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## **New York City group leads the way toward a more optimistic future for ASOs**

*ASO went from near bankruptcy to \$26 million*

**M**any AIDS service organizations (ASOs) and tax-funded HIV/AIDS prevention programs have struggled in recent years with budget cutbacks, new grant and oversight requirements, and program censorship — either overt or subtle.

While many HIV/AIDS advocates have been lobbying Congress and the White House for improvements in the funding situation, Housing Works Inc. of New York City is proving there is another solution that also can work effectively over the long term.

The nonprofit organization has revenues of more than \$26 million per year, of which more than 75% is raised from money the organization and its businesses earn through retail sales, food catering, and

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### **Special Report: Housing Works — A role model for ASOs**

**T**his issue of *AIDS Alert* takes a comprehensive look at how one AIDS service organization successfully has become a mostly self-funded, all-service organization that meets social, health, and financial needs of HIV-infected clients. Could this be the model for the future? *AA* looks at the organization's business and mission, including how it makes money, what services it provides, and how it offers one-stop shopping health care. ■

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#### Editorial Questions

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health care clinics that accept Medicaid funding.

"In the 21st century, what you need are economically savvy folks who help you identify ways of creating resources that don't carry all of the stipulations of funding guidelines and that provide you with access to unrestricted dollars," says **Darrell P. Wheeler**, PhD, MPH, ACSW, assistant professor at the Hunter College School of Social Work in New York City. Housing Works is a good model of this approach, he says.

The ASO was founded in 1991 by AIDS activists and initially provided leased housing to AIDS clients, says **Andrew Coamey**, chief financial officer and senior vice president for housing development and operations.

"We leased apartments in the community and subleased to our clients after renovating the building," he says. "The government in New York City gave us a per diem contract of \$50 per day per client to pay the rent and as an arrangement for social services."

Housing Works now provides a variety of prevention, social assistance, job training, medical care, and other services.

"We look at various aspects of prevention programs that would help the community at large address issues surrounding HIV/AIDS," says **Linney Smith**, senior vice president for prevention and services. (See related story on **Housing Works' prevention services**, p. 79.)

"Particularly, we look at prevention in terms of case management, counseling, and testing for HIV/hepatitis C and for general health care and outreach education," Smith says. "We provide services as community-based case management and are the largest in the state of New York."

Housing Works' health care program is a one-stop shop, says **Errol A. Chin-Loy**, senior vice president for health services. "We have three facilities; two are located in Manhattan, and one is in East New York," he notes.

Each facility has a day treatment program for people with HIV/AIDS, primary care services, mental health services, and everything that goes with primary care, including subspecialties, Chin-Loy says. (See related story on **Housing Works' health services program**, p. 78.)

For the first two years, the organization's funding was almost entirely from the government, with individual donations accounting for only 2% to 3% of its budget, Coamey says.

Then in 1993, Housing Works opened its first thrift shop, which was successful and contributed to the bottom line, he explains.

However, Housing Works never lost sight of its activist roots and did not let its millions in New York City contracts stop its founders from protesting HIV funding cuts made by Mayor Rudolph Giuliani shortly after he was elected mayor in the late 1990s, Coamey says.

"By 1995 and 1996, we were the largest housing provider for New York City for people with AIDS," he says. Then Giuliani was elected, and he made significant cuts to AIDS services and health care services, Coamey adds.

"We quickly decided we didn't like him and didn't think he had the best action for people with AIDS, and so we staged a large vocal demonstration against him, joining with students, welfare moms, etc. in a massive demonstration that shut down rush-hour traffic and resulted in 500 people being arrested," he recalls.

According to Coamey, the Giuliani administration immediately targeted Housing Works by charging the group with financial improprieties that were later found to be groundless or trivial and by suspending its contracts.

Housing Works sought bankruptcy counsel, laid off employees, and went from a \$12 million budget to a \$6 million budget virtually overnight. The remaining employees took 10% pay cuts; the co-presidents worked without a salary for a year, and some of the executive managers, like Coamey, took 30% pay cuts, he says.

"We survived, and one of the reasons we survived is because we controlled our own destiny with the thrift stores and with our Medicaid programs," Coamey explains. "They couldn't shut down our health care clinics or Medicaid contracts because we had applied to the state to provide those services."

