WE’VE GOT YOU COVERED. NO MATTER WHAT.

HARLEM UNITED

ANNUAL REPORT 2019
DEAR HARLEM UNITED FAMILY,

For over 30 years, Harlem United has led the charge as the agency of last resort for underserved communities of color, going above and beyond to meet the needs of the community with resilience, passion, and willfulness. In 2019, we expanded that legacy by continuing to offer high-quality healthcare, dignified housing, and integrative supportive services that address the continual changes of our client communities.

Using our programs as tools to create change, our clients continue to thrive through the New York State End the AIDS Epidemic (EtE) and Undetectable=Untransmitatable (U=U) initiatives, which aim to maximize available access to healthcare and decrease the prevalence of HIV by the end of 2020. Today, we can report that at our Willis Green Jr. Community Health Center Adult Day Health Care (ADHC) program, 88% of clients living with HIV are virally suppressed; Harlem United supports them to remain healthy to prevent further sexual transmission of the virus. Indeed, Harlem United’s participation in EtE through our Prevention programs has helped New York City reach the 90-90-90 milestone set forward by UNAIDS two years early. 92% of New Yorkers diagnosed with HIV are receiving treatment, 92% of people living with HIV know their status, and 93% of those in HIV treatment are virally suppressed.

This year, in response to the particular needs of our aging and homeless populations, we have added cardiology, podiatry and gynecology to our menu of primary care specialties. Cardiovascular disease is a leading cause of death among homeless adults, at rates that far exceed the general population; additionally, 35% of communities in Harlem and the South Bronx suffer from hypertension (NYC DOHMH, 2018, Community Health Profiles), a major risk factor for heart disease and stroke. Likewise, foot and leg pain are top concerns among populations experiencing homelessness and among communities of color, who are almost twice as likely to be diagnosed with diabetes (a chronic condition requiring proper foot care) than other Americans, according to the U.S. Department of Health and Human Services, Office of Minority Health. This community need makes podiatry an essential specialty service.

Homeless women are also more likely to experience chronic illness, community violence, and unintended pregnancy than women that are permanently housed. In addition, we are seeing an increase in the number of immigrant women from many African and West Asian countries who come to us suffering from trauma stemming from the practice of female genital mutilation and cutting (FGM/C), which results in a myriad of physical, emotional and psychological issues. In response, Harlem United has developed a holistic gynecological program for women, with a specialty in FGM/C.

Finally, staying true to our roots in the fight against the HIV/AIDS epidemic, we expanded our care coordination capacity for virally unsuppressed clients and expanded our syringe exchange efforts to areas hardest hit by the opioid crisis in an effort to address the transmission of HIV and Hepatitis C from shared syringes. We approach these problems through integrated, culturally competent healthcare, which meets the clients where they are in their journeys to better health.

2019 has seen us redouble our commitment to the communities we serve in the face of federal policies that have left our clients more vulnerable. These attacks have made it clear that we must diversify beyond government funding. To that purpose, we have created a new department, Strategic Advancement, to proactively ensure the financial stability and sustainability of Harlem United for decades to come through coordinated communications and fundraising strategies.

While the federal government moved to strip many disenfranchised communities of their rights, New York State took concrete action to protect those same communities. From criminal justice reforms to LGBTQ equality measures, to reproductive justice to justice for domestic violence survivors, Harlem United continues to use its voice to support legislators in passing historic protections, always striving to represent our clients in the legislative halls of power where they have been historically excluded. Successes in this year’s legislative session include: passages of GENDA, the Reproductive Health Act, and expansion of insurance coverage for PrEP prescriptions; bans on conversion therapy for people under the age of 18 and of the “gay and trans panic” defenses; and the end of cash bail for misdemeanor and non-violent felony offenses.

We’ve had quite a year! Thank you to all the supporters, advocates, community partners, staff, clients, and patients who make Harlem United strong. We are grateful for your continued support. Please join us to ensure that our next year will be as impactful as 2019 has been. If you believe, as we do, that everyone deserves access to compassionate healthcare, dignified housing, and adequate resources to succeed, act to make that dream a reality. Support Harlem United today to sustain our vital programming through your generous donations.

