

2019 ANNUAL REPORT

30 years apicha
community health center





annual report

2019

30 YEARS

APICHA CHC'S MISSION

Our mission is to improve the health of our community and to increase access to comprehensive primary care, preventative health services, mental health, and supportive services. We are committed to excellence and to providing culturally competent services that enhance the quality of life.

We advocate for and provide a welcoming environment for underserved and vulnerable people, especially Asians and Pacific Islanders, the LGBT Community, and individuals living with and affected by HIV/AIDS.

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Therese R. Rodriguez, Ex-Officio

Dear Friends and Supporters,

This report comes out amidst the COVID-19 crisis, intensifying demands for racial justice and social equity, and a country politically divided. Even in this fraught environment, our work continues. We are immensely grateful to our friends and funders for the support we received to help Apicha Community Health Center fulfill its mission.

In this 2019 Annual Report, we share important progress made toward expanding our reach in providing care to some of New York City's most vulnerable communities and building infrastructure to support our work. These are building blocks for a stronger, sustainable community health center.

- Apicha CHC served 6,088 community members, more people than ever, and provided in-person and digital health education outreach to over 100,000 New Yorkers.
- We expanded our services to help patients, including training staff and building capacity to address substance use disorder.
- We have implemented infrastructure changes to better serve our communities, including population health management, quality improvement, and data & information technology.
- We contributed to making New York State's Ending the HIV/AIDS Epidemic plan a reality.

You would have heard about all about these achievements live at our 30th Anniversary gala in May. But as you know, New York State went on PAUSE in March because of the COVID-19 crisis. Non-essential activities around the state paused. As essential workers, we remained open to provide essential health services, but we had to cancel our gala. So, we are including in this report the story of our remarkable journey.

We hope the story adds perspective to your understanding of Apicha CHC's legacy and unrelenting commitment to our mission—to keep fighting for those most in the need of care and serving as a voice for the voiceless. Again, we are eternally thankful to our many generous funders, supporters, patients, allies, and the multitude of community members who engage in our activities. In the true spirit of community, we share these achievements.

Sincerely,



Therese R. Rodriguez, CEO



Louis Madigan, Board Chair

As a Federally Qualified Health Center (FQHC), Apicha CHC is a vital resource to the people we serve and part of the bedrock of the neighborhoods where we reside. Our doors are open to all and we provide care regardless of ability to pay. We believe health is much more than the absence of disease. Health is about the physical, mental, emotional, and spiritual well-being of an individual. Below is a list of our current services, designed to meet the diverse needs of the people in our care.

Patient-Centered Primary Care

Our clinic is certified as a National Committee for Quality Assurance (NCQA) Level 3 Patient-Centered Medical Home by the 2014 Standard, the highest and most recent certification of quality conferred by the NCQA. Our patient-centered approach allows us the flexibility to meet the unique requirements of each client. By building a partnership between patient, provider, and sometimes dietitian, behavioral health provider, or case worker, we ensure all patients receive the highest quality of care and attain the best possible health outcomes. Apicha CHC offers disease management for many common conditions including (but not limited to) HIV/AIDS, diabetes, asthma, heart disease, substance abuse, obesity, and behavioral health conditions.

HIV Primary Care

Since launching HIV Primary Care in 2003, we learned that many people living with HIV/AIDS require robust case management to address the barriers that prevent them from staying healthy. Our Care Coordination staff go to extraordinary lengths to support our HIV positive patients, including daily check-ins ensuring patients take their medications and helping patients gain access to life-stabilizing resources, such as housing. In 2019, Apicha CHC's clinic provided care to 1,047 HIV-positive patients.

PrEP/PEP Program

In 2016, Apicha CHC formalized its ability to administer a powerful new tool in HIV prevention, pre-exposure and post-exposure prophylaxis (PrEP/ PEP). These drugs are shown to have a high degree of success keeping people HIV-free. Apicha CHC created a team that helps patients overcome barriers to accessing PrEP/PEP, including assisting with insurance coverage and enrollment in programs to cover costs, such as Gilead Medication Assistance and PrEP-AP. In 2019 we served 1,532 PrEP patients.

Transgender Health Clinic

The transgender community faces tremendous barriers to healthcare. We alleviate those challenges, helping these patients access gender-affirming primary care and providing supportive services. In 2019, 1,361 transgender people were enrolled in our Transgender Health Clinic (THC). Our THC team takes care of medical needs as well as name and gender marker changes, insurance and pharmacy eligibility assistance, mental health referrals, assistance referring to gender-affirming surgery, and more.

Women's Health Care

We provide culturally competent, low-cost, quality services in an inclusive space to everyone, regardless of gender identity and sexual orientation. These services include pregnancy tests, emergency contraception, and STI screening. We also offer, long-acting reversible contraceptives, HPV vaccines, breast/chest exams, pap smear/pelvic exams, preconception counseling, and referrals.

Pharmacy

Apicha CHC's pharmacy provides in-house pharmaceutical services to Apicha CHC patients, including discounted pricing for those who would not otherwise be able to afford medications. Patients can either pick up their medications after their appointments or have them delivered for free. Our pharmacy also provides a patient management "Prescription Pathfinder Program" for health conditions like HIV and HEP C, which helps patients build a specific care plan for them. We also now boast an on-call pharmacist available 24/7 and offer free refill reminders. In 2019, users of Apicha CHC's pharmacy reported a 95% satisfaction rate.

Behavioral Health

Apicha CHC understands the importance of addressing our patients' behavioral health needs. We have an on-site psychiatrist and a team of behavioral health professionals. All patients receive depression screenings during medical visits. Based on the results, they may be referred to a Licensed Clinical Social Worker (LCSW). In 2019, 1,124 patients received behavioral health services.

Health Home

Our Health Home program manages the care of individuals living with chronic conditions who qualify for Medicaid. Care managers conduct outreach in the field to engage Medicaid-eligible individuals in primary care, enrolling some of these individuals in our clinic or connecting them to other clinics in the community.

Enroll Manhattan Project

The Enroll Manhattan Project provides outreach and education about the importance of health insurance. In 2019, we assisted 2,490 individuals with their health insurance, conducted 2,010 applications, and enrolled 1,890 people into health insurance. Our staff reaches out to high-need individuals, such as the homeless, in conjunction with community partners in midtown Manhattan and the Lower East Side.

Nutrition Outreach

Education Program (NOEP)

Our NOEP staff helps our neighbors gain access to food benefits/SNAP in food aid to members of the Lower Manhattan community with new enrollments in 2019. Our NOEP program screened 1,868 individuals for SNAP, and 894 low-income individuals, of mostly chronically homeless individuals and families in New York City, were able to apply for SNAP through our NOEP Coordinator, or with referral to the local department social services.

Total number of people receiving services from Apicha CHC's Clinic.

5,086



Total number of people receiving behavioral health services from Apicha CHC.

1,124



Total number of patients receiving Care Management services.

2,485



HIV Prevention

We provide HIV/STI education, testing, and a pipeline to preventative services including primary care, PrEP, and PEP. In 2019 our prevention staff conducted 7,313 HIV tests, meeting our community where they are in bars, sex parties, online, and at community events.

