

NEWS & VIEWS

DATE HAS CHANGED

FIRE
TRUCK
RIDES

LOTS OF
GOOD FOOD

PICK UP
SCHOOL
SUPPLIES

**OPEN DOOR & CAC
ANNUAL PICNIC
HOSTED BY
FIRST CONGREGATIONAL
CHURCH OF GENEVA
321 HAMILTON STREET
GENEVA IL 60134**

COME AND JOIN IN THE FUN

4PM
to
8PM

AUGUST 9TH 2014



opendoor
www.opendoorclinic.org

BOWLING OUTING IS
SPONSORED BY THE
OPEN DOOR CAC



THE ONLY THING MISSING IS YOU!

October 05, 2014

- **FREE** to Clients and Clients kids 12 & under
- \$5.00 for family & friends
- Includes shoes & 2 hours of bowling
- Food & drink will be provided

St. Charles Bowl,
2520 W Main St.
St. Charles IL 60174

1:00pm
Please Arrive at
12:30pm

Space is limited so
please
RSVP by
September 26,
2014
to your Case
Manager

INSIDE THIS ISSUE

2

CDC FACTS
ABOUT PREP

2

WHAT'S THE BIG
DEAL? SUBSTANCE
USE DISORDERS
AND HIV

3

HIV/STD
COFERENCE
INFORMATION

4

THIS IS THE TIME

4

LIFE EXPECTANCYIN
SOME PEOPLE WITH
HIV EXCEED
AVERAGE

5

WHAT'S YOUR HIV/
AIDS POLICY
PRIORITY?

6

NEW GUIDELINES
RECOMMENDED DAILY
HIV PREVENTION
PILL FOR THOSE AT
SUBSTANTIAL RISK

6

SUGGESTION
BOX

7

UNDERSTANDING
SOCIAL SECURITY
OVERPAYMENTS

8

WAIT A MINUTE, DID I
TAKE MY MEDS?

8

AUGUST EVENTS



CDC Facts About PREP

From CDC .

Pre-exposure prophylaxis, or **PrEP**, is a way for people who do not have HIV to help prevent HIV infection by taking a pill every day. The pill contains two medicines that are also used, in combination with other medicines, to treat HIV. This combination pill (brand name **Truvada**) was approved by the US Food and Drug Administration (FDA) for use as an HIV treatment in 2004, and was approved as PrEP in July 2012.

When someone is exposed to HIV through sex or injection drug use, PrEP can help stop the virus from establishing a permanent infection. When used consistently, PrEP has been shown to greatly reduce the risk of HIV infection in people who are at substantial risk. PrEP is much less effective when it is not taken consistently. PrEP is a powerful HIV prevention tool, and can be combined with condoms and

other prevention methods to provide even greater protection than when used alone. People who use PrEP must commit to taking the drug daily and seeing their health care provider every 3 months for HIV testing and other follow-up.

The new federal guidelines for health care providers recommend that PrEP be considered for people who are HIV-negative and at substantial risk for HIV infection.

For sexual transmission, this includes anyone who is in an ongoing relationship with an HIV-positive partner. It also includes anyone who 1) is not in a mutually monogamous relationship with a partner who recently tested HIV-negative, and 2) is a gay or bisexual man who has had anal sex without a condom or been diagnosed with an STD in the past 6 months; or heterosexual man or woman who does not regularly use condoms during sex with partners of unknown HIV status who are

at substantial risk of HIV infection

For people who inject drugs, this includes those who have injected illicit drugs in past 6 months and who have shared injection equipment or been in drug treatment for injection drug use in the past 6 months. Health care providers should also discuss PrEP with heterosexual couples in which one partner is HIV-positive and the other is HIV-negative as one of several options to protect the partner who is HIV-negative during conception and pregnancy.

Because no prevention strategy for sexually active people is 100% effective, patients taking PrEP are encouraged to use other effective prevention strategies to maximally reduce their risk, including: Using condoms consistently and correctly. Getting HIV testing with partners.

Choosing less risky sexual be-

haviors, such as oral sex.

