

NEWS & VIEWS

JULY



VOLUME 9
ISSUE 07

OPEN DOOR HEALTH CENTER OPEN HOUSE AND RIBBON CUTTING

By, Christine M

Open Door celebrated the Grand Opening of the



new Elgin Health Center on June 18th with over 150 guests. The event included snacks from food trucks and of course, a chocolate fountain! Guests were invited to take a tour of the new facility where staff introduced them to the differ-

ent work we do – including supporting our clients and their families.

The Mayor of Elgin, Dave Kaptain, was on hand to cut the ribbon in front of the building. He remarked how important it is to the community that we have opened the door to everyone – decreasing stigma and increasing ac-

ceptance. Board member, James Burns, Jr. talked about the difference he sees in the clients' interaction



and comfort level in the new facility. "Our new building has been designed to improve the quality of care Open Door delivers..." he said. He told a story about how clients who were not there together were talking and enjoying each other's company one day. "This building will allow Open Door to

at any time."



provide a place where our clients can feel welcome

Visit www.opendoorclinic.org to see a video of the ribbon cutting. And, if you haven't stopped by the new Elgin Health Center yet, please make it a point to come visit. We love giving tours and showing off the new facility!

THE CAC IS LOOKING FOR A FEW GOOD CLIENTS

IF YOU ARE INTERESTED PLEASE CONTACT DEAN B AT deanbnewsletter@yahoo.com OR CALL EITHER CENTER AND ASK FOR EXT. 375 AND LEAVE YOUR INFORMATION OR CONTACT PERRY M. OR A STAFF MEMBER FOR MORE INFORMATION

INSIDE JULY'S ISSUE

2	CDPH AND CDC EXPAND MENINGITIS VACCINE.....	4	YOUNG ADULTS DON'T 'UNDERSTAND HEALTH ...	6	How to RSVP FOR CAC EVENTS
3	CONTINUED CDPH AND CDC EXPAND MENINGITIS VACCINE.....	4	STOP SMOKING INFORMATION	6	ANNUAL FAMILY PICNIC
3	PATIENT PORTAL NOW AVAILABLE TO CLIENTS	5	YOUNG ADULTS DON'T 'UNDERSTAND HEALTH ... CONTINUED	6	JULY EVENTS

**CDPH AND CDC EXPAND MENINGITIS VACCINE RECOMMENDATION
AND GROWING OUTBREAK**

By: CDC
June 18, 2015

Health officials encourage all gay and bisexual men to get vaccinated to help protect themselves and others

CHICAGO- Amid a growing outbreak of meningitis in the City, the Chicago Department of Public Health (CDPH) today expanded its meningitis vaccine recommendations to include all men who have sex with men (MSM). The new recommendation follows discussions between CDPH and the Centers for Disease Control and Prevention (CDC).

Meningitis can be deadly if not treated. Since the beginning of June, there have been six confirmed cases of meningitis among MSM in Illinois, with one fatality. Five of those cases occurred among Chicago residents. A potential seventh case is being investigated, with laboratory results pending. Although African American MSM have been disproportionately affected by this outbreak, CDPH has expanded the recommendation to protect all at risk individuals.

"Meningitis is a serious disease, but there is a safe and effective vaccine available," said CDPH Commissioner Julie Morita, MD. "We are working with our partners to help stop the spread of disease, and we encourage anyone who is at risk to protect themselves and others by getting vaccinated."

Individuals who are at

risk should talk to their healthcare provider about getting vaccinated. MSM who received the meningitis vaccine more than five years ago should get a booster shot. If you do not have a healthcare provider, talk to a pharmacist or call 311 to find a CDPH clinic where vaccine is available at no cost or a partner clinic where copays may apply.