Project Connect

Project Connect provides a safe space to address the stigma and taboos that surround sexual orientation, gender identity, and HIV status in the Asian and Pacific Islander Community. Programs under Project Connect include our youth and adult mentorship program called GAYME, which conducts a variety of workshops and cultural competency trainings, and partners with city-wide organizations and agencies to address community needs. Our work enables us to address topics related to stigma, sexual orientation, gender identity, and HIV status at the intersection of health, A&PI and LGBTQIA+ community.

Nutrition Health Education

Patients in HIV care are eligible for our nutrition health education program, where they learn how to incorporate a diet appropriate to their condition. Clients participate in group and one-on-one education sessions, receive food, and assistance with purchasing groceries.

Hepatitis C/B Care Coordination

Apicha CHC expanded its Hepatitis B and C services to include care coordination. Apicha CHC staff assists in helping patients with acute Hepatitis B and C infections with treatment adherence counseling, appointment reminders, medication and pharmacy assistance, and discharge transitioning planning, so that they can reach their best level of health.



SARAH

Sarah is a 21-year-old heterosexual Black woman who was diagnosed as HIV-positive in October of 2019. Sarah's diagnosis shocked her because she thought she was in a monogamous relationship with her male partner, whom she had unprotected sex

with. Sarah was also worried about affording HIV treatment through her parents' health insurance because she didn't want them to find out about her status. To ensure Sarah got HIV treatment right away, Apicha CHC staff scheduled an appointment with one of our providers the day after her diagnosis. To help her afford her treatment while keeping her status confidential, Apicha CHC staff helped Sarah submit an application for New York State's AIDS Drug Assistance Program.

An unexpected HIV diagnosis can be an emotional experience. To help her process her HIV diagnosis and unexpected change in her relationship, Sarah began to use Apicha CHC's behavioral health services. She was enrolled in short-term psychotherapy with one of Apicha CHC's LCSW, which helped her immensely.

Within 24 hours of coming to Apicha CHC, Sarah found the help she needed. She immediately received an antiretroviral prescription and has been taking her medication regularly without side effects.

ETHEL

Ethel was a centenarian in dire need of someone to prioritize her and her health. Nearly 101-years-old and wheelchair-bound, Ethel suffered from a number of health issues: poor eyesight, depression, hypertension, hyperlipidemia, hypothyroidism, and arthritis. After being referred to Apicha CHC, our staff stepped in to help. Ethel needed vital provisions like an at-home aide, an oxygen tank, and physical therapy—but she was not eligible to receive any social benefits due to her current

insurance status. She was living alone with no primary caretaker and only occasional visits from her grandchildren and only son, who are not involved in her care. Ethel needed help, and fast.

Within 24 hours of being referred to Apicha CHC, our staff reached out and met with Ethel to assess her needs. Her Apicha CHC Care Manager found that she wasn't eligible for benefits because she was registered as living in a nursing home, from which she had just recently been discharged. Her Care Manager worked with her current insurance providers to sort out her issues, which took about two weeks. Finally, Ethel's insurance restrictions were removed. Apicha CHC staff worked to make sure Ethel had everything she needed and helped her obtain a long-overdue oxygen tank, an at-home health aide with extended hours, physical therapy, and more.

SHOHEI

Shohei is a monolingual Japanese patient who found himself in a difficult position with his health, finances, and living situation. Shohei has disability benefits, but they barely cover his rent and food. He is chronically ill with HIV, hypertension, and asthma, so, when he began to miss his appointments, staff



noticed and Apicha CHC's Care Managers stepped in to help.

They helped enroll Shohei in Apicha CHC's food pantry, which provided him free, nutritious food. They also helped him enroll in programs to help cover 70 percent of his rent.

Having stable housing and food enabled Shoei to start attending his appointments and even start a savings account. Now that he can focus on living a happy and healthy life, Shoei told his case manager, “I really can survive now. Sorry, I cannot explain in English how much I appreciate you.”

AVI

Apicha CHC works with patients who, due to stigma around their sexuality and lack of access to information and care, have little to no education about sexual health. This was the case with Avi. Avi is a 30-year-old gay Indian immigrant who came to Apicha CHC in 2019. When Avi came to Apicha CHC, he had never had sexual health services, had never taken an HIV test, or heard of PrEP. After



having an open conversation about his sex life, Avi’s primary care provider referred him to our PrEP team to learn more.

When he met with the team, Avi shared that HIV is heavily stigmatized and is not discussed in his culture. Similarly, he does not talk about his sexuality with family and friends. As a gay man with little sexual health education, our PrEP navigator helped Avi learn about sexual health services, HIV transmission, and how PrEP can help protect Avi against HIV. Avi also learned the importance of routine HIV screenings and knowing his HIV status. After learning about his sexual health, Avi decided to take a rapid HIV test. Avi’s result came back negative, so he plans to revisit whether PrEP is a good fit for him at his next appointment with his medical provider.

PAUL

Paul is a middle-aged gay man who was interested in PrEP, but thought, “PrEP is only a young person’s thing.” Apicha CHC’s PrEP navigators informed him that PrEP is for everyone—even though it is often

marketed to a younger demographic. After the discussion, Paul decided to start taking the life-saving medication.

Although his visit was initially for PrEP, his lab results showed he tested positive for syphilis. Apicha CHC staff was able to start Paul on a treatment plan for syphilis. Paul was surprised by his diagnosis but was relieved he was both tested and treated. Since that time, Paul has taken his PrEP consistently and remained HIV and STI-free. Paul even offered to be Apicha CHC’s PrEP ambassador for people over 50.

SAMUEL

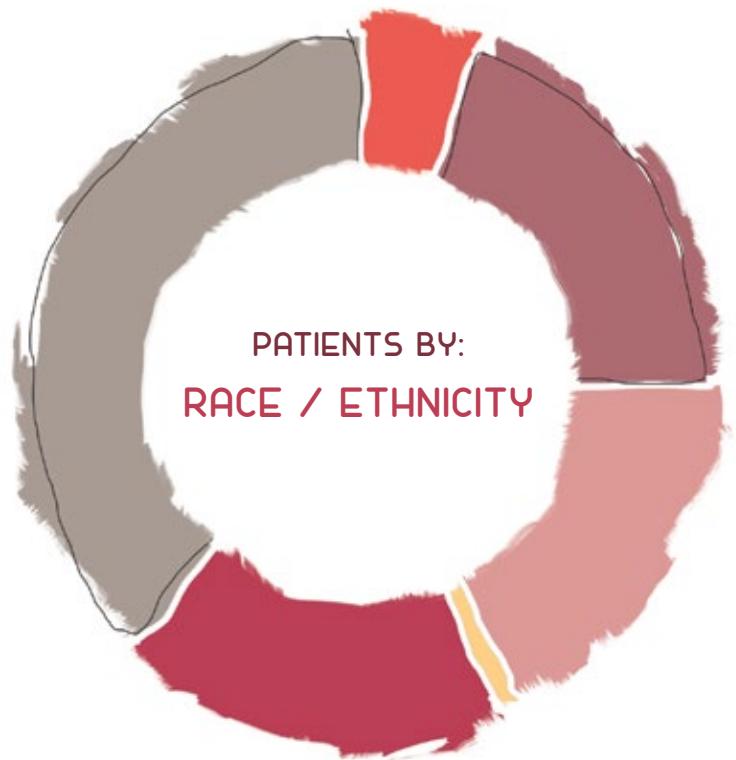
In late 2018, Samuel, a 52-year-old African American male, was referred to Apicha CHC’s Health Home care management services. He had been struggling for years with several chronic medical conditions, including HIV, diabetes, and obesity.

