, the lives of people with HIV started to change. People now live longer, and generally better, although there have been some nasty side effects to deal with along the way. We're at a point where researchers are saying that many people diagnosed with HIV today could have normal life expectancies¹. There are a few conditions, however.

What does it mean to be aging with HIV? Dr. Julian Falutz, who is Director of the HIV Metabolic Clinic at the McGill University Health Centre in Montreal, says when we refer to an "older" HIV+ population, we should consider older to mean over fifty, because "In some respects, HIV patients may be considered as having many features of accelerated aging."² Bone density loss, heart disease, and cognitive function (particularly memory) are all possible indicators of accelerated aging in people living with HIV.

Is it HIV, or Aging?

Sasha's diagnosis came sixteen years ago. She's now in her early forties and welcomes the onset of grey hair and wrinkles. "I first noticed I was aging in my hands. I didn't think I'd live to see it." She certainly didn't expect to be having conversations about aging with her doctor. "I'm surprised I'm still chugging along. Not even

chugging- living," she said recently. But health issues are starting to creep up. Her doctor is starting to talk with her about heart disease and she feels, "I'm too young to experience the effects of heart disease!" This sense of dismay is being expressed by many living with HIV. American writer David France has highlighted the

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HIV and Aging ... cont

stories of a number of New Yorkers who are facing the effects of osteoporosis, bone fractures, memory loss, and depression.³

Sidney, who is in her mid forties and was diagnosed fourteen years ago, says she's now experiencing health issues that "could be HIV or could be aging." Her periods have become more irregular than ever; she has night sweats, insomnia, and a few years ago she was diagnosed with a slow thyroid, for which she takes medication. But these are not unexpected markers of *perimenopause*, the years of changes in regular menstrual function that lead to *menopause* (the point at which you haven't had a period in a full year). Any or all of these changes may be experienced by women in perimenopause, independent of HIV status. Women experience perimenopause at different rates, so it could be happening sooner than it



might have if Sidney didn't have HIV, or it could be right on time. (For more on symptoms of perimenopause, see *Perimenopause, What's Normal?* at the Centre for Ovulation and Menstrual Cycle Research website: http://www.cemcor.ubc.ca/help_yourself/perimenopause).

Sidney has the benefit of being what's called an *elite controller* - someone who can maintain normal CD4 counts and low viral load without medication (a rarity among pos people). Although she doesn't need HIV treatment at this point, Sidney wonders about HIV's role in her body changes. Sasha has the added layer of medication questions: are her high cholesterol levels and pre-diabetes HIV medication-related, lifestyle, or genetics? Sasha says she's been lucky that she hasn't experienced a lot of side effects on the meds, but does find that her "inborn suspicion of taking pills" has her "wrestling with [herself] almost every night to take them."

Both women acknowledge that HIV is not the only issue in their health anymore- with the approach of middle age, their concerns move into other areas as well. Instead of looking to their CD4 counts as often, they are thinking about family members and the various diseases and maladies that run in the family. "I've been healthy and benefited from my gene pool," admits Sasha. "Now I have to step up and take care of my body." When Sidney compared her ongoing hip and knee pain with her uninfected brother, she found it's something they're both experiencing.

HAART and Life Expectancy

HIV treatment will be a big factor in aging and life expectancy, for obvious reasons. Simply put, HAART decreases the level of HIV virus (viral load) in the body, allowing the immune system to regain strength. HIV suppression is the primary goal. According to Dr. Peter Reiss, "We need to control HIV first and then all the rest comes afterward."⁴



Accelerated aging and cardiovascular risks have been connected to some *protease inhibitors* (a class of antiretroviral medications that work by blocking the enzyme protease).² Time is telling us that other organs are affected by HIV as well, leading doctors to consider each individual's treatment regime with a mind to how the patient might age, independent of HIV status. Is there a history of diabetes, heart disease, or kidney disease in the biological family?⁴ Fine-tuning treatment is essential, because as age increases, liver function declines, and treatment puts pressure on the liver. But with advancing age, people are more likely to take medications in addition to HAART to manage age-related concerns. This causes even more pressure on the liver.²

When prescribing treatment, the goal is always to find the combination that will work well to manage HIV for the longest period of time without producing resistance. Aging adds the dimension of other health issues, so treatment decisions must weigh the benefits and risks of each drug, including the effect it could have on health issues beyond HIV.