For people who inject drugs, getting into drug treatment programs and using sterile equipment.

The more prevention options patients choose, the greater their protection. Some HIV prevention strategies, such as using condoms, can also provide protection against other STDs, which PrEP does not prevent.

Resources

- Basic PrEP Q&As (www.cdc.gov/hiv/basics/prep.html)
- Clinical Practice Guidelines (www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf)
- Clinical Practice Guidelines—Providers' Supplement (www.cdc.gov/hiv/pdf/guidelines/PrEPProviderSupplement2014.pdf)
- Basic PEP Q&As (www.cdc.gov/hiv/basics/pep.html)

What's the Big Deal? Substance Use Disorders and HIV

By Shannon L

Why talk about alcohol and other drug use at the clinic? Why am I being questioned about my drinking and drug use when I come into the clinic for my medical, case management and behavioral health appointments? What is the big deal if I drink alcohol or use certain drugs?

Addiction has direct and indirect consequences on your health. Directly, the use of illicit drugs makes you more susceptible to infection and reduces the effectiveness of your HIV treatment. Drugs and alcohol complicate the body's ability to function properly not only by suppressing the number of infection fighting cells (CD4 cells) but also by decreasing the actual function of the cell. This suppression of the immune system increases the progression of HIV.

Addiction and risky substance use may cause or worsen a range of other medical conditions such as heart disease, stroke, cancer, Hepatitis B and C, cirrhosis of the liver, high blood pressure and gastritis.

Addiction often leads to poor health by an indirect route. These unhealthy lifestyle choices include poor diet, lack of sleep, risky behaviors such as unsafe sex and inability to cope with stress. Stress in turn can trigger or exacerbate certain mental health conditions such as depression, anxiety, post-traumatic stress disorder, bipolar disorder, and ADHD.

Substance use disorders are not a moral failing and do not have anything to do with "will power." Major advances in neuroscience, brain imaging and behavioral research show that addiction can be thought of as a complex brain disease affecting

behavior. Like other diseases, there are signs and symptoms that can indicate a potential problem. Disease management



for addiction can include medications and therapies to help individuals suppress symptoms, prevent other disease or co-occurring disorders and prevent relapse.

You don't have to face this alone. So please consider that when we ask questions about drug and alcohol use, it is to

open the door for discussion about your current health and offer support in making healthy changes. We are not here to judge but to support. You might already have concerns about your substance use and how it's impacting you. Whether you are considering cutting down or quitting drug and alcohol use Open Door's Behavioral Health Department is here to provide you with the information, support and care needed to assist with any lifestyle changes you are considering. Open Door offers a range of substance use treatment services including assessment, one-on-one counseling and a supportive recovery group. For more information, please call Open Door's Behavioral Health Department in Aurora (630)264-1819 ext. 311 or ext.316 or Elgin (847) 695-1093 ext. 226 or ext 227 and ask for Shannon or Diane.

23rd Annual Illinois HIV/STD Conference

MISSION ~~IM~~POSSIBLE ~~X~~INJUSTICE, ~~X~~INEQUALITY, ~~X~~INACTION

SAVE THE DATE!

October 28-30, 2014

Hilton Springfield Hotel, 700 E. Adams St.
Springfield, IL • 217-789-1530

Sponsored by the **Illinois Department of Public Health**
and the **Illinois Public Health Association**

For more information about the conference or exhibits, please contact Angie Wanger at
the Illinois Public Health Association at awanger@ipha.com or call 217-522-5687.

This is the Time

Bryan Gooding
Member IL-ASAP

Your legislators are home. This is the time to visit your congressman or state representative in your home district. It is summer and most of our politicians are back in their home office. This is the time to make your self known. For those of us who can't make it to Springfield or Washington this is a perfect opportunity to make an impact. Issues that were important during session or new ones are usually being worked on or refined in districts at home. This is a time to rally around and garner public support for issues in order to create momentum as we move into the new legislative sessions. Politicians are busy at home; if you want to meet with them you'll have to schedule and appointment. Know your issue; be prepared with a few key points. Be polite, courteous, and ready to respond to and answer questions. Don't get caught up, if you don't know an answer say so and

let them know you'll get back to them with one. Meeting with their aides or legislative assistants that work on your actual issue can be very effective in getting your message heard.