His Health Home Care Manager assessed his need and assisted him in navigating through the health care system to help address his chronic conditions. He received multiple services, but they failed to help him control his diabetes and lose weight. To help him achieve these goals, his Health Home Care Manager enrolled Samuel in Apicha CHC’s Nutrition Health Education (NHE) program, where he began working with a nutritionist. He received monthly one-on-one nutrition education sessions, as well as group support.

Throughout this process, Samuel’s Care Manager frequently checked-in with him to see how his health was doing. His overall health has significantly improved. Through his participation in the NHE program, Samuel learned how to make healthier food choices to reach healthy cholesterol and lipids levels. Moreover, he achieved his goal of losing weight.

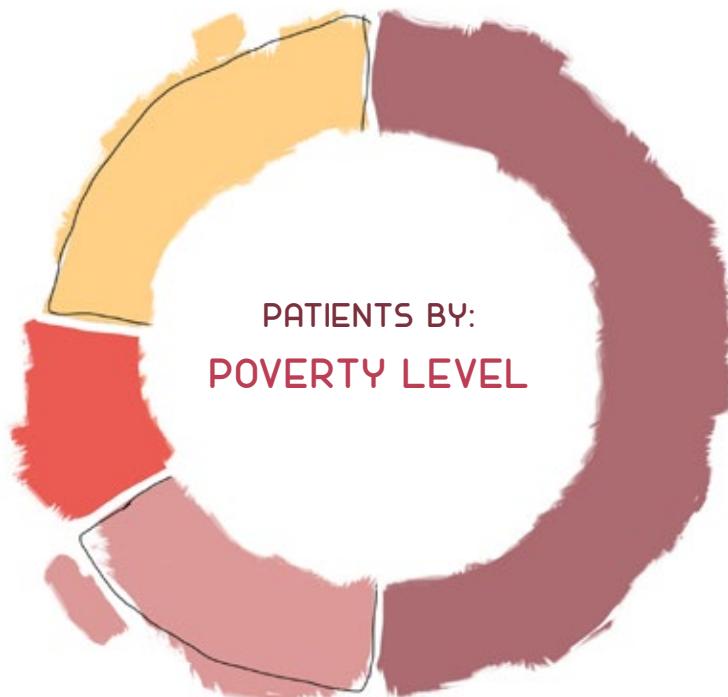
Since enrolling in NHE, he has lost over 45 pounds. He was also able to build a peer-support system through the group education sessions. Now his quality of life is better. He continues to be engaged in multiple services and programs offered by Apicha CHC. He is particularly happy with the NHE program. As he remarked: “I didn’t know about this program earlier. I wish I did. It helped me lose over 45 pounds last year.

WHO WE SERVED



>1 RACE	5%
ASIAN	20%
BLACK	18%
HISPANIC	18%
WHITE	38%
OTHER RACE	1%

62% WERE A DIVERSE MIX
OF PEOPLE OF COLOR



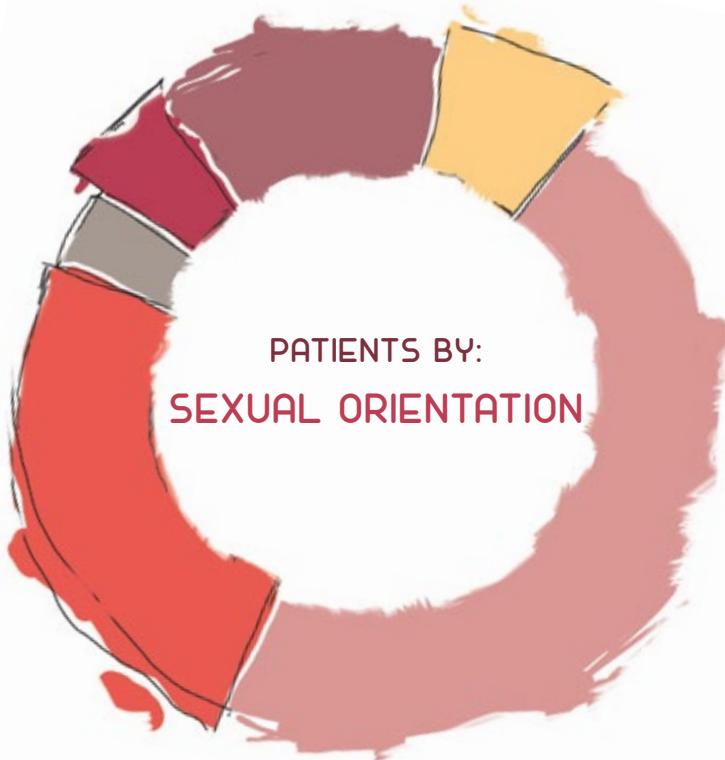
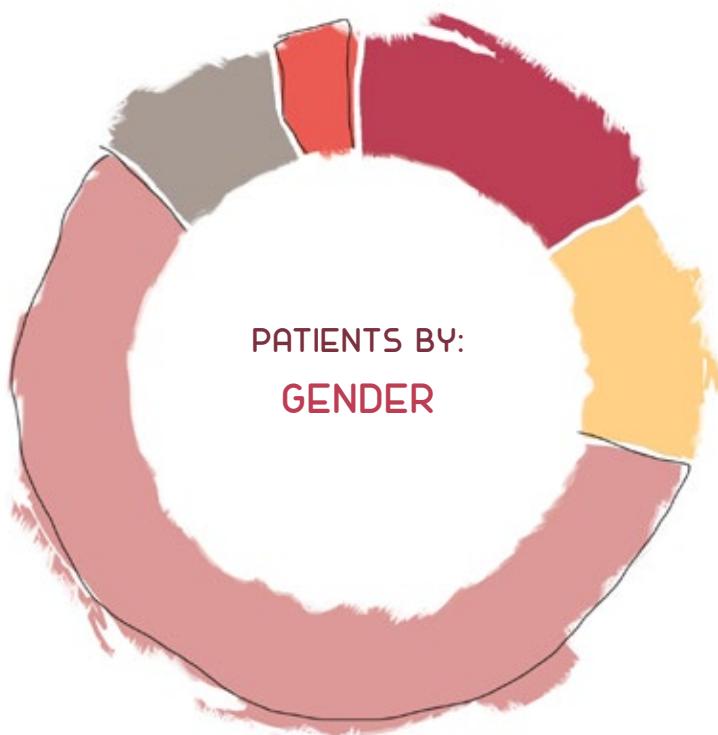
<100%	50%
101% - 200%	17%
201% - 300%	10%
>300%	23%

67% WERE LOW
INCOME OR POOR

| IN 2019, IN-PERSON AND DIGITAL OUTREACH PROVIDED
HEALTH EDUCATION TO OVER 800,000 NEW YORKERS

IN 2019, THE NUMBER OF PEOPLE APICHA
COMMUNITY HEALTH CENTER PROVIDED
DIRECT SERVICES TO WAS:

6,088



26%

IDENTIFY AS TRANSGENDER OR
GENDER NONCONFORMING

71%

IDENTIFY AS GAY, LESBIAN,
BISEXUAL, OR SOMETHING OTHER
THAN STRAIGHT

OUR FISCAL YEAR 2019 REVENUE:

\$18,715,541

THE FUNDS WERE ALLOCATED TO:

83%

PATIENT CARE & REINVESTMENT
IN ORGANIZATIONAL GROWTH

17%

ADMINISTRATIVE
COSTS

ADAPTING TO A CHANGING HEALTHCARE ENVIRONMENT



An Apicha CHC staff member ready to provide information about our services at an outreach event.