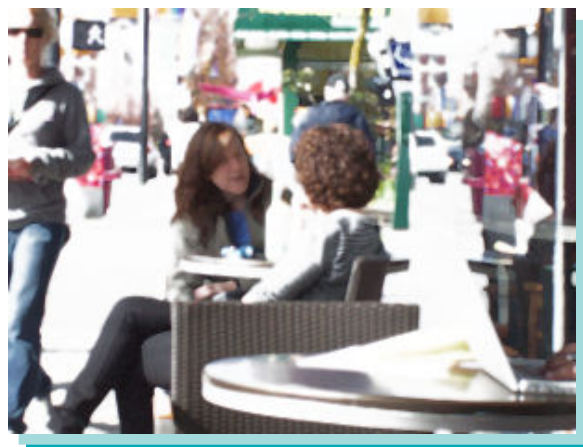
Talk to Your Doctor

Although there's still a lot to learn about HIV and aging, you can make some changes with what we already know. Treatment is important if your doctor recommends it. Ask about taking the meds, connect with support if it's tough to take them, and find an advocate if you're having treatment access problems. We can help, so drop by, call or email us. (Find our phone number and email at the bottom of this page. Drop-in hours are listed page 12).

Ask About Your Bones

Bone density is a concern for people living with HIV because it can lead to fractures.² Low body weight and very low body mass index can be risk factors, but so can decreased muscle mass. You may seem heavy enough, but it may be fat as opposed to lean muscle mass. Losing lean muscle tissue is a fact of life for everyone who's aging, but you can improve lean muscle mass and bone density through regular weight bearing exercise—strength training, brisk walking, running, and hiking are good options. Think of what can put pressure on your bones—weight resistance/weight lifting, impact activities that force your skeleton to “take notice.” Check with your doctor before starting out, because if your bone density is already low, there may be exercises that are less likely to be recommended.

Ask whether a bone density scan would be a good idea—this is a test that looks at how strong your bones are. Do you need calcium and Vitamin D supplements? A nutritionist can help with this question. If your bones are very compromised, you may be prescribed *alendronate*, a drug used to treat osteoporosis.



HIV and Aging ... cont

Ask About Things You Forget (Really)

If you're noticing that you can't concentrate or understand things the way you used to, or that you forget things, you may be experiencing the beginning of cognitive change. Talk to your doctor about these symptoms, and about a treatment regime that includes drugs that cross the blood-brain barrier. These drugs will be more likely to help with cognitive symptoms. Not all treatments for HIV affect the brain, so finding a combination that includes one that does can make a difference in your symptoms.⁵

Aging with HIV is Not "Manageable" For All

While she has lived a long time with HIV and is making plans for a busy future, Sasha says she still feels frustrated by the limitations HIV places on her life. "I live my life in bytes. I can't hold a full-time job, and I need to have two days a week to just rest and do nothing."

She's quick to acknowledge that a good part of her ability to be as well as she is relies on the fact that she has many things in place. She has the privilege of safe and secure housing, good food, and a financial situation that isn't wealthy but isn't desperate.

She works as an advocate for others so that everyone may be able to consider the reality of HIV and aging, and bristles at the *chronic manageable disease* label. "HIV can be a chronic manageable disease... for me. For people who are missing one piece of the puzzle- food, housing, mental health, or the capability to look after themselves or speak out.... it's not that easy. AIDS does happen still. It's real."

REFERENCES:

- 1 Cairns, Gus. (2010, February 22). Many Patients Diagnosed with HIV Today Will Have Normal Life Expectancies, European Study Finds. Retrieved February 25, 2010 from <http://www.aidsmap.com/en/news/507F3477-660B-4D89-8527-DD915A1B339D.asp>
- 2 Falutz, Julian, MD. (2009). HIV and Aging: The Long Term Consequences of Successful Antiretroviral Therapy. HIV Medical Update, Summer 2009: Volume 4, Issue 3. Retrieved from <http://www.hivmedicalupdate.ca/crus/226-022%20English.pdf>
- 3 France, David. (2009). Another Kind of AIDS Crisis. New York Magazine, November 1, 2009. Retrieved from <http://nymag.com/health/features/61740/>
- 4 Goals of HIV control in Aging Populations: Fifth International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention. (2009). New Frontiers in Medicine HIV/AIDS. Retrieved from <http://www.mednet.ca/2009/nf10-001e>
- 5 Understanding the Impact of HIV on Thinking and Memory: A Discussion with Dr. Scott Letendre (Patient Information pamphlet developed by Canadian AIDS Treatment Information Exchange: www.catie.ca).



