



Mission: "A comprehensive collaboration dedicated to the sexual health of our communities."

## August Meeting Minutes

- **In Attendance:** 22 - Katie Reasner (LCPH), Kaitlin Emrich (LCPH), Alicia Steines (LCPH), Abby Michael (Riverview Center), Laura Faircloth (CRPD), Lindsay Shedek (Coe Health Services), Sara Heisdorffer (Coe Health Services), Taylor Houston ( Mt. Mercy University), Emily Parker (ASAC), Tim McGullam (ASAC), Nikki Lown (Foundation 2), Laura Grimm (Foundation 2), Shannon Wood (IDPH), Kate Hoskins (IDPH), Amelia Slaichert (JCPH), Teresa Davidson (Chains Interrupted/Mercy), Stephanie Neff (CRCSD), Abby Lee (UAY), Stanzy Scheetz (UAY), Fatima Jayoma (RVAP), Nichole Baker-Jones (LCCS/Ryan White Program), Kirsten Brown (Eyes Open Iowa)

- **Approval of May Minutes:** Alicia Steines, second - Taylor Houston

- **WISE (Working to Institutionalize Sex Education) Update**

Presentation: [http://bit.ly/SHA\\_WISEPresentation](http://bit.ly/SHA_WISEPresentation)

**Kirsten Brown/Eyes Open Iowa**

Contact: [KBrown@eyesopeniowa.org](mailto:KBrown@eyesopeniowa.org)

The goal of the Working to Institutionalize Sex Ed or WISE project is to increase Iowa school districts' sustainable implementation of effective comprehensive sex education that complies with the Human Growth and Development Mandate/Iowa Code 279.50. This project partners with Iowa school districts to support them in adopting, implementing and institutionalizing comprehensive sex education programs that are research-based and medically accurate. The WISE project is part of a national initiative that helps fund this Iowa project due to our favorable policy climate.

- **Strategic Planning**

**Kaitlin Emrich/Linn County Public Health**

Building on the work the 2015 Strategic Planning Session and the May 2018 meeting, the larger group divided into 3 small groups to discuss SMART objectives for 1 of the specific goals.

	<b>Goal 1: Foster &amp; Engage Community Members</b>	<b>Goal 2: Collaborate effectively to improve sexual health</b>	<b>Goal 3: Education of Linn &amp; Johnson Counties on sexual health topics</b>
<b>Year 1 -Q1 -Q2 -Q3 -Q4</b>	Committing to updated and alternative methods of meet-and-greets. Being present for diverse portions of our community. Rebranding and better using media. <b>(Abby L, Laura F, Emily P, Tim M, Alicia S)</b>  To support and identify a LGBTQ+ school sponsor/advocate in every school in Linn & Johnson by end of Q2. <b>(Tim M, Emily P)</b>	Formulate unified approach (op-ed/position statements) to improving sexual health by 2019. <b>(Stephanie N, Katie R)</b>	Educate organizations about signs and symptoms of human trafficking. <b>(Teresa D, Taylor H, Abby L, Lindsey S, Stephanie N, Katie R, Kirsten B)</b>  Educate nursing students on testing and treatment. <b>(Kate H, Amelia S, Lindsey S, Taylor H, Stanzy S, Kirsten B)</b>
<b>Year 2</b>	Identify needs of SHA members by needs assessment and from diverse subcommittees to plan and act on events <b>(Teresa D, Abby L, Katie R)</b>	Disseminate/present unified sexual health approach to boards of health and board of education or similar groups by 2020. <b>(Stephane N, Katie R, Amelia S)</b>	Expand youth education on healthy relationships and consent. <b>(Abby M, Teresa D, Stanzy S, Taylor H, Katie R, Stephanie N, Kirstin B)</b>
<b>Year 3</b>		Reduce number of new STI infections in Linn and Johnson Counties (HIV, chlamydia, gonorrhea, etc.) by 2021. <b>(Alicia S, Katie R, Amelia S, Stanzy S)</b>	

- **Updates**

- **Treasurer: Budget Proposal**

**Abby Lee**

Abby presented a budget proposal that included information about the Sexual Health Alliance running out of money by end of next year if funds remain stagnant. The group discussed if/how the 4 “anchor” organizations (Health Departments, United Action for Youth, and Planned Parenthood) could support the alliance in addition to fundraisers. Linn County Public Health and Johnson County Public Health will meet to discuss this further.

Some reoccurring coalition costs include website maintenance/web hosting (\$10 month/\$120 a year), renewing website domain name (\$35.96 year), and vendor fees for Pride Fest (although fees were waived this year as HIV screening was provided). Desired yearly spending capacity proposed included: quarterly events, new SHA shirts and swag, sponsorship or editorial space in publications, more speakers or film features for meetings, Hy-Vee gift cards for items and supplies during community outreach, Trans/non binary pride specific swag, and HIV ribbons.