In Solidarity,

Jacqui Kilmer, Chief Executive Officer
HEALTHCARE  Equal access to healthcare

Our purpose has always been clear: we are committed to providing care to underserved communities impacted by HIV and other chronic conditions. We offer low and no-cost healthcare, housing, and vital supportive services to anyone who walks through our doors, pivoting to address new issues as they arise. We are driven by the conviction that everyone should have a place where they are respected and cared for, no matter what.

Our two Federally Qualified Health Centers (FQHCs), The Nest Community Health Center and The Willis Green Jr. Community Health Center, offer an ever-growing array of integrated, co-located services which include primary care, behavioral health services, dentistry, substance use treatment and a variety of specialty services, such as cardiology, podiatry, and gynecology. Our mobile medical and dentistry units meet patients where they are, in their communities.

Moving Toward Trauma Informed Care

Stigma, discrimination, and healthcare biases have negatively affected many of our patients in the past. According to the National Institutes of Health (NIH), as many as 95% of people living with HIV/AIDS (PLWHA) are trauma survivors, with negative experiences navigating medical care. At Harlem United, we provide a physically and emotionally safe environment for our patients to access the care they need, implementing a care model that is culturally and linguistically affirmative, within a harm reduction framework.

Harlem United has embarked on a three-year process to move towards a trauma-informed care model, from training all staff to evaluating environmental factors, such as how environmental design and even staff uniforms may impact patients who may be experiencing trauma responses.

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<thead>
<tr>
<th>Patients served</th>
<th>Staff Demographics</th>
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<td>4315</td>
<td>344</td>
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Women’s Health Initiative

The majority of people experiencing homelessness have long been men, but that is changing. Today, the fastest growing population of homeless people are homeless women with children. Women will statistically place their families’ medical needs above their own. To meet the growing demand, we formed our gynecology practice this year to offer high quality services, such as routine Pap smears, contraceptive management, pregnancy verification, and gender-focused primary care, to all in need.

To complement our mission of providing care to underserved populations, we also established a holistic health program for women and girls affected by female genital mutilation and cutting (FGM/C) in NYC this year. We offer integrated medical, mental health, and social services, as well as community education and engagement with local government and advocacy stakeholders. FGM/C is estimated to affect over 500,000 women and girls in the United States, with long term health consequences that include chronic pain, urinary tract infections, incontinence, infertility, sexual dysfunction, PTSD, anxiety, and depression. New York City is thought to be home to the largest group of affected women and girls in the US. However, there is evidence that US healthcare providers who treat immigrant populations are unaware of how to treat affected patients. We’re changing that.

Cardiology

Cardiovascular disease is a major cause of death among homeless adults. They grapple with risk factors like hypertension, diabetes, and psychological stress; placing a heavy burden on their overall health. Wait times to see outside specialists are often long, so this year, we brought cardiology to Harlem United, expanding our patients’ access to quick, easy, and high-quality care.

Podiatry

Foot and leg pain are top health concerns for people who are homeless or unstably housed; a population who have also experienced high rates of hypertension, cellulitis, and diabetes; all conditions affecting foot and leg health. In 2017, our health clinics referred more patients to podiatry than to any other specialty, addressing the need of the prolonged wait times our patients often experience and other barriers to being cared for by external providers. To address this, we established our own podiatry services to increase patients’ access to routine foot care and bettering their overall health and well-being.

STAFF HIGHLIGHT

For the thousands of patients coming to The Nest Community Health Center every year, Devin St. Clair is often the very first person they meet at Harlem United. Devin welcomes patients and staff every day with a warm smile, setting everyone at ease as soon as they walk through the doors.

