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RECOGNIZING THE CHALLENGES OF GROWING OLDER WITH HIV/AIDS

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September 18, 2012 marked the fifth observance of National HIV/AIDS and Aging Awareness Day. It is a day where we recognize that while the progress made in reducing HIV mortality and morbidity is remarkable, people aging with HIV face multiple, unique challenges. By 2015 over half of all people living with HIV in the US will be over age 50. A major reason for the 'greying' of HIV in the US is due to the tremendous success of medications that have dramatically increased the lifespans of people living with HIV.

About 10% of new HIV infections in the United States occur among persons over 50. HIV prevention among older adults is complicated because clinicians are less likely to consider the possibility of HIV infection in this population. Part of the reason for this is that the overwhelming majority of new HIV infections in the US occur among younger populations. However, decreased testing rates mean that older adults are more likely than younger adults to be diagnosed later in their disease progression (i.e. more likely to be diagnosed with AIDS less than a year after diagnosis).

Racial and ethnic disparities observed in the US HIV epidemic overall are reflected among older persons living with HIV. The rates of HIV/AIDS among people over 50 are 12 times higher for African-Americans and 5 times higher for Latinos compared with whites, which has implications for life expectancy as well as HIV transmission because black and Latino populations generally are less likely to have access to clinical care.

While more people aging with HIV are living healthier, more productive lives than ever before, growing older with HIV may present multiple medical challenges. Because the immune systems of people living with HIV are constantly fighting infection, they are more prone to ongoing inflammation which is associated with co-morbid conditions associated with aging such as diabetes, heart disease, hypertension, and cancer. Liver disease, often the result of co-infection with hepatitis C, is prevalent. Decreased bone density is also common, potential due to combination of the normal aging process, medication side effects, and the direct effects of the virus itself

Over the past several years, the US government has drawn attention to

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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.

Notes from the CAC

Special Thanks to our friends at the First Congregational Church of Geneva & their Men's Group for hosting the Annual Client Advisory Committee picnic!

Everyone had such a great time. The day was full of laughter & fellowship—we couldn't have asked for a better time. And thanks to all of the CAC members & Open Door staff who set up and cleaned up. We could never do it without you.



Mark Your Calendars to Join Us for the Client Advisory Committee Holiday Party!

Saturday, December 10th from 3-7pm

At First Congregational Church of Geneva, 321 Hamilton St., Geneva

This free party will include a DJ and dancing, dinner, gifts for all children, a special visit from Santa Claus and raffle prizes galore!!

Space will be limited so please RSVP before December 1st

By email: rsvp.outlook.com | by phone 630.264.1819 ext. 375 | by note: in Client Comment Box

YOUR MOUTH
MAY BE THE FIRST PART OF YOUR BODY
TO SHOW SIGNS OF HIV INFECTION.



THE MOST COMMON ORAL PROBLEMS LINKED
WITH HIV CAN BE TREATED.



TALK WITH YOUR DOCTOR OR DENTIST ABOUT
WHAT TREATMENT MIGHT WORK FOR YOU.

YOUR MOUTH, YOUR HEALTH

When you are focused on your overall health and well-being—and especially when you are dealing with a chronic health condition like HIV—it can be easy to overlook dental issues and oral health care.

But good dental hygiene is an important part of managing your HIV disease. If you wait until you are having problems with your teeth and gums to see a dentist, you can end up with an infection, pain, and/or tooth loss.

Poor oral health can even lead to malnutrition. If you can't chew or swallow because your mouth hurts, you may not eat enough to keep yourself healthy. This also can affect how your body absorbs your HIV medication. In addition, any infection can stimulate the virus to grow, resulting in loss of viral suppression and higher viral loads.

HIV AND ORAL HEALTH

Your mouth may be the first part of your body to show signs of HIV infection. Oral opportunistic infections, such as *candidiasis* (thrush), are sometimes the first indicator that your immune system is not working properly—and oral health can be an important indicator of how HIV is affecting your body.

Anyone can have oral health problems, but HIV disease can make you more susceptible to:

- Oral warts, which can also progress to oral cancer
- Fever blisters
- *Oral hairy leukoplakia*
- Thrush
- Canker sores
- Cavities
- Gum disease (periodontitis and gingivitis)

In addition, bacterial infections that begin in the mouth, such as tooth decay, can become more serious and, if not treated, spread into your bloodstream and harm your heart and other organs. This is particularly dangerous for people living with HIV/AIDS who may have compromised immune systems.

