



VOLUME 7

ISSUE 1

# ODC NEWS & VIEWS

JANUARY 2013

## INSIDE THIS ISSUE

## Aurora ODC Open House

**DATE: JANUARY 10, 2013 TIME: 4-7 PM**



**OPEN DOOR CLINIC IS CELEBRATING THE EXPANSION AND RENEVATION OF OUR CLINIC IN AURORA. WE HOPE THAT YOU WILL JOIN US, MEET THE STAFF & ENJOY THE REFRESHMENTS**

**COME AND SEE OUR NEW LOOK**

## CLIENT ADVISORY COMMITTEE WORKING FOR YOU

OPEN DOOR STAFF AWARDED 2

HIV INFECTION AND TREATMENT ARE NOT RISK FACTORS FOR NEUROCOGNITIVE..... 2

NUTRITION AND HIV MOMS-TO- BE 3

WISHING YOU ALL THE BEST IN 2013 3

20 PERCENT OF YOUTH WITH HIV DIDN'T KNOW THEY WERE INFECTED... 4

NUTRITION AND HIV MOMS-TO- BE CONTINUED 5

BE YOUR OWN ADVOCATE BY PARTICIPATING IN YOUR- HEALTH CARE 5

TEXT APPOINTMENT REMINDERS COMING SOON 6

BOWLING 6

JANUARY EVENTS 6

The Client Advisory Committee (CAC) sponsored Holiday Party was big success. About a 100 people attended, clients, Open Door Clinic (ODC) staff, family and friends. Everyone had a blast! The food was delicious, the DJ was playing to the crowd just right and a special appearance was made by Santa! It was a great end to a year of fun that the CAC organized. Besides the Holiday Party there was a Valentines Social that was held in February and several bowling outings through out the year. A wonderful picnic that was held in August, that was hosted by the men's club of The First Congregational Church of Geneva. It was year full of opportunities to connect with people in the community. CAC members worked hard to put these events and outings together. Many local businesses generously donated everything from food to door prizes. Look for more great things as we plan for 2013 and beyond.

You may be asking, what is the (CAC) Client Advisory Committee? The CAC is a small diverse group of clients who represent and advocate for the clients of Open Door Clinic (ODC). The

committee was formed about seven years ago to provide ODC with input on the quality of care and services from a client perspective. The Client Advisory Committee mission is:

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

CAC members seek to develop relationships with other clients, and reach out to HIV+ individuals who may or may not be receiving medical and social support.

By participation in support groups, social activities, monitoring, through the suggestion boxes and evaluating survey results. The members act as advocates between the clients and (ODC) staff in the identification and solutions to problems.

The CAC brings clients together in order to combat isolation, stigma and misinformation.

The CAC also brings clients together through a variety of activities that promote health and client participation. Planned social events that include family and friends promote client and community health. When clients gather together in a social or at community events, this puts a face on people living with HIV and helps others to know they are supported.

Starting this January the (CAC) will be recruiting new members. Stop and talk to any current member to find about the many benefits of being on the committee and satisfaction of helping others. Applications and more information are available from Peer Advocates or Case Manager at either clinic. We have a lot of exciting plans for 2013 and beyond, so come find out what they are all about and be a part of them.

Over the course of the next several months the newsletter will be profiling some of the current committee members. Please read the profiles in the up and coming issues of the newsletter and get to know the people that represent you to (ODC) and the community at large.

## OPEN DOOR STAFF AWARDED



Companeros En Salud Partners in Health located in Aurora Illinois named Open Door Clinic Case Manager Joanna Ruiz winner of the 2012 Roseann Poss Mission Award. This award honors individuals who continually

advocate for equal, meaningful, and culturally competent access to health care and social services resources within the Latino community.

Joanna has been recognized by Companeros En Salud for her contributions to HIV/AIDS survivors as well as Spanish speaking immigrants who come to the US seeking residency. One of the most striking things that Joanna does is reach out to Open Door Clinic's Spanish speaking clients to help breakdown both language and cultural barriers within the US Health Care System. She does this by teaching

ODC clients about HIV/AIDS and the US Healthcare System with sensitivity to unique cultural needs. Further, she helps clients challenge fears, myths and stereotypes associated with HIV/AIDS so they can attain the health care services that they need. Many of us who do speak English face challenges communicating effectively within the US Health Care System, so we can only imagine how difficult it would be to navigate this system if we came from a different culture or spoke a different language.

