



The Network News

October
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Issue # 80

Thanks to Shyle Ruder, John Motter, Kurt Hunter, Malia Moessner and Michael La Clair for their helpful presentation on Positive Directions

PLEASE NOTE

The network meeting on December 12th will be held at Metropolitan Community Church 2400 NE Broadway.

A map can be found at

<http://www.mccportland.com/directions.htm>

World AIDS Day

Community organizations are invited to participate in the World AIDS Day event, Rhythms for Life, on November 30, 2006 at the Tiffany Center in Portland. The event is sponsored by the **Portland Oregon-Mutare, Zimbabwe Sister City Association/Africa AIDS Response.**

The event will be an educational, commemorative and celebratory event to increase awareness of HIV/AIDS locally while raising funds to help fight HIV/AIDS in Zimbabwe.

There will be a designated area for organizations doing both local and global HIV/AIDS work. The organizational tables will be set up from 4:30 to 8:30 pm. There is a suggested donation of \$25.00 for the space. The donation will include 2 tickets to the benefit concert.

Evening Timeline:

5-6 pm AIDS Action Project Northwest Memorial Service

6-8:30 pm Africa AIDS Response Silent Auction/Community Tables

8-11pm Concert with the Lloyd Jones Struggle

6-8 pm Patron Dinner and Live Auction

They need to know in advance if you are interested in participating. For more information, please contact Maria Kosmetatos at 971-404-6000

Report Focuses on Outreach and Engaging PLWH in Care

A new report focuses on the findings of a 2005 consultation meeting, convened by HRSA/HAB, on engaging people in HIV care through outreach. The report includes: definition of in/out-of-care; reasons people are not in care; examples from outreach programs; and observations and recommendations.

To view the report go to:

<http://hab.hrsa.gov/tools/HIVoutreach>

We are planning in upcoming issues to highlight individuals who are working with HIV/AIDS in Title II areas. If you know of someone or a group that is making a difference in a part of the state outside the Portland EMA, please contact me with their information and story. Thank you.

Rick Stoller, 503-230-1202, stollerr@ohsu.edu

OREGON HIV/AIDS CASE MANAGEMENT



Next Meeting:

November 14, 2006

“Medical Update”
Dr. Gordon Johnson

State Office
Building
800 NE Oregon

8:30 to 10:30 a.m.



This column is provided as a public service by Attorney Sarah Patterson (www.sarahpattersonlaw.com), by e-mail: sarah@sarahpattersonlaw.com, (503) 281-4766. Sarah is a lawyer in private practice representing claimants with HIV, and is not associated with the Social Security Administration.

Retirement and Social Security Disability Benefits

One thing that does get easier as you get older is getting Social Security disability benefits. Do you know that many disabled people can get Social Security disability benefits up to their full retirement age - which is now past age 67 for many people?

If you know someone who is considering applying for early retirement benefits, there is a big advantage to applying for disability benefits instead. Social Security disability benefits pay the same rate as full retirement benefits.¹

In order to get disability benefits at any age there must be a severe impairment, or combination of impairments, preventing substantial gainful work activity - which means full time work in most cases. If a claimant over 50-years-old has exertional limitations (problems lifting, standing, walking, and sitting), there are legal presumptions that make it easier to get benefits than it is for younger claimants.

Social Security law has certain assumptions based on a person's age, especially after age 50. A claimant still must prove inability to work and prove there are significant exertional limitations. Congress has allowed for the difficulty of being retrained for less strenuous work at an advanced age.

Imagine a farm worker, truck driver or factory worker who has done very heavy work for an entire work career. For such a person, particularly someone with a limited education, a severe back or knee injury may prevent him from returning to his former work. Social Security recognizes that it is difficult with age and educational challenges to retrain for a career change.

The story might be different for a 20-year-old with the same injury, or even a 45-year-old with a college degree. Here the assumption might be that the person could get education and training to shift to less strenuous work.

The age of retirement is a moving target these days - Social Security currently sets age 66 as the age at which a baby boomer born in 1943 will be eligible to draw full retirement benefits. As people enter their sixties, many are making decisions to leave the workplace because of a medical condition, or a combination of conditions. It is vital to understand that if retirement is considered because of medical issues, there are options other than early retirement with its reduced monthly check.



ASK DEBBY:

I have heard that HIV medicines are processed in the liver. What can I do to keep my liver healthy?

Yes, many medicines are metabolized in the liver, including HIV medicines. The liver's job is to change the medicines into more soluble forms that then can be excreted from the body. Keeping the liver as healthy as possible is important. For starters, get tested for Hepatitis A, B and C. Immunizations are available for Hepatitis A and B, if you need both, a combo vaccine is available (TwinRx). 80% of the liver cancer cases are caused by Hepatitis B, which can be prevented by a simple vaccine. There is not a vaccine for Hepatitis C. HIV and Hepatitis C are both viruses that have similar routes of transmission. For example, in the US, 80 – 90% of HIV positive persons with a history of injection drug use are also Hepatitis C positive. Other risk factors include blood transfusions, sexual transmission and mother to child transmission.

