

PRESS RELEASE
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For Immediate Release
Contact:
Michael Jones
646 548 0100 x222
mjones@irishouse.org

IRIS HOUSE ANNOUNCES HIV VIRAL SUPPRESSION RATE 250% OF NATIONAL AVERAGE IN THEIR CLIENTS



NEW YORK, NY - October 3, 2014 - Today, Iris House Executive Director Ingrid N. Floyd announced that the programs provided by her agency in Harlem and the South Bronx have led to HIV viral suppression rates 250% the national average.

Her announcement coincides with a presentation titled "A Gender Responsive Framework for the HIV Continuum of Care (Treatment Cascade)" at the United States Conference on AIDS in San Diego, and is being distributed for publication.

The full document is attached.

Floyd commented, "Gender specific programs are critical, particularly when working to engage women and get them into treatment. Providers must implement gender responsive strategies and understand and remove the barriers that prevent women from achieving viral suppression."

This year, the New York State AIDS Institute stopped funding support programs for women living with HIV in New York, impacting thirteen organizations in New York City alone.

"We've proved beyond any reasonable doubt that women have their own needs, particularly when it comes to staying treatment adherent. We implore our leaders to reinstate funding for gender-specific programs so we can continue delivering these critical programs that are working toward the stated goals of ending AIDS."

Iris House saves lives through comprehensive support, prevention and education services for women, families, and underserved populations affected by HIV/AIDS and other health disparities in a safe, family-centered environment by passionate, professional and culturally competent staff.

To fulfill our mission, Iris House offers practical, family-centered services that promote prevention and education while addressing the day-to-day realities of living with HIV/AIDS. All of our programs are developed to achieve the following goals:

- To promote and support independent functioning for our clients, to improve quality of life, and to maintain optimum health status for clients and their families;
- To educate policy makers, elected officials, and human health service providers about the issues and concerns affecting our clients and their families; and
- To advocate for changes in policy and programs that are more responsive to the needs of women and their families.

For more information on the programs of Iris House, visit www.irishouse.org.

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IRIS HOUSE PROGRAMS AT WORK: VIRAL LOAD SUPPRESSION RATES ARE 250% THE NATIONAL AVERAGE

September 2014

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*More than 5 in 6 have stable or improved health outcomes
and over half those diagnosed with AIDS have dramatic health gains*

*Less than 1 in 10 HIV+ clients receive an AIDS diagnosis
Client Health Outcomes demonstrate importance of support services*

Background

Iris House has been providing comprehensive supportive services to HIV+ minority women and their families, as well as to men and underserved populations, for 20 years through a practical, family-centered approach that promotes health while addressing the day-to-day realities of living with HIV/AIDS. These services are designed and delivered to promote and support independent functioning for our clients, to improve quality of life, and to maintain optimum health status for clients and their families. In 2013, Iris House served 387 HIV+ individuals, providing food and nutrition education, housing, case management, harm reduction, mental health, support groups and life skills training and other services in a family-centered environment by passionate, professional and culturally competent staff. These services and activities complement Iris House's prevention, testing, education and other services to HIV+ individuals that were provided to over 5700 community members in virtually every neighborhood in New York City as well as Plainfield and Irvington, New Jersey in 2013.

Consistent with the National HIV/AIDS Strategy and the HIV Continuum of Care, Iris House care and case management teams focus on HIV+ client retention in care, Viral Load and CD4 levels and changes as critical measures of client health and well-being.

The HIV Continuum of Care

The CDC, other federal and international agencies, local departments of health and other public and community-based agencies use what is known as the *HIV Treatment Cascade*, which is a visual depiction of the overall Continuum of Care for persons living with HIV (PLWH). It analyzes those who are actually receiving medical care and the treatment they need by measuring those who "make it" to the next step, starting with diagnoses, linkage to care, retention in care, receiving antiretroviral (ART) therapy and achieving Viral Load (VL) suppression. A suppressed VL is the ultimate goal of the Cascade given that this substantially lowers the risk of HIV transmission and also is consistent with improved client health. The *Cascade* provides a valuable framework for thinking about the HIV service system as a whole: from diagnosis to treatment success. Thus, the *Cascade* is a critical first step in identifying where PLWH may fall off the continuum of care and is also used to assist in measuring not only service gaps but success of programmatic services.

