

NEWS AND VIEWS FROM **PARK HOUSE**

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SPRING 2008

Customized sessions designed specifically for the HIV client

Psycho-educational Groups Round Out, Enhance Our Program's Objectives



Treatment programs at Park House include special psycho-educational groups that are customized for persons living with HIV/AIDS. There are three such groups—meeting on alternating weeks—and focusing on wellness, sexual health, and HIV education. These and other Park House programs incorporate a macro-view of what it means to live with HIV. The goal is to provide clients with important information for developing skills to sustain a better quality of life—and ultimately lessen the need for expensive medical intervention. Shown here, Park House Nurse Clinician, Roger Anderson, RN, facilitates the *Wellness Group* by discussing exercise fundamentals.

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As the AIDS epidemic changes, our work and programs must also change

Manager's Musings

Jim Maurer, *Park House Manager/Development Associate*

I am putting these thoughts to paper the day after Valentine's Day which is a very special day. For me, the past seventeen years, however, have always associated this day with the loss of a very dear friend, Lee Bickel, who died on February 14, 1991 as a result of complications due to HIV/AIDS.

I vividly recall the phone call from Lee's partner that day to say that Lee had passed after enduring significant physical decline over the previous months. Lee was 39 years old. He was a person who loved life and all people in a way that was truly inspirational. I continue to miss Lee's vibrant spirit throughout these years and often wish that he had survived until new and improved HIV medications had come onto the scene.

Medical advances have significantly enhanced and prolonged the lives of those living with HIV/AIDS today. However, the long-term effects of these new medications have not always been openly discussed, adding to the myth that HIV is now simply a chronic,

manageable disease. This is not so for all who are living with the disease. Since I've worked at Park House, I have witnessed not only the impact of living with HIV/AIDS upon our clients' emotional and mental health but also the physical toll they endure. So many Park House clients who are only in their 30's and 40's have been dealing with conditions not often seen among their age groups—such as osteoporosis, heart disease, diabetes, kidney failure, neurological dysfunction, and more. Numerous Park House clients have had strokes in their 20's, 30's and 40's. A Park House client, aged 58, died unexpectedly on Christmas morning. He had been at Park House just days before, attending our holiday concert featuring Billy McLaughlin.

In early January 2008, the *New York Times* printed an article detailing what they termed the premature "aging" effects HIV/AIDS medications are having on those who take them. The article highlighted how these side-effects negatively affect the emotional and mental health of those on the drugs. One person covered in this story talked about his need to simply deal with all of these effects on his own.

Park House works with this very type of affected individual on a

daily basis. We provide a supportive, therapeutic setting to help them better manage their physical, emotional, and mental health—so that they will remain independent, out of the hospital, and engaging in an active community life. Persons living with HIV/AIDS—so affected by the stigma of the disease or the side-effects of their medications—do not have to *deal with it* on their own. They don't need to isolate. Park House offers a real and positive alternative. As individuals live longer with HIV/AIDS, I cannot help but believe that the need for services offered by Park House will only continue to grow.

2008 has gotten off to a great start with returning and new clients, a full schedule of therapy groups, social activities, and volunteer opportunities such as regular visits to help out at Second Harvest Food Bank. Naturally, there continue to be ways to support Park House through fun and successful fundraisers such as *Bingo A-GoGo* and the *Red Ribbon Ride*.

The next Bingo will be *Spring Prom Bingo*, Saturday, May 10th at the Zuhrah Shrine Center, 2540 Park Avenue South in Minneapolis, hosted by Miss Richfield 1981.

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This year's *Red Ribbon Ride* will take place July 17 – 20. For more information or to sign up as a rider or crew member you can go to: www.redribbonride.org

After participating as a rider for 12 consecutive years, yours truly has opted to be a member of the all volunteer crew in 2008. I've always been told that serving as a crew member is more work than riding—by the crew, of course. I've decided it's time to find out if that is true. Plus, in this year, full of political "straight talk," I have to admit that this middle-aged body is not up to the rigors of all the necessary training and days of riding in the blazing sun. Our own Shannon Regan, will also be serving on the crew again this year, helping riders to cool down at the lunch stop and also enjoy their time at the campsites each evening.

