West Virginia

Jurisdictional HIV Prevention Plan
2013-2017

Developed by
The Statewide HIV Prevention Planning Group (HPPG)
A Community Planning Body Funded by
The Centers for Disease Control and Prevention

In Partnership with the
West Virginia Department of Health and Human Resources
Office of Epidemiology and Prevention Services
Division of STD/HIV/Hepatitis

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Executive Summary

The Statewide HIV Prevention Planning Group (HPPG) is built upon the belief that all West Virginians should know their HIV status and receive prevention services to reduce new HIV infections. The charge for the HPPG was to partner with the key stakeholders to develop a Jurisdictional HIV Prevention Plan that best portrays:

- Collaboration and coordination of HIV prevention, care and treatment
- The jurisdictional HIV prevention plan will align with the goals of the National HIV/AIDS Strategy for the United States, July 2010
- Identify those populations with the greatest burden of the epidemic and those populations at greatest risk for HIV transmission and acquisition
- Ensure that existing prevention resources are allocated and disseminated locally to the areas with the greatest HIV burden

In collaboration with the health department, the HPPG developed a statewide plan and resource directory to focus on high-impact prevention activities

The 2012-2017 Jurisdictional HIV Prevention Plan is the result of the collaborative work of all HPG members, sub-committees and stakeholders. The Jurisdictional Plan followed the Centers for Disease Control and Prevention (CDC) HIV Planning Guidance, March 2012 .

The High-Impact Prevention activities in the 2012-2016 plan include activities to engage partners of HIV positive persons to know their status, Counseling, Testing and Referral Services (CTRS): 16-local health departments, 34-local health departments, corrections, regional jails, colleges/universities, HIV Rapid Testing Program, Two Community-based Organizations funded for African American Outreach Testing, Partnership for Health Intervention, HIV/AIDS/STD/TB/Hepatitis prevention and education, Partner Counseling and Referral Services (PCRS), West Virginia HIV/AIDS/STD/Hepatitis Hotline, targeted free condom distribution and distribution of HIV/AIDS/STD/Hepatitis literature to high risk populations,.

West Virginia is faced with geographic isolation, funding reduction, complacency, stigma, health disparities, lack of transportation infrastructure, and many more obstacles in reaching individuals at highest risk for HIV. These challenges are being considered by the HPG members and stakeholders as they continue to work together to strengthen HIV prevention services in the state.

West Virginia's Population

The population of West Virginia is less than 1% of the United States (U.S.) population. More than 66% of West Virginia residents live within rural areas.
The state has a population of 1.85 million and is mostly rural with only five counties having a population of 50,000 or more. According to the 2010 US Census, 93.9% of WV residents are white, 3.4% are black, and 2.7% are other races. Of the population, 49% is male and

51% is female. West Virginia is comprised of 55 counties and 8 public health districts. West Virginia is a low prevalence state for both Sexually Transmitted Diseases (STDs) and Human Immunodeficiency Virus (HIV). Compared to US residents as a whole, WV residents have lower incomes, higher unemployment rates, and are less highly educated. Compared to whites in WV, blacks are disproportionately affected by HIV/AIDS. Although black males and females make up approximately 3.4% of the general population, they accounted for 24% of HIV and 31% of AIDS cases diagnosed in 2010.

The HIV/AIDS epidemic has infected/affected people of all demographics and socioeconomic groups in WV. Blacks are disproportionately represented in the PLWHA with 29% of the population; 68% are white. The highest number of people living with HIV/AIDS (PLWHA) resided in Charleston, Beckley, Huntington, Morgantown, and Martinsburg. HIV/AIDS clinics have been established to provide HIV primary care in each of the highest prevalence districts. Through 2010, there were 1438 PLWHA in WV (excluding those diagnosed in WV correctional facilities). The mode of exposure most commonly reported among PLWHA in WV was men having sex with men (MSM), accounting for 54% of PLWHA, followed by injecting drug users (IDU), including MSM/IDU, at 17% and heterosexual contact (HET) at 16%. Males account for 79% and females 21% of the PLWHA population.

Health Disparities among people within Appalachian counties, racial disparities, poverty, social, economic, and environmental factors impact West Virginians.

Appalachian culture: is described in the Journal of Community Health (describing Appalachian health disparities in Virginia) as having positive core values such as a strong sense of community, strong family support systems and social ties, religious affiliation, pride in self and family, independent self-reliance, the importance of justice, loyalty, religion, faith in God, strong work ethic, trustworthiness, and a feeling of belonging in the mountains. More problematic stereotypes and/or norms are also reported, such as: fatalistic outlook, distrust of outsiders, and distrust of formalized medical systems. In a number of communities in Appalachia, lack of health care resources have been associated with the lack of specialty care providers in the area and unavailable times for appointments, at times up to 3 months for outpatient visits. Health care utilization in this region is low even when it is available, possibly due to lack of insurance or insufficient funds for insurance co-payments as well as barriers related to Appalachian culture. Lack of cultural competence on the part of available health care providers has been reported as one barrier to seeking care.

Racial Disparities in West Virginia- the West Virginia Center on Budget and Policy reports Summary and Key Finding, August 6, 2010 as the following:

- African Americans in WV face persistent disparities across a wide range of economic, labor, social, and health measures.
- The infant mortality rate for black babies in WV (15.1%) is over two times greater than that of white babies.
- In WV, almost 60 percent of African American children under five years old, or more than twice the percentage of white children under five, are living below the federal poverty line.

- African Americans in the state are incarcerated at nearly three times the rate of white West Virginians.
- The percentage of African Americans who rent is more than double the rate of white renters, and whites lead in rates of home ownership by more than nearly 30 percent.

Percentage living below federal poverty line- the West Virginia Center on Budget and Policy reports:

- From 2008-2010 in WV % of the population 16.6% white and 28.5% black/African Americans live below the federal poverty level

West Virginia's HIV Prevention Successes and Challenges

Successes:

- Rapid HIV testing data: 2010 1.1% positive rate/ 2011 1.9% positive rate
- Internet based HIV/STD/hepatitis Public Information message
- Participated in numerous conferences throughout the year to provide HIV/AIDS information
- In 2008 began educational site visits to OB/GYN offices to provide training on the CDC's recommendation for routine prenatal HIV testing
- Conducted site visits to all funded providers
- Partnership for Health Intervention at two Ryan White Part C Clinics
- AIDS 101 training upon request
- DSHH provided outreach HIV rapid testing on World AIDS Day, National HIV Testing Day and National Black HIV/AIDS testing day
- Two Monthly HIV rapid testing in District 3
- Carver Career Center presentation to students on HIV/AIDS/Hepatitis
- Counseling Testing and Referral classes held at least monthly
- Corrections facilities education, training, and HIV testing
- AIDS 101 training to the West Virginia State Policy Academy Cadets (staff provided AIDS 101 training for each class of recruits)
- AIDS 101 training to the Charleston Job Corps
- Capacity building for rapid testing of partners in Charleston-Huntington-
- Technical Assistance Performance of partners

Challenges:

- Engaging persons living with HIV/AIDS in prevention and supportive services
- Recruiting high risk persons with low perception of risk to Counseling, Testing and Referral Services (CTRS)
- HIV/AIDS complacency/stigma
- Outreach in rural areas
- Keeping HIV in the forefront of health concerns for those at risk

- Reaching special populations such as migrant workers, homeless, corrections, Latino population

Overview of the HIV Prevention Planning Group Process

The West Virginia Jurisdictional HIV Prevention Plan was developed to be in compliance with the National HIV/AIDS Strategy's (NHAS) through a process of communication and cooperation that encouraged input from HPPG members and HIV/AIDS health department staff. Throughout the planning process, the HPPG members participated in three committees the Community Service Assessment (CSA), Data Gathering, and the Nomination committee. The breath of this participation encourages a shared sense of ownership among HPPG members and stakeholders. This sense of ownership, in turn, ensures the commitment of time, energy, and resources necessary for the successful implementation of this plan. The committees received input from, and distributed information to the HPPG throughout the developmental stages of this plan. A variety of methods were used to this end, including email updates, conference calls, and committee work.

The CSA/Data Gathering committee (2010-2012) began its work by reviewing available information, data, and resources available. The teams moved forward by focusing on specific elements of the overall goal of their committee. Individual assignments were agreed upon. The work of these groups included additional internal (West Virginia) and external research (other states), as well as getting input from appropriate stakeholders outside of the HPPG. Representatives from each group would report their progress to the other groups at full HPPG meetings. The HPPG meetings were typically held on a quarterly basis lasting one and a half days. The co-chairs of the HPPG communicated via conference call and/or email as needed. The co-chair would in turn report to the full CPG members on the overall progress/challenges of the plan development. This is the process that developed West Virginia's HIV Comprehensive HIV Prevention Plan and is also the blueprint for managing the implementation of this plan.

In summary, the broad-based involvement of HPPG members, health department staff and the HPPG coordinator in developing this plan represents the shared commitment of the HPPG to provide individuals at risk for HIV infection with quality prevention opportunities that promote education, awareness, and risk reduction behavior. The breadth and diversity of this involvement is also an acknowledgement that HIV prevention is ultimately the responsibility of everyone involved. At all stages of the plan development every effort was made to encourage participation and generate input from the entire group. As a result, this document and the plan it describes are the products of authentic collaboration across disciplines and areas of service. This type of collaboration will also drive the engagement process and implementation of the plan.

Chapter One:

Stakeholder Identification:

Objective: By the end of the project year (within the program cycle), the HD (Health Department) and HPPG (HIV Prevention Planning Group) will identify and implement various strategies to recruit and retain HPG members and to target participants in the HIV planning process that represent the diversity of HIV-infected populations, other key stakeholders in HIV prevention and care and related services, and organizations that can best inform and support the development and implementation of a jurisdictional HIV prevention plan.

Official HIV Planning Group of West Virginia:
HIV/AIDS Stakeholders/Community Members:

Key Stakeholders – Voting Members

Key Stakeholders	Social Services	PLWHA	Behavioral or Social Scientist	Epidemiologist	HIV Clinical Care Provider	Faith Community	Business/Labor	Community Health Care Centers
Total # 15	4	5	3	1	2			
Key Stakeholders	Substance Abuse	Health Department (HIV, STD, TB & Hepatitis)	Intervention Specialist	Local Education Agencies/Academic Institutions	Mental Health	Homeless Services	Corrections	HOPWA
Total # 17	2	6	1	3	2	1	1	1

Geographic Distribution of HPG Members

Geographic Area	Urban	Metropolitan	Rural	Total # of HPG Members
Total #	22		4	26

HIV Risk by Category of HPG Members

Category	MSM	MSM/IDU	IDU/Needle Sharing	Heterosexual	Non-specific or Unknown	Total # of HPG Members
Total #	2		2	2		6

HPG Membership Category by Race and Ethnicity

Category	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian/Other Pacific Islander	White	More than One Race	Unknown	Total # of HPG Members
Total #		1	9		16			26

HPG Membership Ethnicity

Category	Hispanic or Latino	Not Hispanic or Latino	Unknown	Total # of HPG Members
Total #		22		22

Age of HPG Members

Category	<13	14-19	20-29	30-39	40-49	50-59	60+	Total # of HPG Members
Total #				3	4	15	4	26

Gender of HPG Membership

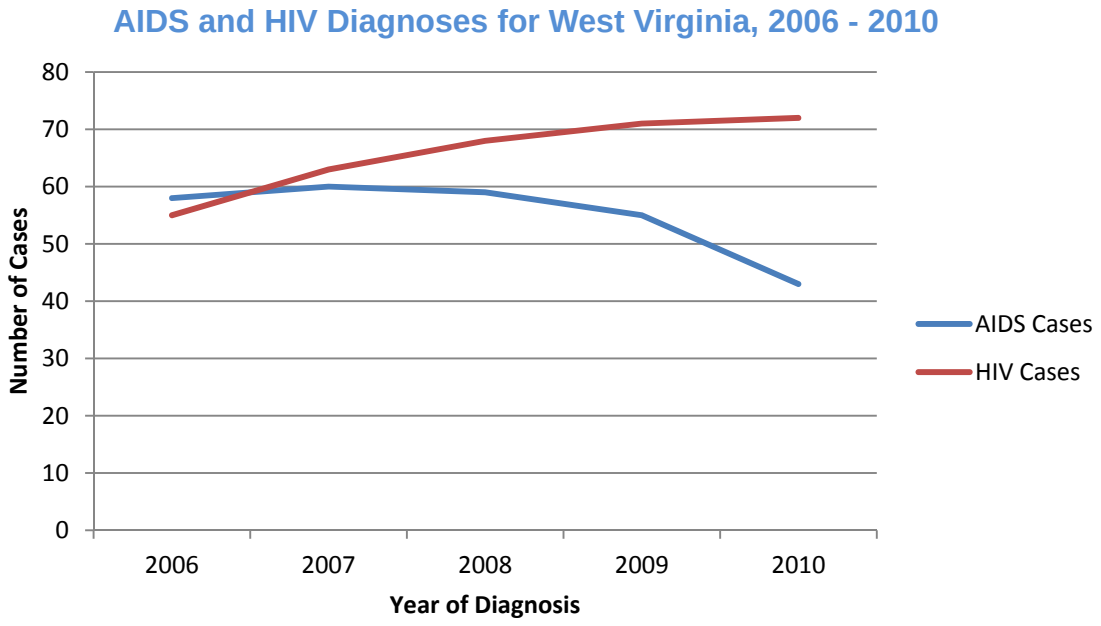
Category	Male	Female	Transgender FTM	Transgender MTF	Unknown	Total # of HPG Members
Total #	8	18				26

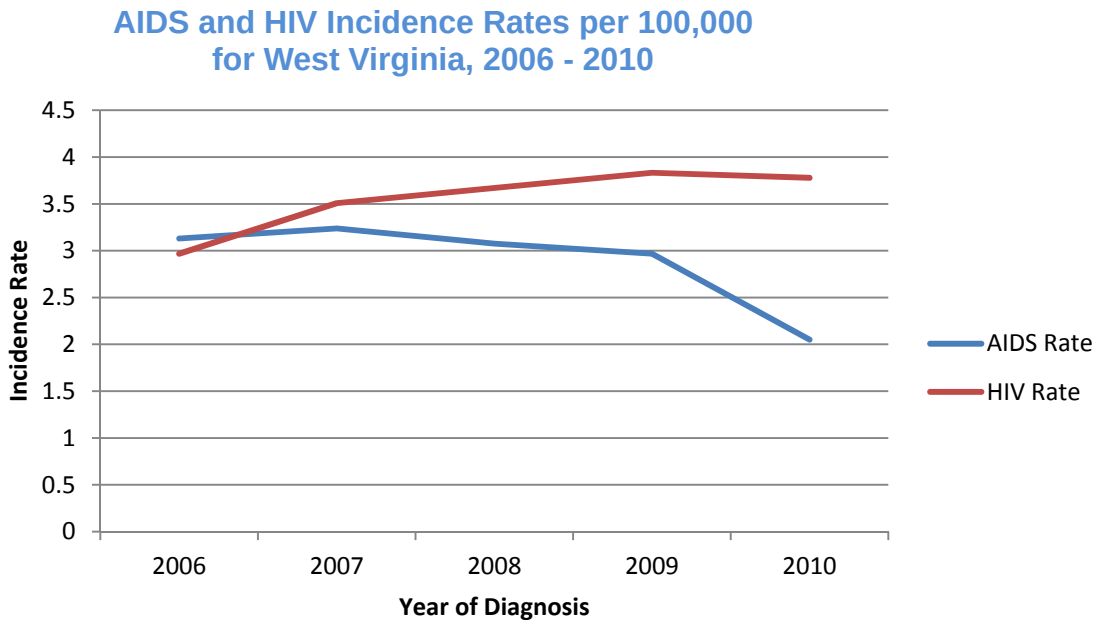
Chapter Two: Epidemiologic Profile

The following chapter presents epidemiologic information about the HIV/AIDS epidemic in the state of West Virginia for the most recent 3-year and 5-year periods for which data were complete. A 3-year time period, 2008 through 2010, was used to show recent distribution of individuals across categories for the variable under study. Figures that show trends over time use a 5-year period from 2006 to 2010. This report characterizes the distribution of HIV/AIDS by gender, race, age, transmission and geographic region. The information is used to guide HIV Community Planning Processes. All numbers presented in this report were calculated by excluding cases diagnosed in federal prisons.