Those two sources of revenue helped the organization grow out of its financial mess, and now Housing Works, with its \$26 million per year in revenues, offers a wide range of services that mostly are funded through its own business success, he says. (See story on **how Housing Works makes money**, p. 76.)

At the time the Housing Works leaders chose to protest against the city's mayor, other ASOs advised them to tone it down so they wouldn't lose their contracts. Since activism was one of the founding principles of the organization, they refused to heed the warnings and went through hard times as a result.

"Our advocacy has hurt us, but it also has pushed us to be as self-sufficient as possible, so we don't have to worry about biting the hand

that feeds us," Coamey points out. "We want to be free to say what we want and not be beholden to anyone."

That's a gutsy stand in the present political environment that has ASOs and others competing for smaller slices of the AIDS funding pie. In addition, some ASO leaders have expressed fears in recent months that they will be prohibited from criticizing President Bush or his policies six months prior to the election, based on new interpretations of election rules, or else they will lose their federal grants, Coamey notes.

Add this fear — whether it is warranted — to the very real problem of HIV-prevention grant money being earmarked for faith-based organizations and unproven abstinence-only education, then the financial bottom line is that many existing programs will be on the losing end of the competition for federal funding.

"The Centers for Disease Control and Prevention [CDC] has always required that when you put out materials for your program — for marketing or prevention — that you send it to them, but it was a rubber stamp," Coamey says. "Now those materials are being stridently reviewed for what they consider overly sexually explicit material, but you can't do HIV prevention without talking about sex."

Relying on funds raised through business enterprises might be the only way to avoid political ups and downs, and more nonprofit organizations — if not ASOs — have begun to realize this, he notes.

"Social Enterprise Alliance is a national group of organizations that engage in social ventures," Coamey says. "So we do this very well, but we did not invent this; there were folks out there long before us doing thrift stores and great things."

For example, there's a group in Wisconsin that runs a program for developmentally disabled adults. After one donation of a used car, the organization began to repair and sell used cars, building the enterprise until it became the second largest used car lot in Wisconsin, he continues.

"So people have seen the writing on the wall for a long time, and ASOs probably are the slowest to jump into it," Coamey says.

Housing Works managers offer tours to other ASO managers and will contract with groups to write business plans for launching a business enterprise, he adds.

Housing Works' approach to assisting HIV/AIDS clients harkens back to the settlement

houses of the early 1900s, which were begun as charitable organizations to help immigrant families become independent, Wheeler says.

"These are models of absolute community organizing that draw on the understanding that people need more than behavioral intervention," he explains. "They need housing, economics, social, and emotional support; and the way to do that is you don't run in from 9 to 5 and leave."

The difference between settlement houses of a century ago and groups such as Housing Works is the settlement houses were the pet projects of wealthy philanthropists and their wives who funded their work, while today's model typically requires alternative funding, Wheeler says.

"Housing Works has seen ways of creating money in a capitalist society," he points out. "I think they are a fine example of getting their backs pushed to the wall in New York City and having to develop a strategy of survival." ■

### *Special Report: A Role Model for ASOs*

## **Making money the old-fashioned way**

### *Retail enterprises hugely popular in NYC*

For those who doubt that a large AIDS service organization (ASO) can succeed financially without big private or government grants, Housing Works is an example of how it can be done.

About one-third of the revenues of Housing Works Inc. of New York City comes from its thrift shops, bookstore, and catering businesses. Another 44% of the revenues are from Medicaid, which is billed by the organization's health care clinics, the same as any other physician's office or health care clinic, says **Andrew Coamey**, chief financial officer and senior vice president for housing development and operations.

Here's how the businesses work:

- **Thrift stores.**

Housing Works owns four thrift store boutiques, which receive donations of clothing and other items and then resell them in an environment that more closely mirrors an upscale boutique than a thrift shop, Coamey explains.

"If you walked into our thrift store, it would feel like you were shopping in a designer clothing store or boutique," he says.

The first thrift store lost money in its first year, broke even in its second, and made a nice profit in its third, Coamey adds.

Now the thrift business includes quality children's clothing, designer men's and women's clothing, jewelry, art, shoes, housewares, records, antiques, and furniture. A couple of years ago, actress/singer Bette Midler donated all of her furniture to Housing Works when she redecorated her apartment. The thrift shop held a big fundraising event and sold the items.

