PARTNERSHIP PROJECT
HIV ADVOCACY & SERVICES SINCE 1995

The Network News
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OREGON HIV/AIDS CASE MANAGEMENT

There is still time to join Team OHSU/Partnership Project at AIDS Walk, Sunday, September 23rd

AIDS Walk is such an important event not just because of the funds raised but also because of the awareness the events raises about HIV/AIDS.

When you raise money for our team you support both the work of both Partnership Project and Cascade AIDS Project. We retain 75% of the funds our team raises for the work specifically done at Partnership Project.

Go here to join or support our team! Thank you for your support!!

Next Meeting

September 11th

Update from CARE Assist & Presentation about services offered at Central City Concern

U.S Health panel likely to make HIV tests routine-

(Reuters) - A U.S. health panel may soon make HIV testing as standard a practice as checking cholesterol levels, a move that would fundamentally change how the virus is detected and treated.

The U.S. Preventive Services Task force, a government-backed group of clinicians and scientists, is expected to make a new recommendation on HIV screening available for public comment before the end of the year.

Health officials close to the panel, speaking on condition of anonymity, see it making a positive recommendation for routine screening, updating their current position, issued in 2005, which leaves the decision up to doctors.

Under President Barack Obama's healthcare law, passed in 2010, insurers are required to cover preventive services that are recommended by the task force.

"This would be one of those major sea changes ... moving away from what has been somewhat the segmentation of HIV - either by population, by geography," said Michael Kharfen, chief of community outreach for the Washington, D.C., Department of Health. Kharfen, who worked on the frontlines of the HIV epidemic in New York in the 1980s, recalls when the prognosis for the disease was "practically certain you were going to die. "It still will take culture change for medical providers, but this will be a tremendous leap," he said.

ASK Joanne

Joanne Maurice is a dietitian with Legacy Emanuel with over 15 years of experience specializing in HIV nutrition

Why Do We Eat?

The reason seems obvious – we eat to live. Or do we really just live to eat? The number of overweight/obese people in this country would argue for living to eat. I don't think many of us can truly argue that we eat because we are hungry. Hunger is defined as "a craving, desire or urgent need for food, accompanied by an uneasy or unpleasant sensation due to a lack of food resulting in contractions and churning of the stomach". Hunger pains are real. Appetite, often confused with hunger, is defined by "a desire to eat, often triggered by the thought, smell or sight of food". Hunger is a physical need, appetite is psychological. Satiety is the condition of being full or satisfied. The problem is that we often eat to satisfy our appetite, not our hunger.

As newborn babies, we were all in tune with our hunger and satiety signals. When we were hungry, we cried so we would be fed. When we were satisfied, we stopped. No amount of coaxing could get us to eat more than we needed. Even as we progressed from the bottle or breast to solid food, we knew when to stop. Try feeding a one year old more food than they want and you will find out how creative they can be in saying "No!"

As we got older, things began to change from food satisfying our physical needs to our psychological needs. As parents, food is equated with nurturing, love, and all sorts of warm fuzzy emotions. If your child is eating well then you must be a good parent. How many times has a child been taught to eat, i.e. ignore their natural hunger/satiety signals, to get a pleasure reward? Finishing your plate got you a _____ (hug, kiss, cookie, piece of candy, fill in the blank). I can give you my own example. When my mom made her homemade soup, she also made blueberry or corn muffins to go with it. If we wanted seconds on the muffin, we had to have soup to go with it, whether we were hungry enough for both or not. Eating that extra food was a learned response.

And now? Think of how many times eating is satisfying something else besides just hunger. You are at Aunt Minnie's and she just served you a big piece of pecan pie al-a mode. Chances are, you are not really hungry, but dig in because you don't want to hurt her feelings. Worse yet, mom made you all your favorite comfort foods. Because you know it makes her feel good, you dig in and ask for seconds. She gets back those warm and fuzzy nurturing feelings, and you get a stuffed belly. What about being out with friends or co-workers? Are you going to risk some social blunder or risk looking like some oddball if you eat sensibly? Heck no, bring it on. As a society we are blessed to live in a country where food is abundant and easily accessible. We have been conditioned to expect bigger and bigger portion sizes as being normal. The ol' "finishing everything on your plate is good" mentality over rides the stomachs signals of "stop, I'm done".