Youshouldknow.ca is dedicated to women over 40 and our sexual health. This site provides clear, supportive information about sexual health and sexually transmitted infections so we can fully enjoy sex and relationships as we move into our middle years with partners new and old. Share resources and wisdom--we haven't gained our life experience for nothing!



Blogging weekly and Tweeting daily @youshouldknowca

Get the answers at youshouldknow.ca



Positive Women's Network
Action and Leadership on Women and HIV/AIDS

A Safe Place to Call Home: Research Focuses on HIV and Housing

By Miriam Martin

I've had homelessness on the brain for a few months now. Is it because I committed to write this piece for *The Positive Side*, or did I have homelessness on the brain already? Riding the bus through Vancouver's downtown eastside every morning and evening makes it pretty hard to avoid. I think the politics surrounding the Olympics also drew attention to the issue, regardless of how we each feel about the pros and cons of the Games. A number of studies have been, and are being, conducted around the question of how homelessness affects the health of people living with HIV, as well as how housing status contributes to an individual's vulnerability to HIV infection. To me, it seems obvious that housing is a key social determinant of health, and that someone's physical and emotional health suffers when they are preoccupied with finding and securing a safe place to live. But somehow this eludes the powers that be, and to make our case stronger, we are conducting research and collecting data to prove it.

There is even a *North American Housing and HIV/AIDS Research Summit*¹ that our Executive Director Marcie Summers was able to attend, in Washington, DC last year. A number of projects were presented and discussed, including *Positive Spaces, Healthy Places*² – a community-based research partnership between Ontario AIDS service organizations and researchers from York and McMaster Universities. Spearheaded by Ontario HIV Treatment Network (OHTN), *Positive Spaces, Healthy Places* looked at the housing options and needs of people living with HIV in Ontario, and has identified some of the ways in which housing status affects the health of these individuals.

Positive Women's Network is supporting the efforts of the Pacific AIDS Network to secure funding for a similar project in British Columbia.

The Ontario study found not only that housing status affects the health and wellbeing of people living with HIV, but that people living with HIV are having trouble securing decent housing, making it an issue that needs attention. In 2006, 75% of people living with HIV in Ontario had incomes of less than \$1500 a month and 4 out of 10 found it difficult to pay rent³. One third of participants were at risk of losing housing and a similar number were afraid of being forced out of their homes. The study also found a correlation between health and the number of times a participant had moved in the last year – more moves meant poorer overall mental and physical health.

Again, I think the connection between housing status and health is an obvious one. Housing is one of the basic needs that Abraham Maslow identified as needing to be met before a person could move on to meeting needs like health, emotional well-being and self-esteem (from *Maslow's Hierarchy of Needs*). This connection is part-and-parcel of our recognition that economic and social factors determine health outcomes (referred to as *the social determinants of health*). What I find a bit harder to swallow is the fact that people living with HIV face greater than average challenges in securing decent housing, which means that their health is being further compromised. Whether because of HIV, meds or depression, many people find their ability to work (and therefore, their incomes) reduced at some point following an HIV diagnosis, and many are unable

HIV and Housing ... cont

to work at all and depend on disability benefits. Either way, reduced income affects housing status. The *Positive Spaces, Healthy Places* study also looked at how stigma and discrimination affect the ability of people living with HIV to secure decent affordable housing. One third of participants had experienced discrimination in trying to find housing - discrimination in particular on the basis of sexual orientation, HIV status, income and Aboriginal status.

Recently, research into HIV and housing has taken an interesting turn. A number of studies are finding that housing status is a factor in determining a person's risk not only for contracting, but also for transmitting HIV. Now, housing becomes a *prevention* issue as well as an issue of health and wellness for people living with HIV. In November 2007, a special issue of the journal *AIDS and Behaviour* dealt with the question of housing and featured eighteen peer-reviewed articles dealing with the affects of housing status on both HIV risk and health outcomes for people living with HIV⁴:

According to researchers from the [US] CDC, homelessness and unstable housing 'increase the risk of HIV acquisition and transmission and adversely affect the health of people living with HIV.' The findings prompted the researchers to issue a call to action that 'homelessness be treated as a major public health issue confronting the United States.'