Diagnosis of HIV and AIDS

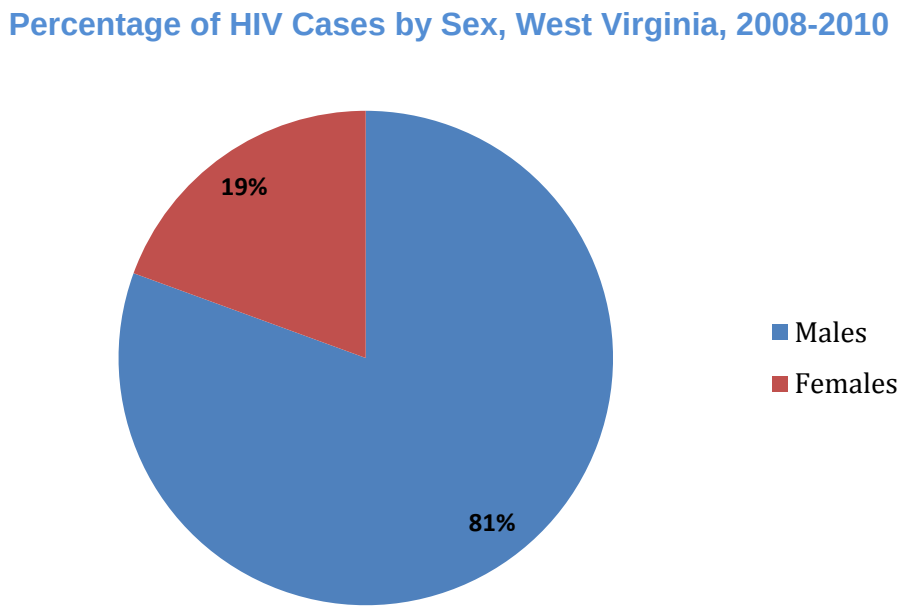
Between January 1, 2008 and December 31, 2010, a total of 211 new HIV infections and 157 new AIDS cases were diagnosed among West Virginia residents and reported to the West Virginia Department of Health and Human Resources. The graphs below show the number of HIV and AIDS diagnoses in West Virginia between 2006 and 2010 and the corresponding annual incidence rates. Over this time period the number and incidence rate of HIV cases increased and then remained steady, while the number and incidence rate of AIDS cases decreased. The reasons for this decrease in AIDS diagnoses are multiple, but include more widespread use of effective antiretroviral therapy.

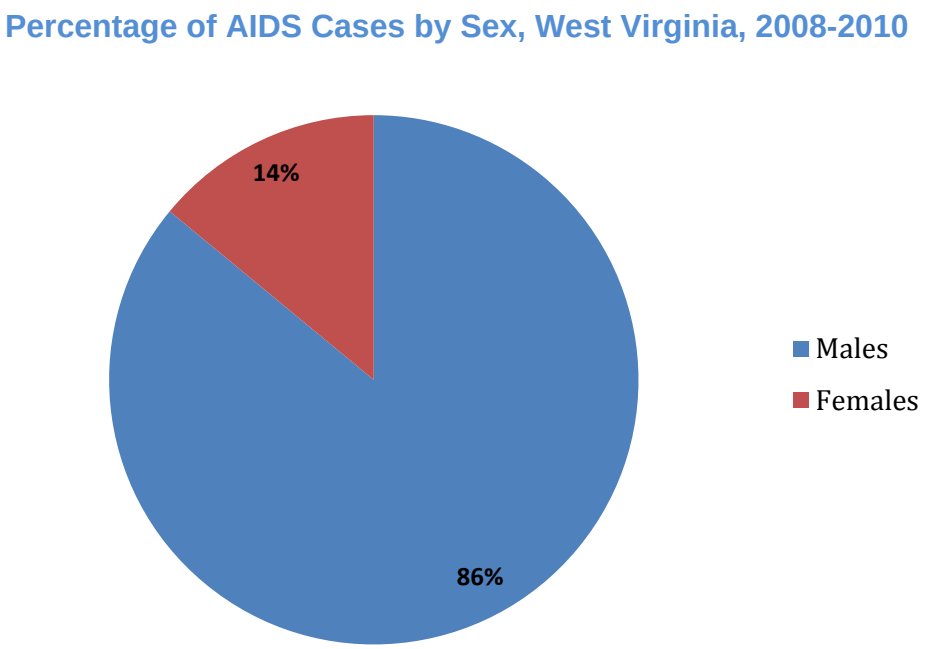




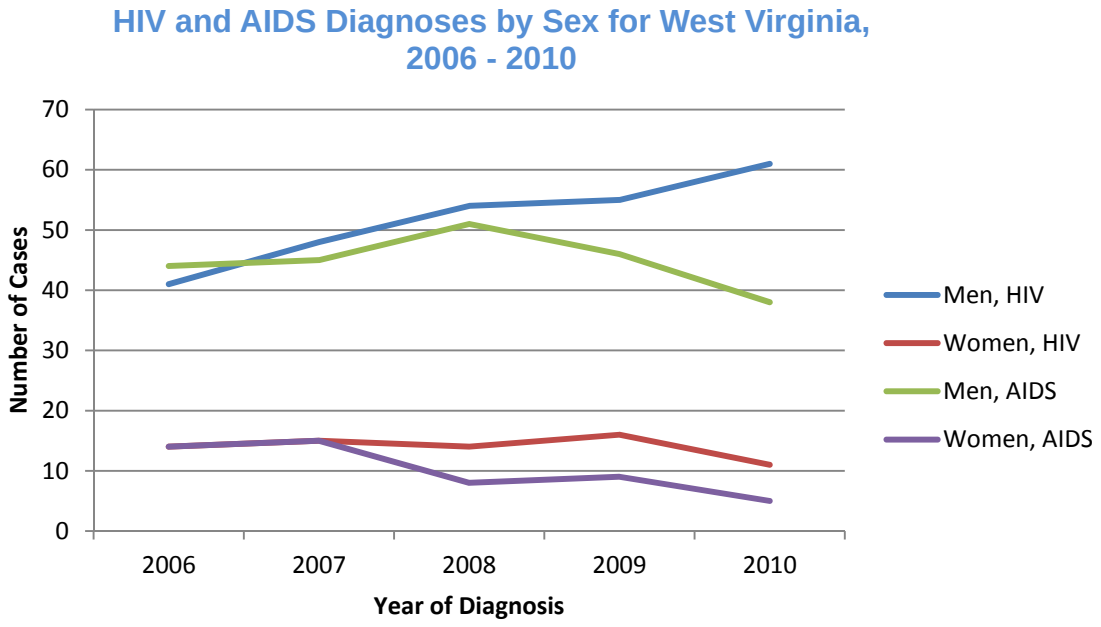
Gender

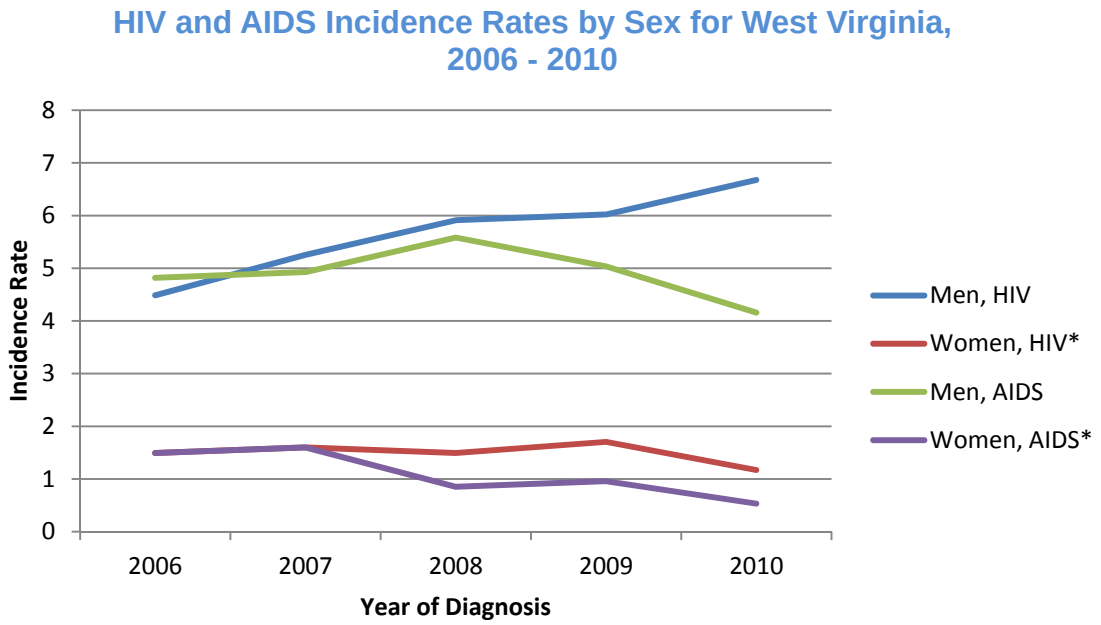
As has been the case throughout the HIV/AIDS epidemic, more men were diagnosed with HIV and AIDS from 2008 to 2010 in West Virginia than women. Approximately 81% of new HIV and 86% of new AIDS cases reported in West Virginia were among men. Females accounted for 19% of the newly diagnosed HIV cases and 14% of new AIDS cases.





Since 2006, the number of men newly diagnosed with HIV has been steadily increasing, ranging from slightly more than 40 men in 2006 to over 60 men in 2010. Meanwhile, the number of men diagnosed with AIDS has decreased steadily since 2008. Among women, the number of new HIV diagnoses has remained steady over time while the number of new AIDS diagnoses has decreased.





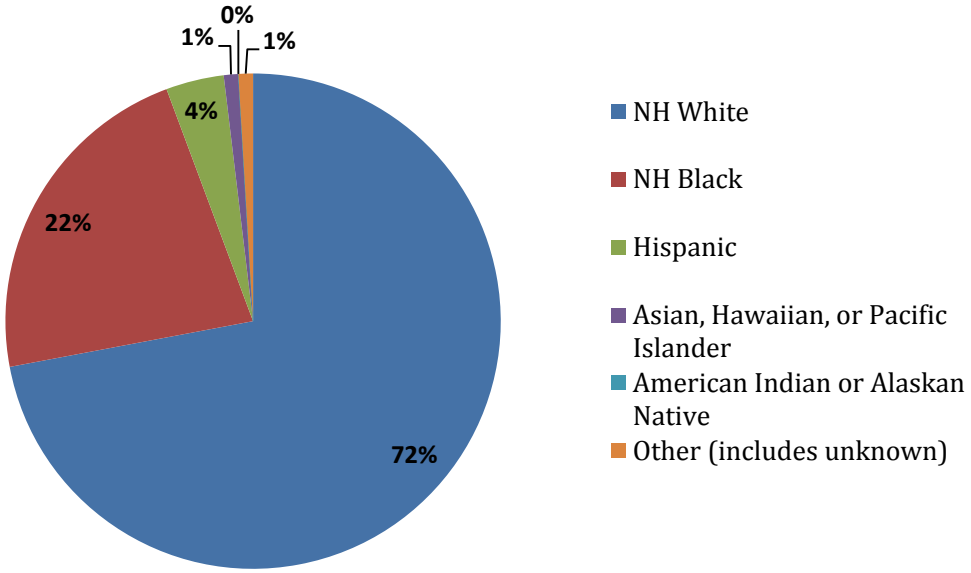
* Rates based on estimated numbers less than 12 should be interpreted with caution because the estimates have relative standard errors greater than 30% and are considered unreliable.

The incidence rate of both HIV and AIDS among men is greater than that found among women. In 2010, the incidence rate of HIV for men was 6.7 per 100,000 and the incidence rate of AIDS for men was 4.2 per 100,000. The corresponding rates for women were 1.2 and 0.5 per 100,000, respectively.