Value-Based Payment Landscape

Throughout 2019, Apicha CHC participated in Value-Based Payment (VBP) organizations and developed infrastructure to support preparedness. We joined the Community Health Independent Practice Association (CHIPA), Amida Care Innovator Network and Engagewell IPA. These entities engaged in strategic and operational planning during the year.

Delivery System Reform Incentive

Payment System (DSRIP)

Apicha CHC also pursued its activities in connection with New York State's Delivery System Reform Incentive Program (DSRIP). We participated in two Performing Providers Systems (PPS): Mt. Sinai PPS and One Health PPS. Apicha CHC monitored Care Gap Closure measures for Mount Sinai DSRIP during 2019 focusing on monitoring High Blood Pressure and HbA1c levels of diabetic patients. A combination of patient education, medical

chart review led to the successful completion of performance metrics for the measurement period July 1, 2018 – June 30, 2019. As part of the tobacco cessation initiative, Apicha distributed culturally competent education materials to patients in preferred languages increasing awareness of smoking cessation resources available to the patients.

Mt. Sinai PPS also provided support to implement technology to address social determinants of health. The PowRx platform enhanced communication between referral partners, patients, and Support Services staff. The platform allowed staff to access readily available information across multiple resources to meet the patient's needs.

At the end of 2019, Mount Sinai PPS highlighted for its members Apicha CHC's quality improvement clinical performance based on successfully implementing a systematic way of monitoring and tracking depression screenings in the organization and increasing PHQ 9 screenings and same-day follow-up of 41 percent of patients within six months.

In partnership with NYC Health + Hospitals One City Health DSRIP Program, in 2019, Apicha CHC successfully completed all participation metric requirements. To close this engagement, we completed the DSRIP Compliance Attestation, Financial Assessment, Workforce Impact Survey, and the Compensation and Benefits Surveys.

National Policies and Congressional Backing for Additional Health Centers

We maintained engagements in policy advocacy bodies throughout the year. At the national level, as a member of the National Association of Community Health Centers (NACHC), we participated in the activities of the LGBT Primary Care Alliance, a group of LGBT-serving health centers within NACHC. The group discusses issues related to health disparities in the LGBT community with NACHC community and HRSA.

We also participated in visits to our New York State's congressional representatives to educate them on the importance of continuing funding for community health centers. Apicha CHC was also represented at the National Minority HIV/AIDS Council's U.S. Conference on HIV and AIDS. Apicha CHC staff

presented a workshop on HIV in the API Community, highlighting the need to address data showing that new HIV diagnoses continues to rise in the API community. Health disparities in the API communities is a national issue. We joined the conference organized by the Asian and Pacific Islander American Health Forum in Washington, D.C. to advocate for better health access, education, and awareness for API communities.

In Albany, Apicha CHC's Lobby Day and Grassroots Advocacy Day organized by the Community Health Center Association of New York State included visits to the offices of New York Congresswomen Grace Meng and Nadia M. Velazquez. We discussed the need for funding for health centers, including

Medicaid reimbursement for telehealth services. At the local level, we highlighted continuing barriers to care for the LGBT and API communities. We requested funding to address gaps in services and received a total of \$5,000 toward digital marketing outreach activities and salaries for patient navigators.

Awards

HRSA recognized the achievements Apicha CHC accomplished in 2019 with grants of \$38,250 through the Health Center Achievement Awards. The awards were for the categories Advancing Health Information Technology for Data and Patient- Centered Medical Home Recognition.



A staff member helps a Queens Pride attendee learn more about Apicha CHC services.



Apicha CHC Showcases HIV Services During HRSA Visit

On August 14th, 2019, nine representatives from the Human Resources and Services Administration (HRSA) visited Apicha CHC to tour our facilities and to learn more about our implementation of the End the HIV/AIDS Epidemic services as a Federally Qualified Health Center.

This visit followed the unveiling of HRSA's new End the HIV/AIDS Epidemic plan. The "Ending the Epidemic: A Plan for America," will use biomedical HIV prevention methods to reduce new HIV infections in the United States by 75 percent in five years and by 90 percent by 2030. In 2020, Apicha CHC received a supplement to its FQHC funding to increase the services designed to help fight against the epidemic.

"I am greatly appreciative of Apicha's hosting HRSA-Office of Regional Operations Associate Administrator, Natasha Coulouris, and HRSA-Region 2 staff for a tour of its facility. HRSA recognizes that Apicha plays a vital role in the community and is proud of Apicha's evolution from an HIV-specific provider to one that provides a full spectrum of primary care services," Cheryl Donald, Regional Administrator, NYC Office, said after the visit.

Expanding Access to PrEP

Throughout 2019, Apicha CHC created multiple outreach campaigns to reach communities who had not experienced proportionate benefits of New York State's Ending the Epidemic Efforts. Our patient stories, including the one below, describe the disparities experienced by Asian and Pacific Islanders who are men who have sex with men. To address these challenges, Apicha CHC reached out to local API artists who created an update to Apicha CHC's successful "I Swallow Daily" campaign. This campaign was launched during New York State's first-ever PrEP Awareness Week, October 20 -26, 2019, and reached over 3,200 people.

Trusting Apicha CHC's ability to connect with traditionally hard-to-reach people, the New York State AIDS Institute asked Apicha CHC to reach out to both cis and transgender women. Ahead of the campaign launch, Apicha CHC conducted marketing research to determine what messaging was the most resonating with target audiences. From these conversations, the "Take Charge with PrEP" campaign was born. The video was shown on Facebook to over 50,000 viewers.

Recommendation for Addressing the Continued HIV Crisis for Asian and Pacific Islanders

Sanit was a transgender Thai immigrant who lived with HIV for over seven years. After being diagnosed in Thailand, Sanit moved to the U.S. Partially due to HIV-related stigma within his community, Sanit did not share his status with anyone except a few close family members. He did not seek help from a medical professional, so he never took any HIV medications.