- **Brief Meeting Location Discussion**

The Sexual Health Alliance of Linn and Johnson Counties has traditionally alternated coalition meetings (approximately 9 a year) between Johnson County Public Health in Iowa City and Linn County Public Health in Cedar Rapids. In an effort to maintain consistency between meetings, it has been proposed to hold ALL meetings at the North Liberty Community Library. **Please take a moment to indicate your meeting preference and provide additional feedback at the survey link below:**

**Meeting Location Survey:** [bit.ly/SHA\\_LocationSurvey](https://bit.ly/SHA_LocationSurvey)

- **Next Meeting Tentative Agenda:** Develop objectives to be more specific, measurable, and time-bound. Attainable and realistic?

<u>Next Meeting</u>		
September 6 <sup>th</sup>	11am-12:30pm	Tentative: Johnson County Public Health
November 1 <sup>st</sup>	11am-12:30pm	Tentative: Linn County Public Health
December 6 <sup>th</sup>	11am-12:30pm	North Liberty Community Library



# HIV

## New HIV Diagnoses (Linn County & Iowa, 2010-2017)

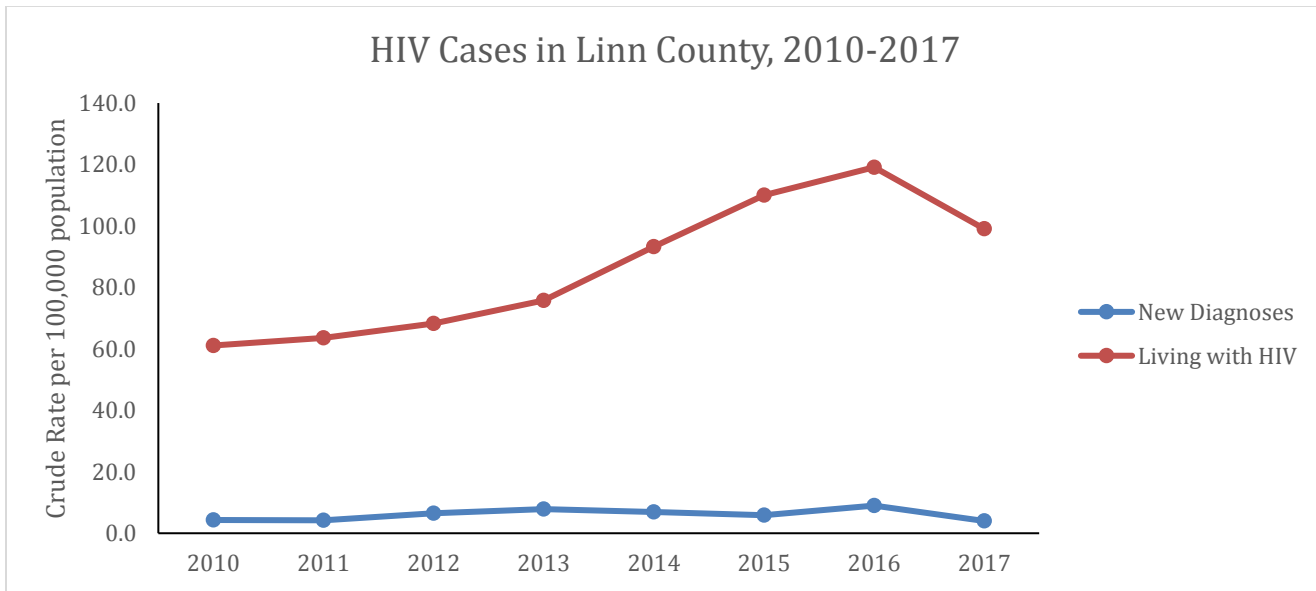
		2010	2011	2012	2013	2014	2015	2016	2017
Linn County	#	9	9	14	17	15	13	20	9
	Rate	4.3	4.2	6.5	7.9	6.9	5.9	9.0	4.0
Iowa	#	114	118	119	121	98	123	137	125
	Rate	3.7	3.9	3.9	3.9	3.2	3.9	4.4	4.0