People with HIV/AIDS may also experience dry mouth, which increases the risk of tooth decay and can make chewing, eating, swallowing, and even talking difficult. Some HIV medications can cause dry mouth.

The best ways to avoid these problems include:

- See your dentist regularly for cleanings and ask about the best way to care for your mouth and teeth.
- Brush your teeth at least twice a day. (After every meal is better!)
- Floss every day. Flossing cleans parts of your teeth that your toothbrush can't reach.
- Take all your HIV medications on schedule—this will protect your immune system and prevent oral opportunistic infections.
- Let your doctor know if your HIV meds are causing you to have dry mouth. There are remedies.
- Examine your mouth often and tell your primary care provider if you notice any unusual changes in the way your mouth looks or feels.
- If you do not have a dentist, ask your regular clinic or provider to refer you to one.

Case Manager Corner

Just a reminder!

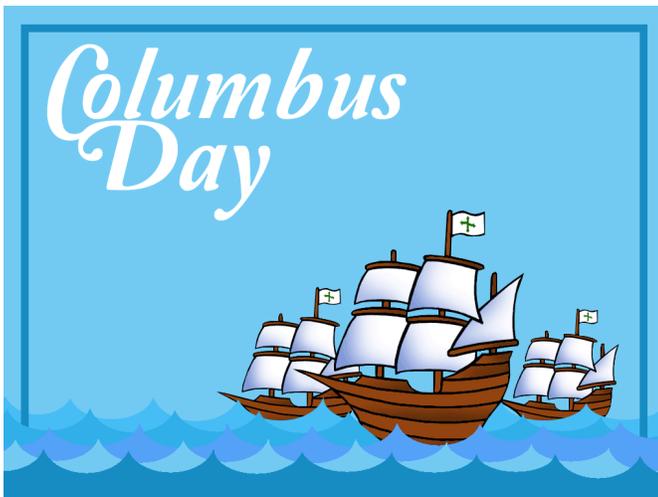
It's always best to make an appointment to visit with your case manager. We may not be able to accommodate drop-in visits so call first!!

And when you come, please make sure you bring all of the paperwork you have questions about!



Tickets for Elgin's premier Nightmare on Chicago Street event from 6-11pm on October 22nd will be sold at Open Door's Elgin Center from Oct. 11-21st. Ticket price is \$20 per person and ALL proceeds will benefit Open Door's Christmas Wishes program to ensure all of our clients kids receive at least one special gift under their tree.

For more info call: 847-695-1093 ext. 250



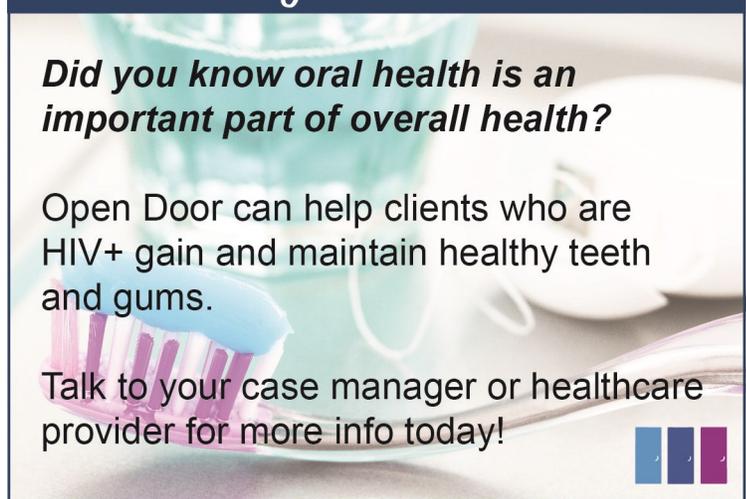
Open Door will be closed Monday, October 10th to observe Columbus Day.

Healthy Smiles!

Did you know oral health is an important part of overall health?

Open Door can help clients who are HIV+ gain and maintain healthy teeth and gums.

Talk to your case manager or healthcare provider for more info today!



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



Meet Josh B. Open Door's new Retention Specialist!

What did you do before coming to Open Door?

I was (am) a therapist at Ecker Center for Mental Health here in Elgin, IL. I recently graduated from National Louis University in Wheeling, IL with my MS in Clinical Mental Health Counseling.

What's your favorite part of your job?

I love the interactions with patients and staff, being in a diverse setting, and learning about HIV/AIDS.

Describe your family (however you define the term)?

Big and loud!! I have my partner, two parents, seven siblings, three sisters-in-law, and nine nieces/nephews.

