



Positive Advocate

Summer 2008

A publication of the Affected Communities Committee of the HIV Health Services Planning Council

MEET MICHAEL UNGEHEUER, GOVERNANCE COMMITTEE CHAIR



The start of my career and practice coincided with the beginning of what today is known as the AIDS epidemic. Always interested in disease puzzles I remember reviewing a research article sometime around 1978 or 1979 describing what appeared to be an increase incidence of Kaposi's sarcoma in gay men. Not realizing the significance of this observation I went about my business of gaining experience in public health focusing on infectious disease in general. I spent the early years of practice on the East Coast slowly migrating westward until I arrived in El Dorado County in 1988. My role as one of the County Deputy Directors of Public Health brought me into contact with many of the early epidemic pioneers. In 1989 I attended a stakeholders meeting in Sacramento to discuss ways of addressing the growing regional numbers of HIV afflicted individuals. Representatives from all the major health care systems, public health and consumers gathered to begin planning for what was to come. I have remained active in regional planning for HIV/AIDS service development and delivery ever since.

I am a member of the HIV Health Services Planning Council and maintain the position of Governance Committee Chair. While I do not provide direct care to afflicted individuals in my practice I remain dedicated to making a difference by changing and challenging the system as a whole. My goal is to improve optimal wellness not only in the arena of HIV but for society at large through advocacy, service development, teaching and general stubbornness. My tenure as an Associate Faculty for the University of Phoenix has allowed me to educate not only nursing students but students pursuing many career paths in the ways of healthy living and how to make a difference in improving the wellness of society and the environment in general.

I look forward to new and continuing relationships with those dedicated to bringing about change in health care, eliminating care inequities and simply thinking outside the box. To those pioneers and veterans society is in your debt.

Michael Ungeheuer RN, MN, PHN



MORE HIV CASES REPORTED IN 2006

March 28, 2008 from POZ Magazine's website (POZ.com)

The Centers for Disease Control and Prevention's (CDC) 2006 HIV/AIDS Surveillance Report estimates that there were 52,878 new cases of HIV in 2006. This is a 49 percent increase over the 35,537 cases estimated for 2005, however, the increase is largely due to the fact that the CDC used data from seven additional states in 2006 compared with 2005. If you remove the states not included in the 2005 estimates from the 2006 estimates, the number of HIV cases drops to 34,878, a 2 percent decrease between 2005 and 2006.

The CDC derives its estimates from states that used a names-based HIV reporting system. In 2005 there were 38 such states, plus five dependent territories like Puerto Rico and Guam. In 2006, this increased to 45 states plus the dependent territories. This means that 6,581 HIV cases from California, 6,241 from Illinois, and 4,048 from Washington, DC, included in the 2006 estimates were counted as zero in the 2005 estimates.

Because so many states only adopted a names-based reporting system in 2006, it is not possible to say whether new HIV cases, as opposed to AIDS cases, have gone up, down or stayed the same in those states with new reporting systems over the last several years.

The CDC has, however, been tracking new HIV and AIDS cases reported in 33 states with name-based HIV reporting for a number of years. Those numbers have remained fairly stable since 2003, with just a slight increase in 2006—with 36,817 new HIV and AIDS cases reported—from 2005, with 35,634 cases reported.

SUNBURST PROJECTS' SUMMER OF 2008 CAMP SESSION SCHEDULE



SESSION #1 — (JULY 2 - JULY 8): CAMP SUNBURST FAMILY CAMP

Camp Sunburst for HIV impacted children 6-12 yrs.

Location: Camp Arroyo, 5555 Arroyo Road, Livermore, CA 94550

Orientation: Tuesday, July 1 at 9 AM @ Camp Arroyo

SESSION #2 — (JULY 20 - JULY 25): CAMP SUNBURST TEEN CAMP

Camp Sunburst for HIV impacted teens 13-18 yrs.