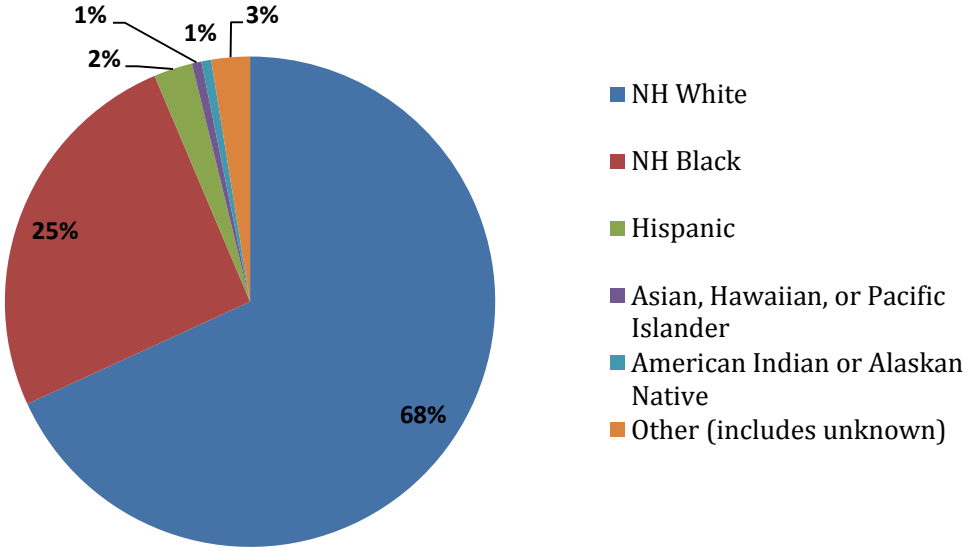
Race

Although the majority of HIV and AIDS cases in West Virginia have occurred among non-Hispanic (NH) Whites, with almost three-fourths of the cases reported among this racial/ethnic group, NH Blacks are disproportionately affected by the HIV epidemic in West Virginia. Population data from the 2010 Census shows that NH Blacks make up 3.4% of West Virginia's population; however, NH Blacks comprised 22% of new HIV cases and 25% of new AIDS cases diagnosed in West Virginia from 2006 to 2010. Hispanics, who represent 1.2% of the West Virginia population according to the 2010 Census, make up 2% of new AIDS cases and 4% of new HIV cases.

Percentage of HIV Cases by Race and Ethnicity, West Virginia, 2008-2010

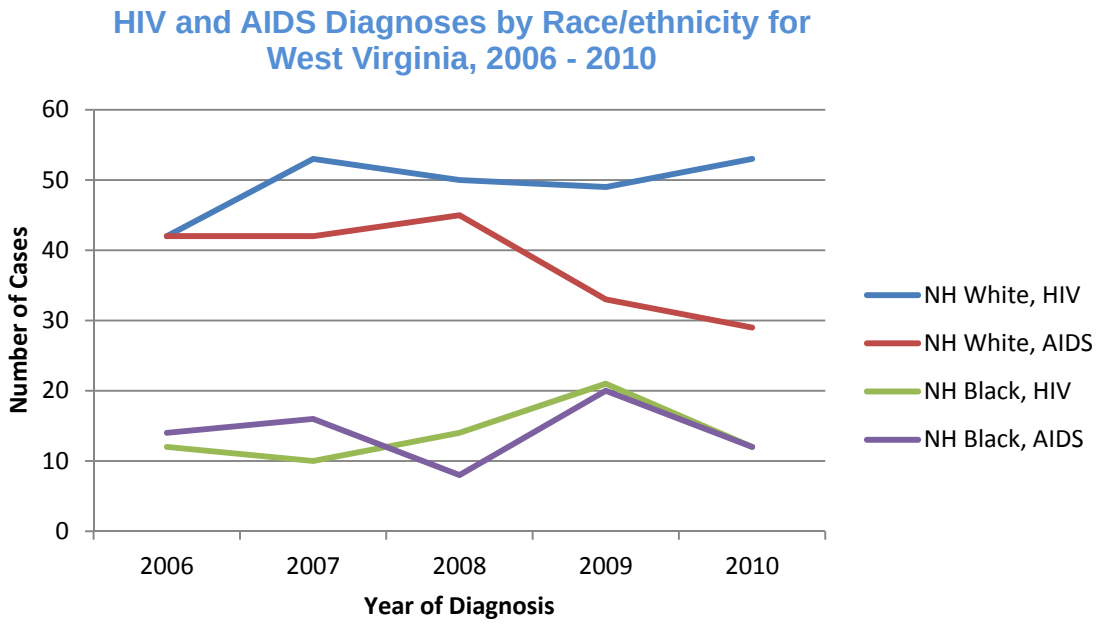


Percentage of AIDS Cases by Race and Ethnicity, West Virginia, 2008-2010

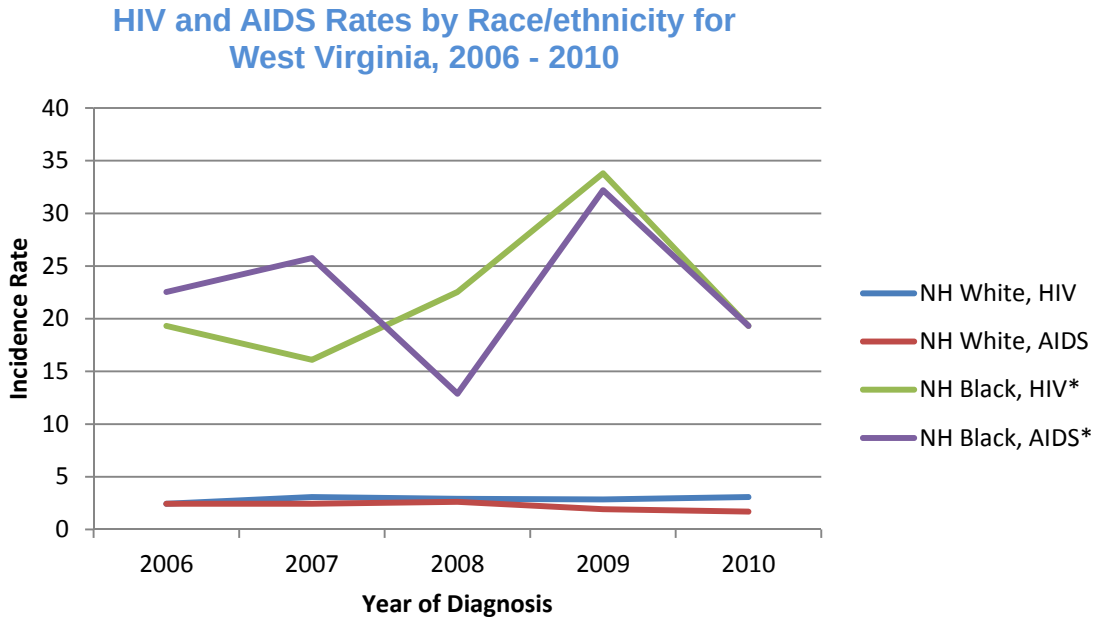


Over time, the number of new HIV infections among NH White men has increased while the number of new AIDS infections among this population has decreased. In 2006, 42 new cases of both HIV and AIDS were diagnosed among NH White men. By comparison, in 2010 there were 53 new cases of HIV and only 29 new cases of AIDS in this population. Among NH Black men, the pattern over time has been less clear, but generally appears to be remaining steady. In 2006, 12 new cases of HIV and 14 new cases of AIDS were

diagnosed among NH Black men. In 2010 there were 12 new cases of both HIV and AIDS among this population.



The incidence rates of both HIV and AIDS over time show the disproportionate impact that the AIDS epidemic has among NH Blacks. Whereas the incidence rates for HIV and AIDS ranged from 12.9 per 100,000 to 33.8 per 100,000 among NH Blacks, the corresponding incidence rates never rose above 3.1 for NH Whites.

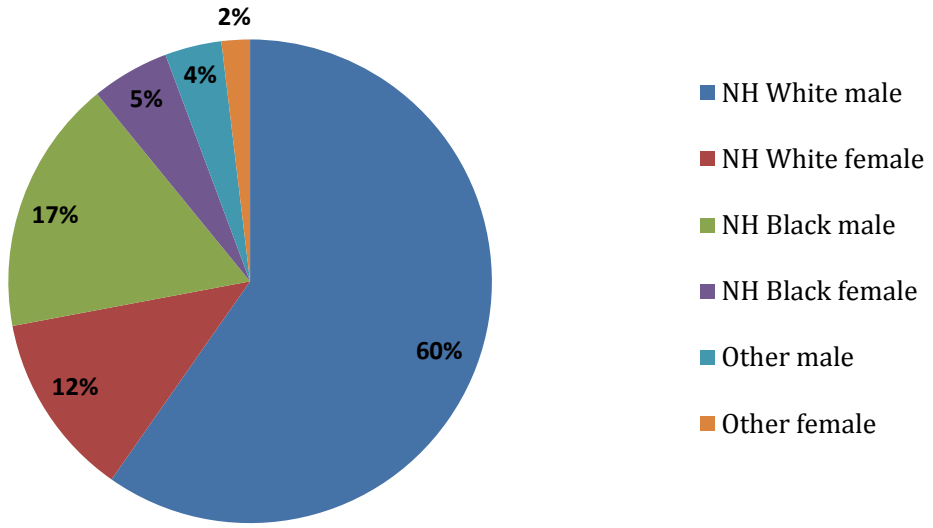


* Rates based on estimated numbers less than 12 should be interpreted with caution because the estimates have relative standard errors greater than 30% and are considered unreliable.

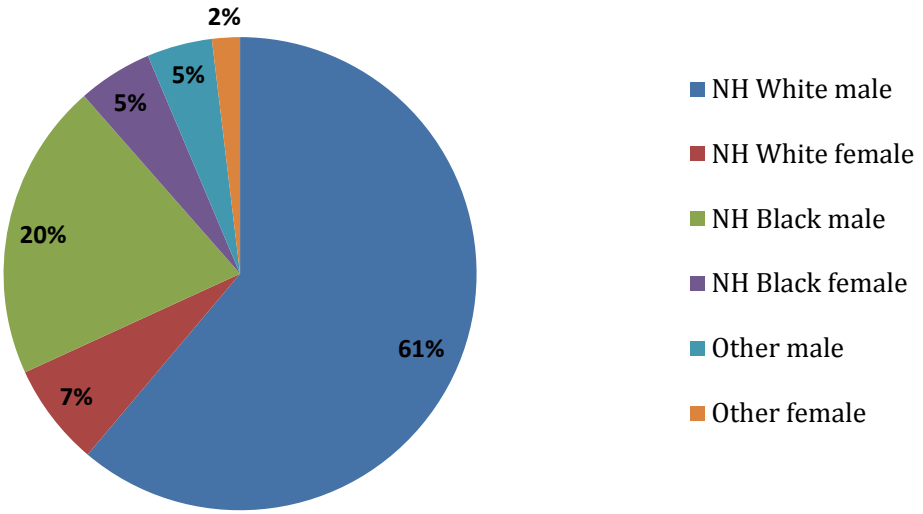
Race/ethnicity and Sex

Between 2008 and 2010, 60% of new HIV infections and 61% of new AIDS infections were among NH White males. The population group with the second highest number of both HIV and AIDS infections was NH Black males (17% and 20%, respectively), followed by NH white women (12% and 7%, respectively). NH Black men are highly disproportionately affected by both HIV and AIDS in West Virginia, given their small population numbers.

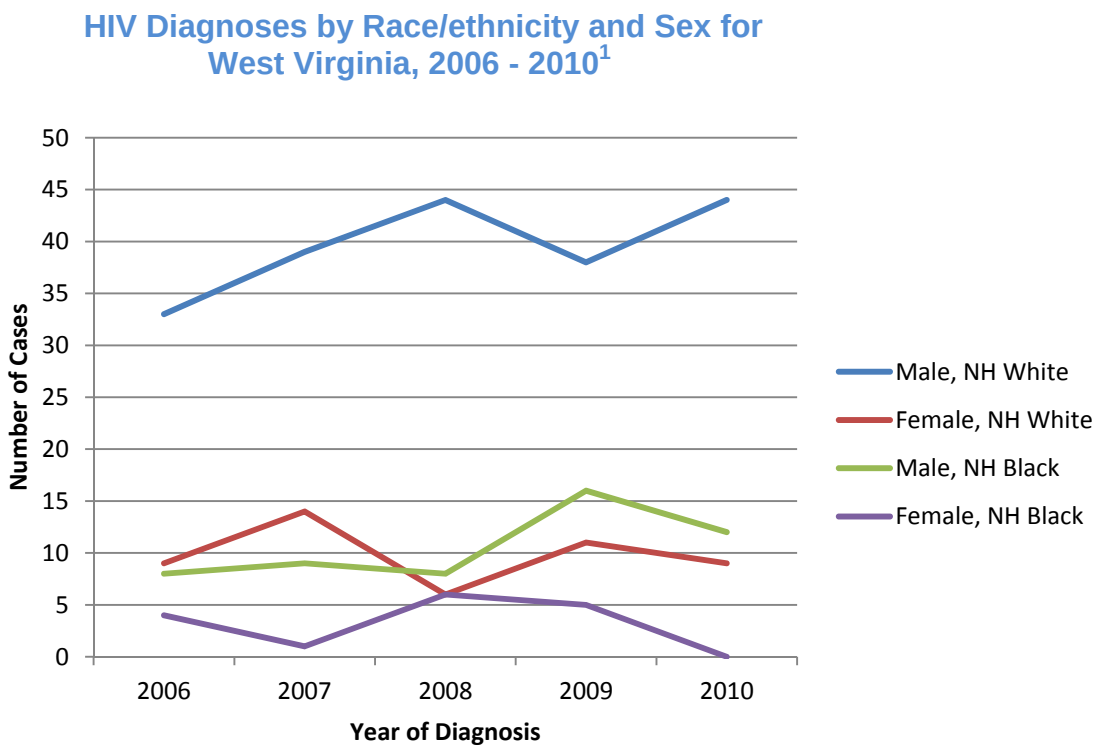
Percentage of HIV Cases by Race/Ethnicity and Sex, West Virginia, 2008-2010

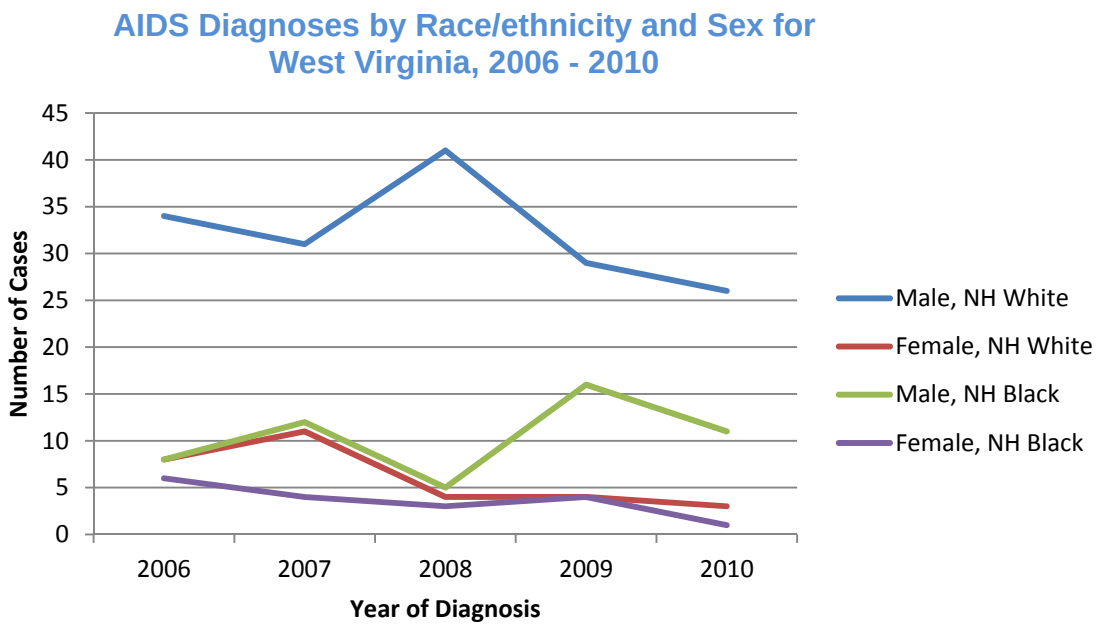


Percentage of AIDS Cases by Race/Ethnicity and Sex, West Virginia, 2008-2010



When looking at the trend in numbers of new infections over time, the number of new HIV diagnoses among both NH White and NH Black men is increasing. Between 2006 and 2010, the number of new HIV infections among NH White men increased from 33 to 44 and among NH Black men from 8 to 12. In contrast, the number of new HIV infections among NH White and NH Black women has stayed fairly steady. With respect to new AIDS diagnoses, though the number of new infections over time has decreased among NH White men and both NH Black and NH White women, the number of new infections has increased slightly among NH Black men, increasing from 8 new AIDS infections in 2006 to 11 in 2010.