After a very successful lobby season IL- Alliance for Sound AIDS Policy (IL-ASAP) is using this time to identify a course of action for the rest of this year and the coming one. We achieved victory in protecting and increasing the HIV/AIDS budget for 2015. That said our state legislators failed to come up with any long term revenue solutions, effectively putting us back in the same fight next year.

A great issue to advocate for over the summer is Cap the Co-pay, sponsored by Senator Linda Holmes of

Aurora. People are paying way too much for medication, even with insurance.

Especially people living with long term chronic conditions, who rely on expensive life saving drugs. Capping co-pays would limit out of pocket expenses on

these medications. Please urge your legislators join the effort to Cap the Co-pays!! You can get more information and fact sheets to share at www.capthecopay.org

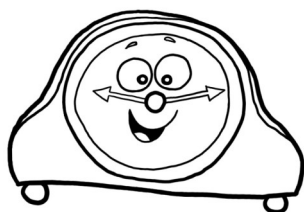
Another topic discussed on a recent ASAP phone call was requiring doctors to offer HIV testing and education to their patients. CDC recommends that health care providers test everyone between the age of 13 and 64 at least once as part of routine health care. People can opt out if they would like. AIDS Foundation of Chicago is working to help craft legis-

lation to that effect, believing that testing is and essential part of our State and National Strategy on HIV/AIDS. One in six people in the United States who have HIV do not know they are infected.

For more information on these and other issues, advocacy opportunities, help developing your story and talking with your legislators, you can contact Lucy Baglin of AIDS Foundation of Chicago at lbaglin@aidschicago.org or Bryan Gooding at Open Door Clinic 847-695-1093 x223 or bryan@opendoorclinic.org.

Further resources
<https://www.facebook.com/pages/Illinois-Alliance-for-Sound-AIDS-Policy-IL-ASAP/186442938078988>

<http://www.aidschicago.org/component/tag/Illinois-Alliance-for-Sound-AIDS-Policy>
www.aidschicago.org



IT'S TIME!

Life Expectancy in Some People With HIV Exceed Average

From TheBody.com

The decision to start treatment is different for every person with HIV and is a conversation best had with his or her doctor. But research consistently finds that one of the benefits of starting HIV treatment as early as possible may be a longer life. In fact, a new study from the U.S. shows that, for people who start treatment before their CD4+ count falls below 350, their average life

expectancy can be equal to - or, in some cases, even higher than -- the general population.

For a disease that was once considered a death sentence, this is huge news, especially because life expectancy and mortality are often on the mind of people newly diagnosed with HIV and those considering starting treat-

ment.

Meanwhile, a second recent study looked at death rates for non-AIDS-defining illnesses among people who started HIV treatment when they had a CD4+ count above 350. It found that the non-AIDS death rate was not, and had never been, any higher than

among a comparable group of HIV-negative people.

There are a lot of other factors that go into mortality rates, including illicit drug use (which has been shown to seriously cut into the average lifespan) and history of other illnesses. While these studies definitely show some good news regarding starting HIV meds early, many factors should go into the decision to start treatment, so please consult with your HIV care provider.



What's Your HIV/AIDS Policy Priority?

2014-2015 Illinois HIV/AIDS Policy Priorities: Community Input Sessions



In 2014, the AIDS Foundation of Chicago will be traveling around Illinois to solicit input from people living with HIV/AIDS, service providers, and other community members about the most pressing issues facing the HIV/AIDS community. The input gathered will be used to build 2014-2015 Illinois HIV/AIDS Policy Priorities.

The final 2014-2015 Illinois HIV/AIDS Policy Priorities will provide **CONCRETE STEPS** urgently needed to improve the lives of Illinoisans living with and at risk of HIV/AIDS.

Have Your Say!