What do you enjoy doing in your free time? *I love to take pictures, listen to music, watch TV, and explore Chicago with my partner.*

Where is the farthest place from home you have ever been? *Florida*

What is your favorite food? *I love, love, love PIZZA!!!*

What is one thing you want to do that you haven't done yet? *Travel to Europe.*

Who is the most impactful person in your life or most impactful person on humanity? *I would have to say my friend Mel, who taught me it's okay to think for yourself, follow your heart, and live life on your own terms. Once you stop living for others you can finally live.*

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the issue of HIV and aging. In 2010, President Obama released the first comprehensive National HIV/AIDS Strategy for the United States. HIV and aging was among the issues outlined in the Strategy. The Department of Health and Human Services (HHS) Administration on Aging (AoA), the US Department of Veterans Affairs (VA) as well as the National Institutes of Health (NIH) have also moved the HIV and aging agenda forward.

In the past year, HHS AoA held a webinar on (The Graying of HIV/AIDS) to provide information on seniors living with HIV and seniors at risk for HIV. HHS AoA also produced and released a toolkit to inform older adults about HIV risks and to encourage older adults to know their HIV status. The VA continues to be at the forefront of HIV and research through ongoing implementation of the Veterans Aging Cohort Study (VACS). VACS, a study that includes HIV-positive as well as HIV-negative veterans, follows participants over time and evaluates the health of veterans. Much of what we have learned about HIV and aging has arisen from VACS analyses.

HIV and aging has also been a major focus at National Institutes of Health (NIH). Over the past year, the NIH has released several research funding announcements specific to HIV and aging and in July NIH released HIV and aging was one of the topic areas during the International HIV/AIDS Conference. In addition, the NIH Office of AIDS Research recently released a report on HIV and aging. The comprehensive report, based upon consultation from an expert working group, 1) summarizes knowledge and state the problem in research area; 2) identifies priority research areas; 3) points out specific knowledge gaps; and 4) suggest research to address gaps.

Progress has been made in research and programs with regard to aging and HIV, but more remains to be done. As part of the National HIV/AIDS Strategy, Federal efforts will continue to help people aging with HIV not only live longer, but maximize their health and wellness.

October Support Groups

02	HIV Positive Support Group	4-5pm	A*
02	LGBT Group	6-8pm	G
03	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	10am-noon	A
03	HIV Positive Support Group	12-1pm	E*
04	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	12-1:30pm	E*
05	HIV Psychosocial Group	4-6pm	A*
09	HIV Positive Support Group	4-5pm	A*
10	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	10am-noon	A
10	HIV Positive Support Group	12-1pm	E*
11	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	12-1:30pm	E*
12	HIV Psychosocial Group	4-6pm	A*
16	HIV Positive Support Group	4-5pm	A*
17	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	10am-noon	A
17	HIV Positive Support Group	12-1pm	E*
18	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	12-1:30pm	E*
19	HIV Psychosocial Group	4-6pm	A*
23	HIV Positive Support Group	4-5pm	A*
24	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	10am-noon	A
24	HIV Positive Support Group	12-1pm	E*
25	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	12-1:30pm	E*
26	HIV Psychosocial Group	4-6pm	A*
30	HIV Positive Support Group	4-5pm	A*
30	Transgender Group	6-8pm	G*
31	HIV Health & Wellness Changing Habits & Patterns of Substance Abuse	10am-noon	A
31	HIV Positive Support Group	12-1pm	E*

* Snacks will be served.

5 TIPS TO GET READY FOR 2017 MARKETPLACE OPEN ENROLLMENT

By HealthCare.gov

Open Enrollment for a 2017 Health Insurance Marketplace plan is almost here.

Starting November 1, 2016, you can sign up for 2017 health insurance (with coverage starting as soon as January 1, 2017) at HealthCare.gov. That's just about a month away! You'll be able to preview plans and prices for 2017 shortly before then.

5 tips to prepare for 2017 Open Enrollment

Get a quick Marketplace overview. If you're new to the Marketplace, this single health coverage overview page tells you what you need to know and provides links to more.

Mark key dates on your calendar. Learn about the key dates and deadlines to make sure you're covered January 1.

Make sure you have everything you'll need to apply. Use this simple health care checklist to gather the documents you'll need to complete your application.

Stay up-to-date with the latest health care information. Sign up for email and text message reminders to get important health coverage information.

Learn how to pick a health insurance plan that's right for you. Choosing a health plan can be complicated. Knowing just a few things before you compare plans can make it simpler.



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