



# PARTNERSHIP PROJECT

HIV ADVOCACY & SERVICES SINCE 1995

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OREGON HIV / AIDS CASE MANAGEMENT

## FAREWELL TO SHOP

Since 1999 Partnership Project has provided risk reduction counseling either through Prevention Case Management or its most recent name SHOP, Supporting Healthy Options for Prevention.

Due to loss of a contract SHOP has ended. We thank the many staff that designed the program and implemented it over the years. These include are Becky Harmon, Mitch Zahn, Hyatt Yu, Julie Yu (Close), Becky Geis-Poage, Maria Bonacci, Liliana Pattie, Julee Hutchins (Graven), Alex Babani and most recent SHOP counselors, Laura Paz and Kurt Hunter.

Thank you to all our community partners who have supported and referred to the program over the years! We hope to bring you good news in the near future that we will be offering prevention services again.

In the absence of SHOP you can refer to the [AIDS Hotline](#) for Prevention Services in your community.

### Next Meeting

**July 9th**

**9:00-11:30 a.m.**

**800 NE OREGON  
St, RM 1D**

**Nutrition with  
Joanne Maurice**





## ASK Joanne

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

### Weight – Weight – Tell Me How..

Twenty years ago (good grief has it really been that long?) when I first started working in a HIV clinic, getting patients to lose weight was never a focus for me, in fact it was quite the opposite. It was extremely difficult to get patients to maintain their weight, due to a variety of reasons. The medications were not as good and carried more side effects. Nausea, vomiting, diarrhea were common symptoms of the medications or the OIs (opportunistic infections) that were more prevalent then than now. AIDS then was aptly named as the wasting disease.

Fast forward 20 years, and now I get more requests for weight loss diets than I do anything else. The medications are more effective, the side effects are minimal, and life expectancies are almost the same as anyone not infected by HIV. The struggle with extra pounds and chronic diseases such as diabetes, heart disease, high blood pressure may have some relationship with the virus or the meds, but it is just as likely to be due to just getting older.

As we age, our metabolism, the body's energy burning machinery, slows down. The same calories we took in when we were 20, will not be burned as efficiently as before, and it shows – in bigger “love handles”, bigger waists and needing to move up a few sizes in clothes. One conference I attended years ago put it this way. Let's say a 20 year old can eat 2200 calories a day and never gain weight. Fast forward that person 20 years, keep the exercise level the same, but add just one hard candy a day or 10 calories to that 2200 calories a day. In a year that 40 year old will gain 10 pounds, from just a mere extra 10 calories a day. So not fair! The weight gets harder to lose the older we get. Add to that the fact that as we age, we tend to be less active, and it becomes a double whammy. Weight loss or gain is a simple formula of calories in and calories out. If you take in more than you can burn off or need, the weight comes on; burn more than you take in or need and the pounds come off.

I can't tell you how many times I have heard “but I don't really eat that much”.. or variations on that. Maybe, maybe not. There are a lot of hidden calories that people consume and they probably aren't aware of or count. Because the food is not coming in the form of a meal, I think most will discount the calories in the “I just had a bite of...” Just 5 nuts, 2 plain crackers, those 4 extra fries you helped your friend eat, a chocolate drop and that extra gulp of soda doesn't sound like a lot, but you just ate an extra 200 calories with just those few small bites. Remember those extra 10 calories? You add that on to an average day, of eating more than 2000 calories a day, and you can see how the pounds pile on. It is not unusual for someone to eat more than 3000 calories a day, and not think they ate much at all.

Weight management, in particular intentional weight loss, is becoming more important in HIV care. Heart disease, high blood pressure and diabetes are becoming more of the issue in HIV care, than HIV itself. Moving to and maintaining a healthy weight is key in reversing those diseases or reducing the risk of getting them. This article will be the first in a series of articles on weight management. Hopefully, it will help you look at what you eat and why (outside of the obvious need to eat to survive) and give you a few tools to help manage those calories.

**Next article:** Taking a new look at what is on your plate.



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.