To schedule a policy priorities meetings for your group or coalition, or see if there is meeting near you contact:

Lucy Baglin, email: lbaglin@aidschicago.org or phone: 312-334-0909.

If you are not able to be present for one of these policy priority meetings, please submit your policy feedback here: [surveymonkey.com/s/T8R2VM7](https://www.surveymonkey.com/s/T8R2VM7)

New Guidelines RePrevention Commend Daily HIV Pill for Those at Substantial Risk

From TheBody.com

Today, CDC and the U.S. Public Health Service released new clinical guidelines recommending that health care providers consider pre-exposure prophylaxis (PrEP) for patients at substantial risk for HIV infection. The strategy of providing daily oral antiretroviral drugs to uninfected individuals prior to HIV exposure, known as PrEP, has been shown to reduce HIV acquisition.

The new guidelines, developed by CDC in partnership with other federal health agencies, public health experts and community leaders, recommend that providers consider PrEP as a prevention option for any patients who meet specified risk criteria. They also underscore the importance of counseling that covers adherence and HIV risk reduction and recommend regular monitoring of HIV status, side effects and toxicities, and risk behaviors.

More specifically, the guidelines recommend PrEP for HIV-uninfected patients with any of the following indications:

Is in an ongoing relationship with an HIV-infected partner.

Is not in a mutually monogamous relationship with a partner who recently tested HIV-negative, and who is:

A gay or bisexual man who has had sex without a condom or been diagnosed with a sexually transmitted infection within the past six months.

A heterosexual man or woman who does not regularly use condoms when having sex with partners known to

be at risk for HIV (for example, injecting drug users or bisexual male partners of unknown HIV status).

Has injected illicit drugs within the past six months and has shared equipment or been in drug treatment within the past six months.

For sexually active people, since no prevention strategy is 100% effective, the guidelines also recommend that physicians encourage patients to use PrEP with other proven prevention strategies, such as condoms, to provide even greater protection than when used alone.

On July 16, 2012, the U.S. Food and Drug Administration approved the combination medication tenofovir disoproxil fumarate plus emtricitabine (TDF/FTC) for use as PrEP among adults at risk for sexually acquired HIV infection.

Over the past several years, CDC has issued interim guidance as trial results in various populations have become available. These new guidelines are the first to offer detailed and comprehensive clinical guidance on PrEP for both sexual and injecting drug use, and replace the interim guidance. They also include a providers' supplement with additional materials and tools for clinicians who prescribe PrEP.

Today's guidelines are an important step forward in the fight against HIV as it provides physicians with key information

useful to effectively deliver this powerful, new prevention tool. With 2.7 million new infections estimated to occur each year worldwide, and approximately 50,000 in the United States, safe and effective new approaches to prevent HIV are urgently needed to reduce the toll of the disease.

PrEP has the potential to alter the course of the US epidemic, if targeted to populations in need and used as directed. In fact, CDC estimates that as many as 275,000 uninfected gay men and 140,000 discordant heterosexual couples could potentially benefit from this intervention.

Ultimately the role of PrEP in preventing new HIV infections will depend on: its acceptability to users; how effectively it is delivered by health care providers, including support for patients to achieve high medication adherence and to prevent increases in risk behavior; and access to the drug by those at substantial risk of HIV.

CDC is leading a variety of efforts to support PrEP uptake and address these critical issues for delivery in community settings. We are collaborating with the CDC Foundation to launch an implementation pilot program to identify the practical requirements, costs and impact of PrEP delivery in clinical care settings. We continue to provide ongoing support to state and local health departments on the delivery of PrEP in their jurisdictions and are engaged in prevention education efforts to increase awareness of PrEP among clinicians

and consumers alike.

Other organizations are also implementing PrEP demonstration projects and research studies in community settings to help determine how PrEP can most effectively be used in the United States.

Yet, in order to realize the promise of PrEP for HIV prevention in the US, we must work collectively to expand uptake and address practical implementation issues. Many groups have critical roles to play:

HIV prevention organizations can integrate PrEP education into existing programs while those working in clinical settings can play a central role in increasing awareness and uptake of this safe and effective HIV prevention intervention.