Location: Camp Cazadero, 22175 King Ridge Road, Cazadero, CA 95421

Orientation: Saturday, July 19 at 9 AM @ Angela Center

MANDATORY TRAINING — FOR ALL NEW VOLUNTEERS

Session 1 - June 29-30 9:00 AM @ Camp Arroyo **Session 2** - July 17-18 9:00 AM @ Angela Center

For more information, please visit their website: www.sunburstprojects.org/programs.shtml

BAD TEETH ALSO BAD FOR YOUNG MEN'S HEARTS (FROM POZ.COM)

Gum disease increases the risk of developing heart disease in men under the age of 60, according to a new study published in *Circulation: The Journal of the American Heart Association*. While the research focused on HIV-negative men, it has implications for HIV-positive individuals as well, many of whom face an increased risk of cardiovascular disease due to other factors.

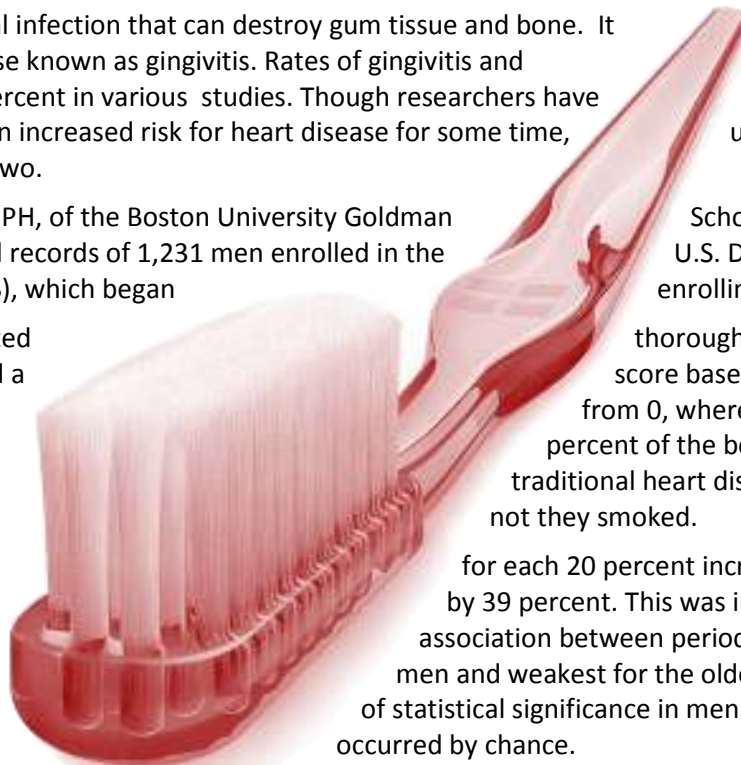
Periodontitis is a serious dental infection that can destroy gum tissue and bone. It is a common tooth and gum disease known as gingivitis. Rates of gingivitis and periodontitis in people living with HIV range from 5 to 50 percent in various studies. Though researchers have suspected that periodontal disease may be associated with an increased risk for heart disease for some time, no conclusive studies linking the two.

Thomas Dietrich, DMD, MD, MPH, of the Boston University Goldman School of Dental Medicine, and his colleagues studied the medical records of 1,231 men enrolled in the Dental Longitudinal Study (DLS), which began

A trained periodontist conducted thorough oral exams on the men once every three years and assigned a score based on the degree of bone loss on each tooth. The scores ranged from 0, where the men had no bone loss, to 5, where then men had lost 80 percent of the bone. The men also were screened regularly for all traditional heart disease risk factors, such as cholesterol, weight, and whether or not they smoked.

Dietrich's team found that heart disease risk increased for men and weakest for the oldest men, and the association of statistical significance in men older than 60, meaning that any association could have occurred by chance.

Given that inflammation has been linked to heart disease, and that periodontitis causes considerable and chronic inflammation, it may be wise for younger men with other risk factors for heart disease to be checked regularly by a dental professional, and this is equally true for men living with HIV.



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School of Dental Medicine, and his U.S. Department of Veteran Affairs' enrolling in 1966.

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for each 20 percent increase in bone loss, the men's by 39 percent. This was independent of all other risk association between periodontitis and heart disease was men and weakest for the oldest men, and the association of statistical significance in men older than 60, meaning that any association could have occurred by chance.

FDA WARNS COMPANIES IMPORTING AND MARKETING DRUGS OVER THE INTERNET THAT CLAIM TO PREVENT AND TREAT STDs

The U.S. Food and Drug Administration today issued Warning Letters to six U.S. companies and one foreign individual for marketing unapproved and misbranded drugs over the Internet to U.S. consumers for the prevention and treatment of sexually transmitted diseases (STDs).