Stages of the HIV Continuum of Care

— **Getting Tested and Diagnosed:** Currently 1 in 6 in the U.S. do not know they are infected. The only way to know for sure that a person is infected with HIV is for them to take an HIV test

— **Linked to Care:** Once a person is diagnosed with HIV, it is imperative that they be immediately connected to competent medical care to provide treatment which keeps them as healthy as possible and minimizes the likelihood of transmitting HIV to others

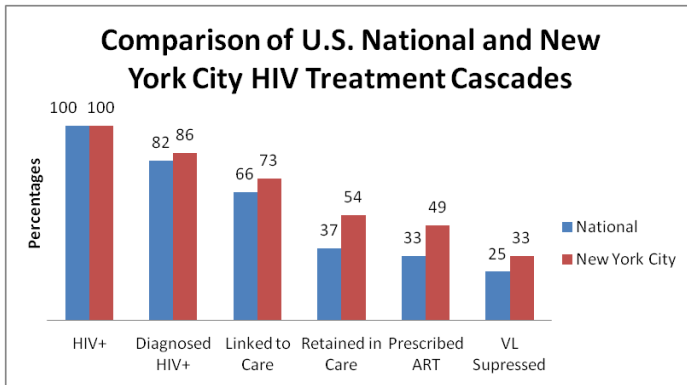
— **Staying in/Retained in Care:** HIV has no cure so treatment is a lifelong process that requires a person to receive ongoing HIV medical care

—**On Antiretroviral (ARV therapy):** ARV drugs are used to prevent HIV from making copies of itself and are used to control and limit the presence of HIV in the system

—**Viral Suppression:** Lowering the Viral Load helps keep HIV+ persons healthy and strongly reduces the chance of transmitting HIV to others

Figure 1 below shows the Cascade for the United States in blue, New York City (NYC; representing the Iris House local service community/catchment area) in red.

Figure 1



While the Cascades demonstrate that NYC, with its array of public and non-profit agencies committed to supporting those infected and affected by HIV, is more successful along each step of the cascade, still only slightly more than half of its HIV+ residents are on ARV and just 45% have a suppressed VL¹; for the national cascade, less than half (45%) of HIV+ individuals are retained in care and only 3 in 10 achieve viral load suppression.

We used the Cascades in Figure 1 to measure the success of Iris House programs for its HIV+ clients. While the Cascade typically begins with 100% estimated HIV-infected followed by the percentage that know their status (currently 86%), as all Iris House HIV+ clients are aware of their status our presentation evaluates outcomes relative only to those that know their status. The agency’s data was comprised of Iris House clients who were continuously enrolled and received supportive services from January through December 2013. Figure 2 presents the cascade as above for those who have been diagnosed with HIV and know their status with Iris House in green.²

1.) National data obtained from CDC Fact Sheet, 2012 and NYC data obtained from HIV Care Cascades for NYC overall and Ryan White clients (Wiewel & McAllister-Hollod, NYC DOHMH, June 2013). The NYC cascade does not include retained in care but actually engaged in care; the former defined as any lab test in 2011 and the latter requires, along with other criteria, at least 2 tests per year. Retention, which is what we use in our analysis, is a much stronger measure and it is likely some of the HIV+ individuals engaged in medical care would not be retained so Figure 1 may overestimate NYC’s retention rate.

2.) Due to data limitations, the definition of linkage to care for Iris House used here is if the individual currently has a medical provider and not just if he/she was linked to care within 90 days of diagnoses as used in the national cascade.

Figure 2

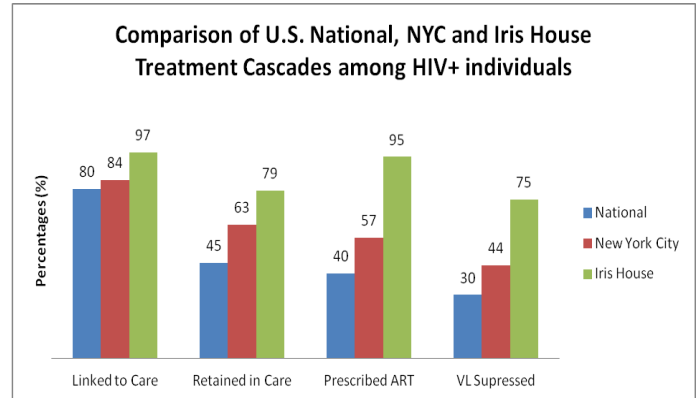
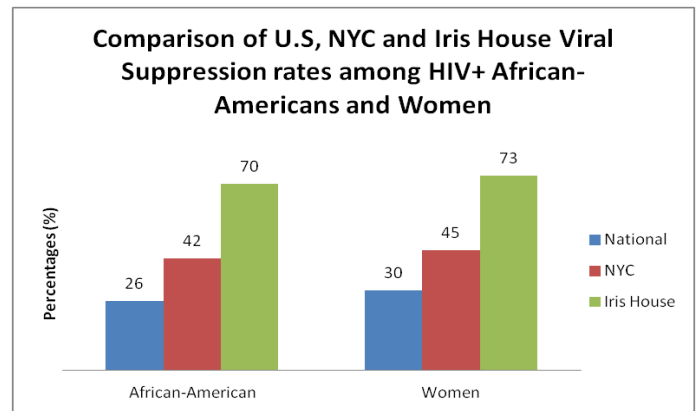