Researchers reported that "homeless or unstably housed persons were two to six times more likely to 'have recently used hard drugs, shared needles or exchanged sex' than similar low-

income persons who were stably housed." They also found that previously homeless people with substance use and mental health problems, who received housing assistance, reduced and even ceased drug-related and sexual risk behaviours over time. And, over 12 years, housing status "predicted entry and retention in HIV medical care, regardless of demographics, drug use, health and mental health status."

The researchers concluded that "housing itself independently reduces risk of HIV infection and improves the health of persons living with HIV." And further, "this points to housing as a strategic target for intervention - a potentially exciting new tool to end the AIDS epidemic in America." Wow!

I had to take a moment to digest this last statement. We have been talking about social determinants of health for a while, and at PWN we are always coming back to them as an explanation for why women-exclusive HIV services are needed. Gender, like housing status, is a social determinant of health, and women face additional barriers to protecting themselves from HIV and accessing the care they need if they do become infected. But we have been focusing on social determinants more as an explanation or cause of the imbalances and inequalities that are apparent in the epidemic.

Funny that I was so profoundly struck by the concept that addressing one of these determinants socially (i.e. as a society) could determine a positive health outcome. It's like ABCs, but I don't think I'm the only person sitting back and saying, "Wow! Housing as prevention ..." By housing the homeless - by making decent affordable housing available and providing housing assistance when appropriate - we can address one of the underly-



ing inequalities that negatively impacts the health of people living with HIV and contributes to behaviour that increases the risk of HIV transmission and infection.

What would it take to adequately house British Columbia's homeless? Canada's homeless? There is a homeless count currently underway in Vancouver, but the last estimate in 2008, turned up 2600 across the Lower Mainland. Of course, these are exclusively people sleeping on the street and in shelters. The real numbers include thousands more homeless couch surfers and individuals who are inadequately housed. A 2008 report entitled *Housing and Support for Adults with Severe Addictions and/or Mental Illness in British Columbia* commissioned by the BC Ministry of Health, estimated 8,000 to 15,500 homeless adults with severe addiction or mental illness and almost 40,000 inadequately housed⁵.

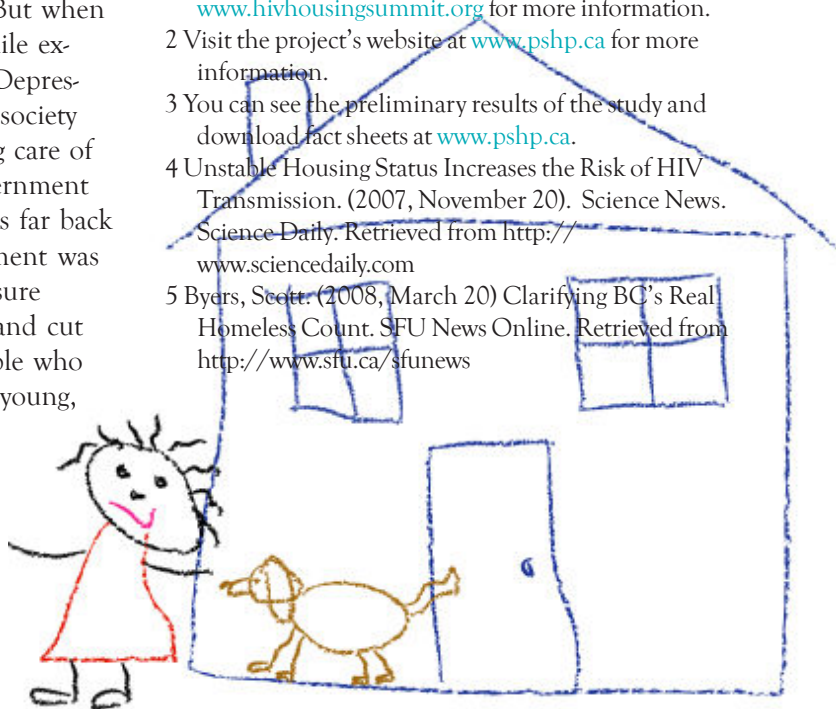
Certainly securing safe, affordable, adequate, and supported housing, as needed, for these individuals would cost a pretty penny. But when did we decide that this is not a worthwhile expense? In the years following the Great Depression and World War II, we decided as a society that taking care of those who need taking care of was a priority, and we demanded of government that they use our tax dollars to do so. As far back as the 1970s, the governments' commitment was starting to wane, as more and more pressure comes from big business to "cut costs" (and cut corporate taxes). But there are still people who need taking care of: the elderly, the very young, children without parents, people with disabilities, the mentally ill and addicted, veterans, victims of natural disasters, etc. Caring for these people, making affordable housing and sup-

ported housing available, and housing the homeless, are still priorities.