"Our motto is to take donations from rich folks and sell the clothing back to rich folks," Coamey says. "We never viewed ourselves as competing with the Salvation Army thrift store or a community-based store — that's not where our market is."

When the thrift store was started, it received a huge financial boost when popular New York retailer Barney's donated 200 men's suits left over from its annual discount sale, he says. "That really put us on the map, because people started walking in and seeing they could buy a Calvin Klein suit for \$200 and not \$400."

All donations are sorted in Long Island at a processing center where they are steam-cleaned, ironed, and tagged. The items that can't be sold are donated to another nonprofit or are kept as rags, which are resold in a rag trade, Coamey says.

Each fall and spring, Housing Works holds a fashion event where customers can buy a ticket for \$10 to receive access to a preview night at the store's unveiling of its summer or winter clothing.

The thrift stores had \$8.2 million in sales last year and generate about 30% of the total revenue, according to Coamey. After expenses, the thrift stores' contribution to Housing Works is \$1.9 million, he says.

### ***Providing jobs and training to clients***

While the stores greatly enhance the nonprofit's bottom line, they also serve another purpose, since they employ HIV clients who have been through Housing Works' job training program. The starting salary is \$23,000 a year with full health benefits, regardless of their HIV status, plus dental insurance, life insurance, and four weeks of vacation pay, Coamey says.

"We're actually looking at bumping up our minimum salary, which is a tough wage to live on in New York City — the rent is so high," he adds.

- **Bookstore.**

The Housing Works Used Bookstore Café is

more coffee house than the average bookstore, Coamey says. "It follows the thrift stores in terms of brand with an absolutely gorgeous space. It has a mahogany staircase."

The café serves coffee, tea, sandwiches, salads, soups, beer, and wine. The bookstore, which has 45,000 books, has a small stage that's used for book-signings, readings, and performances. Recently, the bookstore started a popular music evening fundraiser in which all proceeds from the ticket sales and wine and beer bar went to Housing Works. Singers who've performed there include Bryan Adams, Jesse Malin, Roseanne Cash, and Lyle Lovett, Coamey notes.

"We've gotten a fair amount of publicity about the bookstore being the space where writers in New York want to read," he says. "While the bookstore doesn't make a ton of money, it's good PR and a community place where students can hang out and do their homework."

The bookstore's total revenues for this past fiscal year were around \$700,000, and about \$100,000 of that is a profit that will be contributed to the parent company, Coamey says. Book contributions are sorted in the basement, and when books are too beat-up to display, they are contributed to local public schools and hospitals, he says. "We have a lot of first editions."

Housing Works is beginning a program to auction off collectible books and thrift shop items on the Internet, Coamey says. "We will do the auction ourselves, hiring a company to handle it."

- **Food service.**

Housing Works has two food operations, including an institutional business that supplies all of the food needed for the organization's different health care programs, and the Works, a catering business.

The institutional program provides 300 meals a day at three different clinics through a contract with the parent company. There also is one outside client for the institutional food service.

The private catering company provides specialty menus and food to weddings, corporate events, and parties. The menus range from hors d'oeuvres to three-course formal dinners. There also are breakfast and lunch catering packages.

"We do some interesting collaborations with the used bookstore, where the bookstore has rented out its space for a wedding or for *New York Magazine's* annual staff holiday party," Coamey says. "If you rent the space for a wedding, then you are offered a package deal where we provide the food."

The catering program also has provided food for the annual New York marathon and for the city's annual Shakespeare in the Park, he explains. "The total food service company projected for this year is \$1.1 million in sales with net proceeds to the parent corporation of \$200,000. The catering was \$300,000 in sales."

- **Gotham Assets.**

This nonprofit property management division of Housing Works provides property services to clients, including development, management, maintenance, and light renovations on real estate for social service organizations and private property. This division owns and maintains residential properties, including low-income housing.

"Our preferred model is congregate housing," Coamey says. "We buy, renovate, and provide services to tenants on site and give access to health care, and we have three buildings in various stages of development."

Housing Works has plans to expand its business enterprises to better serve its clients. For instance, one goal in a seven-year strategic plan is for the organization to start a credit union where clients and staff could receive free checking and loans for college, housing, and other needs, he says. "We employ our clients who sometimes are people with backgrounds that include criminal records, a history of drug use, and they don't have good credit," Coamey adds. "They can't go to the bank and buy a home even if they make \$35,000 a year."