\*IDPH: HIV/AIDS Program

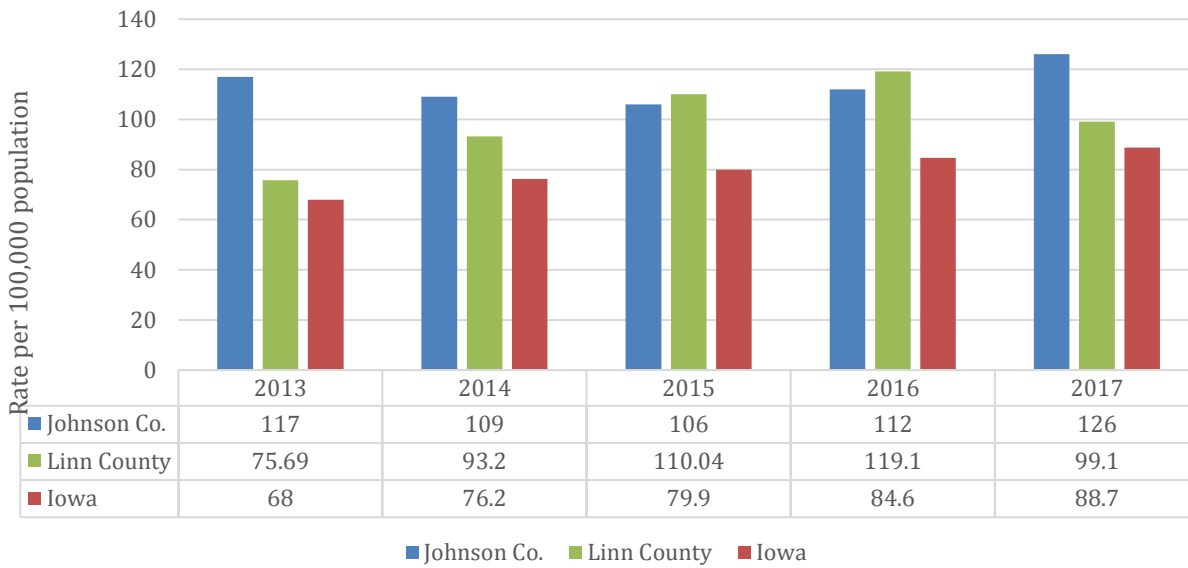
## People Living with HIV (Linn County & Iowa, 2010-2017; Johnson County, 2013-2017)

		2010	2011	2012	2013	2014	2015	2016	2017
Johnson County	#				159	151	153	162	184
	Rate				117	109	106	112	126
Linn County	#	129	136	147	164	203	242	264	222
	Rate	61.1	63.6	68.3	75.69	93.2	110.04	119.1	99.1
Iowa	#	1793	1897	1988	2102	2369	2496	2653	2790
	Rate	58.9	61.9	64.6	68	76.2	79.9	84.6	88.7

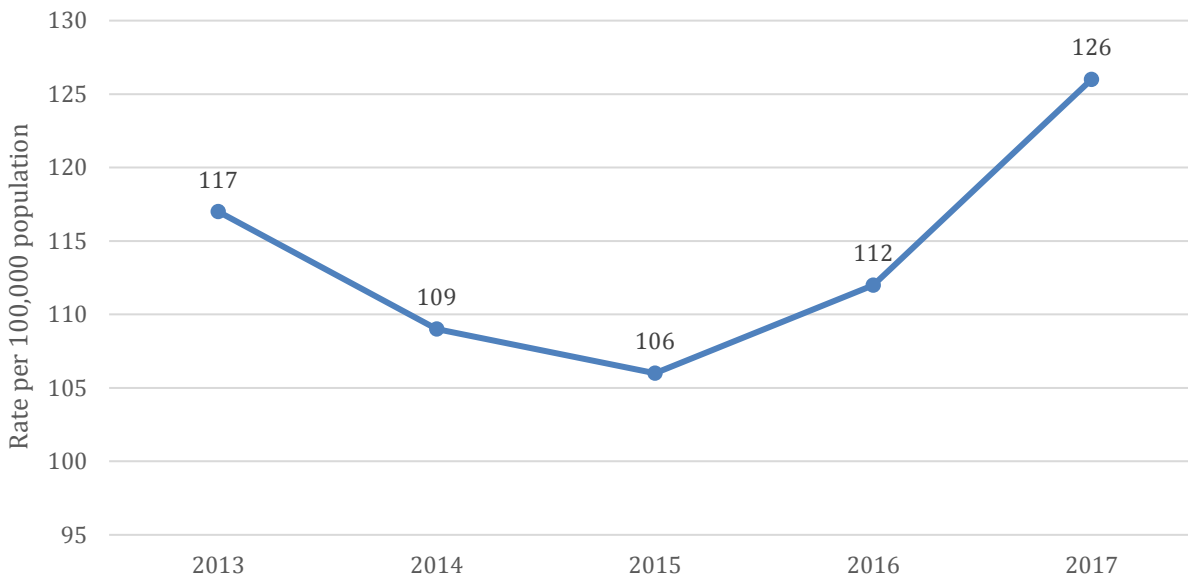
\*IDPH: HIV/AIDS Program



### Rate of People Living with HIV, 2013 - 2017



### People Living with HIV in Johnson County, 2013-2017



#### As of June 30<sup>th</sup>, 2018

##### Johnson County

- Administered 327 HIV Tests
  - 2 positive HIV diagnoses
  - 87% MSM
- Distributed over 75,000 condoms