We in the AIDS service and activist community have a role to play in making it known that caring for those in need is still a priority. In particular, we focus our attention on the needs of people living with HIV/AIDS and those who are at risk for HIV and other sexually transmitted diseases. This recent research into the correlation between housing and health in relation to HIV only strengthens our case. Housing the homeless and inadequately housed is worth every penny it costs, and will leave a legacy greater than any Olympic Games. You can count me in.

NOTES & REFERENCES:

- 1 The *North American Housing and HIV/AIDS Research Summit* is co-sponsored by Ontario HIV Treatment Network (OHTN), the National AIDS Housing Coalition (NAHC) and the John Hopkins Bloomberg School of Public Health. The fifth Summit will be taking place June 2nd - 4th, 2010 in Toronto. Visit www.hivhousingsummit.org for more information.
- 2 Visit the project's website at www.pshp.ca for more information.
- 3 You can see the preliminary results of the study and download fact sheets at www.pshp.ca.
- 4 Unstable Housing Status Increases the Risk of HIV Transmission. (2007, November 20). Science News. Science Daily. Retrieved from <http://www.sciencedaily.com>
- 5 Byers, Scott. (2008, March 20) Clarifying BC's Real Homeless Count. SFU News Online. Retrieved from <http://www.sfu.ca/sfunews>



You are not alone: the power of peer support

By the PWN Support Team

- Receiving your HIV diagnosis.
- Disclosing your HIV status to family and friends.
- Dealing with a doctor who is not familiar with HIV.
- Being fatigued, being sick, being in hospital.
- Experiencing discrimination.
- Pondering dating and sexual relationships.
- Debating about whether to start meds.
- Feeling isolated, angry, depressed, afraid...

There is a lot of stuff women living with HIV have to deal with.

Since Positive Women's Network (PWN) was founded, the staff has continually heard from members how helpful it can be to talk to another HIV+ woman. For many members, meeting other positive women and sharing stories and information has been a catalyst for creating powerful connections and support networks.

Often when new members call or come in to PWN for their first time, they request to speak to another HIV+ woman. Women who have been long-time members and are going through a transition or struggling with new treatment decisions might ask to speak to another positive woman. For years, PWN staff has facilitated peer support by hooking up members with other members willing to "lend an ear" and "just listen". Thanks to funding from the AIDS Community Action Program (ACAP) through the Public Health Agency of Canada (PHAC), we have taken

the first steps to making peer support at PWN more "official".

Over the course of three days in March, nine members participated in PWN's *Peer Support Training* to become *peer support volunteers*. Most of the participants already provide peer support on an informal basis; the goal of the training was to offer an opportunity for participants to share their knowledge, improve their skills and discover some new strategies for supporting women. Topics included women-centred support, confidentiality, disclosure, becoming an ally, understanding oppression and intersecting identities, boundaries, self-care, leadership, HIV "basics", and HIV treatment information. Discussion, games, storytelling and role plays were integrated throughout. Dalya Israel, Victim Services Coordinator at Women Against Violence Against Women (WAVAW), and Kath Webster, co-chair of PWN's board and part of the BC Persons with AIDS Society (BCPWA) Treatment Information Program, helped facilitate parts of the training.

The training days flowed quickly and a huge amount of learning was accomplished. Women discussed how HIV affects you physically and emotionally; one participant remarked, "I discovered there were a lot of things I didn't know about HIV." Upon completion of the training, participants were confident and competent in their new roles as peer support volunteers; one participant commented, "I have learned more about having courage and strength when counseling." The courage and strength demonstrated by this incredible group of women throughout the training was inspirational.



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**If you are an HIV+ women who would like to speak
with a peer support volunteer OR if you would like to
refer an HIV+ woman to PWN for peer support,
please contact us!**
.....