Advocates for HIV prevention and care can raise awareness and understanding of PrEP among those populations most at risk and

Health care providers can prescribe PrEP to those patients with indications for its use.

The new guidelines were posted today on CDC's website. To view the guidelines and provider supplement or learn more about PrEP implementation in the United States, visit www.cdc.gov/hiv/prevention/research/prep/.

CDC will also present Public Health Grand Rounds on PrEP for Prevention of HIV on Tuesday, May 20 at 1:00 p.m. EDT.

CDC is grateful to its federal and public health partners as well as those health care providers and community leaders who provided input into the development of these guidelines.



© Can Stock Photo - csp16180613



We want your experience at the clinics to be a GREAT one but if we don't know what your ideas or concerns are and we can't keep doing the great things going. So the CAC and the clinic staff can't do this if it wasn't for YOU.



There are suggestions boxes in each clinic for the clients use.

How you ask?

If you have an idea for an improvement in the clinic.

If you have praise for a staff member.

If you have a concern of any kind.

If you just want to say something.



All you have to do is write it on a piece of paper, you can put your name if you'd like, and place it in the box. The CAC will review it and make any recommendations to the staff.



HIV/AIDS Legal Services Project

Understanding Social Security Overpayments

What are Social Security overpayments?

An overpayment is when Social Security Administration (SSA) finds that an individual was provided more benefits than are entitled to him/her.

What are some common reasons that SSDI overpayments happen?

- Client doesn't report income to SSA after returning to work
- Client reports work income, but SSA fails to process it or processes it incorrectly
- Client receives another benefit such as a civil service pension or worker's compensation that affects SSDI benefits
- Client receives benefits pending an appeal of termination and then loses appeal

What are some common reasons that SSI overpayments happen?

- Client's income is more than expected
- Client's living situation or marital status changes
- Client's resources go over the allowable limit
- Client does not report a change in income to SSA
- Client reports income, but SSA does not process the information or does not correctly figure benefits

Other common causes for overpayments:

- Client has an outstanding warrant for flight or escape
- Client is found to be in violation of probation or parole



I received an overpayment notice, what should I do?

Contact Prairie State Legal Services. In appropriate cases, Prairie State Attorneys can investigate whether there actually was an SSA overpayment and, if so, explore remedies. Individuals who have received an overpayment notice may have options, such as waiving the overpayment or negotiating a payment plan with SSA. There are time limits on submitting forms to SSA that request waiver or reconsideration of payment, so it is important to contact Prairie State as soon as possible.

For more information, contact us by phone at: (800) 690-2130 and ask for the HIV Project, or visit our website at: www.pslegal.org



We hope this information is helpful; however, we caution people with legal problems to talk with a professional about the specifics of their situations.

Wait a Minute, Did I Take My Meds?

From TheBody.com

"Wait a minute did I take my meds?" This is a question I often ask even if my pill box, mobile application, or friend says I have. Anxiety, nervousness, fear, and due diligence keep me on track to continue to the best of my ability to take my medications faithfully. For me the process of taking my three medications everyday at 9 am is an experience both with and without emotion. Every time I swallow my pills, I am reminded that HIV is living inside me.

What Motivates Me (Inside and Out)

According to the CDC, one in four people living with HIV have achieved viral suppression. In other words, three out of four people living with HIV in the United States have either not connected to care or do not adhere to their medication to achieve viral suppression (meaning they have a very low level of HIV in your blood). And while that doesn't mean I'm cured, by lowering the amount of virus in my body with medicines can keep me healthy, I am able to live longer, and significantly reduce chances of passing HIV on to others. To ensure that I have a great future is the motivating factor behind me staying focused on taking my medication as prescribed. I am proud that to I'm able to maintain my undetectable viral load while increasing my CD4 count/percentage. Seeing those lab results helps to show improvement and re-

ward my diligence of staying on track.