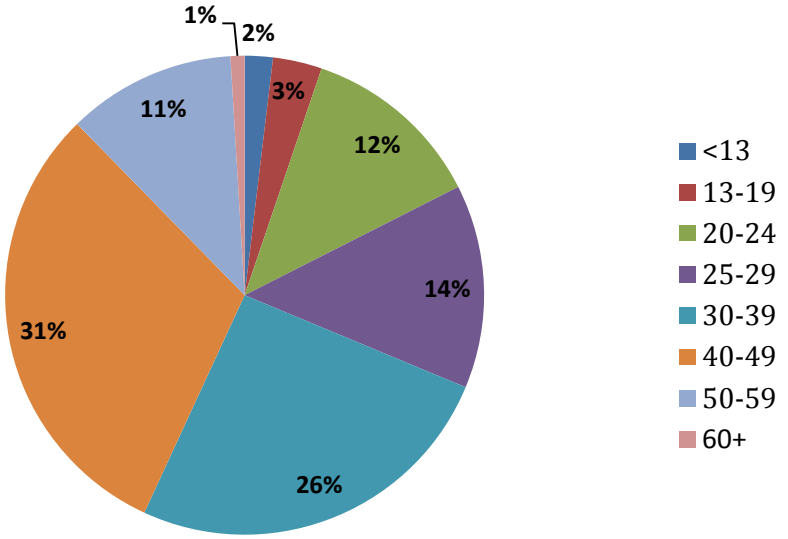


Age

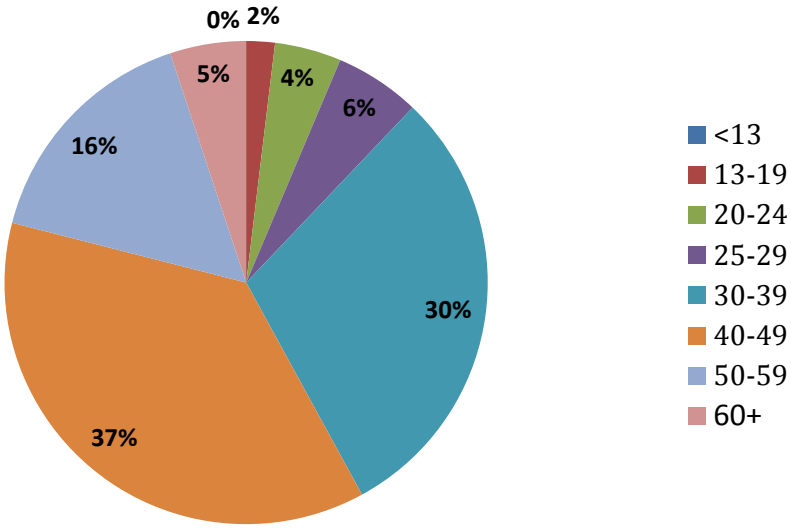
[1] Greater than 50% of the points in this figure have a value of less than 12. According to the CDC, all rates based on numbers less than 12 should be interpreted with caution because the estimates have relative standard errors greater than 30% and are considered unreliable. Because of the large number of values less than 12, no corresponding figure providing rates is provided. This rule of thumb will be followed through the remainder of this document.

Most new HIV infection cases occurred in the 30-39 and 40-49 age groups (26% and 31%, respectively); most new AIDS cases also occurred in the 30-39 and 40-49 age groups (30% and 37%, respectively). Additionally, though only 10% of new AIDS cases occurred between the ages of 20 and 29, this age group accounted for 26% of new HIV cases. Finally, 11% of HIV cases were diagnosed in the 50-59 year age range compared to 16% of new AIDS cases. Overall, these graphs show that HIV is diagnosed at younger ages when compared to AIDS.

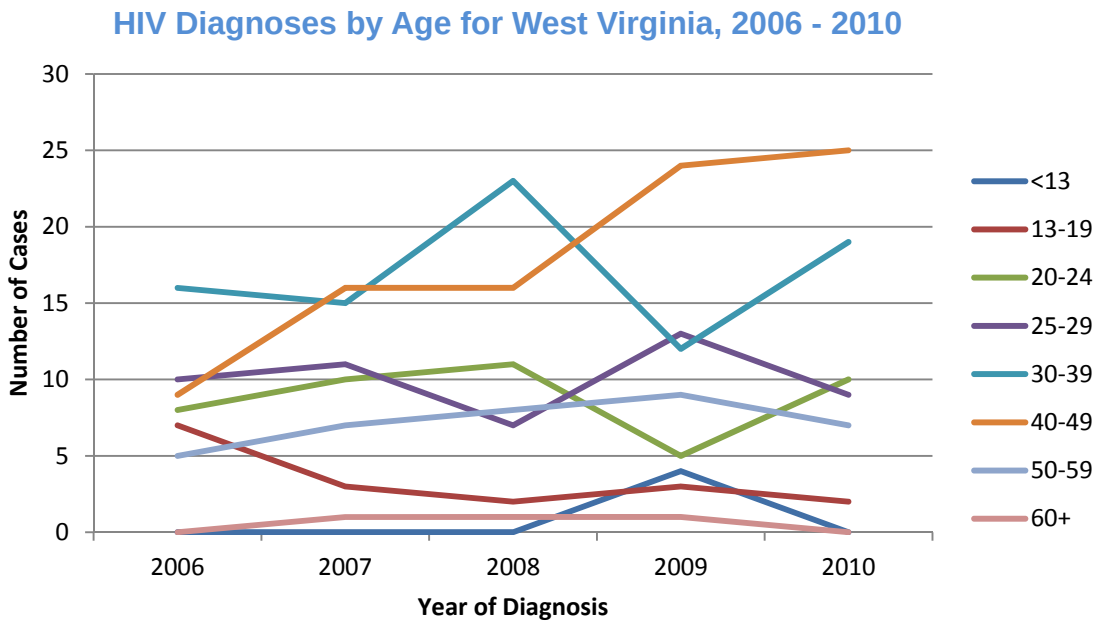
Percentage of HIV Cases by Age Group at Diagnosis, West Virginia, 2008-2010

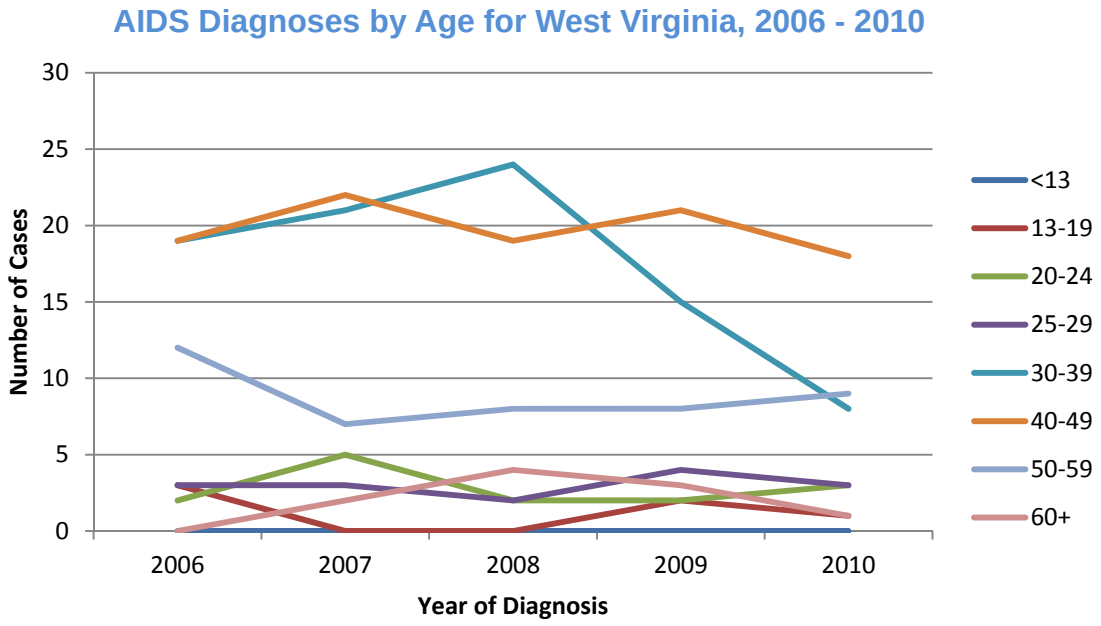


Percentage of AIDS Cases by Age Group at Diagnosis, West Virginia, 2008-2010



The graphs below show the overall trend, by age group, in HIV and AIDS diagnoses between 2006 and 2010. Though the pattern over time in most age groups has been erratic, the number of new HIV diagnoses among individuals aged 40 to 49 has grown steadily and dramatically, climbing from less than 10 cases in 2006 to almost 25 in 2010. For AIDS diagnoses, the largest change has been in the 30 to 39 age group, which has seen a decrease from 24 new cases in 2008 to only 8 new cases in 2010.

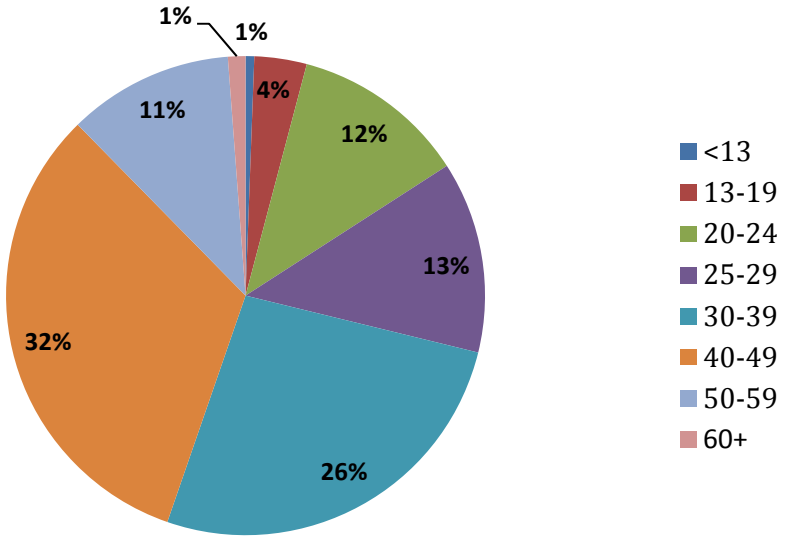




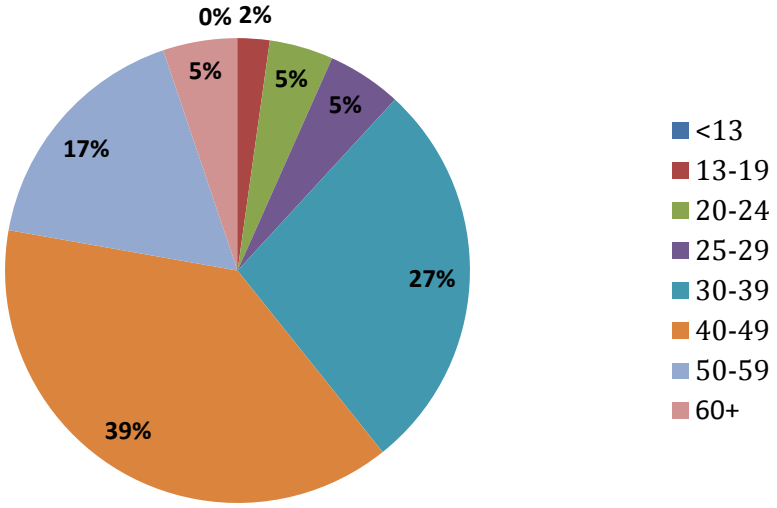
Age by Sex—Males

Among males, the most prevalent age group at both HIV and AIDS diagnosis is 40 to 49 years of age (32% and 39% of those diagnosed, respectively), closely followed by ages 30 to 39 years (26 and 27% of those diagnosed, respectively). Age at HIV diagnosis tends to be slightly younger than age at AIDS diagnosis, with 12% being diagnosed with HIV at ages 20 to 24 years versus 5% being diagnosed with AIDS. Conversely, 11% of males are aged 50 to 59 years at HIV diagnosis versus 17% of males diagnosed with AIDS.