Food as comfort satisfies our psychological cues to eat. Boredom, depression, anxiety, stress, loneliness, etc. are strong factors in the drive to eat. Food is used as a way to fill in the holes in our lives. Do you really need to eat that pint of ice cream because you had a bad day at work? Did that entire box of donut holes really fix the fight you had with your significant other? Are you even aware that you are trolling the kitchen looking for food to satisfy some need, but not really your hunger? Journaling is a good way to reflect on why you eat, along with making you aware of what you eat.

If the psychological prompts aren't bad enough, then there are all the external cues to eat. The smell of food cooking, the yummy display in the store window, the thought of the candy in the cupboard, the bombardment of media food ads all day, the knowledge of the 24 hour drive-in down the block, all add to the need to satisfy our appetite, but again, not our hunger. Even the clock on the wall tells us when to eat instead of our stomach. We have been taught to eat at certain times of the day, as opposed to being taught to eat when we are hungry and stop when we are just satisfied but not full. There's a difference. One burrito may satisfy my hunger, 2 burritos makes me feel full. It's a 500 calorie difference.

The first step in weight management is to take a REALLY good look at what is making you eat. Take the time to stop and really ask yourself if you need to have that pint of ice cream. Do you really need to have that snack bowl handy when you are watching TV? If you are bored, what alternatives do you have that don't involve eating? Would a good brisk walk be the better answer to the stress than the bag of candy? Would giving mom an extra hug be a better alternative to the post dinner belly bulge?

So here's a challenge. From my experience, there are not many brave enough to do it, but here it is. 1) Keep an honest food log for 3 days, longer is better, but 3 will do. Honest means you <u>don't change your habits at all</u>. Write it ALL down. (We are not counting calories on this log, that's later) 2) Along with writing what you eat, write why you ate it. Each time ask yourself if you were really hungry (stomach growling and slightly painful), or there was another reason. 3) If hunger wasn't the reason, what could you do instead? Take a walk, start a blog, read a book, go up a level on your favorite game, etc. For this part of the challenge, just come up with an idea, acting on it is another lesson.

Getting to a healthy weight is up to you. You have to own your health, no one can do it for you. It's your choice, your life. Take the first step and look at why you eat.

This Column is provided as a public service by Attorney Sarah Patterson (www. Sarahpattersonlaw.com), by Email :Sarah@sarahpattersonlaw.com, (503) 281-4766. Sarah is a lawyer in private practice and represents claimants with HIV and AIDS in Social Security and SSI disability cases and is not associated with the Social Security Administration.

New Ruling for Fibromyalgia

The key to winning a claim depends on the content of medical charts.

The Social Security Administration (SSA) has just issued a new ruling for evaluation of disability based upon Fibromyalgia (FM). The ruling does not change the burden upon the claimant to prove the severity of the symptoms, and how those symptoms make sustained work impossible. However, simply the acknowledgement of the disease and its potential impact on the lives of people suffering from this condition is an important event for FM patients.

Highlights:

1. SSA finally acknowledges FM to be a medically determinable impairment that can be the basis of disability;

2. Guidelines are established for treating physicians to follow to document the diagnosis;

3. The ruling does not materially change the system already in place to determine the severity of the symptoms from FM when determining total disability. It does remind decision-makers of the value of non-medical observations.

4. The clinical charts of the treating medical specialists are still the primary source of evidence. The focus in any disability claim is on whether the claimant can prove that symptoms are so severe that it is impossible for them to sustain any full-time work activity. The issue is not whether you can perform your prior work, or whether you can get a job. SSA is deciding whether you have proved that you cannot function at ANY basic full time work task.

The ruling provides two means of proof, both are dependent upon the content of the treating physician's medical charts. Both focus on tests established by the American College of Rheumatology (ACR). Criteria include:

History of widespread pain in all four quadrants of the body.
At least 11 positive tender points found bilaterally, and above and below the waist.
Medical exclusion of other disorders that could cause these symptoms.
Repeated evidence of 6 or more FM symptoms, or co-occurring conditions, examples include:

- Fatigue
- Cognitive or memory problems (the Ruling uses • the phrase "fibro fog")
- Unrefreshing sleep
- Depression
- Anxiety

This Ruling reinforces the idea of a "longitudinal" review of the records. Generally the more consistent the treatment, and the more consistent the descriptions of the symptoms, the more credibility will be given to the medical charts.