Some of these products, directed at U.S. consumers, falsely claim to have "FDA Approval" and some claim to be "more effective" than conventional medicine. The products are sold as Tetrasil, Genisil, Aviralex, OXi-MED, Imulux, Beta-mannan, Micronutrient, Qina, and SlicPlus. Consumers who are currently using these products should stop their use immediately and consult their health care professional if they have experienced any adverse effects that they suspect are related to the use of any of these products.

"The products pose a serious health threat to unsuspecting consumers who don't know that these products are not FDA approved and have not been proven safe or effective," said Janet Woodcock, M.D., deputy commissioner for scientific and medical programs, chief medical officer, and acting director of the FDA's Center for Drug Evaluation and Research. "STDs are very serious diseases and these products give consumers a false sense of security that they are protected from STDs."

The products claim to prevent or treat a variety of STDs, including Herpes, Chlamydia, Human Papilloma Virus, cervical dysplasia, and HIV/AIDS. The FDA considers these U.S. and imported products to be unapproved new drugs being marketed in violation of the Federal Food, Drug and Cosmetic Act. They are also misbranded under the law because they lack proper directions for use by consumers. In addition, some of the products are misbranded because they make false/misleading claims.



Examples of claims that these products make include "Treatment Kills all Herpes Viruses WITHOUT having to use conventional drugs or medications," "Greatest STD Protection Without Condoms," (SlicPlus) and "The active ingredient in our product is FDA certified to destroy 99.9992 percent of all pathogenic organisms [ie] Chlamydia" (OXi-MED).

The Warning Letters inform the companies that failure to properly resolve violations of the law may cause them to face further enforcement action that can include seizure of illegal products, injunction, and possible criminal prosecution.

Issuing these Warning Letters is part of the FDA's ongoing campaign against fraudulent products marketed on the Internet for serious and life-threatening diseases. The agency also works to educate consumers about the risks and dangers that exist from buying unsafe products.

Consumers and health care professionals should notify the FDA of any complaints or problems associated with these products. These reports may be made to MedWatch, the FDA's voluntary reporting program, by calling 800-FDA-1088, or electronically at www.fda.gov/medwatch/report.htm.

FOOD POISONING MAY BE FATAL FOR PEOPLE WITH HIV

A new study conducted by scientists from the University of California Davis School of Medicine reveals that people living with HIV are more at risk for lethal Salmonella infection than HIV-negative people, Science Daily reports (sciencedaily.com, 3/24).

The study, published online by Nature Medicine on March 23, showed that Salmonella usually causes just seven days of diarrhea in most people, limiting its range of infection to the intestine. However, the food-borne virus can spread to the bloodstream and other organs in those living with HIV, causing a fatal condition called non-typhoidal Salmonella serotypes (NTS) bacteremia.

According to scientists, the discovery of the defect in the immune response that allows Salmonella to cross the mucosal barrier of the gut, enter the bloodstream and infect other organs may lead to further research examining how reservoirs of HIV are maintained in the gut, and how the virus is able to evade antiretroviral treatments.

"We think the real battle between an individual's immune system and HIV is happening in the gut mucosa where there is massive destruction of immune cells," said Satya Dandekar, professor and chair of the department of medical microbiology and immunology at UC Davis. "Gut-associated lymphoid tissue," she pointed out, "accounts for 70 percent of the body's immune system."

HRSA ANNOUNCEMENT - IMPORTANT INFORMATION: DIGITAL TV COUNTDOWN HAS STARTED



The Digital TV Countdown has kicked-off! HRSA and other HHS agencies have been asked to share important information about the transition from an analog to a digital signal so people will know what to expect when the change occurs.

Television serves as a focal point for many people it is a link to the outside world, a daily companion, and a source of local information during emergencies. Many of the vulnerable, elderly and disabled are confused about the upcoming transition to digital television. They have heard the news about the switch to digital television programming and think they must buy a new, expensive DTV or HDTV or be without TV after February 17, 2009.

You can find a plain language fact sheet concerning the digital transition at <http://www.dtv.gov/transitionbasics.pdf>. The fact sheet explains consumer options and what they will need to do to be ready for the digital transition in 2009.