In addition, CDPH and its partners will make no cost vaccine available at several upcoming events throughout the City:

Saturday, June 20, 2015 Pride Festival, Center on Halsted, 3656 N. Halsted St. 1:00p to 5:00p

Saturday, June 20, 2015, Jackson Park, UIC COIP Mobile Van 4:00pm to 7pm

Sunday, June 21, 2015 Pride Festival, Center on Halsted, 3656 N. Halsted ST 1:00pm to 5:00pm

Saturday, June 27, 2015 Jackson Park, UIC COIP Mobile Van 4:00pm to 7pm

Sunday, June 28, 2015 Montrose Rocks 11:00am to 5:00pm

"Many of our partners, Howard Brown, Near North Health Services Corporation, Cook County Health and Hospital System and Walgreens, have stepped up to help limit the spread of this serious disease," said Commissioner Morita. "We are committed to protecting the health of those who are at risk and will make this vaccine available as widely as possible."

Meningitis can cause symptoms including fever, headache and a stiff neck. Some people may

experience nausea, vomiting, increased sensitivity to light and altered mental status or confusion. If you experience these symptoms, please consult a medical provider immediately. The disease spreads through prolonged, close contact with saliva that can include intimate kissing, sexual contact, sharing drinks or sharing marijuana and cigarettes

Get the Facts: Meningitis (IMD)

In early June 2015, an outbreak of invasive meningococcal disease (also referred to as "meningitis") was identified among men who have sex with men (MSM). Invasive meningococcal disease can refer to any illness caused by the bacteria, *Neisseria meningitidis*. This includes bloodstream infections and meningitis, when the bacteria enter the protective membranes covering the brain and spinal cord.

As of June 18, 2015, CDPH has broadened our vaccination recommendation to include all MSM as cases continue to occur.

Invasive meningococcal disease can be extremely serious and even deadly.

What is Invasive Meningococcal Disease (IMD)? IMD is a rare but severe bacterial infection that can result in a number of serious illnesses including meningitis.

What are the symptoms? Signs and symptoms include fever, headache and a stiff neck. Accompanying symptoms may include nausea, vomiting, increased sensitivity to light and altered mental status

(confusion). If you are experiencing these symptoms please seek medical help immediately.

Does having HIV put me at greater risk for IMD? People living with HIV are at a greater risk than the general population of acquiring the infection that causes invasive meningococcal disease. Approximately 20% of HIV positive people who develop the disease die of it.

How long will it take after contact to see symptoms? Normally, it takes about 2-10 days to see symptoms of IMD after you have been infected. Some people will not have any symptoms.

How is IMD spread? IMD is spread through the exchange of respiratory and throat secretions including intimate activities such as kissing and sexual contact or sharing drinks or cigarettes, smoking devices or marijuana. These bacteria are not as contagious as the viruses that cause the common cold. Partners, roommates or anyone in direct contact with a patient's saliva or spit (including sexual partners) would be considered at increased risk.

Is there a vaccine? Yes. CDPH recommends that all MSM get vaccinated.

How many doses of vaccine are needed? For people who are not HIV positive, one dose of the vaccine is recommended. For people living with HIV, 2 doses of the meningococcal vaccine are needed to provide optimal protection. The two doses should be

Continued from Previous page

If I was previously vaccinated following the 2003 outbreak, do I need to be re-vaccinated now? Yes, re-vaccination is required 5 years after receipt of the vaccine.

Do I need to be re-vaccinated? Some people who were vaccinated in the past may need to receive a second "booster" dose. If you have received a vaccine in the past and you are at increased risk for the disease, call your doctor to discuss your vaccination history and to decide if you need an additional dose of vaccine.

Should transgender women receive the vaccine? Transgender women should be vaccinated. Additionally, any individual should get vaccinated if they are sexually active with MSM.

How can I better protect myself? Protect yourself by:

- Washing your hands frequently,
- Not sharing drinks or cigarettes.

It is also important to remain vigilant about preventing other more common infections which may be transmitted through sexual contact including different strains of HIV, syphilis, chlamydia, gonorrhea or shigella. CDPH recommends safe sex practices and awareness of partner health issues.

If you don't know your HIV status, get tested. Chicago residents can receive free HIV tests at any CDPH Specialty clinic. Visit www.cityofchicago.org/health for clinic hours and locations.