Keith Cylar, a co-founder of Housing Works, who died this year of cardiomyopathy after 20 years of living with HIV infection, had dreamed of starting the credit union, Coamey says. "It's an endeavor that was dear to Keith Cylar because he got frustrated watching our staff line up at check-cashing places and wasting all this money." ■

### *Special Report: A Role Model for ASOs*

## **One-stop shopping for client needs**

*Primary care is just the first step*

**H**ousing Works Inc. of New York City fulfills a major part of its mission through three health care facilities that provide a wide variety of health care services.

In addition to its primary care and mental health care for HIV/AIDS patients, the organization has

developed some subspecialties and soon will expand these, says **Errol A. Chin-Loy**, senior vice president for health services.

For example, Housing Works is involved with the New York State Department of Health's comprehensive managed health care initiative for Medicaid-eligible New Yorkers with HIV/AIDS. Called Special Needs Plans (SNPs), the program is a national model to provide comprehensive care to HIV-infected clients. The SNPs include VidaCare, which is partly owned by Housing Works, he explains.

"The goal is to have a managed care program that is inclusive of all services for people with HIV/AIDS," Chin-Loy says. "We felt that many of the existing managed care companies have a lot of inflexibility. VidaCare, which was opened in July 2003, is open to everyone with HIV."

Here are some additional details about Housing Works' health care program:

- **VidaCare.**

HIV/AIDS patients have to meet certain requirements that are the same for all primary care services with some additions.

Patients are required to meet with a primary care physician for a physical exam, complete follow-up appointments, and see a psychologist or mental health specialist.

VidaCare also requires patients to have a full-scale orientation to the program within 15 days, meeting with social workers and providers. After the physical exam, they must undergo a series of other assessments within 28 days, Chin-Loy says.

"The beauty of the VidaCare network is to build a substantial subspecialty program so clients who come into VidaCare will come into the providers at Housing Works and also be able to access services for gynecology, gastrointestinal, etc.," he explains. "And these providers all are top-notch in the field of HIV/AIDS."

Medicaid provider specialists who also have experience with HIV/AIDS patients already have agreed to see patients referred to them through VidaCare, Chin-Loy says.

"We make appointments for patients, and the ultimate goal is to have the client come into the system and refer within the system, and they receive the same services any of us would receive when we have insurance," he notes. "If clients run into problems after hours, they can call an essential number to the VidaCare line and can be directly connected to a physician."

Under VidaCare, the hotline physician will assess the patient's medical needs and either refer

the person to the hospital or have them wait until the next day for a medical appointment at the clinic, he explains.

"We also have to keep in mind that a good portion of our population has not been good at negotiating the health care system," Chin-Loy notes. "So these are the people who end up in emergency rooms, where they get frustrated and leave, receiving incomplete care or no care."

### **Reducing ED visits**

The on-call VidaCare system will reduce the high rate of emergency department visits while making certain patients receive appropriate care and follow-up. "It provides good, cost-effective care to clients," he says.

- **Primary care.**

Housing Works has physicians, nurse practitioners, physician assistants, nurses, and other health care professionals at its three facilities, which operate under the AIDS Adult Day Health Care program.

"Patients are treated just like patients at any other doctor's office," Chin-Loy says. "There's minimal waiting because we recognize the concerns of the population we serve."

The clinics have some subspecialty providers on site, including a gynecological nurse practitioner, he explains. "Our goal is to build subspecialties on site, including podiatry and gastrointestinal. All of the physicians are board-certified in internal medicine and are required to be HIV-certified."

- **Outreach treatment and residency.**

A community advisory board oversees the day treatment program, and a residential advisory group (RAG) handles housing at the site of two of the clinics, Chin-Loy says. "We treat RAG as a co-op board. They work with us with all clients who may want to move into one of our facilities."

Anyone who is in residency must go through the day treatment program first so the boards and staff may see what they need and how they behave. Then if the client is interested in the residency program, he or she must be interviewed by members of the facility and RAG, he explains.

"They make a recommendation, and if that person is selected, they are put on a waiting list, and they can move in and stay for as long as they want until they're stable," Chin-Loy says. "Until they're ready to be independent, we will allow them to stay — it's like the harm reduction model, we feel that if you push someone to do something before they're ready, then they will fail." ■

### *Special Report: A Role Model for ASOs*

## **Myriad needs addressed under one huge umbrella**

*Even legal services are provided*

**H**IV/AIDS clients who seek help from Housing Works Inc. of New York City will find themselves enrolled in a holistic program that addresses personal and social needs, as well as their medical care.