Please share a copy of this fact sheet with your patients, or post it in the health center, so they know what their options are concerning the digital TV transition. If they need more information about the digital transition, they can visit <http://www.dtv.gov>. Information about converters is available at <http://www.dtv2009.gov>, or they can call any of the telephone numbers listed on the fact sheet.

GETTING A SCREENING IS YOUR BEST SHOT AT CATCHING COLORECTAL CANCER EARLY—AND COULD SAVE YOUR LIFE.

Your chances of surviving colorectal cancer skyrocket if you catch it early: 90 percent, as opposed to 10 percent, if the cancer is caught in more advanced stages. **Getting a screening is your best shot at catching colorectal cancer early—and could save your life.** According to the Centers for Disease Control and Prevention, if everyone aged 50 or older was screened regularly, up to 60 percent of deaths from colorectal cancer could be avoided.

This past March marked the ninth annual National Colorectal Cancer Awareness Month, a time to focus on the prevention and early detection of colorectal cancer. Colorectal cancer can refer to either colon cancer—cancer of the large intestine or colon, or rectal cancer—cancer of the last six inches of the colon. According to the American Cancer Society (ACS), colorectal cancer is currently the second leading cause of cancer-related death in the US among men and women combined. The risk of developing colorectal cancer increases with advancing age. Nine out of 10 cases occur in people aged 50 or older.

ACS has reported a recent nationwide drop in colon cancer deaths due to an increase in screening and early detection, but found that about **40 percent of those who should be tested are not**. In particular, researchers found that minorities, people with low income and those without health insurance were less likely to be tested compared to whites, privately insured patients and those with higher annual household incomes.

You should begin screening for colorectal cancer soon after turning 50, then continue getting screened at regular intervals. However, you may need to be tested earlier or more often if you or a close relative have had colorectal polyps or colorectal cancer or you have inflammatory bowel disease. Consult with your doctor to find out what is right for you.

Medicare will cover colorectal cancer screenings. Read Medicare Interactive to find out the details so you or your loved one can get screened as soon as possible.

Interested in learning more about **preventive services** covered by Medicare? Call the Medicare Rights Center at 888-795-4627 or email lincs@medicarerights.org and ask to receive **FREE** monthly phone calls from a trained counselor about important preventive benefits under Medicare.

QUICK TIPS

From POZ.com

Fitness is a lifelong commitment. Here's a handful of tips to help you stay motivated.

What's up, doc?

Let your doctor or health care provider know about your fitness routine, including what you're doing and how often. Seeing your weight and lab results improve—and your MD smile—makes it all worthwhile.

Mix it up

Vary your activities to prevent boredom (a definite commitment killer). Take an aerobics class a few nights a week and hit the stationary bike on other nights. Jog in spring and fall, swim in summer and winter.

Join a gym

Many enjoy exercising at a fitness club, with access to personal trainers, equipment and group classes. Community gyms like the YMCA may offer free or low-cost memberships if you're on a budget.

Dear diary

Keep a written log of your exercise routine. It will help you remember this week's workout agenda and remind you how far you've come from weeks past.

Thanks, I'll walk

Take the stairs, not the elevator. Get off the train or bus one stop early. When it comes to fitness, those extra steps every day make a big difference.

CONGRATULATIONS TO SISTER MARY REDEMPTA SCANNELL FOR WINNING THE 2008 UNSUNG HERO AWARD!

Sister Mary Redempta Scannell received the award at the Community Services Planning Council's 20th Annual "People Helping People" Awards Luncheon. She was honored for years of service to the poor and needy and for her continued service after retirement, working five days a week advocating for and supporting financially and spiritually those affected by HIV/AIDS.

Next time you see Sister Mary, please congratulate and thank her for being a part of our community!

CONGRATULATIONS TO DEBRA DRAYTON AND MARGIE ERWIN FOR WINNING WOMEN OF THE YEAR!

Debra Drayton is involved with the planning council on multiple levels. She also volunteers, speaks at High School, Religious Institutions, and universities and participates in community outreach programs. At CARES she has actively advocated for women's services. Debra generally is concerned for the care of others.