Figure 2 shows that while most national and NYC HIV+ individuals are linked to care, **virtually all Iris House clients diagnosed with HIV that receive supportive services are linked to care** and that our retention and ARV rates are as high as twice the national average and well above NYC rates. As well, **75%, or 250% the national average (and 167% NYC’s average), achieve viral load suppression.**

Iris House serves a hard to reach population, primarily women and minorities, in particular African-American, with over 90% living at or below the poverty level. For these subpopulations, as shown in Figure 3, below, Iris House achieves VL suppression rates of 70% and 73% respectively; rates which are 250% above the national average and well above NYC rates.

Figure 3

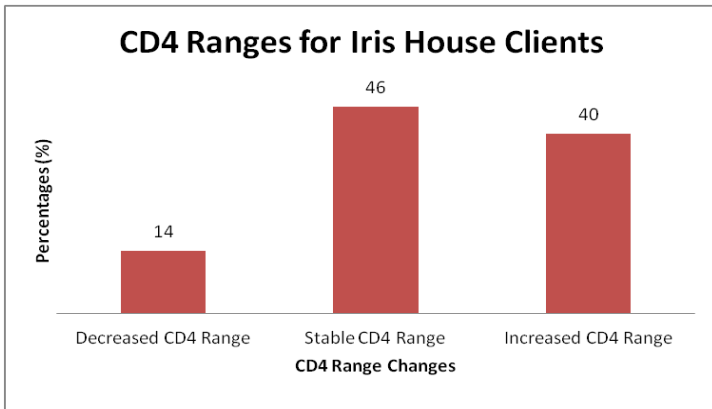


The substantial improvements of the Iris House outcomes demonstrate the critical importance of supportive services that increase linkage and retention to care. Enhanced linkage/retention can improve access to medication, treatment adherence and quality of life, which are critical factors in optimal health and VL suppression. They also clearly demonstrate the idiosyncratic service delivery of Iris House and its dedicated and passionate staff.

VL suppression, which focuses more on transmission risk, is just one way to look at health outcomes. CD4 count, which helps to measure a body’s ability to fight off infection, is also used by clinicians to measure the health of HIV+ individuals.

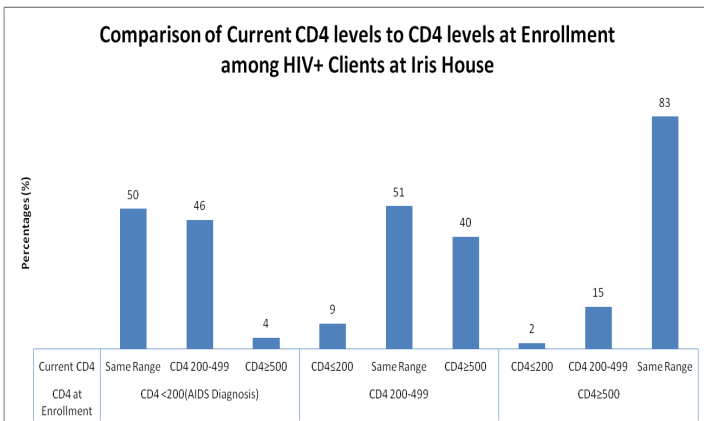
The higher the CD4 count, the better. An individual with a CD4 count of less than 200 is considered to have AIDS; a CD4 count of 500 to 1,000 is considered normal. As CD4 counts are highly variable and can change by time of day, stress, fatigue and other factors, CD4 ranges (e.g., 0 to 200, 200 to 499, 500 to 749, etc) are often used to measure changes in health. As Figure 4 shows, **86% of Iris House clients had stable or improved health as measured by CD4** and more than two-and-one-half times the number of clients saw increases in CD4 than had lower CD4 results.

Figure 4



Further, the worse the client health when coming to Iris House, the greater the improvement after receiving services. Figure 4 classifies our clients into one of three categories: 1) individuals who came to IH with an AIDS diagnosis (CD4 <200); those who were HIV+ and with a CD4 count below normal and thus a highly compromised immune system (CD4 count between 200 and 499) and those who came to Iris House with a normal CD4 level (CD4 count >= 500). For each category, Figure 5 shows the percentage that currently have CD4 counts in the AIDS diagnosis range, the below normal CD4 count range and the healthy/normal CD4 count range.

Figure 5



For those HIV+ clients who came to us with an AIDS diagnoses (a CD4 count less than 200), half now have CD4 counts over 200. Less than 1 in 10 HIV+ clients who come to Iris House and stay with us have been diagnosed with AIDS as of June 30, 2014.

