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4TH Annual Open Door CAC Holiday Party



The Open Door Client Advisory Committee (CAC) held their 4th annual Holiday party for the clients and their families on December 12th. There were about 100 clients and family members there who celebrated the holiday season as one big happy family!



The CAC provided a traditional holiday meal and had lot of raffle prizes for everyone to enjoy. Some of the prizes that were raffled off were a Amazon Fire tablet, Visa Gift Cards, other gift cards. Tom the DJ played music that everyone enjoyed and danced to—the kids are always the best dancers! Santa even made an appearance and brought gifts for all the boys and girls that were there.



The CAC also presented Mary Freeman with a memory blanket as a thank you for all that she does and give to the clients of Open Door.

We want to thank all the businesses that donated to make all this happen to give the clients a very happy Holiday.

Hope you all can join us in 2016 and share in all the fun and celebration.



News & Views is a publication of the Open Door Client Advisory Committee (CAC) - developed by clients and staff together to provide up-to-date information on health issues, HIV advocacy and health center events.

The CAC's mission is to act as advocates for the clients of Open Door by promoting and providing feedback and suggestions in order to improve or enhance continuity of care & client services. Taking action with compassion to address issues of isolation, stigma and misinformation often associated with HIV/AIDS, working to improve overall health and the lives of Open Door clients and the community at large.



When it comes to your health information, you have certain rights & Open Door has responsibilities. Every month we will help you learn about them!

You have the right to:

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

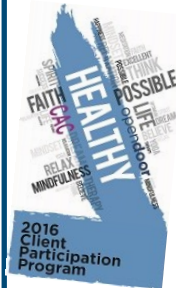
Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

We may say "no" to your request, but we'll tell you why in writing within 60 days.

For a complete copy of how medical information about you may be used and disclosed and how you can get access to this information, please ask the receptionist at Open Door Health Center.

Notes from the CAC



The Social Activity Program has started for 2016. It runs from the Holiday party of 2015 to the October Bowling event of 2016.

This program is to reward the clients that attend the events that are hosted and put on by the CAC. To participate in this program all you need to do is fill out a card at the event and for every card you fill out you have a chance to win chance to attend a special event in the beginning of the next year. There were will clients from both health centers chosen.

The events that are put on are at no cost to clients and a lot of fun come out and have some fun and you might make some new friends.

We ask that you RSVP by email or by phone so we know how many are going to attend.

The Participation Program started as of January 1, 2016 and will be going to November 30, 2016. This program gives clients incentives to keep healthy and help them with any problems that a client might be having.

All you have to do is pick up a card and get it signed and when it is all filled out put it in the comment box and get another one, you are allowed two cards per year.

There will be clients picked from both health centers and those clients will receive a prize and dinner to be held at the beginning of the next year,

So ask a Open Door Staff or a CAC member for a card and start getting them filled out for your chance to win.



How HIV Became a Treatable, Chronic Disease

By TheBody.com

It has been almost 35 years since the world was introduced to the term AIDS. In the 1980s, researchers and physicians were trying to understand what was causing waves of strange infections and discovered it was a new virus called the human immunodeficiency virus, or HIV. Since that time, HIV has gone from a death sentence to a manageable chronic disease. Today, it is estimated that 1.2 million people living with HIV in the United States and 50,000 Americans are infected with HIV every year.

Thanks to treatment advances, people with HIV can and do live long and full lives. And that has led to a challenge that doctors and patients in the 1980s and early 1990s may not have imagined: the aging HIV patient.

And yet, while we have a treatment regimen that can keep people living with HIV well, and even prevent transmission of the virus, many people, both in the U.S. and overseas, can't access it.

How Did HIV Become Manageable?

Before 1996, when the first combination drug therapy became available, managing HIV was a burden for patients. The available medications were very highly toxic and didn't suppress the virus very well. People had to take 4-5 pills every four hours, through the day and night, and endured terrible side effects such as nausea, vomiting and nerve pain. During this time, people living with HIV often advanced to full-blown AIDS and then died.