Eventually he got sick and came to Apicha CHC after hearing about our services through word of mouth. During his first visit, he was sent to the hospital because his primary care provider was concerned about him developing opportunistic infections. Although Sanit disclosed his status and lack of HIV medication, he only received radiology scans at the ER and was discharged the next day. Apicha CHC was not satisfied with the hospital's care or the evaluation. Sanit's care team drafted a medical necessity letter in order for the hospital to admit Sanit and properly evaluate him. Through Sanit's care team's advocacy, he was readmitted to the hospital.

Sanit's health was in jeopardy, and he developed Kaposi Sarcoma. Apicha CHC made sure Sanit's primary care provider

was directly in touch with his hospital attending physician to monitor his health. However, Sanit's health did not improve and was unresponsive to treatment at the hospital. He passed away in September. Had Sanit had early proper primary care and access to HIV medication and treatment, the outcome may have been different. Although Sanit's passing is a tragic one, his brother—who was also his primary caregiver—told Apicha's staff he was grateful for the work they did for Sanit.

Unfortunately, Sanit's story is not unique and the barriers he encountered are shared by too many. Asian and Pacific Islanders (API), especially immigrants, have not experienced the same benefits from New York State's End the Epidemic (ETE) efforts. The most recent data indicates that in New York State, new HIV diagnoses are down 28 percent. This is an outstanding achievement but not shared equally across demographics. APIs have only seen a 3 percent decrease in new HIV diagnoses.

Reaching the API Community has unique challenges. There are many ethnicities within the population labeled "API," such as Chinese or Thai. This leads to multiple barriers. When all subcultures are lumped together, it is difficult to address the scope of HIV/AIDS problem within each group. Additionally, lacking subculture data complicates outreach as critical information, like language spoken, is unknown.

Recognizing the issue in the API community, in November 2019, the New York State Department of Health, AIDS Institute (AI) convened an ETE Advisory Group of subject matter experts from the API community; Apicha CHC's CEO, Therese Rodriguez, served as chair. Recruitment for the advisory group represented the diversity of organizations and individuals that serve Asian and Pacific Islanders throughout New York State. The ETE advisory group, with support from AI staff and administration, was tasked with producing a set of implementation strategies to guide AI planning on implementing the plan to end the epidemic among API in New York State.

Through this process, the API Advisory Group identified three key areas of focus for strategies to implement the ETE Blueprint with the greatest impact for APIs in New York State. These included "Data Collection" to address the lack of subculture data, "Trust Building and Stigma Reduction" to address the cultural stigma that prevents APIs from being tested, and "Linkage to Care" to make it easier for API residents of New York State to access culturally competent medical care. These implementation strategies were presented at the AIDS Advisory Council (AAC) meeting in Fall 2020.

CONTINUING CLINICAL TRANSFORMATION

Continuing Clinical Transformation

Apicha CHC is constantly evolving to achieve the highest quality of care for its patients, while reducing costs. In 2019, Apicha CHC advanced this goal by innovating and incorporating best practices in several key areas, including population health management, clinical informatics, information technology (IT)/data analytics infrastructure, telehealth, compliance, and human resources.

Population Health Management (PHM)

In 2019, Apicha CHC focused on integrating PHM across the agency. PHM is a holistic approach to health to improve patient health outcomes for a group of individuals or population by aggregating patient data to facilitate data analysis, enabling

providers to improve patient health outcomes. To promote information sharing, the PHM Department established a Data Management Committee consisting of senior staff. PHM also collaborated with senior management to implement Quality Improvement Initiatives in areas, such as Clinic Operations, Mental Health, Support Services, and Finance.

Clinical Informatics (CI)

In 2019, working closely with the agency's Medical leadership, Operations, IT/Data Analytics, PHM and other departments, our Director of Clinical Informatics introduced several enhancements, such as: additional Smart Forms within our electronic health record (EHR) system to ensure consistent, accurate, and efficient data collection; templates to properly capture all immunizations and therapeutic injections offered to our patients; identification



CEO Therese Rodriguez poses with staff members at Apicha CHC's Quality Improvement Fair.



of in-house point-of-care testing in EHR to ensure accurate billing; and an interface for health information exchange systems to improve internal and external data flows. CI also conducted EHR trainings for all providers.

IT/Data Analytics

To further its development into a data-driven and evidence-based healthcare organization, Apicha CHC expanded its data analytics capability by creating a Senior DBA/Data Analytics position. In 2019, this position implemented Tableau, a customizable data analytics platform, to extract data from the agency's various databases. Using this platform, the Senior DBA/Data Analytics worked with department heads to develop reports and dashboards to meet departmental and agencywide data needs. These reporting and visualization tools enable Apicha CHC to gain better insight into its performance indicators. IT/Data Analytics also bolstered data security by conducting staff cybersecurity awareness trainings and upgrading over 100 computer devices and the network infrastructure.

Telehealth

In 2019, as part of the agency's strategic plan to develop telehealth capacity, Clinical Informatics securely integrated telemedicine within our EHR application. IT worked on the required network

infrastructure and hardware. When COVID-19 struck in March 2020, Apicha CHC was able to transition to telehealth with additional investments in mobile devices, virtual communications software, and Wi-Fi connectivity, and provider training in our EHR's Telemedicine Module. The Director of Administration, Assistant Director of IT, Director of Revenue Cycle worked on telehealth matters affecting operations, IT infrastructure, and billing, respectively. Marketing materials were developed to inform patients about the availability of telemedicine at Apicha CHC. Our providers were able to conduct telehealth visits from the clinic, as well as from other remote locations.

HUMAN RESOURCES (HR)

To improve staff satisfaction and retention, our HR Department incorporated best practices in recruitment (e.g., offering recruitment bonuses to staff); compensation (benchmarking salaries to other non-profit community health centers in NYC); retention (e.g., offering bonuses for staff who remain with the organization for five years); training (e.g., putting in place a standardized interdisciplinary on-boarding protocol); and staff communications (e.g., having Human Resources participate in staff meetings to listen to concerns). HR also reviewed all job descriptions to identify core skills needed to perform staff functions and meet the current needs of the organization.



Apicha CHC Community Health Center turns 30 years old in 2020. From its HIV/AIDS grassroots advocacy beginnings to its status today as FQHC, our story reveals an indelible compassion for people with the least access to health care and a relentless effort to provide the best care to those communities.

The First Decade: "Other No More" Campaign

The first cases of the virus we now know as HIV were reported in 1981. The gay community bore the worst impact of the disease. The virus spread rapidly, government response was slow, and funding for care and research was both unavailable and lacking. But direct actions galvanized gay rights and other civil rights activists across racial and ethnic communities. And soon, a movement was born.

Apicha CHC emerged out of the pioneering work of New York City Council of Churches Minority Task Force on AIDS. In 1985, Suki Terada Ports, a Japanese American civil rights activist, was asked by the Council of Churches to organize a conference on "Minorities and AIDS." Ports reached out to city and state health officials who told Ports that AIDS was "only about white gay men and drug addicts," even though African Americans and Latinos were at least twice as likely to be infected with HIV than whites. No data was collected for Asians, Pacific Islanders and Native Americans. These communities were lumped in the category "Other" in AIDS surveillance data.