The *Red Ribbon Ride* brings a tremendous reward to Park House and six other HIV/AIDS service organizations. In 2007 the *Ride* raised over \$600,000, returning better than 80% of the income to the beneficiaries. Not only do we benefit from this event in financial terms, but the *Ride* raises public awareness of HIV/AIDS and our services. Volunteer recruitment also makes this event something to be excited about and worth the effort each year.

Thanks for your ongoing support of Park House.

Watch the tribute. Take the challenge.

Red Ribbon Ride Videos Now On YouTube.com



the inspirational opening video from the 2007 *Ride*.

We mention this because the 2008 *Red Ribbon Ride* is coming up July 17 – 20, 2008. With spring and warmer weather just around the corner, there's no better time to join us for this extraordinary bicycling event.

In case you've never caught any of the beautiful video footage of the *Red Ribbon Ride*, or if you want to relive some of the *Ride's* special moments—all you need to do is go to YouTube.com and search for "Red Ribbon Ride." There you will find several videos, including

Emotionally and physically challenging, *Red Ribbon Ride* is often said to be "one of the best experiences of a lifetime." So, watch the video and then ride for those with HIV/AIDS. To sign up or for more information go to: www.redribbonride.org

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Customized Group Programs at Park House Address Special Needs of HIV Clients

Park House is unique among agencies in the Twin Cities metro area working with HIV/AIDS. In fact, Park House is one of only six programs in the entire United States that is specifically available to persons living with HIV *and* mental health concerns.

The exact number of persons living with HIV who also have issues around mental health is difficult to quantify, but it includes those suffering from depression, chemical dependency issues, and cognitive impairment. Park House believes the number of people with both HIV and emotional problems grows every year as HIV becomes a *chronic illness* for more and more long-term survivors.

In some cases, mental health issues are over-looked and remain undiagnosed. In other instances, people are reluctant to come forward to ask for help. Still, others are addressing their mental health concerns outside their HIV provider network. As a result, many HIV case managers, physicians, and social workers do not direct people to the integrated, specialized program at Park House that would benefit this segment of the HIV community. HIV/AIDS still carries considerable social stigma and creates unique sets of problems, so the need to provide a safe and supportive environment with programs exclusively designed for persons with the disease continues.



Clinical Psychologist, Dr. Ron Frederick, helps structure psycho-educational group sessions at Park House program to integrate with the other therapies which clients receive. Customized groups are designed to help overcome the stigma associated with HIV and to provide important life skills that contribute to quality of life.

Park House takes a global (some would say, holistic) approach toward serving its clients. It does this by providing social and recreational outlets that augment the professional mental health components of the program.

One of the mental health components is a comprehensive psycho-educational therapy group segmented around three major topics that have been customized for the HIV client—wellness, sexual health, and HIV education. There is always some overlap between these issues, and each time the group meets to discuss one of

the specific topics, we are reminded of the complex, inter-related nature of all that makes us whole human beings. The collective goal of the three groups is to impart critical information and help clients develop practical life/coping skills, not typically available through other HIV programs.

The *Wellness Group* focuses on aspects of physical, personal, and community health. The overarching theme is *Balance of Mind, Body, and Spirit*. Topics include: fitness, understanding body functions—e.g., the heart, lungs, the digestive

Continued on next page

system, etc., weight loss, smoking cessation, healthy eating and nutrition, meditation, and how to take care of oneself. Park House believes that by helping its clients address wellness issues and encouraging them to be proactive in matters of their health, the demand on the health care delivery system, the number of episodes requiring medical intervention, and medical costs are actually lowered. It is a win-win situation. Helping people stay healthy reduces their use of emergency rooms and hospitals. Concurrently, it also helps those living with HIV/AIDS enjoy a better quality of life.

The *Sexual Health Group* focuses on helping participants understand and even celebrate the diversity of human sexuality. It is an open, nurturing, and supportive environment where sexuality can be frankly discussed.

The group provides a non-judgmental opportunity to express personal thoughts while respecting that other group members may have different experiences or opinions. It also explores concerns surrounding physical intimacy and reinforces messages of physical/emotional safety.

Motivations and attitudes about sexuality over the eons—and in present day—are considered and put into perspective with the human experience. Discussions about HIV infection reinforce that it is a virus, not your sexuality, that causes HIV.

Finally, there is the *HIV Education Group* that is devoted to exploring

the psychological and emotional aspects of living with HIV. This group steers through the complex and multi-dimensional issues related to self-esteem, mental health, mood, grief and loss, and identity.