Many clients are homeless, so helping them find permanent housing is one of the major services offered by the AIDS service organization (ASO), but Housing Works also guarantees full-time employment to people who complete the jobs training program. Additional assistance is available in the form of education training, relapse training, legal services, and case management, says **Linney Smith**, senior vice president for prevention and services.

"The case managers refer our clients to whatever service needs they have, including maybe detox, a primary care doctor, or to go to job training," she says. "We provide anything the family needs to be stabilized."

Here's a nutshell look at the services offered by Housing Works:

- **Substance use.**

"We're a harm-reduction agency, so we don't have drug treatment programs, but if someone requires or desires to be in a treatment program, we will make the referral," Smith points out.

Housing Works has a needle exchange program, treatment readiness, and has support groups and counseling for people trying to learn about harm reduction or how to take care of themselves while using substances, she continues.

A nutritionist and nutrition group help people plan meals and take care of their dietary health while taking antiretroviral medications, Smith adds.

About 120 people are enrolled in the harm reduction services, she says.

"Our daily usage is about 45-50 people," Smith notes. "Maybe one client will come in to the department for needle exchange and learn about cleaning and safe use, and then another may come in for the support group and harm reduction counseling."

The harm-reduction model is becoming more popular among ASOs with the realization that

many HIV patients with substance use problems will not discontinue using illicit substances, she says.

"When I came to Housing Works 10 years ago, the harm-reduction model was not used," Smith recalls. "They thought it was imperative to have all clients drug-free, but they found out that many people became drug-free to access services and get in the door, and then there was a high rate of recidivism when they came in for treatment."

So the organization quickly changed to a harm-reduction model that accepts clients as they are and assists them to health care, shelter, clothing, etc. without requiring them to be clean and sober, Smith adds.

- **Job training.**

Housing Works' job training program is unique in a variety of ways.

For one, it guarantees full employment at a living wage with benefits for every person who successfully completes the job training program. While the guaranteed job is with Housing Works, many clients have moved on to other jobs, she notes.

"We have proven that our grads are successful members of society, re-entering the workplace and moving on to other agencies where they are working in bigger and better jobs," Smith says.

The job training program has two phases. The first is called the pre-vocational phase, and this includes a series of workshops that provide skills training to help clients become ready for a job, she explains.

"We teach teamwork, being responsible, and time management," Smith says. "They have to work in teams in the pre-vocational phase; they're required to arrive on time."

Clients who repeatedly are late or absent without an excuse don't graduate to the next phase.

"When someone is unable to come to class, they must call their instructor by 9 a.m.," she says. "Not being present in class that day is not an excuse for not completing an assignment."

This phase lasts 90 days and focuses on cooperation and team work, elements that are absolutely essential to future employment success, Smith adds.

"Trainees are given tasks they must complete as a team, and they end up making woven rugs where they have to work as a team to choose colors, patterns, and timing for who is responsible for what," Smith explains. "Each person has a responsibility and has to follow it through."

Next comes the 180-day life phase, during

which clients are given a temporary job in a vocation they select. The six vocation choices are case management, information technology, retail, food services, administrative assistant, and residential aide, she says.

All of these temporary jobs are within Housing Works and are the first look clients have at the type of job they will have with the organization when they complete the program.

About 20% of the Housing Works' more than 350 employees had been through the jobs training program, Smith notes.

"We believe in mobility, and people are promoted through the ranks," she says. "The program coordinator is a graduate of the program, and we have had people promoted to being a case manager who are graduates."

### ***Mentors enhance training experience***

While clients are enrolled in the job training program, they receive support in the form of a coach who works with the trainee, and a mentor who is just one step ahead of the trainee in job training experience, Smith says.

"We have elders who are graduates of the program and they make sure the program's goals are carried out, and we have monthly meetings to hear any grievances they have," she explains. "Graduates of the program also are instructors in the program."

The job training and employment offered by Housing Works do not involve a pre-employment drug test, but the program is so rigorous that some substance users are unable to complete it successfully, Smith notes.