Do you have a client in need of advice on social security disability?
We can meet with groups of potential clients in your office setting - please call our office to make arrangements. Much of our work can be done by phone and mail if it is a hardship for a client to get to our office.

WORK INCENTIVES FOR LABOR DAY
By Alan Edwards, Social Security Public Affairs

This Labor Day, many Americans commemorate the fruits of their hard work by taking a day off from it. There will be gatherings and games, barbecues, and baseball. Labor Day was established in 1882, and it has become an American tradition to celebrate with family and friends.

For many Americans who receive Social Security or Supplemental Security Income (SSI) disability benefits, Labor Day can be a good day to think about the future. It may be that, in spite of your disabling condition, you would like to attempt to work. But perhaps you're apprehensive because you don't want to find out you're not quite up to the task and risk losing your benefits and critical medical coverage.

We have good news for you: our work incentives can help you go to work without the worry.

Work incentives include:

- Continued cash benefits for a period of time while you work;
- Continued Medicare or Medicaid while you work; and help with education, training, and rehabilitation to start a new line of work.

For example, a trial work period allows you to test your ability to work for at least nine months without affecting your benefits. Beyond that, an extended period of eligibility allows you to work another 36 months and still receive benefits, depending on your earnings. If your benefits stopped because your earnings were too high, but you find that your disabling condition does not allow you to stick with the job, you're eligible for expedited reinstatement without having to complete a new application.

If you are successful at returning to work, but you fear the loss of your medical coverage, here's more good news. You can continue to get Medicare Part A for at least 7 years after your cash benefits end, and after that you can buy Medicare Part A coverage by paying a monthly premium. Through it all, you can opt to continue paying your Medicare Part B premium for that additional coverage.

In addition to these incentives, you also may be interested in the Ticket to Work program, which may be able to help you receive vocational rehabilitation, training, job referrals, and other employment support services free of charge.

This Labor Day, visit www.socialsecurity.gov/work to learn more. Or read our publication, *Working While Disabled—How We Can Help*, available at http://www.ssa.gov/pubs/10095.html.

SOCIAL SECURITY AND LIVING ABROAD
By Alan Edwards, Social Security Public Affairs

These days it is more common than ever for a person to travel across the globe – either for vacation or to live in another country permanently. If you are one of these people, Social Security offers a special website: "Social Security Payments Outside the United States." The website features all you need to know about Social Security while living abroad. You can find it at www.socialsecurity.gov/international/payments.html.

If you're in the planning stages of moving to another country, you may want to check out our "Payments Abroad Screening Tool." It will ask you a few short questions and will let you know whether your payments can continue. It may make a difference in your decision to live abroad.

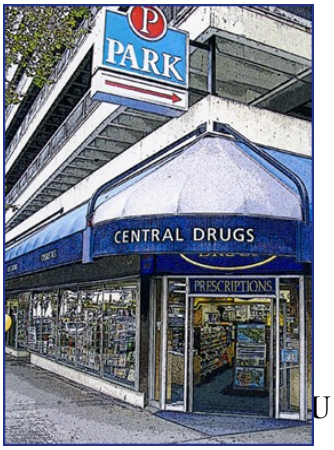
The page also offers links to publications, such as *Your Payments While You Are Outside The United States*, which explains how your benefits may be affected and other important information you need to know about receiving Social Security benefits while outside the country.

In the top, right corner of the page, you'll find important information on how to contact Social Security when you are abroad — to ask questions, make requests, or report events and changes that may affect payments.
Whether you're stateside or abroad, you'll want to pay a visit to www.socialsecurity.gov/international/payments.html.

After taking a break in the summer this group is starting again in September

YOUNG ADULTS HIV/AIDS PEER SUPPORT GROUP

- Connect with other HIV + Young Adults in a comfortable, small group setting
- Receive and provide support and information about issues such as navigating relationships, work and school, disclosure, and more



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When? **Every 2nd Monday of the month from 4:30pm -6:00**
Where? **Central Drugs: 538 SW 4th Ave. Portland**
Hungry? **Food & drinks provided each meeting.**
Interested? **RSVP requested. Contact Partnership Project facilitator:**

Lisa Steeves, LCSW, : mitcheli@ohsu.edu
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OREGON HEALTH & SCIENCE UNIVERSITY

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This issue, and issues from Feb 2002 on, can be found electronically at http://www.oregon.gov/DHS/ph/hiv/services/news.shtml