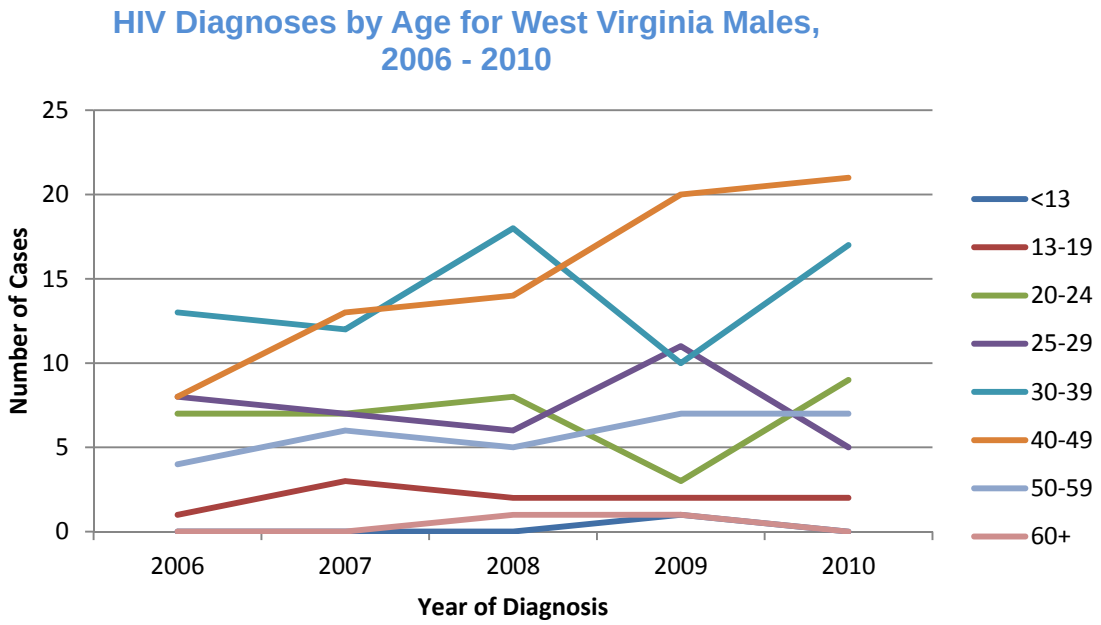
Percentage of HIV Cases by Age Group at Diagnosis, West Virginia Males, 2008-2010

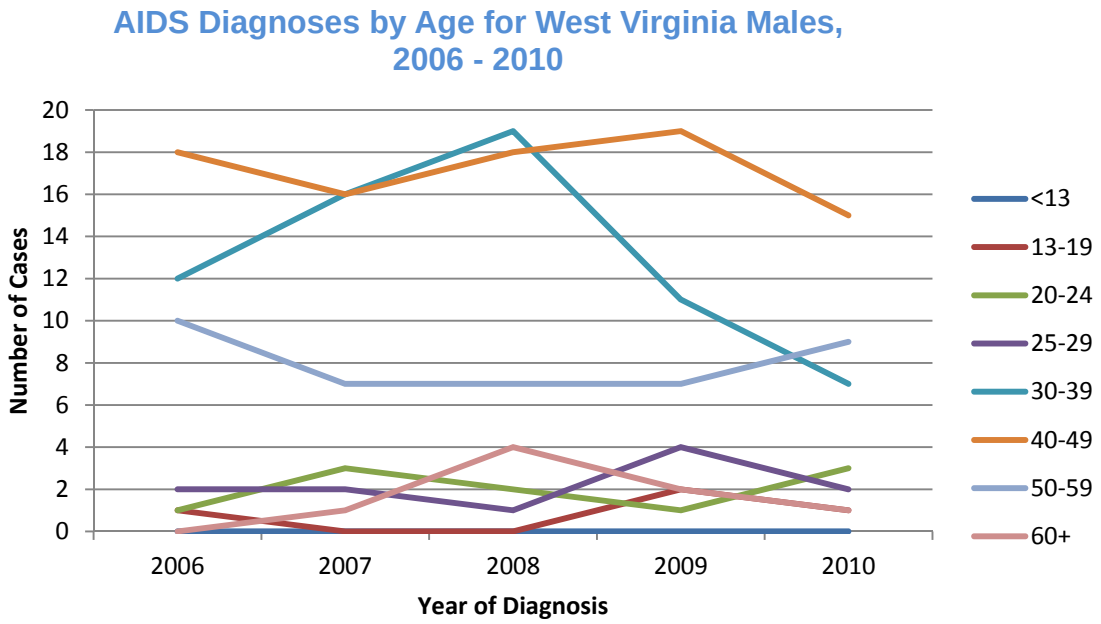


Percentage of AIDS Cases by Age Group at Diagnosis, West Virginia Males, 2008-2010



When looking at the trend in number of new HIV and AIDS diagnoses over time, the age group of 40 to 49 experienced a steady increase in number of new HIV diagnoses over time, while the age group 30 to 39 has experienced a decrease in AIDS diagnoses since 2008.

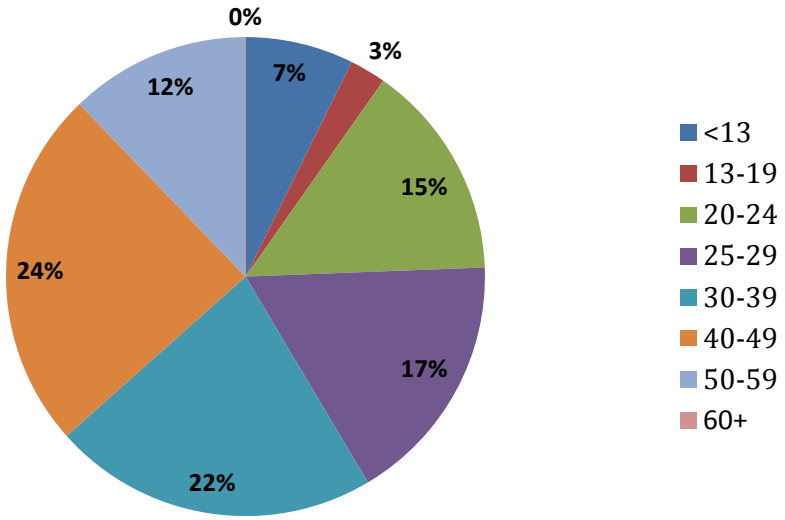




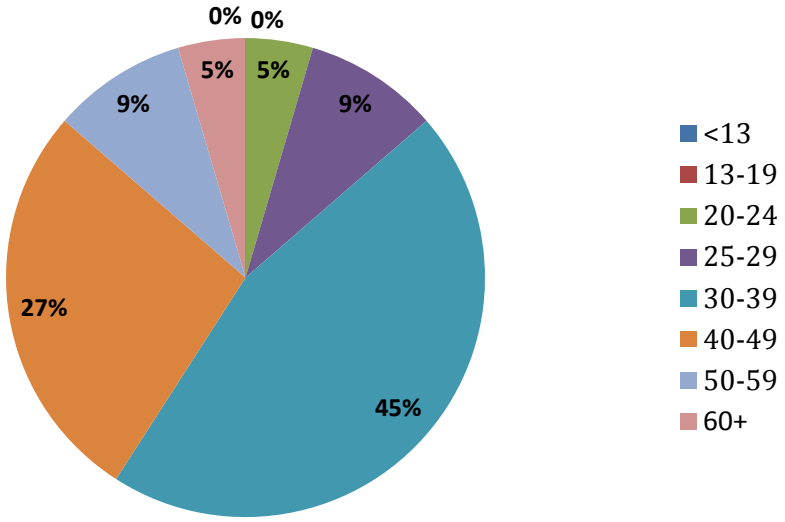
Age by Sex—Females

Among females, the most prevalent age group at HIV diagnosis is ages 40 to 49 years followed closely by ages 30 to 39 years and 25-29 years (24%, 22%, and 17% of cases, respectively). For age at AIDS diagnosis, 45% were diagnosed at ages 30 to 39 years and 27% were diagnosed at ages 40 to 49 years. Age at HIV diagnosis is more likely than age at AIDS diagnosis to be below the age of 25 years (25% of HIV diagnoses versus 14% of AIDS diagnoses).

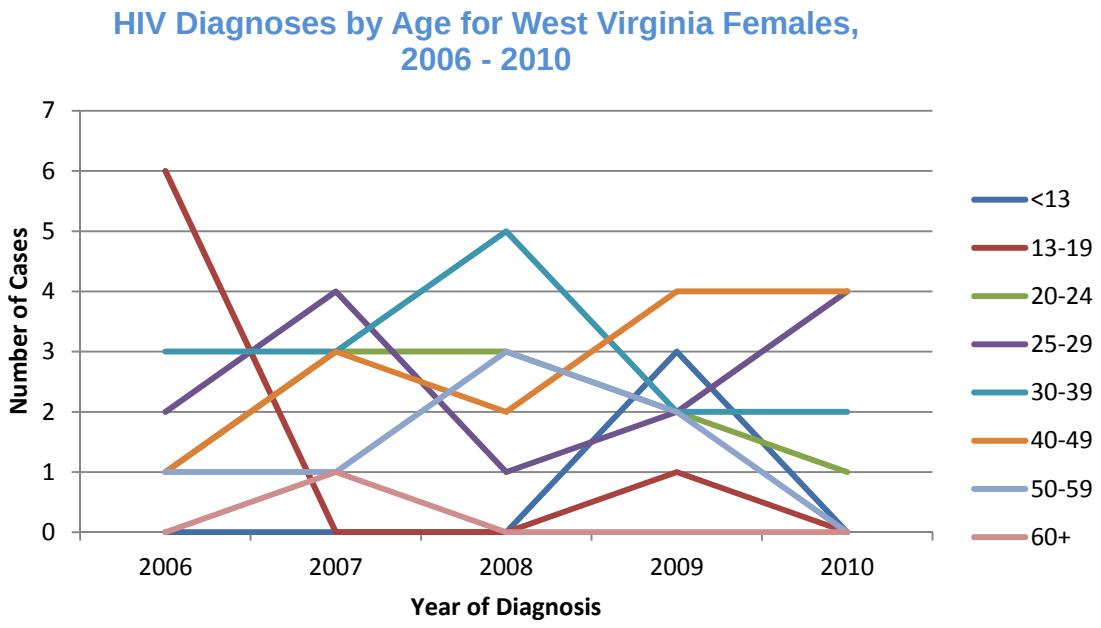
Percentage of HIV Cases by Age Group at Diagnosis, West Virginia Females, 2008-2010

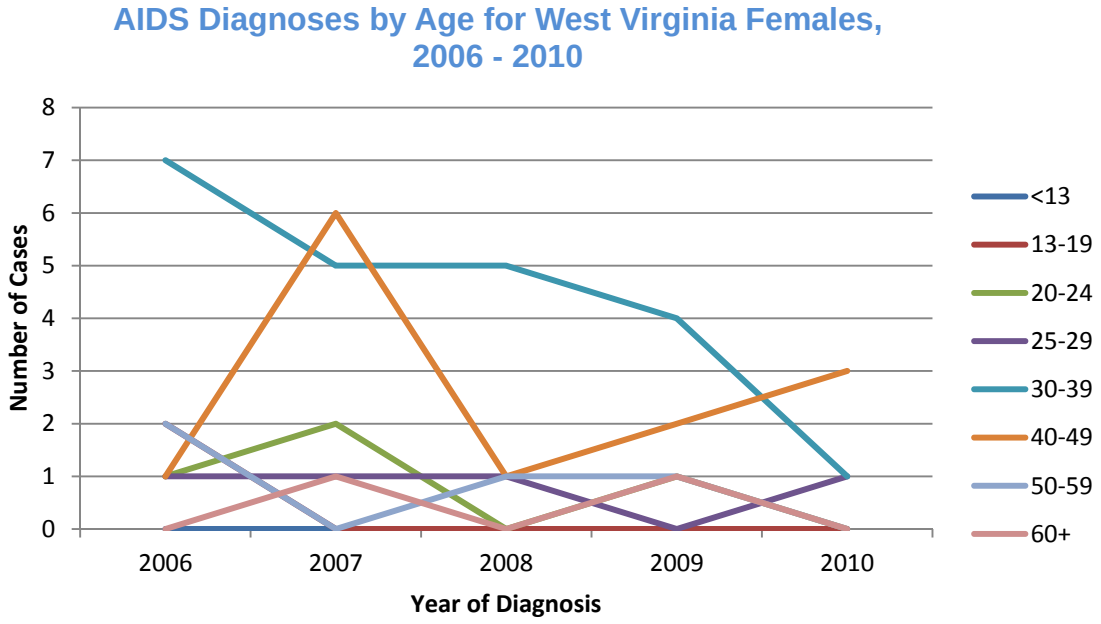


Percentage of AIDS Cases by Age Group at Diagnosis, West Virginia Females, 2008-2010



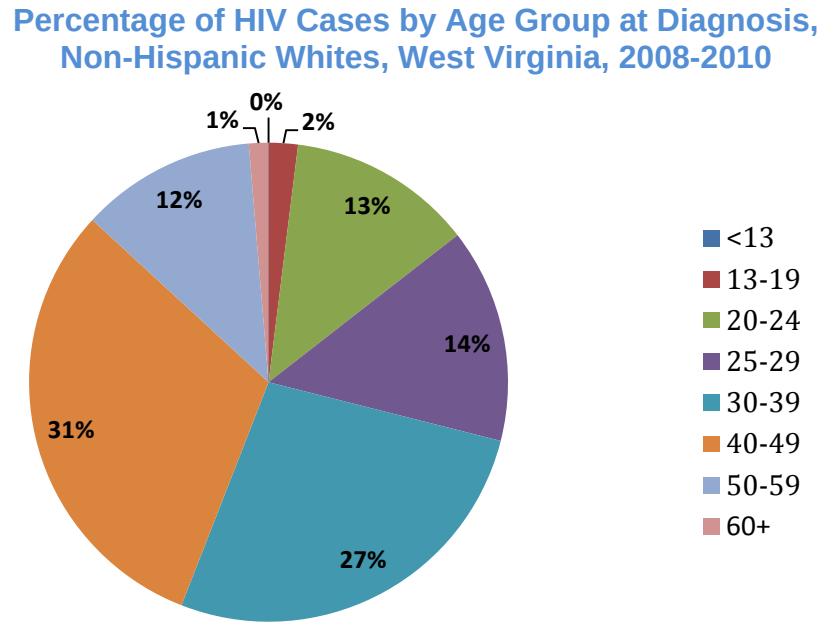
Over time, women in the age group of 40 to 49 years have experienced an increase in the number of HIV diagnoses. With respect to AIDS diagnoses, the number of new AIDS diagnoses among individuals aged 30 to 39 began to decline in 2006 and has continued steadily through 2010. It should be noted, however, that the number of new HIV and AIDS cases among each age group in women is very small and thus small fluctuations in numbers can create large changes on the graph.