**We can be reached toll-free
at 1-866- 693-3001,
or call Bronwyn (604 692
3008)
or Melissa (604 692 3007)
directly.**

At the moment, most PWN's peer support volunteers live in BC's lower mainland, but this group of women is excited to be able to offer peer support to PWN members over the phone, via email or in person.

Call and get connected!



World Could Soon Shield Most Newborns from HIV, according to Global Fund

The Global Fund to Fight AIDS, TB and Malaria released its annual report today, saying mother-to-child HIV transmission could be virtually eliminated within five years provided the world continues to boost funds for the initiative. "A world where no children are born with HIV is truly possible by 2015," Global Fund chief Michel Kazatchkine said at the report's launch.

"It is also possible now to imagine a world with no more malaria deaths, since already an increasing number of countries have been reporting a reduction in malaria deaths of more than 50 percent over the past couple of years. No other areas of development have seen such a direct and

rapid correlation between donor investments and life-saving impact as these investments in fighting AIDS, TB and malaria," said Kazatchkine. A donor funding meeting is scheduled for later this month in the Netherlands.

Global Fund programs have provided antiretroviral (ARV) treatment to 790,000 HIV-positive pregnant women, representing about 45 percent of those in need. Reaching the goal of 100 percent depends on ongoing donor commitments, the fund said. The Global Fund is seeking at least \$13 billion in support.

UNAIDS head Michel Sidibe noted that just a few years ago in Africa, less than 50,000 people were receiving ARVs. That number now totals 3.5 million. Worldwide in 2009, more than 4 million people were on ARV treatment and around 6 million with active TB were treated, according to the report.

Activists called on donors to keep their AIDS funding pledges. "We're starting to see worrying signs that donors have actually thrown in the towel and are starting to shift their attention and accordingly their resources to other areas," said Paula Akugizibwe of the AIDS and Rights Alliance for Southern Africa.

SOURCE: CDC HIV/Hepatitis/STD/TB Prevention News Update. (2010, March 8).

ORIGINAL SOURCE: Agence France Presse. (2010, March 8).





Positive Women's Network presents:

SpringBoard 2010

'Confines of Health'

Thursday April 22, 2010 • 4:00pm

Century Plaza Hotel
1015 Burrard Street, Vancouver

● **4:00 Registration & Reception**

● **4:30-6:00 Concurrent Sessions**

Sessions will include discussion on outreach to young women and geographically isolated women, as well as a workshop on meditation and sacred spaces.

● **6:15 Dinner and Keynote**

Keynote panelists will discuss the theme of women's health in prison:

Dr Ruth Martin ● **Dulce Feder** ● **Amber Christie**

SpringBoard is Free.

This event is open to all members of PWN and other interested participants, including service providers. Men are welcome.

For more information or to Register, contact PWN at **604-692-3000** or **pwn@pwn.bc.ca**



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Events and Program Information

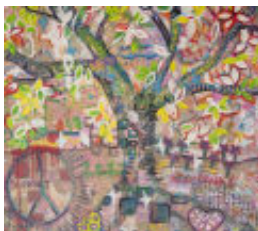
	MON	TUE	WED	THU	FRI
drop-in	11:30-3:30	11:30-3:30	11:30-3:30	11:30-3:30	-----
lunch	-----	12:00-2:00	----	-----	-----
office	9:00-4:00	9:00-4:00	9:00-4:00	9:00-4:00	9:00-4:00

Co-Chair Nominated for AccoAIDS Award!

It's that time of year again - when this year's *STARS* of the AIDS service movement come out to celebrate, raise money and acknowledge organizations and individuals that have done outstanding work in the last year. BCPWA's **2010 AccoAIDS Awards Gala** is taking place on **Sunday, April 18th**. We are thrilled to announce that **PWN's Co-chair Monique Desroches** has been nominated for an award! For more information or to purchase tickets, visit www.bcpwa.org.

SpringBoard 2010

PWN's Annual SpringBoard conference will be taking place **Thursday, April 22nd 4:00 to 8:00pm** at the Century Plaza Hotel in Vancouver (1015 Burrard St.) It's FREE and open to all PWN members and other interested participants, including service providers. Men are welcome. See page 11 of this newsletter for details and contact the office for more information or to register.



Been living with HIV for 10+ years?