## Important Tips for Filling Out Forms

***Your key to winning a claim depends on filling out forms correctly.***

**Most people are** overwhelmed and intimidated by the sheer volume of forms needed to complete a Social Security disability claim. It is probably the most confusing and tedious aspect of winning a Social Security disability claim. It is also crucial.

**A reasonable question** we hear over and over is:

“Does anyone ever look at these forms?”

**The answer is** yes and no. Usually your case won't be approved on what is in a form, but the information provided certainly can be used to deny a claim.

The same forms are sent over and over as the claim moves through the application process. Slight inconsistencies can be magnified and used as a way to challenge credibility, and we've often seen innocent statements used as a reason to deny a claim.

**People often need** support completing forms. Few applicants want to be perceived as complainers, and many are in deep denial about the extent of their disability. Doctors and social workers want their patients to improve and they “chart for strength.” While this is good for some purposes, noting improvements but not ongoing problems like fatigue and pain can sabotage a case.

**In opening up** these disability report forms, we tell clients to ‘be in their worst day’ for 30 minutes, and talk or write about that. Then they can go back to the benefits of positive thinking. Social Security needs to know just why they can't work, in terms of functional impairment. This is no time for a stiff upper lip.

**Our trained staff** can help your patients and clients with this paperwork – *that is our job* when we represent people. We'll make sure the right information is provided – and all the medical records are gathered. In this current climate of delay at Social Security, it is important to *get it right the first time* so you're not doing damage control at a hearing.

**Here are time-tested** tips for forms:

**Just answer the question,** then STOP. Don't throw in information that is not requested. “No change” and “I don't know” are legitimate answers. So is “worse.”

**Be in your worst day** for a few minutes while you are filling out the forms. Concentrate on the severity, frequency and duration of your symptoms, and how the symptoms impact your ability to function on a daily basis.

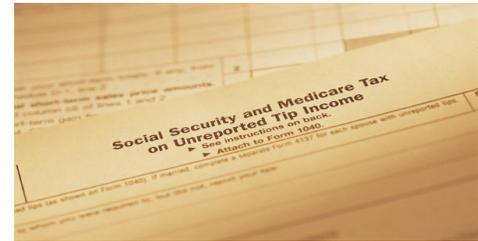
**Consider the psychological** aspect of your disability. If even a mild depression is part of the picture, mention it to your doctor and in these forms.

**Get help filling out paperwork** – it would overwhelm a healthy person. Mention how long it took to complete the forms and whether help was needed.

**Keep copies of what you send** so you can refer back to it if you get the same form.

***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.



## **REPORT YOUR NAME CHANGE TO SOCIAL SECURITY**

**By Alan Edwards  
Social Security Public Affairs**

This time of year, we see a lot of weddings, and in many cases that means name changes. If you need to change your name due to marriage, divorce, or any other reason, you will want to report the change to Social Security.

There are several reasons to report the change. First, IRS and Social Security match computer records. If the name and Social Security number you report on your tax return do not match the name and Social Security number in our records, it could delay the processing of your return as well as any tax refund you might be due.

The second reason it is important to make sure your Social Security records are up-to-date is because your potential Social Security benefits are based almost entirely on the earnings record we maintain for you. If your employer reports earnings to the government under your new name, and your Social Security record still shows your old name, those earnings may not get credited to your Social Security earnings record. Missing earnings can lead to lower future Social Security benefits.

To change your name in Social Security's records, you must apply for a new Social Security card. To make the application process faster and easier, just go to [www.socialsecurity.gov/ssnumber/](http://www.socialsecurity.gov/ssnumber/) and print out the form for a Social Security card, "Application Form SS-5." That's also the form you need if you simply want to apply for a replacement card. The application form also tells you what evidence you will need to submit.

Complete the one-page form and bring or mail it to your local Social Security office with proper documentation. All documents must be originals or certified copies and must have information that clearly identifies you, like your date and place of birth. The application includes information on what types of identity and documentation are needed for specific cases, and what sorts of documents we can accept.

The application process is easy, and described well (along with other things you may want to know about your Social Security card and number) at [www.socialsecurity.gov/ssnumber](http://www.socialsecurity.gov/ssnumber).

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