Margie Erwin is the nutritionist at CARES. She helps clients with their dietary needs and helps them prepare proper healthy meals. She is a great advocate for healthy food for clients through Elk Grove and River City Food Bank. Margie has also spent time in Africa helping people with HIV.

Next time you see Debra and Margie, please congratulate and thank them for being a part of our community!

HIV Health Services Planning Council and Committee Meeting Schedule

HIV Health Services Planning Council

4th Wednesday of each month, 10:00 AM—12:00 Noon at CARES, 1500 21st Street

Administrative Assessment Committee (AdAC)

2nd Friday of each month, 9:00 AM—12:00 Noon (*meets when needed*)
at Breaking Barriers, 2200 21st Street

Affected Communities Committee (ACC)

1st Monday of each month, 4:15 PM—5:30 PM at CARES, 1500 21st Street

Executive Committee (Exec)

2nd Thursday of each month, 3:00 PM—5:00 PM at CARES, 1500 21st Street

Governance Committee (GOV)

2nd Monday of each month, 12:00 Noon—2:00 PM (*meets when needed*)
at Community Services Planning Council, 909 12th Street

Needs Assessment Committee (NAC)

1st Tuesday of each month, 3:00 PM—4:30 PM at Breaking Barriers, 2200 21st St

Priorities and Allocations Committee (PAC)

1st Wednesday of each month, 9:00 AM—12:00 Noon at CARES, 1500 21st Street

Quality Assurance Committee (QAC)

1st Tuesday of each month, 1:30 PM—3:00 PM at Breaking Barriers, 2200 21st St



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The **POSITIVE ADVOCATE** Newsletter is a quarterly information and outreach project. We welcome submissions from the affected community. For additional information about the Affected Communities Committee (ACC), HIV Health Services Planning Council (HHSPC), or this newsletter, contact: Bill Puryear at 916.334.7566

Visit the **HIV Health Services Planning Council on the Internet at:** <http://www.communitycouncil.org/level-3/hiv.html>

Jon Benorden, HHSPC Staff

909 12th Street, Suite 200 Sacramento, CA 95814
916.447.7063 ext 329 jbenorden@communitycouncil.org

The **Affected Communities Committee** addresses issues facing the HIV/AIDS community and advises the Planning Council on affairs of the community. The mission of the committee is to recruit, empower, and involve people living with HIV/AIDS in the strategic planning and advocacy of HIV/AIDS care and services. These goals will be accomplished with the assistance of the Council support staff toward the fulfillment of its mission. The committee encourages an environment of trust and safety in achieving its mission.

RYAN WHITE CARE PROGRAM CONTRACTOR/SUB-CONTRACTOR LIST—FY 2008/2009

Ryan White CARE Program Contractor List

AIDS Housing Alliance/Avalón

PO Box 161908, Sacramento, CA 95816
916.579.0896

Breaking Barriers

2200 21st Street, Sacramento, CA 95818
916.447.2437

CARES

1500 21st Street, Sacramento, CA 95814
916.443.3299

Community Services Planning Council

909 12th Street, Suite 200, Sacramento, CA 95814
916.447.7063 x329

CommuniCare

500-B Jefferson Blvd #195, West Sacramento, CA 95605
916.403.2970
804 Court Street, Woodland, CA 95695
530.668.2400

El Dorado County Public Health Department

929 Spring Street, Placerville, CA 95667
530.621.6129

The Effort

1820 J Street, Sacramento, CA 95811
916.325.5556

Harm Reduction Services

3647 40th Street, Sacramento, CA 95817
916.456.4849

Maap, Inc.

4241 Florin Road, #52, Sacramento, CA 95823
916.394.2320 x256 or x 257

Placer County Dept. Health & Human Services

11484 B Avenue, Auburn, CA 95603
530.889.7119

Sunburst Projects

1025 19th Street, Suite 1A, Sacramento, CA 95814
916.440.0889

Sutter "We CARE" Program

5151 F Street, 2 South, Sacramento, CA 95819
916.733.1750

UCDMC Pediatric Infectious Disease

2516 Stockton Blvd., Ticon II, Sacramento, CA 95817
916.734.7618

Ryan White CARE Program Sub-Contractor List

Sierra Foothills AIDS Foundation (SFAF)

12183 Locksley Lane, Suite 205, Auburn, CA 95602
530.889.2437