If you believe you are at increased risk for IMD, contact your local doctor, pharmacist or call 311 for information regarding the vaccine.

If you believe you have any symptoms, seek medical help immediately.

In addition, the CDC

has previously recommended all adolescents receive this vaccine as part of their routine vaccinations.

Who else should be vaccinated? Adolescents between 16 and 21 have high rates of meningococcal disease. Even though the disease is not very common, we want to prevent as many adolescents as possible from getting it. CDC recommends all adolescents receive the vaccine.

At what age does my adolescent need it? All 11-12 years olds should be vaccinated with meningococcal conjugate vaccine. A booster dose should be given at age 16 years. For adolescents who receive the first dose at age 13 through 15 years, a one-time booster dose should be administered, preferably at age 16 through 18 years, before the peak in increased risk. Adolescents who receive their first dose of meningococ-

cal vaccine at or after age 16 years do not need a booster dose.

Is this vaccine required for school entry? Beginning Fall 2015 in Illinois, students entering 6th grade will be required to show evidence of having received 1 dose of the meningococcal vaccine and students entering 12th grade will be required to show evidence of having received 2 doses of the meningococcal vaccine unless the first dose was administered on or after the student's 16th birthday.

Where can I get a vaccine? As a client of Open Door, please call your center (Aurora 630.264.1819 or Elgin 847.695.1093) immediately to schedule an appointment to be vaccinated. If you have chosen to be vaccinated elsewhere, please call us to let us know so we can note it in your records.

PATIENT PORTAL IS NOW AVAILABLE TO CLIENTS.

CLIENTS WILL NOW HAVE INSTANT ACCESS TO THEIR MEDICAL RECORDS AND HAVE APPOINTMENT REMINDERS IF WANTED.

IF YOU ARE INTERESTED ASK THE RECEPTIONIST FOR MORE INFORMATION TO GET SIGNED UP.

**YOUNG ADULTS DON'T UNDERSTAND HEALTH INSURANCE BASICS —
AND THAT MAKES IT HARD TO SHOP FOR A PLAN CONTINUED**

By: TheBody.com
June 16, 2015

The health and success of the Affordable Care Act (ACA) depends on a lot of factors, and enrolling enough "young invincible" in health insurance is one of them.

Under the ACA, insurers in the individual market have to cover everyone who wants to enroll. Insurers are also restricted in how much they can vary premiums based on age. That means that older people who have higher medical costs (on average) pay premiums lower than what might cover their care, and young people with lower medical costs (on average) pay premiums sometimes above their expected medical costs. So enrolling young people in health insurance helps keep costs stable. In addition, young adults have historically been highly represented when looking at the uninsured population.

And so millions of young adults were targeted for enrollment in the ACA's health

insurance marketplaces during the first open enrollment period in early 2014.

Enrolling in health insurance can be hard; choosing a health insurance plan that provides the amount of coverage you'll likely need at the right cost is a difficult task. It's challenging for consumers who have been through the process several times before, and likely even more so for young people who may be selecting from plan options for the first time.

What Young Adults Want in a Health Insurance Plan

I led a research team at the University of Pennsylvania that examined the experience of young people when they enroll in health insurance on HealthCare.gov, the federal insurance marketplace. At the time of our study, Pennsylvania was one of 34 states that did not have a state-run health insurance exchange. If you don't have employer-sponsored health insurance, or are too old to remain on a parent's health

insurance, in states like Pennsylvania you have the opportunity to go on HealthCare.gov to choose a plan.

We studied 33 highly educated young adults aged 19-30 in Philadelphia during the first year of HealthCare.gov. Some of the people we followed had health insurance at the beginning of the study, but wanted to look at insurance options on HealthCare.gov because they'd heard from friends that they might get better, cheaper coverage on the marketplace. In fact, one of the findings of our study is that young adults were often not only shopping for coverage on HealthCare.gov, but also comparing those plans to options outside the marketplace, like plans offered by schools, employers or their parents' health insurance.