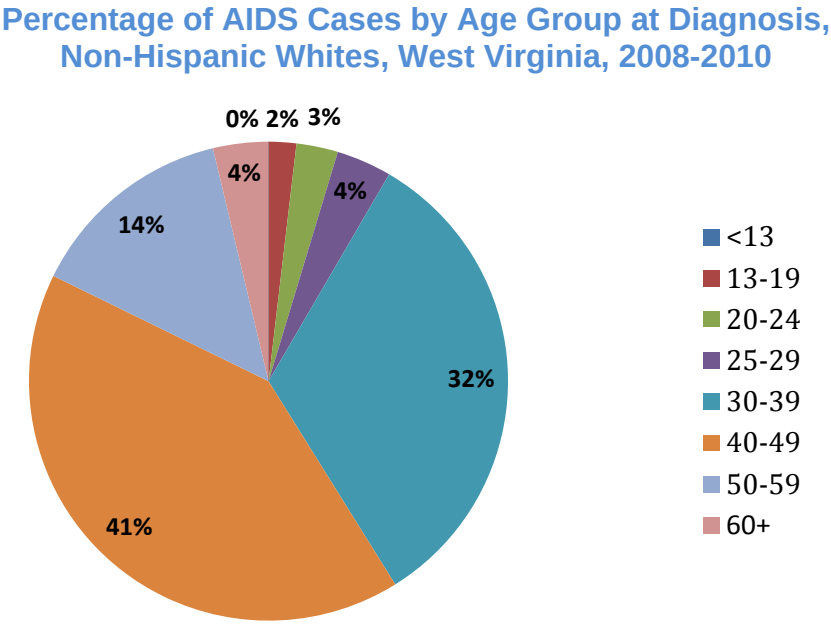




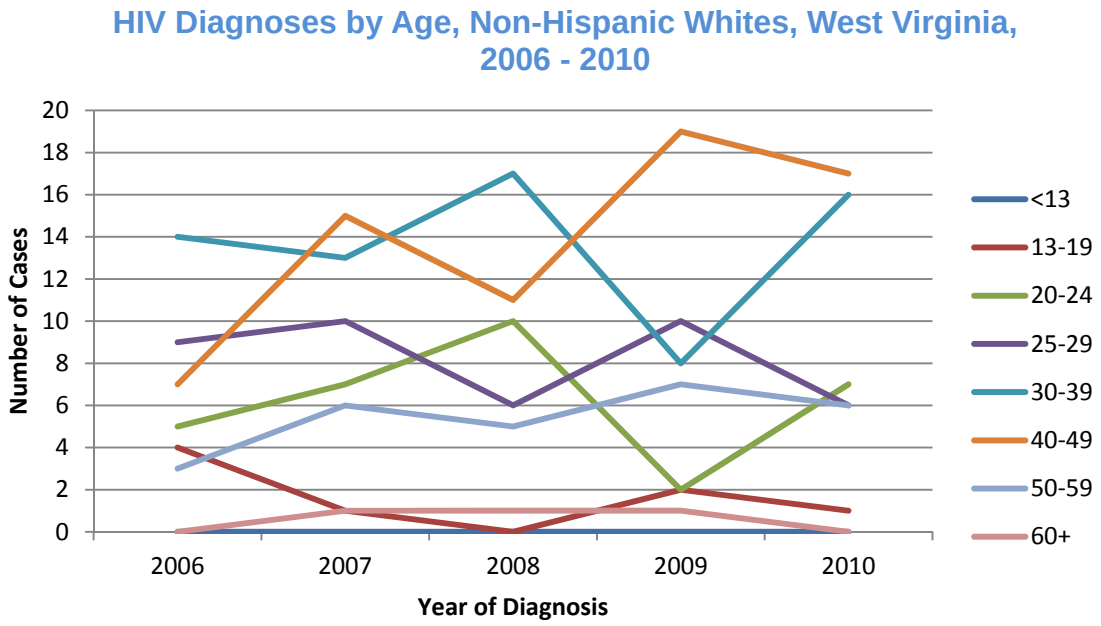
Age by Race/ethnicity—Non-Hispanic Whites

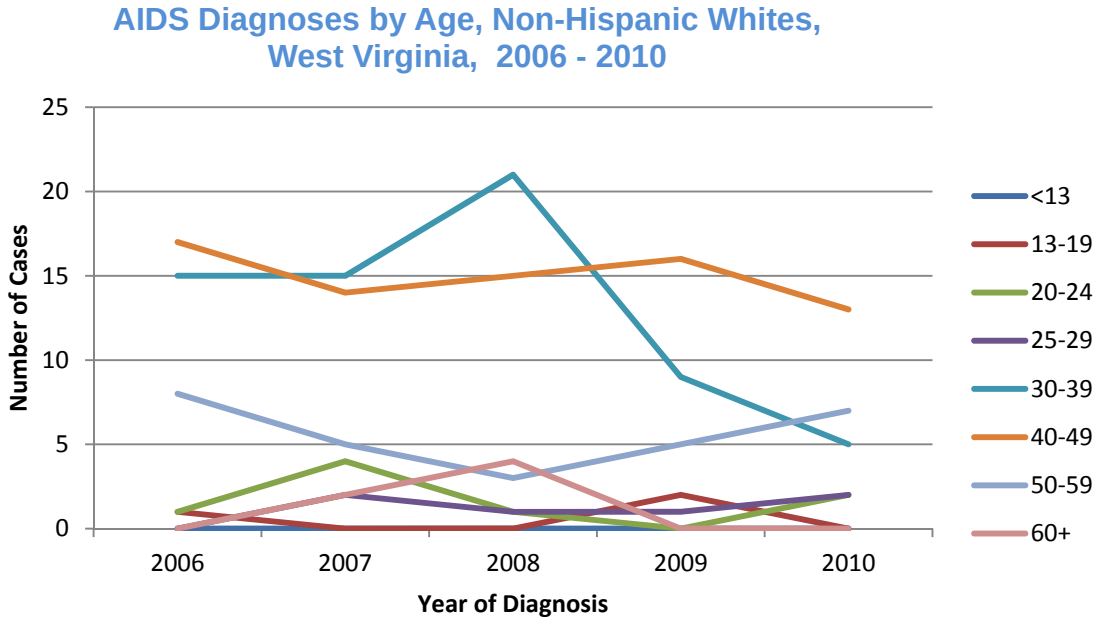
Among NH Whites, the age group with the largest number of both new HIV and AIDS diagnoses between 2008 and 2010 is 40 to 49 years (31% and 41%, respectively), followed by 30 to 39 years (27% and 32%, respectively). The proportion of new HIV diagnoses that occur under the age of 30 is much higher than the proportion of new AIDS diagnoses that occur at these ages.





Over time, the number of new HIV diagnoses increased among those in the age group 40 to 49 years, while the number of new AIDS diagnoses decreased among individuals in the age group of 30 to 39 years.

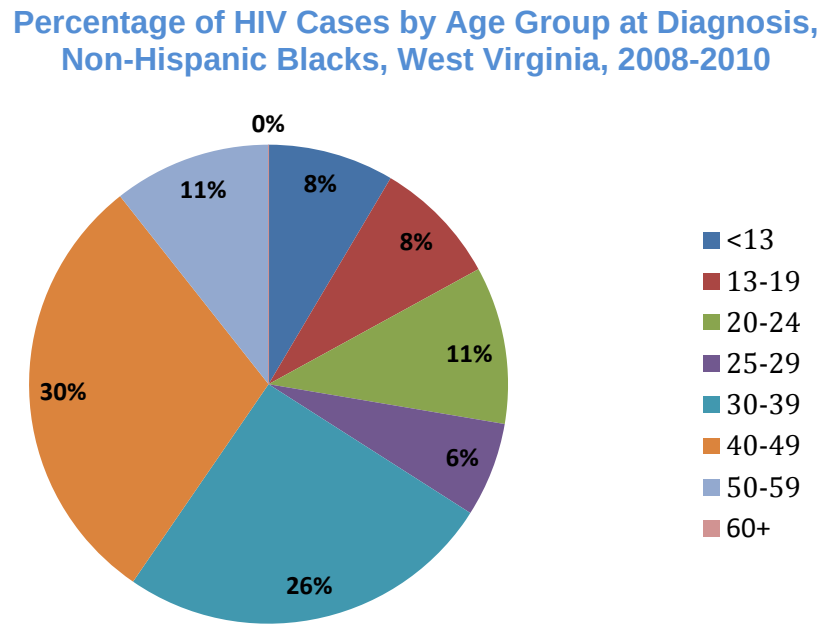


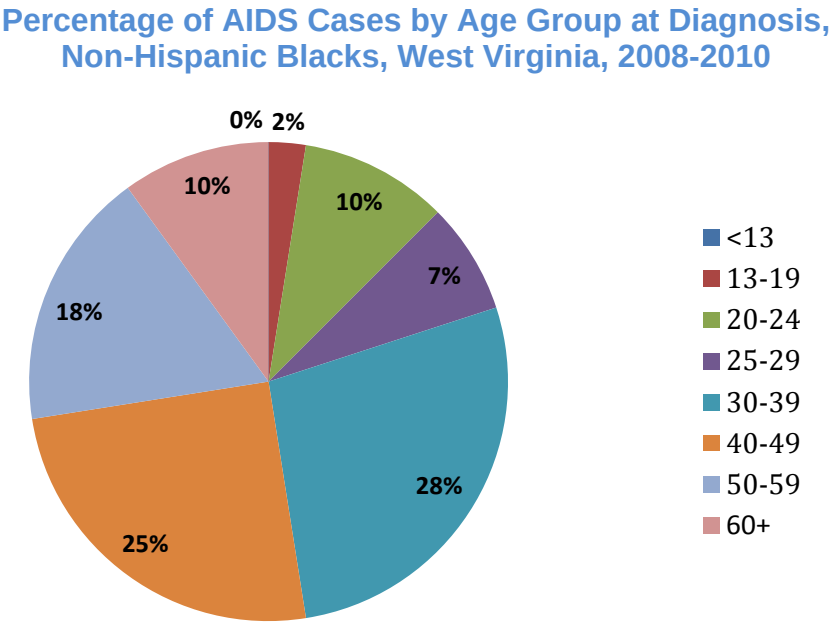


Age by Race/ethnicity—Non-Hispanic Blacks

Among NH Blacks, the age group with the largest number of new HIV diagnoses is 40 to 49 years (30%) followed by 30 to 39 years (26%). For AIDS, the age group of 30 to 39 makes up the largest proportion of new AIDS cases (28%) followed by the age group of 40 to 49

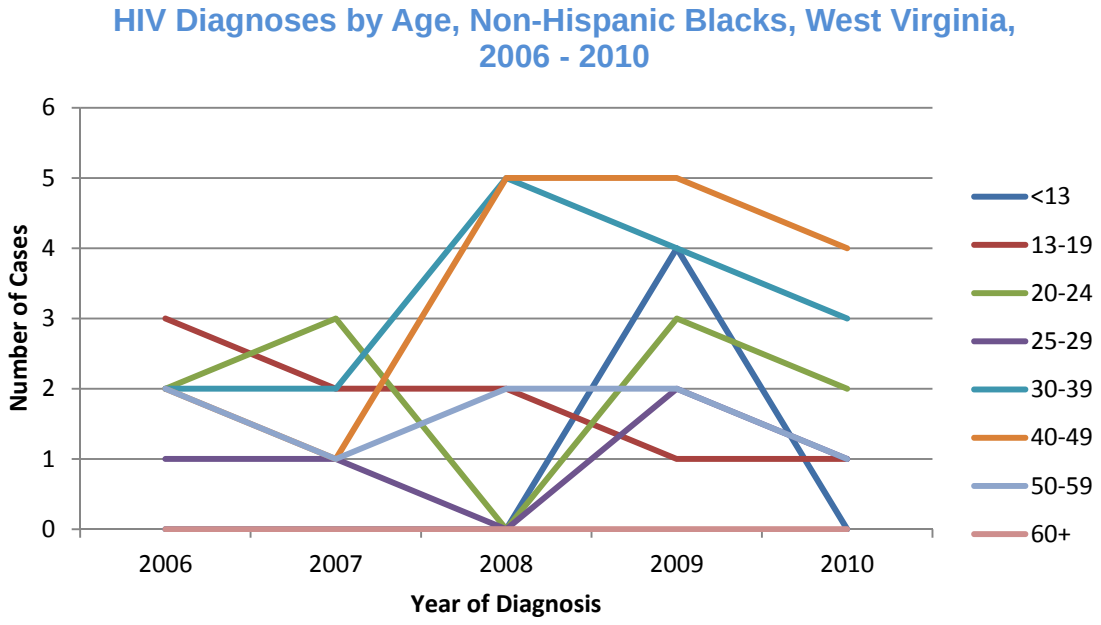
(25%). Individuals under the age of 30 make up almost 35% of new HIV infections and slightly less than 20% of new AIDS infections.

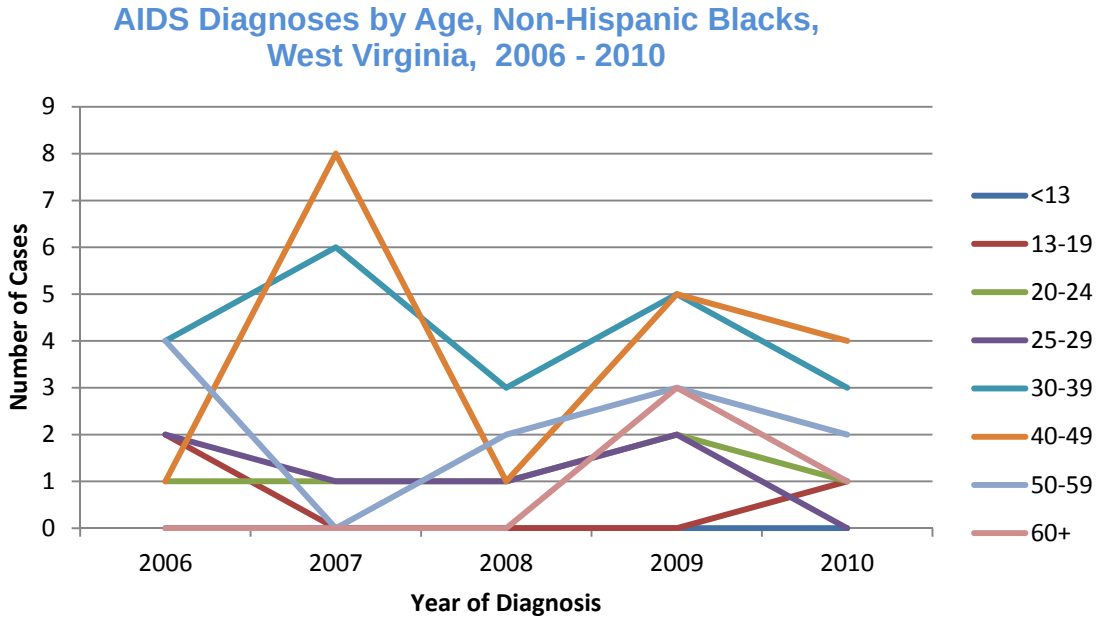




With respect to trends over time, the small number of HIV and AIDS cases among NH Blacks makes it difficult to distinguish temporary fluctuations in numbers from overall trends. However, there is some evidence that the number of new HIV cases has increased, on

average, among individuals aged 30 to 39 and 40 to 49 years, while the number of new AIDS cases among these age groups has, on average, declined.