Many people may be surprised when I use rewards to treat my success of staying adherent. Giving myself a pat on the back in the form of something that I enjoy gives me a goal to work toward. I call myself a "cheatatarian," because I tend to often sneak out of my vegetarian diet. My love for chicken sandwiches and seafood is ridiculous; therefore, when I stay adherent without any issues for the month I reward myself by going to my favorite restaurant and having some of those foods (in moderation of course)!

A good physical, mental, spiritual, and organizational balance also helps me stay adherent to my HIV meds. Even with my busy schedule running Pozlifeofpatrick, going to school, and managing my professional duties, I always make personal quiet time. That "quiet time" might be playing my favorite game, training for my upcoming marathon, and video chatting with a friend or mentor. And while these activities aren't necessarily "quiet", the silence comes in being able to separate out the stressors of the blog, school, and work. This helps me

slow down and take the time to focus on my medications.

Helpful Tools (Online and Off)

Tools like pillboxes and mobile applications can also help to remind people to take their medications. Personally, I use Care4Today which alerts me to take my meds and helps me chart my adherence. When I am out of town, it reminds me on east coast time (and even

zone). But the feature I find most helpful, is that it notifies providers or family members if I have not taken my medication. There are many online tools and applications like Care4Today, including pill monitor, TheBody.com's

personal reminder service, and RxmindMe that have similar functions. All can be helpful for people who need a reminder or that will check in with a support person when/if you miss a day. Offline, I take extra care to ensure that I have my HIV medication located in my bag that I take everywhere (in a nice discreet carrier). This helps me just in case if I am in a rush and totally forget about my medications.

Finding out what motivates you to stay adherent, along with a system that fits with your lifestyle, is the key. If you are living.....



AUGUST EVENTS

- 01 - HIV/AIDS Activity Education Group (A) 4p -6p
- 04 - Substance Use Group (A) 11a - 12p
- 05 - Positive MH (A) 4p - 5:30p
- 06 - Positive MH Group (E) 12p - 1:30p
- 06 - Making Stress Work for You (W) 12:30p - 1:30p
- 08 - HIV/AIDS Activity Education Group (A) 4p - 6p
- 11 - Substance Use Group (A) 11a - 12p
- 12 - Positive MH (A) 4p - 5:30p
- 13 - Positive MH Group (E) 12p - 1:30p
- 13 - Game Night (W) 4p - 6p
- 15 - Newsletter Articles Due
- 15 - HIV/AIDS Activity Education Group (A) 4p - 6p
- 15 - Bingo Night (E) 4p - 6pm
- 18 - Substance Use Group (A) 11a - 12p
- 19 - Positive MH Group (A) 12p - 1p
- 20 - Positive MH Group (E) 12p - 1:30p
- 22 - HIV/AIDS Activity Education Group (A) 4p - 6p
- 25 - Newsletter to Clinics
- 25 - Substance Use Group (A) 11a - 12p
- 26 - Positive MH Group (A) 12p - 1p
- 27 - Positive MH Group (E) 12p - 1:30p
- 27 - Game Night 4p - 5p (W)
- 28 - Pain Management Group (A) 1p - 2p

IF YOU ARE INTERESTED IN GETTING THE OPEN DOOR CLINIC'S MONTHLY NEWSLETTER VIA E-MAIL OR HAVE ANY TOPICS THAT YOU WOULD LIKE TO SEE IN THE NEWSLETTER.

PLEASE EMAIL ME AT deanbnewsletter@yahoo.com

ELGIN

164 DIVISION STREET
SUITE # 607
ELGIN, IL 60120

PHONE (847) 695-1093 FAX (847) 695-0501

AURORA

157 S. LINCOLN AVE.
ROOM K
AURORA, IL 60505

PHONE (630) 264-1819 FAX (630) 229-0182

www.opendoorclinic.org



- (A) Aurora Clinic
157 S. Lincoln Ave Rm K
Aurora, IL 60505
- (E) Elgin Clinic
164 Division St, Suite 607
Elgin, IL 60120
- (G) First Congregational Church
321 Hamilton
Geneva IL 60134
- (W) Canticle Place
26W105 Roosevelt Rd
Wheaton, IL 60187