"We require 36 hours of work between the classroom homework assignments and the job training," she says. "So someone has to be really structured, prepared to take on that responsibility."

- **Housing.**

Although plans are under way to expand the housing component, it currently involves two facilities, each of which have an AIDS adult day health care program, Smith says.

"Then we have a 12-room facility in East New York, which houses single men who are clean and sober in an Oxford-style housing, where men are responsible for the upkeep of the house and paying bills, etc.," she points out. "These are 12 men who are committed to the recovery process, and they can stay as long as they want."

There also is a 20-bed women's transitional

housing program where women, who recently were incarcerated, are expected to stay from one year to 18 months, and they are assisted in finding permanent housing, Smith says.

Another 12-15 bed, transitional housing program is for transgender clients, she adds.

- **Other services.**

Housing Works provides services to deaf clients, including outreach and education.

“The coordinator is deaf, and we provide HIV/AIDS education and training to the deaf and to the hard-of-hearing population,” Smith says. “It’s the only one of its kind in the city, and it’s very successful; we work with interpreters and sign language services.”

The ASO has an advocacy and public policy program that provides policy analyses and recommendations, community organizing, lobbying, and statewide education and training activities.

Clients also have access to a legal services unit that provides on-site clinics to address civil legal needs, including client-landlord disputes and entitlement problems.

Clients who need criminal defense or family and immigration legal aid are referred to other attorneys. The department also represents HIV/AIDS people in class action litigation.

The legal department has the equivalent of 3.5 full-time employees, Smith says.

Housing Works provides street outreach in New York City’s underserved neighborhoods, targeting people who use substances and people of color. Operating through a contract with the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA), the program’s goal is to increase HIV awareness among the target at-risk populations and link them with health services and HIV testing and counseling.

A Strengthening Families Program, which operates through a contract with SAMHSA, focuses on the prevention needs of homeless and formerly homeless African-American, Latina, and other racial/ethnic minority women and their children. Bilingual services are provided, and the program includes parenting, children’s, and family skills-training sessions, as well as links to the full continuum of health care and services.

Through the Intensive Community-Based Case Management Program, Housing Works assists thousands of HIV-infected people who are homeless with enrolling in Medicaid, receiving public assistance and housing placement, developing a treatment plan, and referral to resources both

within and outside Housing Works.

“We have 20 case management teams that are comprised of a case manager, a case manager technician, and a community follow-up worker,” Smith notes. “So they work within that team to help clients access services and to make referrals and to monitor clients.”

The program now has more than 550 clients and at times has ranged up to 700 clients, she adds. ■

## HIV-STD synergy worries public health officials

### *Drugs, Viagra play role in problem*

There is little good news about sexually transmitted diseases (STDs) and sexual risk-taking behavior in the United States, and this continues to worry public health officials and HIV researchers.

Syphilis infection rates continue to increase in the United States for the third straight year, particularly among men who have sex with men (MSM). Other data show STD rates are high especially among MSM who use illegal drugs, such as crystal methamphetamine, and are even higher among MSM who combine crystal meth with sildenafil citrate (Viagra).<sup>1,2</sup>

Cases of primary and secondary syphilis increased about 3% between 2002 and 2003, according to data from the Centers for Disease Control and Prevention (CDC).

Between 2000 and 2003, reported syphilis cases have increased 18%, and the overall syphilis rate has increased from 2.1 cases per 100,000 people in 2000 to 2.5 cases per 100,000 people in 2003, the CDC reports.

The increase is entirely among men, who have had a 65% increase in syphilis cases in the past three years; whereas, cases of syphilis among women have declined 50% in the same period, according to CDC data.

Likewise, STD rates continue to climb among people already infected with HIV.

“Studies are asking HIV-infected people about sexual behaviors, and it turns out that news isn’t good — they haven’t gotten the message yet that responsibility is important,” says **Myron Cohen, MD**, a J. Herbert Bates distinguished professor of medicine, microbiology, and immunology and director of the Division of Infectious Diseases and

the UNC Center for Infectious Diseases at the University of North Carolina at Chapel Hill.

"Some studies are collecting samples from HIV-positive people, and when they have new STDs, that's of great concern," he says.