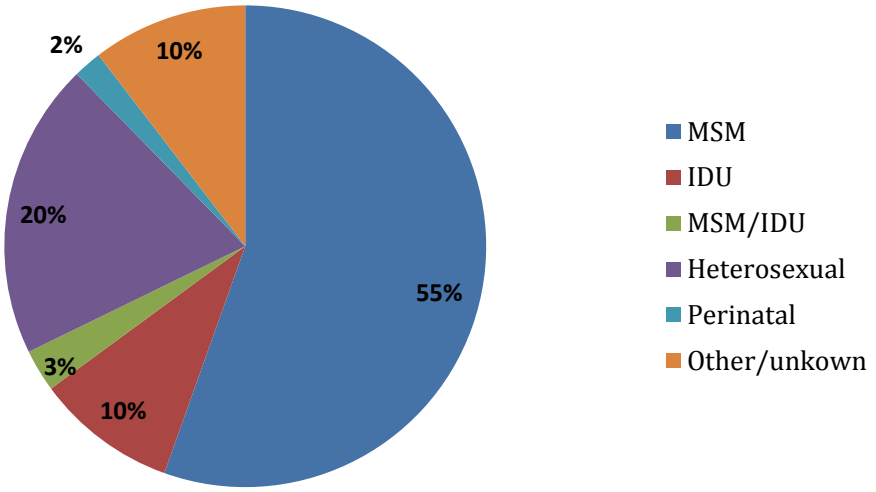




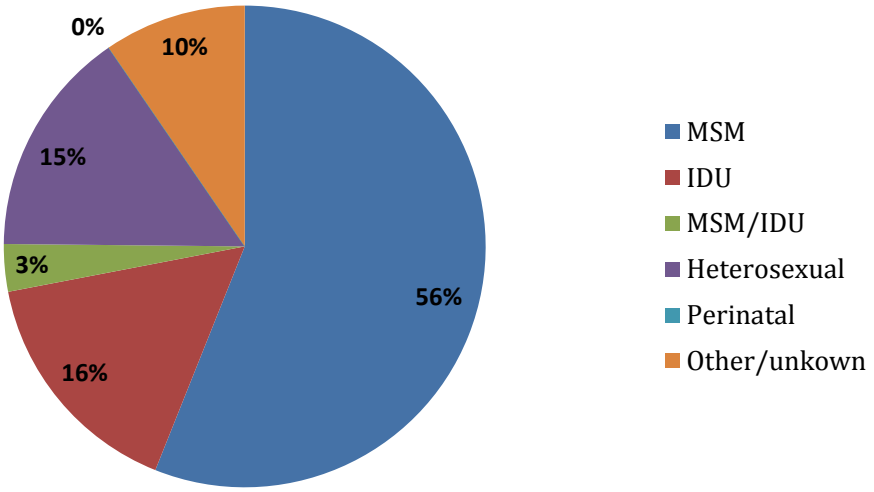
Transmission

From 2008-2010, men who have sex with men (MSM) was the most frequently identified transmission category, accounting for 55% of all new HIV cases and 56% of new AIDS cases diagnosed. The second most common transmission category for HIV was heterosexual contact (20%), followed by injection drug use (IDU) (10%). For AIDS, the second most common transmission category was IDU (16%) followed by heterosexual contact (15%).

Percentage of HIV Cases by Transmission Category, West Virginia, 2008-2010



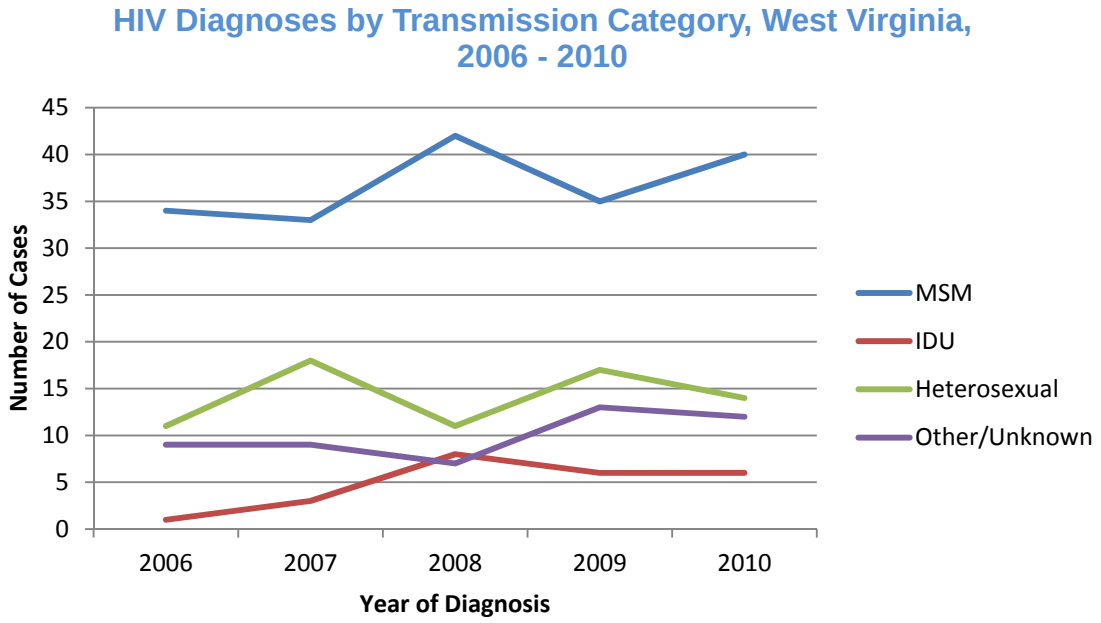
Percentage of AIDS Cases by Transmission Category, West Virginia,

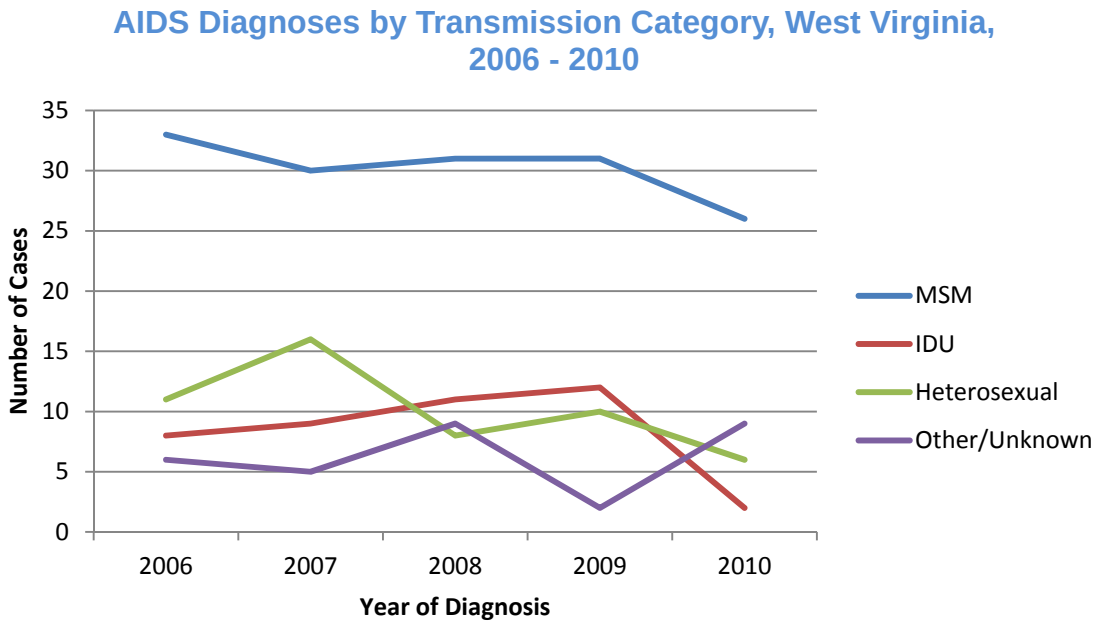


2008-2010

Between 2006 and 2010, the distribution of new HIV infections across transmission categories has remained fairly steady. With respect to new AIDS diagnoses, the number of cases due to MSM and heterosexual activity has decreased slightly over time. Until 2010, IDU use as a transmission category for AIDS had been increasing in frequency. It is not yet clear if the sudden downturn in 2010 will continue. Regardless of the increases or decreases in specific transmission categories, however, MSM was the most common transmission

category in all years studied. For HIV, heterosexual activity was the second most common transmission category in all years studied.



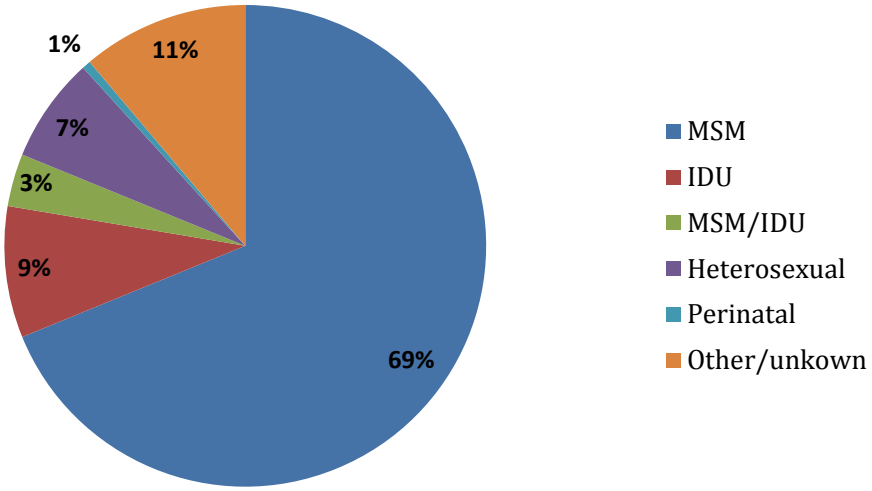


Transmission by Sex—Men

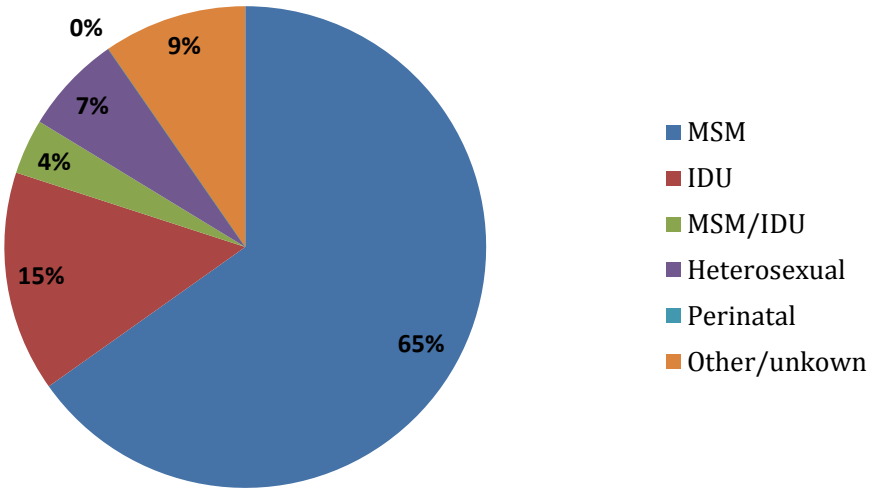
Among men, MSM was the predominant transmission category cited accounting for 69% and 65% of new HIV and AIDS cases, respectively. For HIV and AIDS, IDU was the second

most common transmission category (9% and 18%, respectively), followed by heterosexual contact (7% and 6%, respectively).