Then in 1996 it was discovered that a combination of HIV medications could suppress the virus' replication, or spread, allowing the immune system to recover and fight off other infections like pneumonia. This was a life-changing breakthrough. A patient with HIV can develop AIDS when their immune system is badly damaged, and their body isn't able to fight infections. Since these new medicines could suppress the virus and prevent immune system damage, they prevented AIDS from developing.

But these drugs still had the same problems that made pre-1996 treatment so tough: a lot of pills, taken all day long. And it was expensive. Initially this kind of treatment was accessible only to people living in developed countries who could afford to pay the high cost of these medicines.

Better Treatment and Longer Lives

Today, people are generally treated with a single, once-a-day, fixed-dose tablet that combines multiple drugs. It is much easier to manage, and has fewer side effects.

And the standard of care to suppress the virus is for a patient to begin treatment as soon as possible after diagnosis, and to take it continuously for the rest of his or her life.

This strategy also revolutionized how we think about HIV prevention. Five years ago we learned that as soon as patients start taking these medicines and suppresses HIV replication, they are much less likely to transmit HIV to someone else.

In 2012, the U.S. Food and Drug Administration approved the first medication to protect those who do not have HIV from infection, called pre-exposure prophylaxis (PrEP). Today, the Centers for Disease Control and Prevention (CDC) and the World Health Organization recommend PrEP, in combination with behavioral interventions, for populations at high risk of acquiring HIV, such as men who have sex with men and couples where one partner is HIV-infected.

A Lifetime of Treatment

In the United States today, most people living with HIV can afford medicine, through insurance and programs like the AIDS Drug Assistance Program (a federally funded safety net program providing HIV medications to those underinsured), but these benefits vary widely by state.

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Contact the CAC

The CAC welcomes your comments and suggestions at any time. You can contact us three ways:

via Telephone
630.264.1819 ext. 375
847.695.1093 ext. 375

via E-mail
rsvp.odcac@outlook.com

via Comment Box
Located in the
reception area

Case Manager Corner

New address? New phone number? New insurance? Please contact your case manager **IMMEDIATELY** when you have any new or updated information.

This January, please check your insurance information. If there are any changes, contact your case manager **IMMEDIATELY**.



Happy New Year
from the entire staff
at Open Door



REMINDER!

If you are unable to make your appointment, please call.

Open Door has a waiting list of patients and will be able to use that time.

Aurora - 630.264.1819

Elgin - 847.695.1093



Don't forget:



[www.facebook.com/
opendoorclinic](http://www.facebook.com/opendoorclinic)

How HIV Became a Treatable, Chronic Disease

Continued From Page 3

Though the exact reasons why this happens are unknown, it appears a combination of factors -- including HIV medication use and increased inflammation from the infection itself -- raise risks. And of course, so do health habits such as smoking, substance use, inactivity and a poor diet.

These medications are redefining what it means to live a healthy life with HIV. Today, people living with HIV are going to college, working, volunteering, getting married and having children. They are not only having children, they also have grandchildren. According to the CDC, one-quarter of people living with HIV in the United States are 55 or older.

Yet even with effective treatment, HIV is now a risk factor for cardiovascular disease, cancer, kidney disease and bone diseases like osteoporosis. That proper treatment can suppress the virus means that we can see these secondary illnesses that HIV can cause.

That means people with HIV may need to take medication to manage these other conditions in addition to their HIV medication. That means more pills, which can be complicated for patients to manage. And new medications can also cause new side effects. Patients and doctors need to keep an eye out for new symptoms and medication side effects.

It takes more than medication for someone with HIV to stay healthy. But the diet and lifestyle changes that can help reduce the risk of chronic disease can be especially tough to manage.

For example, in my research on older adults living with HIV, we found they want to engage in activities that would minimize the risk of these health conditions, like exercise or eating a healthy diet, but that it can be hard to do when balancing their HIV-related self-management work, such as medical and laboratory appointments, tracking symptoms and taking medication. After all, we know these healthy living guidelines are tough even for Americans who aren't living with HIV to stick to.