In concert with the other Park House groups, this group's mission is to help people find ways to constructively deal with issues that arise when living with HIV. This includes the challenges of functioning in the community, dealing with isolation, and maintaining relationships.

As the AIDS epidemic changes, Park House continues to re-tool its program to meet the needs of its clients. When Park House was first established, its program typically responded to end-of-life issues. Today, thanks in large measure to improved medical interventions—HIV has passed into the domain of a chronic disease. Although HIV is still serious and life-changing, advances in treatments and the resulting longevity have shifted the emphasis to how to live with the effects of a life-long, progressive illness. For Park House, its

program has been able to evolve its focus to *living with* HIV rather than dying from HIV.

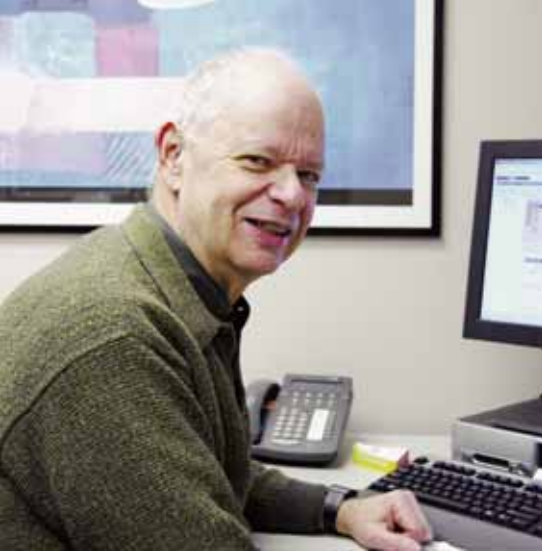
While still searching for a cure, there remains much to learn and do about HIV/AIDS. The long-term effect of current HIV medications is not known with certainty. With the evolution of life longevity while infected with HIV, there appears to be a relationship between some HIV treatments and non-HIV based diseases normally associated with stroke, heart attack, cancer, and depression. What other challenges long-term survivors of HIV will face as they approach their middle and senior years remains to be seen.

Park House continues to stay abreast of these developments. Our commitment is to respond to the emotional and psychological needs of our clients—now and into the future. We have no doubt that many more changes will come. As we continue to explore and provide responsive mental health treatment for persons living with HIV, our goal is to make sure that everyone in need of our specialized support service finds our door.

Remembering a friend we recently lost

Passages

Ray H.



A new reality—The graying of HIV/AIDS

Medical Director's Viewpoint

Hanan Rosenstein, MD, *Park House Medical Director*

There's a new term that is beginning to be seen in the HIV medical literature—*The graying of HIV/AIDS*. This is a little-recognized new phase of the HIV/AIDS epidemic in the United States, and it comes with its own complications.

HIV+ persons are growing old because HIV medications are keeping the virus at bay, but they seem to be growing old faster. Ailments common to aging, including depression, are showing up sooner than expected in many people with HIV. Much attention has been paid in recent years to how the human immunodeficiency virus disproportionately infects African Americans and Latinos. The new reality of HIV, however, is not just white, black, or brown. It is also gray.

Longtime HIV survivors of either sex can develop osteoporosis, which was thought to be a menopausal illness, at a much earlier age than non-infected persons. This is thought to be due to long term use of the many medications needed to suppress the virus. Treatment of the bone disease is frequently needed, and many even require joint replacements.

Early heart attacks occur, despite healthful eating and regular exercise. Many patients will undergo coronary angioplasty, stent placement, and even bypass procedures at a much earlier age than the average cardiac patient. Sunken eyes and cheeks of older men are seen as a result of side effects of the antiretroviral medications.

Lipodystrophy, as the condition is called, rearranges fat in the body. The same complication can lead to insulin resistance or actual diabetes, as well as elevated cholesterol. Other complications of HIV disease, its medication, or both can cause significant chronic pain and require chronic pain control.

Early in the epidemic, patients with HIV acquired other infections and died at a young age. Today, with more than 25 antiviral medications, the virus can frequently be kept at bay. Persons living with the virus, however, have to deal with the side effects of long term treatment. In addition to the antivirals, they have to take treatments to counteract the complications of these medications.