Some of the CDC's recent findings include the following:

- HIV-positive MSM are twice as likely to have gonorrhea as HIV-negative MSM.<sup>3</sup>
- MSM at a San Francisco STD clinic who used crystal meth were 2.2 times more likely to be HIV-positive, 4.9 times more likely to have syphilis, and 1.7 times more likely to have gonorrhea.<sup>1</sup>
- MSM who use crystal or sildenafil citrate are more likely to engage in unprotected sex, and men who used sildenafil citrate were 6.5 times more likely to engage in unprotected insertive anal intercourse.<sup>2</sup>

"A study conducted by myself and colleagues at the CDC and San Francisco Department of Public Health assesses the direct link of substance use and sexual risk behavior of MSM during the most recent anal sexual encounters," says **Gordon Mansergh**, PhD, a CDC behavioral scientist who spoke at the 2004 National STD Prevention Conference in Philadelphia in March.

"Men who used crystal during the sexual encounter were twice as likely to report unreported receptive anal sex," he explains. "The links between sildenafil citrate and insertive sex and crystal and receptive sex were independent of each other and other substance use."

Moreover, the findings were even stronger for risk behavior with a partner of different or unknown HIV serostatus than the person who responded to the survey, Mansergh adds.

"The most striking finding was that men who use crystal and sildenafil citrate together were 6.1 times as likely to have syphilis as those who didn't use either drug," he says. "Two other studies provided evidence that the Internet and other sex venues play a role in syphilis rates among MSM."

Research consistently has shown a link between HIV infection, sexual risk behaviors, and other STD infections, Cohen says.

"One theme that has been pursued extremely aggressively is that STDs amplify HIV transmission, and it's not surprising because HIV is another STD and STDs travel in neighborhoods together," he explains.

The big research debate involves the hierarchy of risk among STD infections and where to focus the most public health attention, Cohen says.

For instance, herpes simplex virus (HSV) is a very common STD infection and so a great deal of public health energy has gone into this area, including looking at the incidence of HIV/HSV co-transmission, he points out. "When people shed HSV-2, they put themselves at that moment in time at greater risk for acquiring HIV or transmitting HIV. STDs are bad actors in the HIV epidemic."

### ***Declining rates for HSV-2 infections***

The most positive news to come out of the 2004 National STD Prevention Conference was that the prevalence of HSV-2 infection declined significantly between the periods of 1994-1998 and 1999-2000, dropping from 21.3% infected with the virus to 17.2%, a 17% overall decline, according to CDC data.

Designing HIV prevention messages for MSM who also are at greater risk for STDs remains a CDC priority, says **Ronald O. Valdiserri**, MD, MPH, deputy director of the National Center for HIV/STD Treatment and Prevention at the CDC. Valdiserri spoke at the 2004 National STD Prevention Conference.

"The high rates of HIV infection among men with STDs emphasizes the urgent need to tailor HIV-prevention efforts for HIV-infected gay and bisexual men," he says. "People living with HIV need a lifetime of support to maintain safe behaviors and to protect their health and their partners' health."

In some STD clinics, the increases are particularly striking.

For instance, at Fenway Community Health in Boston, syphilis cases have risen from its nadir of two cases in 1997 to 51 cases in 2003, explains **Kenneth Mayer**, MD, medical research director at Fenway. Mayer also spoke at the national STD conference.

Likewise, gonorrhea diagnoses increased 139% between 1997 and 2002, from 41 cases to 98 cases, he says.

"This is without any other reason than the increase in risk behavior," Mayer adds. "About 15% of the 7,500 cohort of the men who receive services at Fenway are HIV-infected, and when we do an analysis of risk factors for having an incident case of syphilis, HIV-positive serostatus was the strongest single predictor."

One of the chief challenges facing clinicians and public health officials involves treating and providing prevention services to at-risk people in a respectful environment, Cohen says.

"We have to better understand how to create an environment in which people get proper treatment and respect without stigma," he explains. "This is something we have not done."

Mayer points out that while STDs and HIV are preventable diseases that are not easy to get unless one engages in risk behavior, the solution is far from simple.

"Behavior change is complicated and takes time," he says. "The realities about HIV have changed — it's perceived now as being a more manageable disease than it was 20 years ago, and different public health strategies are needed."

Unfortunately, all of this costs money, and the current government environment does not include a substantial investment in public health at the federal level, Mayer says.

"So as someone who is not a federal employee or told to say this, as a member of the public health community, I say this is the time to put in more money — not just because these are entitlements or a God-given right, but because it's in the overall interest of America's public health.