Besides working full time as a case manager at Open

Door Clinic Joanna also spends her free time on the weekends helping individuals from Mexico and South America successfully waver the US Immigration System, as they seek to obtain residency in the United States. To date, she has successfully helped about 40 individuals obtain their residency in the US. Joanna also went to the march in Washington in support of the 2012 *Dream Act* and participated in the "walk outs" to show support. Additionally, Joanna is a full-time wife and mother, and caregiver to her parents.

## HIV INFECTION AND TREATMENT ARE NOT RISK FACTORS FOR NEUROCOGNITIVE IMPAIRMENT, STUDY SUGGESTS

TheBody.com

Having HIV does not seem to be associated with neurocognitive impairment (NCI), which includes declines in memory, concentration and mental ability, according to results from a recent French cohort study. Instead, more traditional risk factors, including aging, education level, anxiety, depression, cardiovascular disease and history of head injury, were associated with NCI.

We know NCI affects many individuals living with HIV, but existing studies looking into the reasons why have been limited to groups already experiencing some form of impairment. Therefore, researchers in France designed a study to investigate a broader sample of HIV-infected patients receiving routine HIV care.

The study followed 400 HIV-infected patients with a median age of 47 years; 79%

were male. About 89% were on treatment, of whom 93% had a viral load below 500 copies/mL.

To test neurocognitive function, standardized tests were given by psychologists. Information regarding traditional risk factors for NCI was also gathered from medical records. Additionally, half of the patients went through a brain MRI scan to measure white and gray matter volumes.

The prevalence of NCI was 59%, which consisted of 21% asymptomatic NCI, 31% mild neurocognitive disorders (MND) and 7% HIV-associated dementia (HAD). Risk factors associated with MND and HAD were low level of education, previous AIDS-defining events, anxiety, depression and history of brain damage. HIV and antiretroviral treatment were not related risk factors, while lower gray mat-

ter volume was associated with NCI.

Aidsmap reported:

"Most of the cases were related to non-HIV-related determinants," comment the authors. "The high prevalence of NCI observed in our cohort was neither associated with incomplete viral suppression nor current nor nadir CD4 count. Furthermore, we did not find any association with the current cART [combination antiretroviral therapy] regimen."

After controlling for confounding factors, the investigators found that a number of traditional risk factors were associated with an increased risk of impairment.

These included lower levels of education, a history of cardiovascular disease, high cholesterol, anxiety, depression, a history of neurological disease or trauma, and diagnosis with an AIDS-defining neurological

disease. No HIV-related factor such as CD4 cell count, viral load, duration of infection with the virus, or use of antiretroviral therapy had a significant association with the risk of impairment.

When the investigators restricted their analysis to the 192 participants without anxiety, depression, a history of brain damage and who also had a higher level of education, they found that only 19% had symptomatic impairment. Restricting analysis further to people without a history of cardiovascular disease reduced the prevalence to just 10%.

While more research needs to be done to further assess NCI in people living with HIV, with these results, the researchers suggested the need for better screening and treatment of cardiovascular disease, anxiety and depression.



## NUTRITION AND HIV MOMS-TO-BE

TheBody.com

Nowadays, more and more women living with HIV are having healthy pregnancies and giving birth to healthy, HIV-negative babies. As is the case with all women, good nutrition is an essential part of preparing your body to grow your little one, and for supporting a healthful pregnancy.

If you or someone you know is thinking about getting pregnant, you may be wondering what an aspiring mom's next steps might be. Once you've figured out how you'll become pregnant and gotten on an HIV med regimen that's comfortable for you, how do you get on track toward eating well for you and your baby? I hope to answer some questions and demystify some of the common misconceptions around food and nutrition during pregnancy. Above all, it's important to remember that each woman will have a unique pregnancy experience.