But exercise and diet are rarely addressed in HIV primary care visits, missing a great opportunity to evaluate and encourage these behaviors. New work is needed to test strategies to improve and sustain health-promoting behaviors, tailored to the needs of older adults living with HIV. Given the increase in illness and health conditions in this population, the need for these kinds of interventions is urgent.

Excellent Treatment Is Available, but Not Everyone Gets It

While the World Health Organization recommends starting all 36 million people living with HIV worldwide on treatment, many people in developing world still don't have access to adequate treatment.

The situation is much better in the United States, but there are dramatic disparities in HIV infection prevention, diagnosis and treatment. Here, one in eight Americans living with HIV does not know their HIV status. Without a diagnosis, these people will not get necessary treatment and are more likely to develop AIDS and to spread HIV.

African Americans, Latinos, gay and bisexual men, and transgender people are still bearing a disproportionate burden of this disease in the United States. They are more likely to become HIV-infected and less likely to see a doctor regularly, and, thus, to receive treatment. For example, African Americans comprise 12% of the U.S. population but 44% of all new HIV infections. African Americans are also more likely to die from HIV than other racial groups.

There's a disparity between men and women as well. Women with HIV have the same health concerns as men with HIV, but they often face additional hurdles in managing their disease and other chronic health conditions due to family responsibilities, trauma and violence, poverty, gynecological issues and childbearing.

HIV stigma and shame remain a problem and make it hard for people to manage their condition. Finally, we still lack a cure or vaccine for HIV which would provide the ultimate relief from this disease.

As we remember all of the loved ones we've lost to HIV, we should also reflect on how far we've come and celebrate that progress. In 2015, the lifespan of a person living with HIV is approximately the same as someone not living with HIV, an impossibility in the early days of the epidemic. But we should also resolve to be part of the generation that stops this virus in all populations. The time to act is now. an impossibility in the early days of the epidemic. But we should also resolve to be part of the generation that stops this virus in all populations. **The time to act is now.**

Make sure you understand when and how to take your medications. This will help YOU be the healthiest you can be! If you have questions, call Open Door today.

January Support Groups

05	HIV Positive Support Group	4-5pm	A*
05	LGBT Group	6-8pm	G
06	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	10am- noon	A
06	HIV Positive Support Group	12-1pm	E*
07	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	12- 1:30pm	E*
08	HIV Psychosocial Group	4-6pm	A*
12	HIV Positive Support Group	4-5pm	A*
13	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	10am- noon	A
13	HIV Positive Support Group	12-1pm	E*
14	HIV Psychosocial Group	4-6pm	A*
19	HIV Positive Support Group	4-5pm	A*
20	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	10am- noon	A
20	HIV Positive Support Group	12-1pm	E*
21	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	10am- noon	A
22	HIV Psychosocial Group	4-6pm	A*
26	HIV Positive Support Group	4-5pm	A*
26	Transgender Group	6-8pm	G*
27	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	10am- noon	A
27	HIV Positive Support Group	12-1pm	E*
28	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	10am- noon	A
29	HIV Psychosocial Group	4-6pm	A*

* Snacks will be served.



Join us at the Elgin Health Center for a monthly Client Driven agenda of fun, education, advocacy, self-empowerment & more!

January 28, 2016

4-7pm

We will have a presentation from Todd Davis, Jansen Therapeutics to discuss the importance of barriers we face as well as strategies to stay adherent to our medication.

Dinner will be provided!

For more info or to RSVP contact

Bryan Gooding, Peer Educator,
at 847-695-1093 ext. 223 or
email bryang@odhcil.org

Support and Education are important for everyone as they work towards becoming the healthiest person they can be!

There will be additional educational opportunities available throughout the month, please visit www.odhcil.org for a list of upcoming event.

If you have any suggestions on topics, or questions about support groups, please contact Open Door's

Behavioral Health Department

Aurora - 630.264.1819 or Elgin - 847.695.1093

Diane Henning, MA, MS Ed, LCPC x 226

Shannon Lane, LCSW, CADC x316



157 S. Lincoln Ave. Ste. K, Aurora IL 60505
630.264.1819 phone 630.229.0182 fax

1665 Larkin Ave., Elgin IL 60123
847.695.1093 phone 847.695.0501 fax