After the conference, the Council of Churches established the Minority Task Force on AIDS with Ports as director. She connected with leaders in the Asian and Pacific Islander (API) communities. The community meetings that followed led to the formation, in 1989, of a coalition of second-generation Japanese American civil rights activists and API gay and lesbian rights activists who were involved in the broader AIDS movement. That coalition that would eventually unite as a non-profit organization called Asian & Pacific Islander Coalition on HIV/AIDS, Inc. with a mission to "to combat HIV/AIDS stigma and related discrimination, to prevent the spread of the HIV/AIDS pandemic in the Asian and Pacific Islander (API) communities, and to provide care and treatment for APIs living with HIV/AIDS and their families."



Apicha CHC started as a volunteer-driven organization. The new organization's first order of business was to advocate for the inclusion of APIs as a discrete population in HIV/AIDS surveillance data collection. Our founders reached out to their counterparts in the Native American communities. Together, they met in Washington, D.C. with then-Assistant Secretary of Health, Dr. James O. Mason and Dr. Gary R. Noble of the Centers for Disease Control and Prevention to advocate for the disaggregation of data for their respective communities. This meeting resulted in two separate

columns in the surveillance data: one for Asians and Pacific Islanders and another for American Indian/Native Hawaiians.

This historic change meant visibility and access to HIV/AIDS services for the country's two most marginalized population groups.

Prior to obtaining government grants, Apicha CHC relied upon private funders. It received its first grant from the Aaron Diamond Foundation in 1990. Others followed, most notably the Henry van Ameringen Foundation, which has continuously provided general operating support to Apicha CHC. Henry van Ameringen believed that infrastructure is needed to maintain programs and services to fight the stigma of HIV and to provide services to people living with HIV/AIDS. The Public Welfare Foundation also provided general operating support along with the CJ Huang Foundation and the Tiger Baron Foundation. With new funding, Apicha CHC initially offered outreach services distributing condoms, financial assistance, and community education on HIV/AIDS. Two years later, Apicha CHC was awarded its first government grant by the U.S. Conference of Mayors in 1992. This grant was followed by grants from the New York State AIDS Institute and New York City Health Department. Services grew incrementally starting with prevention programs for women, men-who-have-sex-with-men, and youth; case management; a food pantry; language interpretation; and a multi-lingual infoline. Apicha CHC evolved from a volunteer-driven organization into an AIDS service organization with professional staff.

The introduction of "Highly Active Antiretroviral Therapy" (HAART) in 1996 ushered in rapid progress in the fight against HIV/AIDS that would quickly lead to reductions in HIV-related deaths and hospitalizations and dramatically increased life expectancy for persons living with HIV or AIDS (PLWHA). With newfound optimism, Apicha CHC adapted to serve clients with longer life expectancies while continuing its community outreach to slow the AIDS pandemic.

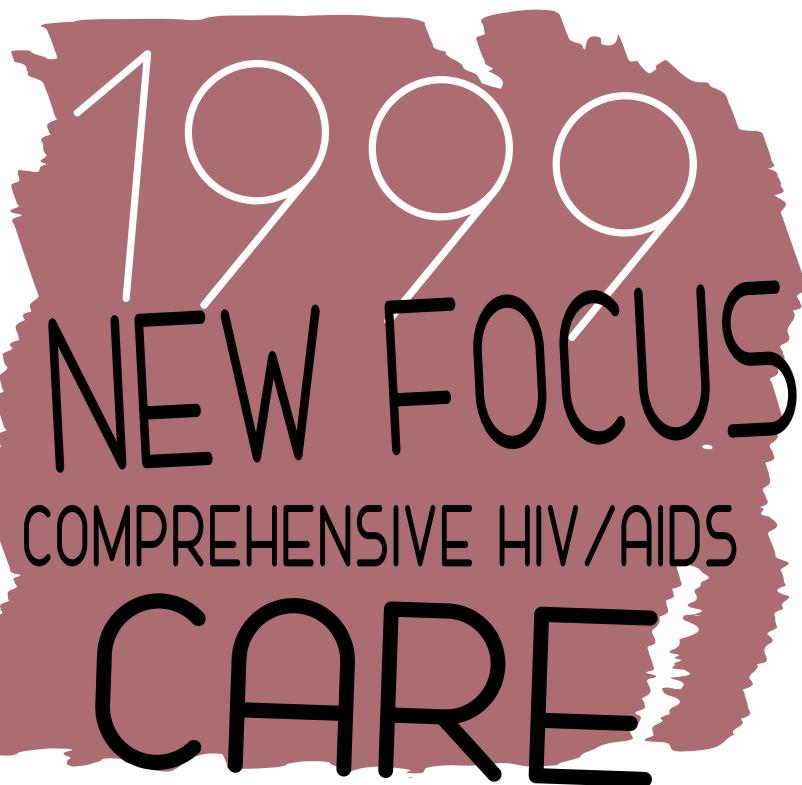
1997 BILINGUAL CASE MANAGEMENT

Apicha CHC's growth over the next several years closely followed these changes in care and treatment. In 1997, Apicha CHC applied for and won a grant from the Health Resources and Services Administration's (HRSA) "Special Projects of National Significance" (SPNS). A demonstration project, the grant was instrumental in collecting data to prove there was a need for cultural and linguistic competency to improve services to immigrant HIV/AIDS clients. In turn, Apicha CHC developed a client support services program providing bilingual case management for HIV-positive API clients. The grant was Apicha CHC's first major federal grant, with heavy data collection requirements. Apicha CHC's staff doubled overnight.



APICHA CHC COMMUNITY HEALTH CENTER: FIGHTING FOR HEALTH EQUALITY THEN & NOW

That same year, Apicha CHC experienced its first executive leadership transition when its Executive Director, John Manzon, resigned. Therese R. Rodriguez, who was the newly hired Deputy Executive Director was promoted to the position of Executive Director by the Board of Directors. Since 1997, Rodriguez has been continuously at the helm of Apicha CHC's management team.



In 1999 Apicha CHC took an important step on its journey with a new HRSA grant to study the feasibility of transitioning the organization into primary care. Former Board member Dr. John J. Chin, who was Rodriguez's Deputy Executive Director, described the transformation: "At first it sounded almost ridiculous for us to even consider having a clinic of our own. But as we looked at other models it was clear that the stigma still attached to HIV, the specialized character of the care we needed to provide to APIs, and the need to link the care to social services especially for people experiencing language and cultural barriers made having our own clinic essential in pursuing our goals."



The Second Decade: One-Stop-Shop HIV Care Model

As the new millennium arrived, Apicha CHC stepped into the threshold of organizational transformation. The HRSA HIV/AIDS Bureau approved a planning grant to offer primary care for API people living with HIV/AIDS. This grant led to Apicha CHC's decision to build a clinic and apply for a New York State Public Health Service Article 28 Diagnostic and Treatment Center license. Apicha CHC leased a space at a former garment factory in Lower Manhattan at 150 Lafayette Street to accommodate the new medical facility. The decision was bold and missional.

The clinic opened to the public on World AIDS Day, 2001— the first API-focused HIV Primary Care Clinic in the country. Funding for the clinic came from "Early Intervention Services" (EIS) under Title III of the Ryan White Care Act. The primary care clinic was envisioned as the final piece to Apicha CHC's vision of a One-Stop-Shop of HIV services.