### Before You Become Pregnant: Nutrition-Related Considerations

Before becoming pregnant, it's best that your body is as healthy as can be. That means that you are as close to your ideal body weight as possible before you begin your pregnancy. If you are overweight or obese before getting pregnant, your obstetrician (OB), dietitian or midwife may recommend that you limit your weight gain to reduce your risk of additional complications. You also may want to consider having a complete physical and labs drawn to insure that your blood fats (lipids), sugars and pressure are all within normal

limits. If you find that any of these tests come back abnormal, you will want to address and treat these conditions prior to becoming pregnant, as undiagnosed and uncontrolled elevated blood lipids, sugars and pressure can be very dangerous.

### Nutrition Considerations During and After Your Pregnancy

Once you become pregnant, you will need to make sure that you do the following:

- Get plenty of rest; Stay adequately hydrated by drinking water and mineral water (you can add a wedge of lemon, orange or cucumber to the water if you want to flavor it, but juices, even diluted with extra water, are a source of empty calories and an added source of sugars; they are not recommended for women living with HIV because of elevated risk for gestational diabetes);
- Eat a healthful balanced diet (more about that later)
- Exercise as tolerated.

During the first three months of your pregnancy (your first trimester), you may experience morning sickness, which may or may not come along with nausea, vomiting or not being able to eat or even *smell* certain foods. You should eat as tolerated, making sure that all of your meals and snacks are based on whole foods such as fruits, vegetables, lean proteins (such as chicken breasts, beans or beef without much visible

fat) and whole grains with limited added salt, sugar and fats like butter or oil. This will ensure that your diet is providing adequate nutrients, vitamins and minerals to support both mother and baby for the duration of a healthful pregnancy.

In addition, you will want to stay active as this may help with morning sickness. It is important that you consume adequate amounts of lean and plant-based proteins, as well as iron, as the combination of HIV and pregnancy increases both a woman's protein and iron needs. Studies have also shown that adequate intake of antioxidant micronutrients during pregnancy reduce a woman's risk of pregnancy-related complications. What are antioxidant micronutrients? They're some of the same vitamins and minerals found in a regular multivitamin, but these provide added benefits in keeping your body's cells and tissues healthy.

You are probably wondering how much of these antioxidant micronutrients is enough, and what food sources contain them? First, you will want to make sure that your OB prescribes you a prenatal vitamin that will help you meet your nutritional needs. Second, you may want to expand upon what you're learning in this article by working one-on-one with a dietitian, if you're not already doing so. You can get a recommendation for a registered dietitian from your OB, midwife or primary care provider, or by searching for one in your area at the website [eatright.org](http://eatright.org). Your local WIC Center can also help you connect with a dietitian (more about that later). Your dieti-

tian will create an individual nutrition prescription tailored just for you, and adhering to that eating regimen will ensure that what you eat and drink each day will help you to meet your nutritional needs. Even if you don't have a nutrition prescription, during your entire pregnancy you should eat a healthful balanced diet that includes vegetables, fruits, whole grains, low-fat dairy (if you are not lactose intolerant) and lean and plant-based proteins. Eating this way provides plenty of antioxidant micronutrients.

Around months three through six of your pregnancy (your second trimester) you will need to consume about 340 additional calories per day. That would be about one slice of whole wheat toast with one tablespoon of peanut butter and one small apple. Yes, you are eating for two; but that does not mean that you should abandon a healthful balanced diet! As you can see, 340 extra calories does not constitute an additional full meal.

You will want to avoid the following foods and drinks throughout your pregnancy, as they contain chemicals or bacteria that can be harmful to both mother and baby:

- Alcohol
- Excessive caffeine
- Some types of herbal teas
- Raw or undercooked eggs, poultry, fish or meat
- Luncheon meats or deli meats (unless they have been

Continue On Page 5

## WISHING YOU ALL THE BEST IN 2013



**ODC Client Advisory Committee**



**Open Door Clinic Staff**

## 20 PERCENT OF YOUTH WITH HIV DIDN'T KNOW THEY WERE INFECTED AT FIRST SEXUAL EXPERIENCE

TheBody.com

Roughly 20 percent of youth who have had HIV since birth did not know their HIV status when they first became sexually active, according to a study by a National Institutes of Health-supported research network.