##### Linn County

- Administered 630 HIV Tests
  - 2 positive HIV diagnoses
  - 10.3% MSM
- Administered 182 HCV test
  - 13 positive rapid antibody
  - 6 positive confirmed
  - 61% classified as High Risk
- Distributed 59,250 condoms

## Other STI Data

### Syphilis, Chlamydia & Gonorrhea (Linn County, 2008-2017)

Linn County		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Syphilis	#	5	5	3	9	7	23	20	30	21	20
	Rate per 100,000	2.4	2.4	1.4	4.2	3.3	10.6	9.2	13.6	9.5	9.0
Chlamydia	#	687	763	862	1097	986	954	1058	1045	1210	1313
	Rate per 100,000	329.0	363.0	408.0	513.0	458.0	442.0	485.9	475.4	545.9	592.3
Gonorrhea	#	284	283	235	261	230	125	107	169	266	355
	Rate per 100,000	135.0	135.0	111.0	122.0	107.0	58.0	49.6	76.9	120.0	160.2

### Syphilis, Chlamydia & Gonorrhea (Johnson County, 2016)

Johnson County		2016
Syphilis	#	24
	Rate per 100,000	16.4
Chlamydia	#	1,017
	Rate per 100,000	649
Gonorrhea	#	147
	Rate per 100,000	100.3

## Linn County Specific Data

### HIV Demographic and Risk Categories in Linn County

The greatest proportion of individuals living with HIV in Linn County are white males (59.5%), ages 15 to 34 years (53.2%), who are men who have sex with other men (62.6%).

	IA		Linn	
	#	%	#	%
<b>GENDER</b>				
Male	2,186	78.4%	180	81.1%
Female	604	21.6%	42	18.9%
<b>AGE (yrs)</b>				
<13	45	1.6%	2	0.9%
13-14	1	0%	0	0%
15-24	497	17.8%	34	15.3%
25-34	988	35.4%	84	37.8%
35-44	790	28.3%	55	24.8%
45-54	375	13.4%	28	12.6%
55-64	135	4.8%	16	7.2%
65+	19	0.7%	3	1.4%
<b>ETHNICITY/RACE</b>				
NH, White	1,713	61.4%	132	59.5%
NH, Black	646	23.2%	69	31.1%
Hispanic	250	9.0%	12	5.4%
NH, Asian	64	2.3%	*	*
NH, Multi-race	111	4.0%	7	3.2%
NH, AI/AN	5	0.2%	*	*
NH, Hw/PI	111	0%	7	0%
<b>RISK</b>				
MSM	1,485	53.2%	126	56.8%
IDU	199	7.1%	14	6.3%
MSM/IDU	203	7.3%	13	5.9%
Heterosexual	532	19.1%	43	19.4%
NIR	318	11.4%	23	10.4%
Perinatal	44	1.6%	*	*
Other	9	0.3%	*	*
Total MSM	1688	60.5%	139	62.6%

## Hepatitis B, C

### Hepatitis B (Linn County & Iowa, 2010-2016)

			2010	2011	2012	2013	2014	2015	2016
Linn County	Acute Hep B	#	3	0	0	0	1	1	0
		Rate	1.4	0.0	0.0	0.0	0.5	0.5	0.0
	Chronic Hep B	#	15	16	15	19	18	21	28
		Rate	7.1	7.5	7.0	8.8	8.3	9.5	12.6
Iowa	Acute Hep B	#	15	15	12	11	9	16	10
		Rate	0.5	0.5	0.4	0.4	0.3	0.5	0.3
	Chronic Hep B	#	183	182	227	276	283	266	340
		Rate	6.0	5.9	7.4	8.9	9.1	8.5	10.9

### Hepatitis C (Linn County, 2013-2017)

		2013	2014	2015	2016	2017
Linn County	#	145	159	211	168	169
	Rate	67.1	73.0	95.9	75.7	75.4

## Demographic Characteristics and Risk

2013-2017	Linn County	
	#	%
<b>GENDER</b>		
Male	538	63.1%
Female	314	36.9%
<b>AGE (yrs)</b>		
<13	5	0.6%
13-18	4	0.5%
19-24	39	4.6%
25-34	114	13.4%
35-44	102	12%
45-54	214	25.1%
55-64	298	35%
65+	76	8.9%
<b>ETHNICITY/RACE</b>		
White	475	55.8%
Black	51	6%
Asian	6	0.7%
Hispanic	11	1.3%
Missing	309	36.3%

### Injection Drug Use

Year	IDU
2014	1
2015	5
2016	16
2017	22

\*Moving forward IDPH will be evaluating Injection Drug Use (IDU) among all individuals. However, in 2016 and 2017 only those under 30 years of age were evaluated for IDU. I am not certain what the criteria was prior to 2016, so please consider this information with a grain of salt.