Devin’s story with Harlem United started two years ago, when Harlem United’s Outreach team made a presentation at the homeless shelter where Devin was staying. Devin, a U.S. Army Veteran who served as a medic and in the 82nd Airborne Rangers, was in a rough place. He was unemployed, frustrated, and angry. But within 24 hours, he had moved into his own apartment in Harlem United’s permanent housing through our Veteran’s Housing program, which offers 93 units of housing to formerly homeless veterans in NYC. A month later, he was working part-time as a receptionist in Harlem United’s administrative offices. Today, Devin is a full-time Patient Office Assistant at The Nest Community Health Center where he continues to be a vital part of patients’ first impression of Harlem United. Devin works hard to help create the cordial and friendly environment that is essential to reassure patients, who in the past, may have experienced discrimination, stigma and trauma while accessing other healthcare services. Devin’s commitment to patient care is a shining example of the service we strive to provide: compassionate care for all.

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Housing is Healthcare

Our approach is simple: Housing First. People need access to a permanent and stable home in order to address their healthcare needs and concerns. Once clients have their basic housing needs met, we offer wrap-around healthcare and supportive services to help clients navigate the complicated healthcare entitlement system.

Since 1991, Harlem United has been committed to housing as healthcare, through a Housing First model of care. Housing First combines a harm reduction philosophy to treat housing status as a clinical indicator and an essential part of treatment and care. What started as a small program of just 20 units has grown to 665 units of permanent housing and a 72-unit emergency shelter for families with children. Through our programs, we offer permanent supportive housing to a variety of populations including people living with HIV and other chronic conditions, and formerly homeless Veterans. Many of our housing clients have long patterns of homelessness, which have negatively impacted their health and made it difficult for them to maintain their housing. Through the support of case management and wrap around services, 82% of housing clients have at least two medical appointments a year and are connected to other support services. At Harlem United, clients find a place where they can begin addressing their needs. Today, over 900 people make their homes through Harlem United housing.

693

Housing units, including 621 units of permanent supportive housing and 72 emergency shelter units

CLIENT STORY

Shortie* has lived in the same apartment in Harlem United’s permanent housing program for 23 years. Shortie serves on our Client Advisory Board and visits Harlem United at least once a week to spend time with friends and chosen family.

When Shortie was diagnosed with HIV in 1996, Shortie was exhausted. Shortie was homeless after leaving a physically abusive boyfriend and the diagnosis left Shortie empty and drained. That same day, Shortie disclosed the diagnosis to a social worker and everything changed. The social worker introduced Shortie to Harlem United and Shortie was soon housed in our permanent supportive housing program.

Shortie was not quick to trust, but slowly, the dedicated staff started to prove that they would always come through. Shortie built a rapport with the staff, making the Harlem United offices a second home where everyone knew Shortie’s name. Shortie would have given up if Harlem United had not guided Shortie through the many health care and housing systems that Shortie had to navigate after the diagnosis. Harlem United brought a client-centered approach to Shortie’s care.

“Simply put, without Harlem United, I would not be here. Harlem United saved my life.”

*Shortie does not use gender pronouns, but uses only “Shortie” instead.

Client Demographics

- **RACE**
  - 64% African American
  - 16% White
  - 16% Non-Latino/a
  - 2% Other
  - 6% Multiracial

- **ETHNICITY**
  - 35% Latino/a

- **GENDER**
  - 60% Men
  - 39% Women
  - 1% Trans & gender non-conforming (TGNC)

- **AGE**
  - 41% 45-64
  - 40% 25-44
  - 8% 65+
  - 4% 14-17
  - 7% 18-24
At the time syringe exchange became legal in NYC in 1992, 53% of all new HIV infections were among people who use injection drugs (PWID). Today, that number is less than 3%. Syringe exchange programs, such as Harlem United’s, have played a huge role in preventing the spread of HIV and other infections, such as Hepatitis C (HCV).

In 2014, Governor Andrew Cuomo announced a three-point plan to move us closer to the end of the AIDS epidemic in New York State. Harlem United is an active participant to End the Epidemic (ETE) in New York, and our testing services are a key component of that campaign. Testing services give individuals the knowledge they need to prevent the spread of HIV, HCV, and other STIs. In addition to offering testing at The Nest Community Health Center, our mobile units visit sites around the city, removing barriers to accessing care for those living in areas without access to testing facilities.