The study also found that, of those youth who knew they had HIV and who were asked about disclosure of their HIV status to their first sexual partners, most reported that they had not told their partner prior to sexual activity.

Moreover, most of these sexually active youth reported some sexual activity without condom use.

The study authors recommend that families and caregivers inform children about their HIV status before they reach adolescence and become sexually active. The authors also urge physicians and other health care providers to make sure that youth living with HIV understand the importance of safer sex practices and of disclosing HIV status to prospective partners. The study authors called for additional studies to identify the most effective methods for helping youth with HIV adhere to recommendations for safer sex practices.

The study authors also noted that caregivers vary as to when they tell children about their HIV status, often waiting until the teen years, when they believe the youth will

more mature and better able to cope emotionally with their diagnoses. The American Academy of Pediatrics recommends that health care providers discuss with parents and caregivers the issue of disclosing a child's HIV status.

Youth living with HIV who do not use condoms risk spreading HIV to prospective partners, as well as acquiring sexually transmitted infections from their partners. Like other youth, they also increase their own risk for other sexually transmitted infections.

The study, of 330 HIV-positive 10- to 18-year-olds, is the first to comprehensively examine factors associated with initiation of sexual activity among young people who have been HIV-positive since birth. The youth completed a computer-guided questionnaire twice a year and provided confidential answers to survey questions about their sexual experiences. Their responses included answers to questions about when they first had sex, whether they used condoms, and whether they revealed their HIV status to potential partners.

"Our findings show that these young people act very much like their HIV-negative counterparts across the country," said Rohan Hazra, M.D., of the Pediatric, Adolescent and Maternal AIDS Branch of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).

"However, because of their HIV status, it is extremely important for health care providers, school counselors and family members to reinforce the importance of practicing safe sex, taking medication regularly and disclosing HIV status to potential partners."

Young people participated at clinical sites nationwide as part of the Pediatric HIV/AIDS Cohort Study, which is funded by the NICHD and several other NIH institutes and offices.

First author Katherine Tassopoulos, D.Sc., of the Harvard School of Public Health, Boston collaborated with Dr. Hazra and researchers at Harvard and the NICHD, National Institute of Mental Health (NIMH), Bethesda, Md.; University of California, San Francisco; Columbia University and the New York State Psychiatric Institute, both in New York City; Northwestern University in Chicago; University of Illinois at Chicago; Baylor College of Medicine, Houston; and Tulane University Health Sciences Center, New Orleans.

Their findings appear in *Clinical Infectious Diseases*.

Nearly 10,000 people in the United States are living with HIV acquired at or before birth, according to the Centers for Disease Control and Prevention.

On average, participants who had initiated sexual activity reported having their first sexual experience

at age 14. One-third of these said they had disclosed their HIV status to their first partner. The researchers also found that 62 percent of those who were sexually active reported at least one sexual act without use of a condom. The researchers noted that young people who did not take anti-HIV medication regularly were more likely to subsequently initiate sexual activity than were those who took their medication as prescribed.

"Adolescence introduces many complications into children's lives, and those of HIV-positive youth especially," said co-author Susannah Allison, Ph.D., of the Infant, Child and Adolescent HIV Prevention Program at NIMH. "As more HIV-positive infants survive childhood and become sexually active teens, it becomes increasingly important to emphasize how healthy behaviors can protect these teens, as well as their partners."

NIH institutes providing funding for the Pediatric HIV/AIDS Cohort Study are the National Institute on Drug Abuse, the National Institute of Allergy and Infectious Diseases, NIMH, the National Institute of Neurological Disorders and Stroke, the National Institute on Deafness and Other Communication Disorders, the National Heart Lung and Blood Institute, and the National Institute on Alcohol Abuse and Alcoholism.

## HOLIDAY PARTY 2012





## NUTRITION AND HIV MOMS-TO-BE

**Continued From Page 3**

reheated until steaming hot)

- Raw or unpasteurized dairy products.