For those who started with below normal immune systems, over 40% improved their CD4 to a healthier, normal level. And for those who started with a normal level, over 80% stayed that way. These results are virtually identical for the women and African-American clients we serve.

Recommendations to achieve maximum Viral Load Suppression and Health Outcomes

While agencies must be responsive to the distinctive needs of their service populations, we believe that there are some lessons learned from the successes of the “Iris House Model” of combining services resources and dedicated staff that can be incorporated by others serving an HIV+ population to enhance/maximize outcomes. In particular:

- **provide “core” services** such as housing, nutrition education and meals as well as harm reduction counseling to alleviate some of the factors associated with non-adherence
- **provide care coordination/case management** to ensure a holistic approach to client health that addresses related social and medical needs and enhances both treatment and medication adherence
- **provide a layer of services designed to engage** and retain the client and improve quality of life, such as emotional wellness groups that increase personal accountability and responsibility, peer support, education/job and life skills training as well as transportation
- **provide a family-centered environment**, which is particularly important when focusing on HIV+ women, so that mothers, grandmothers and caretakers know that they can bring their loved ones along for appointments
- **recognize that it takes a coordinated and collaborative approach** to ensure clients achieve maximum health outcomes through having access to an extensive network of experienced providers internally and externally; at the same time ensuring that a client is never abandoned after a referral but is followed up with every step of the way
- **adopt a policy of “meeting the client where they are”** which not only entails understanding the client’s situation and specific challenges to retention in care and treatment adherence but also includes developing individualized interventions to guide the client to improved health and optimal quality of life.
- and, most important, **ensure staff understand the goals, objectives and outcomes** that they are expected to achieve for the clients, identify and build upon client’s strengths and resources (both internal and external) and create a caring and compassionate environment conducive to achieving these goals.

ABOUT IRIS HOUSE

Iris House saves lives through comprehensive support, prevention and education services for women, families, and underserved populations affected by HIV/AIDS and other health disparities in a safe, family-centered environment by passionate, professional and culturally competent staff.

Iris House was named for early HIV Activist Iris De La Cruz, whose passion for our cause was instrumental in establishing our programs.

To fulfill our mission, Iris House offers practical, family-centered services that promote prevention and education while addressing the day-to-day realities of living with HIV/AIDS, hepatitis C, diabetes, obesity, hypertension, mental health challenges and other disparities challenging our community.

All of our programs are developed to achieve the following goals:

- To promote and support independent functioning for our clients, to improve quality of life, and to maintain optimum health status for clients and their families;
- To educate policy makers, elected officials, and human health service providers about the issues and concerns affecting our clients and their families; and
- To advocate for changes in policy and programs that are more responsive to the needs of women and their families.

As of September 2014, Iris House offers Housing, Harm Reduction, Behavioral Health Counseling, Nutrition Services and Prevention Education for People Living with HIV.

We offer Outreach and Engagement and Care Coordination Services to individuals living with chronic physical and mental health conditions, Testing and Counseling (HIV, Hepatitis C, STIs), Prevention Education and Population Specific Interventions, Food and Nutrition Services to the general community and high-risk populations in New York City and Central New Jersey.

Iris House produces the annual Women as the Face of AIDS Summit every spring in New York City, attracting presenters and audiences from across the country. Our tenth annual Summit will be held on May 4, 2015.



Main Office

2348 Adam Clayton Powell Jr. Blvd.
(between 137 & 138th Sts.)
New York, NY 10030
Phone: 646 548-0100

East Side Office

2271 Second Avenue
(between 116 & 117 Sts.)
New York, NY 10035
212-423-9049

Central New Jersey Office

630 East Front Street
Plainfield, NJ 07060
908-561-5057

CONTACT

For more information on this report, or the programs of Iris House, please contact Michael Smirlock, Senior Director of Administration and Performance Measurement (mimirlock@irishouse.org) or Ursula Blanc, Director of Program Evaluation and Quality Assurance (ublanc@irishouse.org), by email or at 646-548-0100.

FUNDING FOR IRIS HOUSE

Iris House's programs are funded through a combination of public and private dollars. Significant partners include:

New Jersey Department of Health
New York City Council
New York City Department of Health
New York City Human Resources Administration, HIV/AIDS Services Administration
New York State AIDS Institute
United States Centers for Disease Control and Prevention
United States Special Administration for Mental Health and Substance Abuse

The BJ's Charitable Foundation, Broadway Cares/Equity Fights AIDS, The Keith Haring Foundation, Gilead Sciences, The Healthcare Foundation of NJ, Janssen Therapeutics, The MAC AIDS Fund, The Merck Company Foundation, The National Black Leadership Commission on AIDS, NYC Communities of Color, OraSure Technologies, ViiV Healthcare, The Walmart Foundation and hundreds of individual supporters and friends.