From January to March of 2014, we observed the young adults as they shopped for insurance plans

on HealthCare.gov, asking them to "think aloud" to capture their reactions in real time. We then interviewed participants about their thoughts on health insurance in general and what they saw on HealthCare.gov.


One said:

I just wasn't able to comprehend all of the things on the HealthCare.gov -- I got confused. I'm not a person to give up, not at all -- but with the system, I just wanted to quit.

The young adults we followed were looking for an affordable health insurance option. They placed a lot of emphasis on the monthly premium cost and the amount of plan deductible (though see below on their confusion about what deductible actually means). Most considered a monthly premium of over US\$100 unaffordable, yet the least expensive plan without tax credits in Philadelphia was closer to \$200 per month.

Continue on Page 5

*Tired of... the Smell? Getting sick in the winter? Coughing? Loss of Energy? having to
Hide when you smoke? Ignoring what its doing to your health and immune system?*

Want to quit Smoking and Win FREE Prizes? 



**Limited Spots... so ask Open Door Staff to sign
you up for your intake appointment.**



**For more information ask for Shannon
(630) 264-1819 ext. 316 to learn more about this program**

Continue from Page 4

Luckily several of the participants qualified for tax credits, which brought their premiums as low as \$0.13 per month. Others, however, did not qualify for any discounts and chose to remain uninsured, stating that they could not afford any of the options, even though they may have to pay a penalty for not having insurance. One said:

I will just pay whatever that tax consequence is, \$95 or something, right?, because \$200 a month right now is way too much. I don't know how my friends with student loans do it.

Topping the list of coverage benefits they wanted was access to affordable primary and preventative care. One participant said: I would really like to get a physical to just see where I'm at. I haven't been to a doctor in a long time, but I wanna see if there's anything I should be concerned about -- blood pressure, cholesterol...

Interestingly, however, many participants in the study did not realize that preventive care was included in all plans at no additional cost under the ACA. Hence, one of the recommendations coming out of this study

was that plans should emphasize the availability of no-cost preventive care, like birth control and routine visits, especially in efforts targeting enrollment of young adults.

"What's a Deductible?" - Young Adults Aren't Familiar with Insurance Terms

As one of the young adults was looking at his plan options, he said: This plan is \$20 to see a primary doctor, and this one is 10% coinsurance after deductible -- and I just don't understand that. What is the deductible to see my primary doctor?

It became clear early in the study that one of the biggest challenges the young people faced in choosing a plan was their lack of familiarity with basic health insurance terms like "deductible" or "coinsurance."

Only half of the participants could correctly define "deductible," while less than one in five could define "coinsurance." These concepts are fundamental to understand for anyone who hopes to make an informed health insurance choice. And misunderstanding these terms can lead to a rude

awakening after purchasing and trying to use the insurance. This happened to one participant who said:

Before I signed up for it, I didn't really know what deductible meant. I thought it was saying it would cover \$6,000 worth of stuff, and anything over that, then I would have to pay the rest. But

I found out it was the other way around.

More Support Needed for Young Beneficiaries

While this is a small study that was conducted in a single city and state that uses healthcare.gov, it shows that even the highly educated young people in our study had difficulty making health insurance choices. However, our findings on the confusion over health insurance terms have also been demonstrated in studies of consumers across a variety of demographic groups. Other researchers have also verified, mostly in experimental settings, that people have a hard time making optimal health insurance choices, even after ensuring that they understand basic health insurance concepts or conducting their insurance experi-

ments in a population of MBA students.

Their findings and ours help describe how young adults navigate the insurance selection process, and point to many areas where consumers could be better supported in the health insurance selection process.

In the area of health insurance literacy, tools to help consumers could be as simple as providing pop-up explanations of key terms, like "deductible," when you hover your cursor over the term on the screen. Other tools might include total cost estimators that do the math for the consumer. This could provide an estimate that takes into account a plan's deductible, coinsurance, copay and premium amounts, as well as how often that person predicts they'll use their insurance (such as how many times they visit the doctor and how many medications they take).