If you are unsure about whether something is unsafe to eat, your best bet is to not eat it and check with your OB, dietitian or midwife.

In terms of exercise, pregnancy is not the time to initiate vigorous exercise. However, if you were very active before becoming pregnant, you should continue to exercise while modifying your routine to account for your increased size, as well as were you are in your pregnancy. You will of course need to check with your OB or midwife to make sure that the exercises you choose are safe. During the final months of your pregnancy (your third trimester), you will need approximately 450 additional calories per day (that's in addition to a *normal* diet, not in addition to the 340 calories you added in

your second trimester!). This means adding a 100-calorie snack per day, such as one snack bag of air-popped, whole-grain popcorn.

**Eating Right on a Tight Budget**

Adding healthful, wholesome foods to your diet can be an added expense. Staying within a budget and finding deals will require creativity and planning to purchase and incorporate whole foods that represent the rainbow of fruits, vegetables, legumes, whole grains and lean proteins on a daily basis. Many neighborhoods have community supported agriculture programs (CSAs) that operate on a sliding scale. People that purchase a share will be able to pick up weekly portions of fresh seasonal produce.

In addition, there may be a food co-op near you. At food co-ops, each member volunteers for a set amount of time so the co-op is able to offer foods to its members at reduced prices. Families that are eligible for

the Supplemental Nutrition Assistance Program (SNAP) can use their EBT cards at green markets, and may even receive additional incentives such as added dollars for each dollar spent at a green market. Pregnant women and those with children up to age 5 who are at nutritional risk and meet the income eligibility may want to explore the options that the Women, Infants and Children (WIC) Program offers in terms of nutrition education, nutrition assistance and other resources. If you are eligible, your local WIC Center is also a place where you may be able to meet with a dietitian to help you develop an individual nutrition prescription, as mentioned above. You can read more about WIC and other nutrition programs here.

Once you have the baby, your nutrition still matters. If you live in a high-income country where replacement feeding is available and safe, you will most likely not

be breastfeeding as this is the recommendation to reduce a baby's risk of becoming HIV positive. You will want to return to your pre-pregnancy healthful balanced diet to support healthful recovery after your birth -- or your surgery, if you delivered via Cesarean section. This will include consuming enough fluids, and returning to exercise when your OB or midwife gives the OK. And if you just came around to eating a balanced diet when you became pregnant, keep it up now that your baby is here -- for your own health!

It is important to remember that throughout your pregnancy, your number one goal is to stay healthy and have a healthy child. This means listening to your body and giving it what it needs in terms of proper nutrition, adequate hydration and rest for the duration of your pregnancy. If you have any questions, don't hesitate to reach out to your OB, midwife or dietitian -- remember, your health and the health the baby.

## BE YOUR OWN ADVOCATE BY PARTICIPATING IN YOUR HEALTH CARE

Bryan Gooding / Peer Advocate

Research has shown that people who actively participate in their own healthcare have better outcomes and stay healthier longer.

What does it mean to participate in and be an advocate for your own health? Without a doubt communication is crucial to good healthcare. The doctor brings to the table their medical expertise and knowledge. You are the expert on what is going on with your own body, the problems you face and the level of care you are able to participate in. There are 3 basic things you can do to start becoming your own healthcare advocate.

**1. Ask questions.** If a doctor says something over your head, ask "what does that mean?" Ideally a doctor should always communicate at the level of the patient, but that is not always a realistic expectation. Doctors are usually under

time pressure and have a lot of information to process and give in a short amount of time. If you don't understand something ask them to stop and explain. As your own advocate the responsibility is yours to indicate when you don't understand something.

**2. Be prepared.** The average patient has 2 or 3 issues that they would like addressed during a doctor's visit. Because the doctors time is short it helps to have a list of the most important things you want to talk about. Write it down and take it with you. If you have something that is really scaring you, get it out at the beginning of the appointment so the doctor has ample time to address those issues. Do not wait till the end of your appointment and on you are on the way out the door to say "Oh by the way my, so and so hurts" at that time the doctor may not have the time to address these issues and may

ask you to schedule another appointment.