PWN invites you to a *Treatment Beyond Ten* workshop, sponsored by ViiV Healthcare-Shire Canada. Come learn about HIV treatment information and discuss aging with HIV. The workshop will take place at PWN in Vancouver in May 2010. To RSVP and for more information, contact Melissa at 604-692-3007 or melissam@pwn.bc.ca.

2010 PWN AGM

The date for this year's Annual General Meeting is **Tuesday, June 29th 12:00 to 2:00pm**. It's free for members and includes lunch and volunteer recognition. *Watch your mail for the official notice.*

Thank You Bethany!

We would like to extend a warm Thank You to Bethany Schiedel of *Images by Bethany*, for donating her services to create a high resolution, large format photograph of our Mural for print and posters. Visit www.imagesbybethany.com to see her work.

Do you know any small business operators who might donate their products or services to PWN? Call Miriam or Melissa at PWN if you have ideas. We are happy to feature donating businesses in this newsletter.



Events and Program Information

Aboriginal Women's Wellness Retreat

Have you applied yet for the Aboriginal Retreat?

It's taking place Friday, **June 4th to Sunday, June 6th** at Sts' ailes Lhawathet Lalem, Chehalis Healing Lodge on the Chehalis River in Harrison Mills, BC.

This retreat is open to HIV+ Aboriginal Women living in British Columbia.

It's FREE! PWN covers all retreat and transportation costs and childcare subsidies are available.

The deadline for Applications is Friday, April 23rd.

For more information, contact Retreat Coordinator Melissa at 604-692-3007 / 1-866-692-3001 or melissam@pwn.bc.ca.

You can also print an application package from our website www.pwn.bc.ca.

Space is limited, so apply early!

Another Wellness Retreat, open to all PWN members, will be held in October 2010. Watch for details in coming months.

Report from CAS Skills in Montreal

PWN made an impressive showing at the Canadian AIDS Society's Skills Building Symposium in Montreal, March 5th – 7th. We had a large delegation, including members and staff, and presented in a number of different areas. Our two posters featured the PWN Retreat Program and the YouShouldKnow Social Networking pilot project (www.youshouldknow.ca). Co-Chair Kath Webster co-facilitated a workshop about Tibotec's GRACE study – a clinical trial conducted in the US to look at gender and race differences in participants' responses to PREZISTA. Support Worker and Health Promotion Educator Sangam also led a workshop to share her experience and expertise in leading basic HIV education workshops for service providers. Our posters and workshops were all extremely well-received.

Leadership Training Graduates Gather

On March 25th, we had an opportunity to bring together four PWN member graduates of the "Leadership Development Institute - Level I Core Training" course offered by the Pacific AIDS Network (PAN) in partnership with the Ontario AIDS Network (OAN). These women (from Kamloops, Victoria, Surrey and Vancouver) spent the day together, talking about how they have been using their new skills, and focusing on self-care. They also shared a *Leadership Lunch* with other PWN members and spoke about the highlights and challenges of the training. All four women were incredibly inspiring, having faced incredible hardships in their lives and managing to focus their energy and passion on developing leadership skills. Since the training, they are all using these skills in their communities and personal lives.

The next issue of the Positive Side (which comes out in July) will feature the experiences of our Leadership and Peer Support trainees, so don't miss it!

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Positive Women's Network, a partnership of women living with and affected by HIV/AIDS, supports women in making informed choices about HIV/AIDS and health. We provide safe access to support and education/prevention for women in communities throughout British Columbia. The Positive Women's Network provides leadership and advocacy around women's HIV/AIDS health and social issues in the national and local health care communities.

Thanks to our Supporters!

The work of Positive Women's Network is made possible by grants from the **Provincial Health Services Authority of BC**, the **Public Health Agency of Canada/AIDS Community Action Program**, and **BC Gaming & Enforcement**, as well as the following sponsors:



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BC Hydrex for keeping our drop-in well-furnished.



Bristol-Myers Squibb for sponsoring our upcoming Positive Players pocket guide.



Merck Frosst Canada Ltd. for supporting our food program.



RBC Foundation for supporting our Wellness Workshop Series.



Vancouver Foundation for sponsoring Leadership, Engagement, Action and Dialogue (LEAD).



Our portable housing subsidies and food program made possible by support from **Shooting Stars Foundation**.

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