
Hypothesis: Increasing socialization of the Cheyenne HIV/AIDS population will lead to improved health outcomes

Background
- 475 known cases of HIV/AIDS in Wyoming
- 30% of all known cases are in Cheyenne
- Natrona and Laramie counties are responsible for nearly 60% of newly diagnosed cases each year.
- No formal (or informal) mechanism is in place to routinely gather patients for the purposes of meeting as peers and supporting others.

Community Profile Assets
- AIDS Drug Assistance Program (ADAP) works in conjunction with the Wyoming Department of Health Communicable Disease Treatment Program to provide,
  - Medication coverage
  - Housing
  - Transportation
  - Vision and dental care
  - Addiction treatment
  - Mental health

Interventions
- Initiation of a sustainable support community of patients, allies, and family members for the purpose of providing emotional support

Conclusions
- ADAP has contact information and professional relationship with patients and allies. This relationship could be used to initiate group support meetings.
- Through understanding what resources are available, and by interviewing community members, deficiencies in patient care can be identified.
- By adding social support to the already established ADAP program, patients will experience decreased morbidity and an overall increase in life enjoyment.

Hypothesis

Treatment Successful Patients after 24 Months of group participation

Treatment Successful 12 Month Control Patient (Without Group Support)

Anti-Retroviral adherence and support

% Patient still on ARV at 12 months

W/O Group Attendance W/ Group Attendance

Treatment Failure 24%

Treatment Success 76%

Treatment Failure 36%

Treatment Success 64%

Treatment Failure CD4>200/VL<400

Treatment Failure CD4<200/VL<400

Background Image

Interventions Image

Conclusions Image

Figure 1. Conceptual framework for support intervention, Stewart et al.

Figure 2. Seal of City of Cheyenne WY.