We are sharing our findings with those getting HealthCare.gov and the other state-run health insurance marketplaces ready for the next open enrollment period in November 2015.

THE CAC HAS A NEW SOCIAL ACTIVITIES PROGRAM IN PROGRESS. WHEN YOU ATTEND AN CAC EVENTS YOU COULD WIN A CHANCE TO BE A VIP WINNER FOR A VERY SPECIAL VIP ONLY EVENT

Please RSVP For CAC Events Here's How

There are three ways to RSVP :

Call Aurora Center at 630-264-1819 Ext 375

OR Elgin Center at 847-695-1093 Ext. 375

(All you need to do is leave a message)

OR

You can email your RSVP to deanbnewsletter@yahoo.com

OR

Drop your RSVP in the Communication &
Suggestion Box at either center

When your RSVP, we can ensure there is enough food for everyone

ELGIN CENTER

1665 LARKIN AVE
ELGIN, IL 60123

PHONE (847) 695-1093

FAX (847) 695-0501

AURORA CENTER

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

PHONE (630) 264-1819

FAX (630) 229-0182

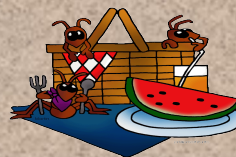
[www.opendoor
clinic.org](http://www.opendoorclinic.org)

OPEN DOOR AND CAC **ANNUAL FAMILY SUMMER PICNIC** **AUGUST 15, 2015** **STARTS AT 3PM**

HOSTED AND HELD AT THE
FIRST CONGREGATIONAL CHURCH OF GENEVA
321 Hamilton St Geneva, Illinois 60134



**THERE WILL BE FOOD,
DRINK AND
FUN FOR EVERYONE**



**IF YOU ARE INTERESTED
IN RECEIVING OPEN
DOOR'S MONTHLY
NEWSLETTER VIA E-
MAIL OR HAVE ANY
SUGGESTIONS YOU
WOULD LIKE TO SEE IN
THE NEWSLETTER.
PLEASE EMAIL DEAN B AT
deanbnewsletter@yahoo.com**

J U L Y E V E N T S

01 - Positive Support Group (E)
12p - 1p
02 - Recovery Support Group (E)
12p - 1p
03 - Support Group (A)
4p - 6p
06 - Latino Support Group (E)
3p - 4p
06 - Health & Wellness Group (A)
10a - 12p
07 - Positive Support Group (A)
4p - 5p
08 - Positive Support Group (E)
12p - 1p
09 - Recovery Support Group (E)
12p - 1p
10 - Support Group (A)
4p - 6p
13 - Health & Wellness Group (A)
10a - 12p

13 - Pain Management Group (E)
12p
13 - Latino Support Group (E)
3p - 4p
14 - Positive Support Group (A)
4p - 5p
15 - Positive Support Group (E)
12p - 1p
16 - Recovery Support Group (E)
12p - 1p
17 - Support Group (A)
4p - 6p
20 - CAC Meeting
5:30p - 7p
20 - Health & Wellness Group (A)
10a - 12p
20 - Latino Support Group (E)
3p - 4p
21 - Positive Support Group (A)
4p - 5p

22 - Positive Support Group (E)
12p - 1p
23 - Recovery Support Group (E)
12p - 1p
24 - Support Group (A)
4p - 6p
27 - Health & Wellness Group (A)
10a - 12p
27 - Latino Support Group (E)
3p - 4p
27 - Pain Management Group (E)
12p
28 - Positive Support Group (A)
4p - 5p
29 - Positive Support Group (E)
12p - 1p
30 - Recovery Support Group (E)
12p - 1p
30 - Peer-to-Peer Movie Night €
4-7pm

31 - Support Group (A)
4p - 6p

Visit Open Doors website at
www.opendoorclinic.org for updates
and changes.

(A) Aurora Center
157 S. Lincoln Ave STE K
Aurora, IL 60505
(E) Elgin Center
1665 Larkin Ave. Elgin, IL 60123
(G) First Congregational Church
321 Hamilton Geneva IL 60134