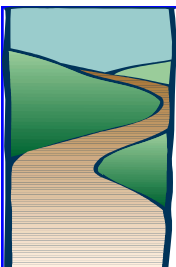
Drink alcohol in moderation. Alcohol is a toxic chemical that is mostly metabolized by the liver. When the liver metabolizes large quantities of alcohol over a period of time, the cells of the liver can change. For example, the cells may swell, scar, or die. These cellular changes can lead to a variety of liver problems, ranging from an enlarged, fatty liver to cirrhosis, accompanied by liver failure. The degree of liver damage generally correlates to the quantity and duration of alcohol consumption. This is especially important if you have Hepatitis B or C. Excess alcohol consumption accelerates the progression of chronic hepatitis toward increased fibrosis, cirrhosis, and cancer. Furthermore, alcoholism compromises the success of antiviral therapy in hepatitis C. Although the prudent approach in most patients with chronic hepatitis is to avoid alcohol altogether, among those with mild hepatitis, 10 g/d among women and 10 to 20 g/d among men is unlikely to adversely affect the natural history and ultimate treatment of the disease and may have beneficial effects for the risk of myocardial infarction. (Approximately 10 g of alcohol is contained in 12 oz of regular beer, 5 oz of wine, or 1 oz of distilled spirits (80 proof))

Medications, even those bought over the counter, like acetaminophen, can cause liver damage. Limit the daily dose of acetaminophen to 2gm – 4gm /day. NSAIDS (like ibuprofen and naproxen) can also cause liver toxicity, but the occurrence is less common and unpredictable. Also be careful of getting too much iron, most men should not take iron supplements.

Exercise and weight management are very important for liver health. Obesity leads to a fatty liver. A fatty liver can cause faster progression in Hepatitis C and is correlated with a decreased response to treatment. Non-alcoholic fatty liver can lead to liver disease, but is less serious than alcohol related fatty liver. Weight loss is the main factor in decreasing fat in the liver.

Smoking cessation is also important for liver health, especially if you have chronic hepatitis – the relationship to progressing to fibrosis, cirrhosis, and liver cancer is becoming increasingly obvious. This is in addition to the known cancer risks. The metabolism of medicines can also be affected by smoking; this could possibly make the treatment for Hepatitis C less effective.

Comings and Goings



Partnership Project says goodbye and thank you to Sarah Breidenbach and Christa Black as Case Managers at the Multnomah County HIV Clinic. Partnership welcomes Kristen Sage from EMO's Day Center and Maria Bonacci from SHOP to those positions.

Issues with Medicare D

Open Enrollment

The open enrollment period is November 15-December 31. During this time enrollment or plan changes are made and will be effective starting January 1, 2007.

Medicare Beneficiaries Advised To Review Medicare Prescription Drug Benefit Options: Some health care analysts and consumer advocates are urging Medicare beneficiaries who enrolled in the Medicare prescription drug benefit this year to evaluate changes in their plans for 2007 to determine whether they should select a different options. (). Insurers are marketing more plans than they did for 2006, and although average monthly premiums are not expected to increase, the premiums for the lowest-priced plans "will rise exponentially," according to *USA Today*. In addition, although more plans are offering coverage during the so-called "doughnut hole" coverage gap, most of those plans will only provide the extra coverage for generic drugs. Two percent of plans will cover both generic drugs and all brand-name drugs during the doughnut hole, and average monthly premiums for those plans will increase from \$61 in 2006 to \$100 in 2007. Insurers in 2007 will market plans with some form of coverage during the doughnut hole in 37 states, compared with 46 states in 2006, according to *USA Today*. http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=40218

For help with your Medicare Prescription drug plan visit <http://www.medicare.gov/>

Up to 500,000 people who were automatically enrolled this year in Extra Help, Medicare's low-income subsidy for prescription drug coverage, will not be automatically re-enrolled in 2007 because they will no longer be eligible for Medicaid and other programs, even though they will still likely qualify for Extra Help ("McClellan: Up to 500,000 Low-Income Drug Beneficiaries Won't Get Auto Re-enrollment," *CQ HealthBeat*, September 11, 2006).

If you will like to apply or re-apply for the Low-Income Subsidy visit <http://www.ssa.gov/prescriptionhelp/>

Drug Costs

Oregon has developed a powerful tool to cut drug costs, the Oregon Prescription Drug Program. The program uses the power of bulk purchasing to negotiate lower prices. This initiative will appear on the November ballot in Oregon would expand the state prescription drug program to cover all residents without drug coverage, the reports. The program currently is limited to residents older than age 55 with incomes less than \$18,130 who have not had drug coverage for at least six months. The program offers discounts of 30% to 60% on prescription medication for about 150,000 residents. If approved, the initiative, which is sponsored by state Sen. Bill Morrisette (D), would be expanded to about 600,000 uninsured residents regardless of age or income. Measure 44 is the result of failed legislative attempts to expand the state drug program last year. (<http://www.oregonlive.com/search/index.ssf?/base/news/115811971655690.xml?oregonian?lcp1fp&coll=7&thispage=3>)

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Comments and questions about this publication should be directed to: Rick Stoller at stollerr@ohsu.edu, or call (503) 230-1202, FAX (503) 230-1213, 5525 SE Milwaukie Ave. Portland, OR 97202 This issue, and issues from Feb 2002 on, can be found electronically at <http://egov.oregon.gov/DHS/ph/hiv/services/news.shtml>