Originally conceived as an incremental expansion of its already robust HIV support programs and services, opening an HIV clinic instead transformed the organization. Overnight, operating Apicha CHC required meeting new regulatory requirements, developing new professional skills, and building a new infrastructure. The burden of transformation

was exacerbated by changes in HIV prevention paradigms. The economic downturns of 2001 and 2008 also impacted Apicha CHC's operations. These circumstances created fissures within the organization, putting stress on the agency. To survive and sustain its programs, Apicha CHC had to find a way to grow and become sustainable.

2008 SUSTAINABLE REVENUE MODEL

Therese Rodriguez recalls discussing these service issues with their HRSA HIV/AIDS Bureau project officer, who outlined the challenges before Apicha CHC: “[I]f you’re going to depend on the EIS platform, you have to think of sustainability. And if you are going to stay in HIV, you cannot just serve the APIs. If you’re going to serve the APIs, you can’t just do HIV.”

Heeding HRSA’s advice, Apicha CHC reached out to more HIV-positive New Yorkers. Over the next few years, the development of Apicha CHC’s EIS program increasingly reached populations outside of its traditional target population of HIV-positive APIs, especially gay men from other communities.

Around the same period, Apicha CHC implemented rapid HIV testing and counseling, screenings for sexually transmitted infections (STIs), and linking HIV-positive individuals to primary care directly through their clinic. Apicha CHC was among the first community-based organizations to use rapid HIV tests. Funders were initially skeptical: “APIs don’t access testing services,” they warned. However, flanked with social media advertising and bilingual outreach staff, Apicha CHC’s HIV testing soon proved skeptics wrong.

This testing program also prompted Apicha CHC to think about how to serve those who tested negative. Staff noticed that many of those who tested negative presented positive results for other STIs and conditions that Apicha CHC’s doctors could treat. But, this was not possible since the clinic was only open to HIV-positive individuals. So, those testing negative had to be referred outside of Apicha CHC.

HIV NEGATIVE GENERAL CARE LGBT CLINIC STI CLINIC

2009 HEPATITIS CARE

In 2009, Apicha CHC made the decision to further expand its services to general primary care and mental health, with an added focus on providing culturally competent LGBT health care. This approach was deemed necessary in light of the trauma and mental health concerns experienced by many clinic patients. The HEAL Phase 6 grant provided \$500,000 for medical and mental health providers. Through this funding, Apicha CHC was able to integrate mental health services in its primary care services and give patients the comprehensive care they need.

Apicha CHC’s ability to adapt to an ever-shifting healthcare environment and provide much-needed services to communities beyond HIV-positive and API individuals was fundamental in its evolution. With each steppingstone, Apicha CHC became closer to creating a health center that could anticipate and respond to the growing community needs.

APICHA CHC COMMUNITY HEALTH CENTER: FIGHTING FOR HEALTH EQUALITY THEN & NOW

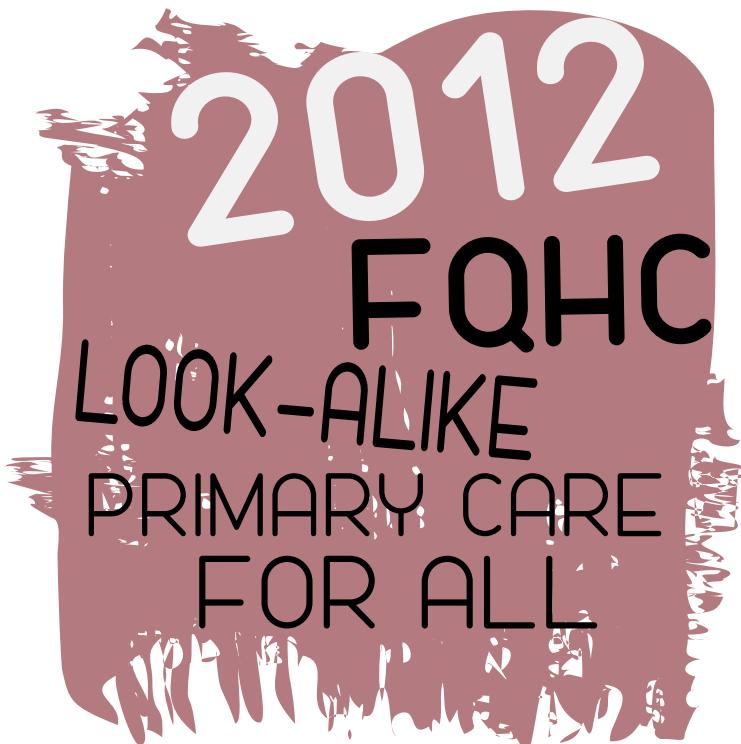
The Third Decade: Becoming a Community Health Center

Major national policy changes set the stage for Apicha CHC's continued evolution. First, President Barack Obama signed into law the Affordable Care Act (ACA), which provided access and coverage to many in need. The ACA included expanded healthcare coverage to more people, coverage for people with chronic diseases, and allocation of \$11 billion to renovate, expand and develop new health centers. The White House also launched the first National HIV/AIDS Strategy, establishing a blueprint for a well-rounded strategy to reverse the course of the HIV/AIDS pandemic in the nation—a blueprint that Apicha CHC, and the rest of New York City, would follow in the years to come.

With the ACA blowing wind into our sails, Apicha CHC outlined six strategies to achieve its goal of transforming into a community health center in its 2010 Strategic Plan. At the top of this list were two important objectives: to obtain New York State funding to help build and sustain its services and pursue a designation as a Federally Qualified Health Center (FQHC)—the designation needed to be an official community health center. As a full-fledged FQHC, Apicha CHC would be able to provide access to care and resources like never before.

In 2010, Apicha CHC changed its name and updated its mission, declaring its intention to become a community health center. The mission states:

"To improve the health of our community and to increase access to comprehensive primary care, preventative health services, mental health and supportive services. We are committed to excellence and to providing culturally competent services that enhance the quality of life.



Apicha CHC advocates for and provides a welcoming environment for underserved and vulnerable people, especially A&PIs, the LGBT community and individuals living with and affected by HIV/AIDS."

Our new mission underscored the need to remain resolute in caring for PLWAs, APIs and the LGBT community. This mission continues to guide us today.

To become an FQHC, Apicha CHC laid out a plan and got to work. Apicha CHC built upon its HIV Care model and implemented the Patient-Centered Medical Home model. Apicha CHC also applied for recognition from the National Committee for Quality Assurance, and was awarded a Level 3 recognition—a notable accomplishment for a new applicant. We also applied for a New Access Program (NAP) grant, which if approved would be



a stepping stone to becoming an FQHC. But, this application was unsuccessful. However, Apicha CHC remained resolute in its goal and pursued an FQHC Look-Alike designation immediately thereafter. This designation was approved in 2012. Achieving Look-Alike status brought Apicha CHC one step closer to meeting the compliance requirements of an FQHC.