Our impact is truly city wide - Harlem United supplied syringe exchange, STI testing, and harm reduction counseling at 25 sites across the city in 2019.

**PREVENTION**

In 1995, we opened one of the first syringe exchanges in New York City. Today, that same harm reduction ethos is fully integrated into all our work as we offer syringe exchange, Naloxone training, education and testing services for Hepatitis C (HCV), HIV, and other STIs at sites throughout the city.

**ACROSS THE CITY**

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**True Harm Reduction means any positive change**

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**14.5K**

Community outreach encounters

2018 saw a decrease in annual overdose deaths for the first time in nearly a decade. 38 fewer people died than in 2017. 8 of those deaths were prevented by Harlem United staff.

**426**

Overdose prevention trainings

**227**

Patients prescribed PrEP

**325**

STI tests (Syphilis, Gonorrhea, Chlamydia)

Harlem United’s Peers and staff go out into the community, collaborating to offer non-judgmental client care; offering education on harm reduction strategies, conducting syringe exchanges, connecting people to benefits and public entitlements, co-leading group and individual support counseling for substance use issues, and building the trust needed to bring more people into stigma-free non-judgmental care at Harlem United.

**1124**

HIV tests

**694**

Hepatitis C tests

A collaboration of nine Harlem United artists as part of the Art Therapy Program
A physical or mental health issue can make purchasing and preparing meals difficult. Unstable housing or homelessness can make storing and acquiring food also extremely challenging, and especially problematic for clients facing complicated medication regimes. That’s where we come in.

Our Food and Nutrition Service provides hot meals, as well as pantry food kits with shelf-stable items, so clients can prepare food for themselves with limited equipment. Our staff tailors our menus to offer nutritional food that fits clients’ cultural and personal preferences, while providing vital social space at mealtimes, where important building of community happens. Additionally, our staff nutritionist leads support groups and helps clients managing chronic conditions through healthier and delicious food options.

Health Home offers comprehensive care management services to our clients with multiple chronic health conditions to assist them in the convoluted navigation of complex medical regimens and complicated benefits applications. While emergency rooms are no substitute for regular, high quality medical, behavioral, and social care, they may be the only option for people who are unstably housed, which can cause a further decline in their quality of health and life. We work with clients to find both a primary care doctor and stable housing, as well as linking them to public benefits and other community programs and ensuring that they are able to reach their appointments by offering transportation assistance. These services mean that our clients are not only connected to healthcare, but receive the crucial social services that they require to live fuller, healthier lives.

For most of our clients, achieving and maintaining a healthy immune system takes much more than an annual check-up. Our clients are struggling with complex health issues and competing medical priorities, such as diabetes and other chronic conditions. Supportive services provides an array of critical assistance for those grappling with multiple chronic health conditions, traumas of homelessness and violence, and the struggle of building community without family or other support systems to fall back on.

Through our Food and Nutrition Services, we offer healthy hot meals every evening and pantry bags for clients and their dependents. The Willis Green Jr. Community Health Center program offers medical care, support groups, communal meals, and a sense of community for those with nowhere else to go. Our Health Home care coordination program ensures that clients get the services they need through hands-on navigation of the healthcare system. Finally, for those willing and ready to go back to work, our Vocational Education (Voc-Ed) program provides professional development, support, and access to opportunities for stipend positions within the agency.

Vocational Education offers weekly professional development and computer classes that can make a critical difference for clients. The graduation at the end of the 25-week course is often the very first graduation that many of our students have ever achieved, making it incredibly meaningful for our participants and their families, who join in graduation celebrations to cheer them on.

All program graduates are offered a renewable six-month stipend position at Harlem United, which often leads to other opportunities for employment and growth. Many VocEd graduates go on to become full-time employees, who give back to the community through their life experiences.
PAST. PRESENT. FUTURE.

The last 31 years have brought exciting growth and change to Harlem United. As we start to build the next 31 years, our history roots us in community and reminds us of the hard battles already won.