"We're not hermetically sealed, so increased rates of syphilis among gay men affect other people's lives, and this should be enough of a reason for the public to be concerned," he adds.

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## CE/CME directions

To complete the post-test for *AIDS Alert*, study the questions and determine the appropriate answers. After you have completed the exam, check the answers on p. 84. If any of your answers are incorrect, re-read the article to verify the correct answer. At the end of each six-month semester, you will receive an evaluation form to complete and return to receive your credits.

## CE/CME questions

1. Housing Works Inc. of New York City is an example of an AIDS service organization that does not rely heavily on government grants to provide its services. As a potential model for other ASOs, how does Housing Works fund the bulk (more than 75%) of its activities?
  - A. through private contributions from wealthy foundations and donors
  - B. through contracts with the city of New York
  - C. through revenues from its thrift shops, bookstore, food services, and health clinics that receive Medicaid reimbursement
  - D. through client copays and small individual donations
2. Some AIDS service organizations recently have switched from substance abuse treatment programs to a harm-reduction model. How might a harm-reduction model work?
  - A. Clients are required to undergo drug use detox, followed by therapy, both in group and individual settings.
  - B. Clients are provided needle exchange and counseling, while case managers help them with their health care, shelter, and medical needs without requiring them to be clean and sober.
  - C. Clients are put on methadone treatment or are referred to 28-day alcohol and drug treatment programs before they may begin antiretroviral therapy.
  - D. none of the above
3. Cases of primary and secondary syphilis have increased by what percentage in the United States between 2000 and 2003, according to data from the CDC?
  - A. 18%
  - B. 15%
  - C. 10%
  - D. 8%
4. Between the years 2000 and 2003, how have syphilis cases changed among women and men, according to CDC data?
  - A. Among women, there has been a 10% increase; among men, a 55% increase.
  - B. Among women, there has been a 25% decrease; among men, a 44% increase.
  - C. Among women, there has been a 50% decrease; among men, a 65% increase.
  - D. Among women, there has been an 8% increase; among men, a 29% increase.

# Drugs in four countries meet U.S. standards

Antiretroviral drugs from four developing countries have been found to meet United States Pharmacopoeia (USP) standards for the active drug amount listed on the label, according to a study in the May 1 *Clinical Infectious Diseases*.

Six different types of brand-name and generic drugs used to treat HIV were sent to the National Institutes of Health (NIH), and they were assessed by NIH and University of Alabama researchers using the Uniformity of Dosage Units test.

The test stipulates that the active ingredient of a drug must be within 15% of the amount listed on the label.

All of the tested drugs, which were obtained from doctors in Lithuania, South Africa, Jamaica, and Zambia, fell within the range required when stored according to manufacturer specifications.

Brand-name antiretroviral drugs, because of their expense and high demand in developing countries, may be subject to counterfeiting.

Testing for active drug content can help identify imitation medications that do not provide the expected health benefit. Such testing also allows comparison of branded and generic medications, giving physicians confidence that they are not sacrificing efficacy in prescribing the cheaper generic drugs.

The fact that a drug made in a developing country contains a sufficient amount of its active ingredient is reassuring, but it's only a start, according to **Scott Penzak**, MD, lead author of the study. "It's also important that bioequivalency studies be done," he says.

"Bioequivalency" refers to how much drug actually gets absorbed into the bloodstream, which could be affected by the inert ingredients in the medication. So drugs from developing countries that meet active ingredient standards still have to prove their worth when introduced into a human body.

"It's important to ensure that they achieve the same blood levels as other drugs," Penzak says.

Establishing the integrity of antiretroviral drugs from developing countries through content and bioequivalency testing should continue, he explains.

"By ensuring that the drugs meet stringent manufacturing standards, we have a greater degree of confidence that they'll work well." ■

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## CE objectives

After reading this issue of *AIDS Alert*, CE participants should be able to:

- identify the particular clinical, legal, or scientific issues related to AIDS patient care;
- describe how those issues affect nurses, physicians, hospitals, clinics, or the health care industry in general;
- cite practical solutions to the problems associated with those issues, based on overall expert guidelines from the Centers for Disease Control and Prevention or other authorities and/or based on independent recommendations from specific clinicians at individual institutions. ■

## CE/CME answers

1. C

2. B

3. A

4. C