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NEW YORK

New York HIV Nonprofits Expand Services to Other Health Issues

As infection rates fall, organizations adapt service models and use deep community roots to reach those with other life-altering illnesses



Sharen Duke of the Alliance for Positive Change, which has expanded its scope. PHOTO: HOLLY PICKETT FOR THE WALL STREET JOURNAL

By Melanie Grayce West

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Organizations working with AIDS and HIV patients are a well-established presence in New York City. But as infection rates have dropped and improved medicines have enabled people with the virus to live longer, some groups are adapting their service models and expanding their reach, taking on new health issues from heart disease to heroin addiction.

Until recently, Manhattan-based nonprofit Alliance for Positive Change was known as the AIDS Service Center NYC, with a mission to provide New Yorkers with HIV prevention, treatment and support services.

The Alliance, founded 27 years ago, still does that work. But in the past year, it also took over the operations of the Lower East Side Harm Reduction Center, another decades-old organization focused on reducing the spread of HIV and AIDS among injection drug users.

As part of a total expansion, the nonprofit now helps people with drug addiction and mental illness, as well clients with chronic diseases like hepatitis, diabetes and heart disease. Roughly half of the Alliance's 5,000 clients don't have HIV, though almost all are at high risk for contracting the virus.

"Organically, we began to address and learn about these other chronic health conditions," says Alliance Chief Executive Sharen Duke. "We took our HIV model of care

and expanded it to address other chronic conditions. And then we were able to leverage Medicaid resources.”

Ms. Duke says the organization, which has an annual budget of \$22 million, decided to broaden its offerings after looking at the direction of health-care finance and delivery after New York’s recent redesign of Medicaid, which focuses on care coordination instead of fee for service.



An intake and assessment coordinator, left, and an intern at Alliance for Positive Change at its Lower East Side facility.
PHOTO: HOLLY PICKETT FOR THE WALL STREET JOURNAL

The move is part of a larger shift among New York City nonprofits “to look at the whole person,” says Allison Sesso, executive director of the Human Services Council of New York, an advocacy organization for nonprofits.

The Staten Island Aids Task Force changed its name in 2004 to the Community Health Action of Staten Island and widened its offerings to include services such as insurance enrollment and health screenings. In 2013, CitiWide Harm Reduction and Bronx AIDS Services merged to become BOOM!Health, adding a variety of social services for low-income residents in the Bronx.

Jeffrey Reynolds, vice chairman of the New York State Aids Advisory Council, noted that this follows a statewide trend. As new infection rates dropped, legacy HIV and AIDS organizations have been changing their names and broadening their operations, transitioning into licensed primary-care centers or mental-health and substance-abuse clinics.

Even as organizations have evolved, many practitioners say they see parallels between the AIDS crisis of the 1980s and the current surge in heroin use and related deaths. This includes a service infrastructure that isn’t where it needs to be to handle the number of people abusing heroin, a government not heavily focused on the problem, and skyrocketing numbers of people dying, says Mr. Reynolds.

It makes “good business sense,” he says, for organizations that serve people with HIV or AIDS to now tackle the heroin epidemic, as they have received millions in state investment and built trust in communities over decades.

“Part of it is that if you lived through that epidemic the first time, you promise yourself ‘Never again,’” says Mr. Reynolds. “Well, ‘Never again’ is now.”

Just inside the Lower East Side Harm Reduction Center, a dry-erase board is filled with the names of dangerous Fentanyl-laced heroin making their way through city streets: Hawk, Die Slow, Another Level.

The warning is posted above shelves lined with cookers, antiseptic wipes and sharps containers—clean supplies for clients who come in for syringe-exchange services. Needle-exchange programs can now be billed to Medicaid as harm-reduction treatment services.

As clients come in for fresh needles or to learn how to use the overdose antidote naloxone, they are counseled about hepatitis C and HIV testing. Leaders from the center and the Alliance say the idea is to earn clients' trust and eventually approach them about counseling or working with a care coordinator.

The organization's new name is another selling point, says Ms. Duke, the chief executive.

"They feel they are part of something," she says. "They feel that they belong here."

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