Emotional stress invades all HIV+ persons, but especially the aging. Many of their close friends died in the early days of the epidemic, and they have trouble finding a new social community to live in. A few

organizations in the country have organized support systems for aging HIV patients. New York City's SAGE, and the Desert AIDS Project in Palm Springs are two examples of very active support organizations. There are no organizations in the Twin Cities specifically aimed at older HIV+ persons. The clients at Park House that fit this category are part of the overall program.

AIDS service organizations are not going to be able to retool themselves to address the massive demands that aging places on people. Those who provide health care to this population must increase their knowledge of age-related illnesses and be sensitive to potential complications due to HIV/AIDS and its treatment. Similarly, older adults with HIV must empower and educate themselves regarding aging issues and be prepared to engage their health providers with their needs and concerns. Older adults living with HIV must feel safe to engage the health and social support systems that every other aging person can access. Mainstreaming is needed. In that process stigma will be reduced.

Aging well is not only a function of taking the right pills. The role of psychosocial issues as we grow

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older is paramount in achieving successful aging. The reliance on families, friends, and social service entities, often referred to as informal caregiving, is a critical element for this phase of one's life. These support networks are at best fragile for the aging HIV population. Stigma and social isolation, compounded by loneliness and depression, paint a bleak picture.

At present, it is thought that 25% of the living HIV+ persons are over 50 years of age. In ten years, 50% of persons with HIV will be in

this age group. It is probable that older adults will account for the majority of people with HIV within the next decade. Unfortunately, they face a health care system, social support networks, and communities ill-prepared to meet their needs. Who would have thought that people with HIV would live long lives? The challenge requires overcoming ageism and accepting the fact that HIV must take its place amid the all of the other illnesses that are associated with aging.

Aging well is a function of the support of a person's community. How we care for each other as we age will ultimately define who we are. The need to reduce stigma is key in this process. HIV stigma, rooted in homophobia, pervades every niche in the lives of those living with HIV. This includes family, friends, health care providers, politicians, community leaders, people of faith, shopkeepers, neighbors, and more. The answer rests with the communities of people.



Looking back at the holidays

Holiday Gala, Ballroom Performances Bring Warmth to Winter

Twin Cities Gay Men's Chorus

Now accepting applications

Camp Benedict 2008: Program Takes Shape

Once again, Park House is coordinating the Camp Benedict program which provides households affected by HIV/AIDS an opportunity to join together in a safe, supportive, and beautiful environment.

Camp workshops and activities are designed to help participants with isolation and other issues, allowing them to discuss their concerns, such as—how to talk to their

children about AIDS, being HIV+, medication adherence, transmission issues, and stigma.

There is room for a total of 65 attendees—adults and children. The program is free to any household challenged by HIV. Camp Benedict is supported by the Minnesota AIDS Trek and the Bazinet Foundation.

The Camp Benedict retreat will be held August 18 – 22, 2008 at Lutheran Social Service's Camp Knutson near Cross Lake, MN.

Applications must be received by April 10, 2008 to be considered. Attendees will be selected on a first-come basis.

For more information or to request an application, contact: Jim Maurer at 612-871-1264.

PARK HOUSE exists to enhance the quality of life, maximize human dignity, promote independence, and minimize hospitalization of persons living with HIV/AIDS. PARK HOUSE is a structured day health program which provides supportive nursing care, psychosocial support, creative/complementary therapies, nutrition and collaborative treatment planning with physicians and case managers.



Mark your calendars and join the fun!

Bingo A-GoGo Schedule

May 10, 2008	Spring Prom Bingo	Zuhrah Shrine Center
September 20, 2008	Camp Bingo	Zuhrah Shrine Center
November 22, 2008	Sporty Bingo	Incarnation Church

- Doors open at 5:45 p.m. Games begin at 6:30 p.m.
- Tickets are \$30.00 for 15 games
- Tickets sell out FAST and in advance
- Group tables (8 – 10 seats per table) may be reserved. Call 612-863-7168

Tickets are available through:
 Amazon Bookstore Cooperative, 4755 Chicago Avenue S, Minneapolis
 Rainbow Road, 109 W Grant Street, Minneapolis

Zuhrah Shrine Center is located at 2540 Park Avenue S, Minneapolis
 Incarnation Church is located at 38th Street and Pleasant Avenue S, Minneapolis

Check our website for more information:
www.BingoAGoGo.com

Photos from Peter Pan Bingo and Mardi Gras Bingo