In 2013, the NYSDOH Vital Access Program (VAP) awarded \$6 million to Apicha CHC that enabled us to dramatically scale up its operations. This three-year grant helped fund salaries of medical providers, clinic support staff, electronic medical records, and billing infrastructure. In 2014, Apicha CHC applied again for a NAP grant and got it. And finally, Apicha CHC became a designated FQHC in 2015—we were now Apicha CHC Community Health Center.



During our quest to become an FQHC, Apicha CHC demonstrated its commitment to serve the LGBT community. In 2011, Apicha CHC addressed unmet needs in the transgender community. With initial support from the Paul Rapoport Foundation, Apicha CHC launched medical and support services for the transgender community with its new Transgender Health Program.

With VAP funding, Apicha CHC built an in-house pharmacy under HRSA's 340B pharmacy program. This venture proved to be of enormous help to patients

who value seamless access to their prescriptions under one roof. Savings from 340B also fill the funding gaps in clinic operations. We also added new programs such as insurance enrollment and Supplemental Nutrition Assistance Program to address some of the largest barriers to a healthy life.

Throughout the second half of the decade, Apicha CHC continued to elevate its platform and ability to serve by adding PrEP to its HIV prevention tools, addressing the needs of sexually active patients who want to remain HIV negative. This followed the state-wide End the Epidemic Initiative, which laid out a years-long plan to end the HIV/AIDS epidemic by 2020. Apicha CHC eagerly followed suit and increased its efforts in providing PrEP/PEP and improving patient viral load suppression. In 2020, NYC announced it was ahead of ETE goals—but Apicha CHC had already surpassed annual goals by 2018. This significant milestone in fighting the epidemic is a testament to not only how far Apicha CHC has come in providing HIV care, but our decades-long commitment to fighting HIV/AIDS. Though our own journey has been singular, we are proud to stand united with like-minded organizations and our communities against the epidemic.

As we enter the new decade, in 2020, Apicha CHC marks its 5th anniversary as a fully designated FQHC and 30th as a non-profit organization. We aspire to continue our steady growth of services to serve community members of all ages. There are exciting things on the horizon. In 2020, PrEP services will be expanded to adolescents. Family planning and Long Acting Reproductive Contraception (LARC) services will be available to our clients. A second clinic in Jackson Heights is slated to open. Upon its opening, Apicha CHC's presence in Queens County will help close the gap in healthcare access in Jackson Heights and its surrounding neighborhoods.

There is no better way to commemorate our 30th anniversary than by expanding our services to give more people access to high-quality healthcare. We are excited about our future and invite you to join us in celebration.



Miss Universe Catriona Gray takes a public HIV test at Apicha CHC.



Apicha CHC staff participates in the 2019 AIDS Walk in New York City.



Apicha CHC staff and CEO Therese Rodriguez participate in Queens Pride.



Apicha CEO Therese R. Rodriguez poses with former board chairs Michael Sin and David Boyd at the 29th Anniversary Benefit Gala.



Apicha CHC staff participate in NYC Heritage Pride Parade in 2019.

THANKS TO OUR FUNDERS. YOU HELP US THRIVE.

For the Period January 1 - December 31, 2019	City University of New York Research Foundation Census Program	Yvette Walker, M.D.	Laura Morrison
GOVERNMENT GRANTS			William Murphy
Health Resources and Services Administration	Gilead Sciences	\$500-\$999	Marianne Monroy
Health Center Program	Hunger Solutions	Chinatown Manpower Project	Henry O. Moritsugo
Ryan White HIV/AIDS Program Part C Early Intervention Services	Omomuki Foundation	Computer Integrated Services (CIS)	Carl Nelson
New York State Department of Health	CONTRIBUTIONS	Voces Latinas Corporation	PharmQuest
Family and Youth Services Transgender Health	\$10,000-\$25,000	Alan W. Lee	Maria Rosario O'Buckley
LGBT Program	Bioreference Laboratories	Robert Liberto	Joanna Omi
Multiple Service Agency/Community Development Initiative	Maxor	William F. Ryan Community Health Center	Friday Oviawe, CPA
Nutrition Health Education	\$5,000-\$9,999	James E. Luisi	Nathaniel A. Riggs
HIV/STI/Hep C Prevention and Related Services for Gay Men	Amida Care, Inc.	Reuben S. Seguritan	Amelia Sebastian
Multiple Service Agency/Community Development Initiative	Gilead Sciences	GVZ Architects	Jonathan Shaatal, MS., RPH
New York Health Benefit Exchange: In Person Assistors and Navigators	Jorge Ortoll/Ma-Yi Theatre Company	Gertrudes Pajaron	James G. Schiller
Pre-Exposure Prophylaxis Services in General and HIV Primary Care Settings	National Healthcare Consulting	Michael Quan	Jane Schwartz
PrEP Outreach and Early Assessment	Quest Diagnostics Incorporated	RCHN Community Health Foundation	Paulette Sherlock
	Tiger Baron Foundation	Susan Sajiun-Fitzharris	Michael Sin
New York City Department of Health and Mental Hygiene/Public Health Solutions	Therese R. Rodriguez	Corazon Y. Custodio	Wendy Stark
Evidence-Based Interventions to Support Biomedical Prevention in Clinical Settings	Westpoint Home	Vincent Woo	Runxi Wang
Ryan White Part A Care Coordination	\$1,000-\$4,999	Errol A. Chin-Loy	Michelle Witter
	Addabbo Family Health Center	Yeou-Cheng Ma & Michael Dadap	Wild Ginger Vegetarian Kitchen
	Asian Americans for Equality		York Yu
	Build N Box Gym		\$99 & Below
	John J. Chin, Ph.D.		Lydia Adlauan, R.N.
	Casablanca Ventures		Ying F. Au
	Community Healthcare Network		Candice Feiring
	Cushman & Wakefield		Sabrina Flores
	Garfunkel Wild, P.C.		Matthew McMorrow
	Harlem United Community AIDS Service Center, Inc.		York Chow
	Healthfirst		Edwina C. Granada
	Heritage Tower		Solomon R. Guggenheim Museum
	Housing Works, Inc.		Angelica Mattschet
	Hub International		Celia Rodriguez
	John A. Guidry		Jamie Lee
	Lourdes Marzan		Matthew Lesieur
	LCRE Group		Deborah Lester
	James Jaeger & John-John Manlutac		Nancy Lager
	James A. Jennings		Marjorie Hill, Ph.D.
	NYC Health & Hospitals Corp.		Price M. Grant
	NYU Center for the Study of Asian American Health		Katty Mayorga
	Hiroki Otsuka		Samuel N. Olivarez-Bonilla
	The Parkside Group LLC		Jamie Lee
	Elvin B. Parson, M.D.		Phillip Miner
	Primary Care Development Corporation		Naomi Nemtzow
	Andrew Rogers		Veronica Rosario
	Yumiko Sano		Jamelle Summers
	Herminigilda Sambajon, R.N.		Jesslyn Tannady
	Venus Vacharakitja		Asteria Villegas
PRIVATE GRANTS			Stevenson Van Derodar
H. van Ameringen Foundation			Yong Wang
Broadway Cares/Equity Fights AIDS			Jian Xu

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