Often we think of something that we did not discuss with the doctor after we leave the doctors office. It would be a good idea to write these down for your next appointment. If there is an issue that is pressing try calling your doctor's office to get it answered before your next appointment. The doctor's office can then answer your question, or get you back into see the doctor earlier if necessary.

**3. Communicate your concerns and desires.** Communication in this case means asserting yourself if you have a problem with the care you are receiving or if there is an issue you want the doctor to consider. If you don't let your doctor know what issues you may be having he can't address them. There can be barriers that prevent patients from communicating their needs. Some are embarrassed, don't think they can get

an answer, don't think there is enough time to talk about it or worried about the cost. The fact is that in almost all cases doctors have good options to assist patients, whether it is treatment choices, medication options, or programs that may help cover any extra costs.

Self advocacy is about taking a proactive approach to all stages of your health and illness. It's about being a part of your own healthcare team and the decisions they make.

If you are too sick to advocate for yourself make sure you have someone to advocate for you, such as a case manager, peer, trusted friend or family member. Once you start actively engaging in your own healthcare you start educating and empowering yourself and an empowered patient is a healthy patient!

JANUARY  
EVENTS

- 01- Happy New Years Clinics Closed  
 02- Pos Support Group 11a-12p (E)  
 02- Lunch 12p-12:30p (E)  
 02- Living Well Support Group 12:30p-1:30p (E)  
 03- Positive MH Support Group 3:30p-4:30p (A)  
 04- Pos Support Group HIV Ed 4p-6p (A)  
 04- Pos Support Group ED Night 4p-6p (E)  
 09- Pos Support Group 11a-12p (E)  
 09- Lunch 12p-12:30p (E)  
 09- Living Well Support Group 12:30p-1:30p (E)  
 10- Positive MH Support Group 3:30p-4:30p (A)  
 11- Pos Support Group HIV Ed Night 4p-6p (A)  
 11- Peer to Peer Support Group 4p-6p (E)  
 16- Martin Luther King Clinics Closed  
 17- CAC Meeting 6pm (G)  
 17- Positive MH Support Group 3:30p-4:30p (A)  
 18- Pos Support Group 4p-6p (A)  
 18- Bingo Support Group 4p-6p (E)  
 23- Pos Support Group 11a-12p (E)  
 23- Lunch 12p-12:30p (E)  
 23- Living Well Support Group 12:30p-1:30p (E)  
 24- Positive MH Support Group 3:30p-4:30p (A)  
 25- Pos Support Group Combined 4p-6p (G)  
 30- Pos Support Group 11a-12p (E)  
 30- Lunch 12p-12:30p (E)  
 30- Living Well Support Group 12:30p-1:30p (E)  
 31- Positive MH Support Group 3:30p-4:30p (A)

(A) Aurora (E) Elgin  
(G) Geneva

Dates are subject to Change  
Please call to verify dates

## B O W L I N G

**Date:** February 10, 2013 **Time:** 1:00pm



**Location:** St. Charles Bowl

THIS OUTING IS SPONSORED BY  
THE OPEN DOOR CLINIC  
CLIENT ADVISORY COMMITTEE

- COST:** FREE to Clients and Clients kids 12 and under
- 5.00 for family & friends
- Includes shoes & 2 hours of bowling
- Refreshments will be provided



Check in will be at 12:30pm  
Space is limited so please RSVP by February 1, 2013  
to your Case Manager or call Bryan at 847-695-1095 ext 23

## TEXT APPOINTMENT REMINDERS COMING SOON

Open Door Clinic is proud to announce our new appointment partnership with the Illinois Department of Public Health (IDPH). This partnership will allow you to receive appointment reminders via text messages. This reminder will work for any type of service you receive at Open Door Clinic. The message will say this is a reminder of an upcoming appointment on this date and if you are unable to keep this appointment contact the appropriate clinic. This program works for those with cellular service only. If you have any other questions or want to sign up for this program contact Perry at 630-264-1819 ext. 319.



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

PLEASE EMAIL  
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