1988
Harlem United founded in a church basement under the name Upper Room AIDS Ministry

1991
First government-funded housing program for people living with HIV/AIDS

1993
Adult Day Health Care (ADHC) opens

2000
Harlem United begins providing primary care services at the Willis Green Jr. Community Health Center (123-125 W 124th St)

2003
We begin providing dental services

2007
Adult Day Health Care (ADHC) opens

2007
Official opening of our new permanent housing building, Foundation House West

2007
Harlem United begins offering Syringe Exchange

2010
Harlem United begins providing mobile-based Community Health Services in under-resourced communities in Upper Manhattan and the Bronx

2015
The Nest Community Health Center opens at the site of a former Harlem speakeasy (169 W 133 St)

2016
We open housing for formerly homeless veterans

2017
We start providing emergency shelter services for families with children

2019
Harlem United offers new specialties: gynecology, podiatry, and cardiology

2020 & Beyond
Harlem United will continue to adapt, offering comprehensive services tailored to the needs of the communities we serve

FUNDERS

AIDS Institute
Amida Care
Bloomberg Philanthropies
Columbia University
H. van Ameringen Foundation
Housing Opportunities for Persons with AIDS (HOPWA)
Hyde and Watson Foundation
MAC AIDS Fund
New York Community Trust
NYC Council Capital Funding
NYC Department of Health and Mental Hygiene (NYC DOHMH)
NYC Department of Social Service (NYC DHS)
NYC Department of Social Service (NYC HRA)
NYS Office of Temporary and Disability Assistance (NYS OTDA)
Public Health Solutions
Substance Abuse and Mental Health Services Administration (SAMHSA)
The Atlantic Philanthropies
Director/Employee Designated Gift Fund
The Ryan White HIV/AIDS Program (RWHAP)
U.S. Department of Health and Human Services (U.S. HHS)
U.S. Department of Housing and Urban Development (U.S. HUD)
U.S. Health Resource and Service Administration (U.S. HRSA)
**FINANCIALS**

For FY19 — July 1, 2018 to June 30, 2019

**Annual Operating Budget of $50,200,124**

- 63% Grants & Contracted Services
- 33% Patient Revenue Services
- 4% Donations and Other

**Agency Expenses**

- 86% Direct Client Care
- 14% Administrative

**Program Expenses**

- 51% Housing
- 22% Health Services
- 21% Supportive Services
- 7% Prevention

**Harlem United Executive Leadership Team**

- JACQUELYN KILMER, Chief Executive Officer
- TAMISHA MCPHERSON, URAM Executive Director
- THOMAS MARINO, Chief Transformation Officer
- LAURA GRUND, Senior Vice President
- EMMET A. DENNIS, JR., Vice Chair
- SEAN CARRINGTON, Senior Vice President, Administrative Operations
- DR. VERA ANTONIOS, Medical Director
- KEVIN RENTE, Senior Vice President, Strategic Advancement
- DOUGLAS J. DUKEMAN, Chair and Treasurer
- MARNE LUCAS, Secretary
- JACQUELYN KILMER, Director
- MARIN GRiffith, Chair and Treasurer
- J. ROBIN MOON, Director
- THOMAS MARINO, Chief Transformation Officer
- LATINAVETTE SMITH-WILSON, Director
- KEVIN RENTE, Senior Vice President, Strategic Advancement
- DOUGLAS J. DUKEMAN, Chair
- LASERINE HINES, Director
- JACQUELYN KILMER, Director

**Upper Room AIDS Ministry, Inc. Board of Directors**

- DOUGLAS J. DUKEMAN, Chair
- EDWIN ALAMEDA
- LAWRENCE HINES
- JAMES JONES
- JONATHAN KITT
- MARNE LUCAS
- SHAINA PHILLIP
- ANTHONY RANDOLPH
- GLYN SINGLETON
- WILLIAM SMITH-RIVERA
- GINA THOMAS
- RAYMOND VERREY
- BRIAN WEST