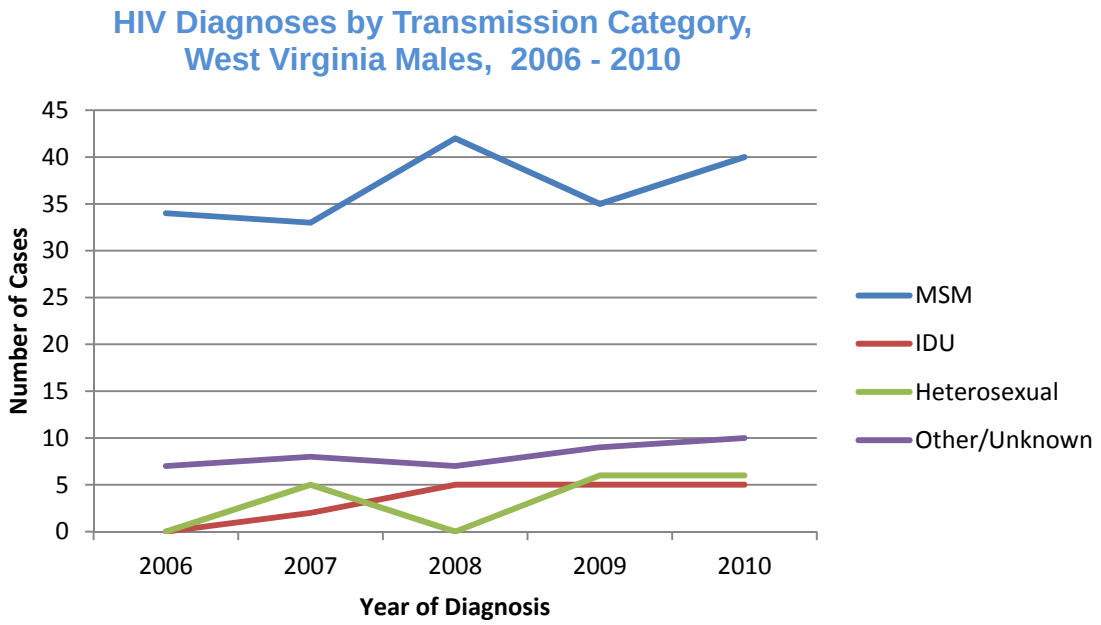
Percentage of HIV Cases by Transmission Category, West Virginia Males, 2008-2010

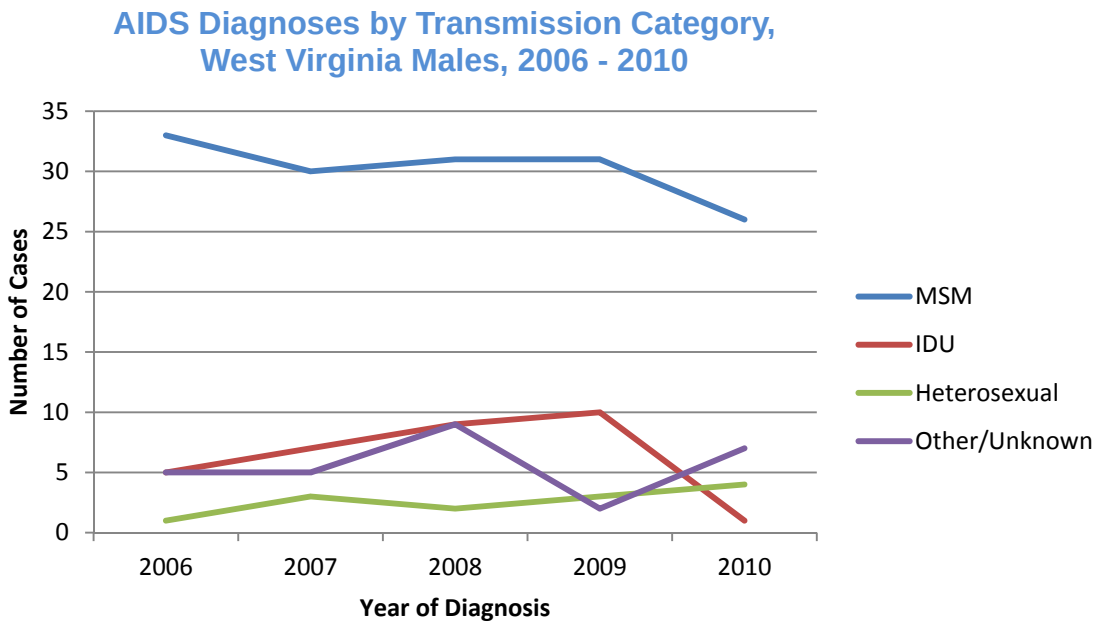


Percentage of AIDS Cases by Transmission Category, West Virginia Males, 2008-2010



Over time, MSM has been cited as the transmission category for new HIV cases increasingly often. In contrast, the frequency with which MSM is listed as the transmission category for AIDS has decreased. The other transmission categories account for a small number of cases yearly and no clear trends are discernible.

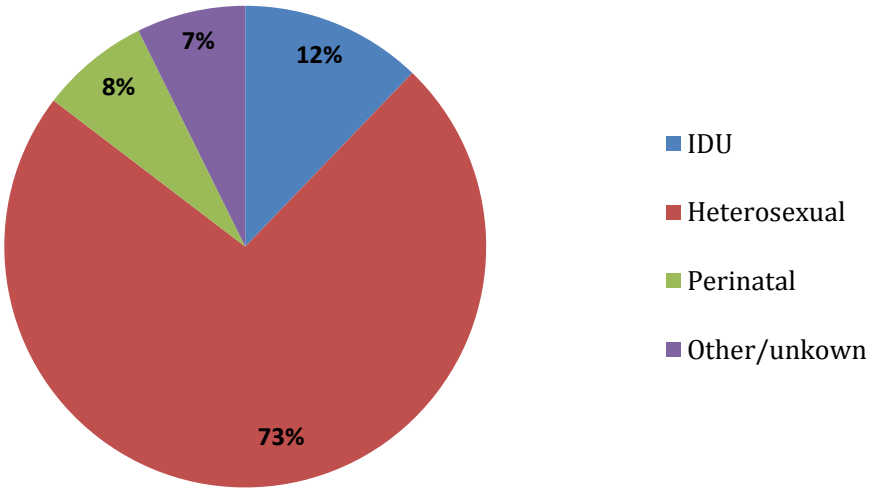




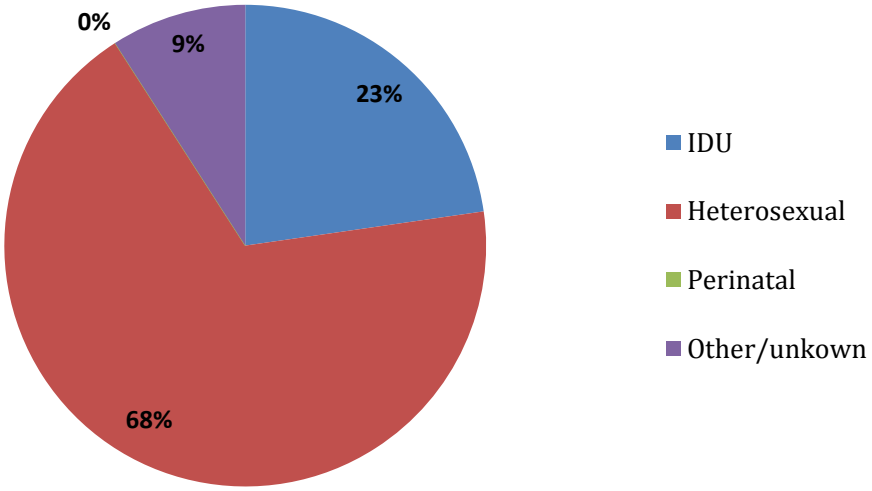
Transmission by Sex—Women

The primary risk behavior reported for both HIV and AIDS among females was heterosexual contact, accounting for 73% of new HIV cases and 68% of new AIDS cases in women. IDU was the second most common risk behavior, accounting for 12% of new HIV cases and 23% of new AIDS cases.

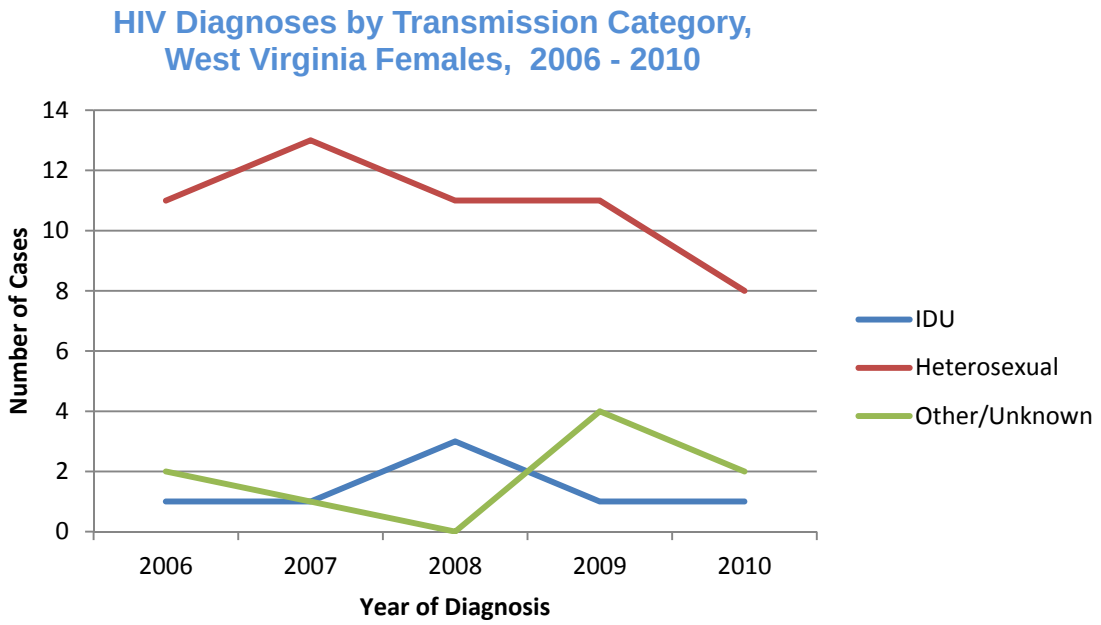
Percentage of HIV Cases by Transmission Category, West Virginia Women, 2008-2010

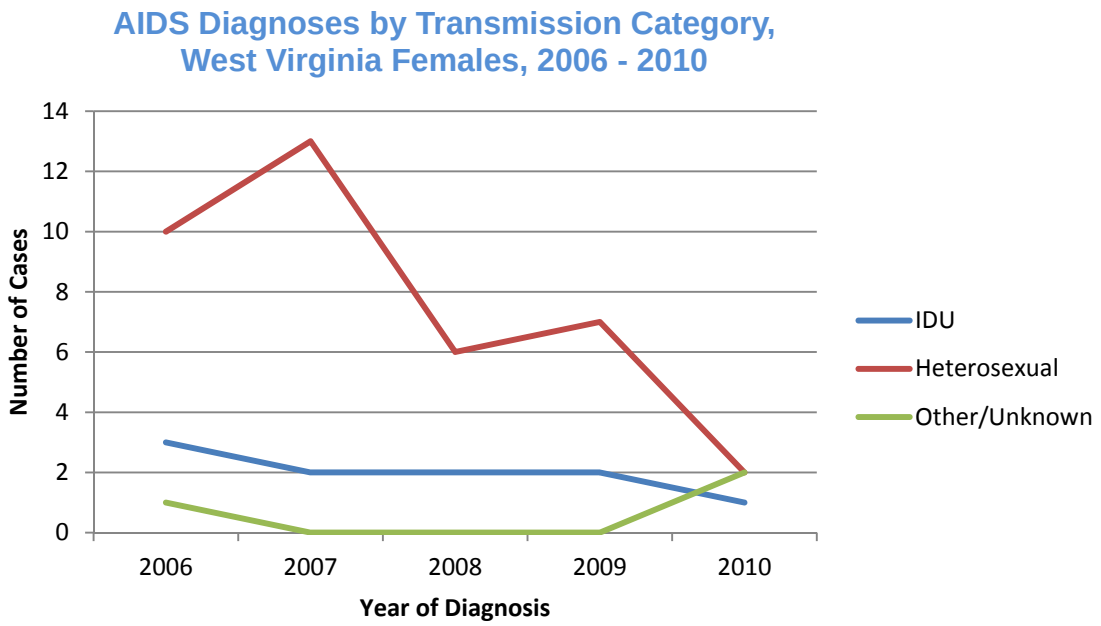


Percentage of AIDS Cases by Transmission Category, West Virginia Women, 2008-2010



Over time, the frequency with which heterosexual activity has been cited as the transmission category for newly diagnosed HIV and AIDS cases among women has decreased. The other transmission categories represent a very small number of cases.

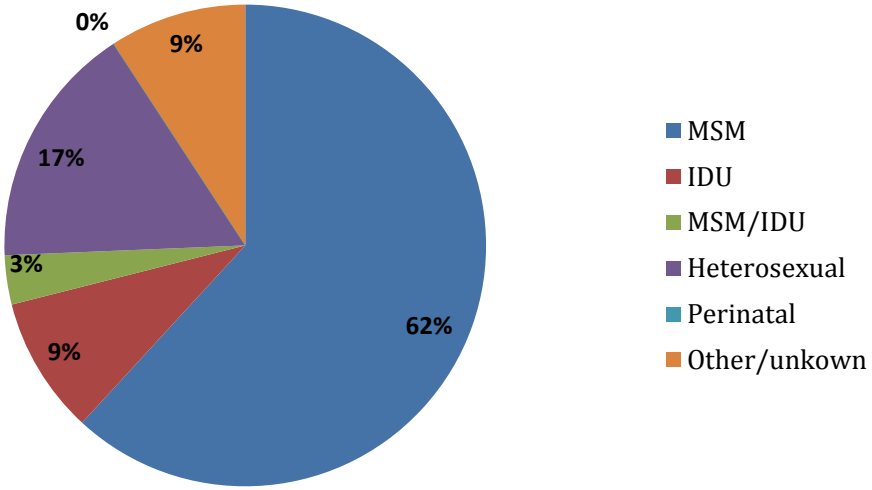




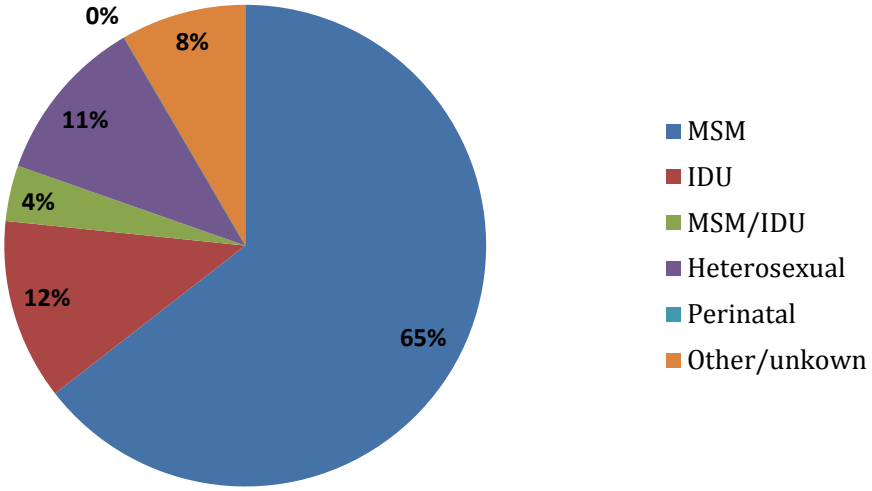
Transmission by Race—non-Hispanic White

When transmission category is broken down by race/ethnicity, MSM remains the primary transmission category for a majority of newly diagnosed NH Whites. Approximately 62% of new HIV cases and 65% of new AIDS cases were ascribed to MSM between 2008 and 2010. For newly diagnosed HIV cases, heterosexual activity is the second most common transmission category (17%). For AIDS, IDU is the second most common transmission category (12%), though heterosexual activity is a close third (11%).

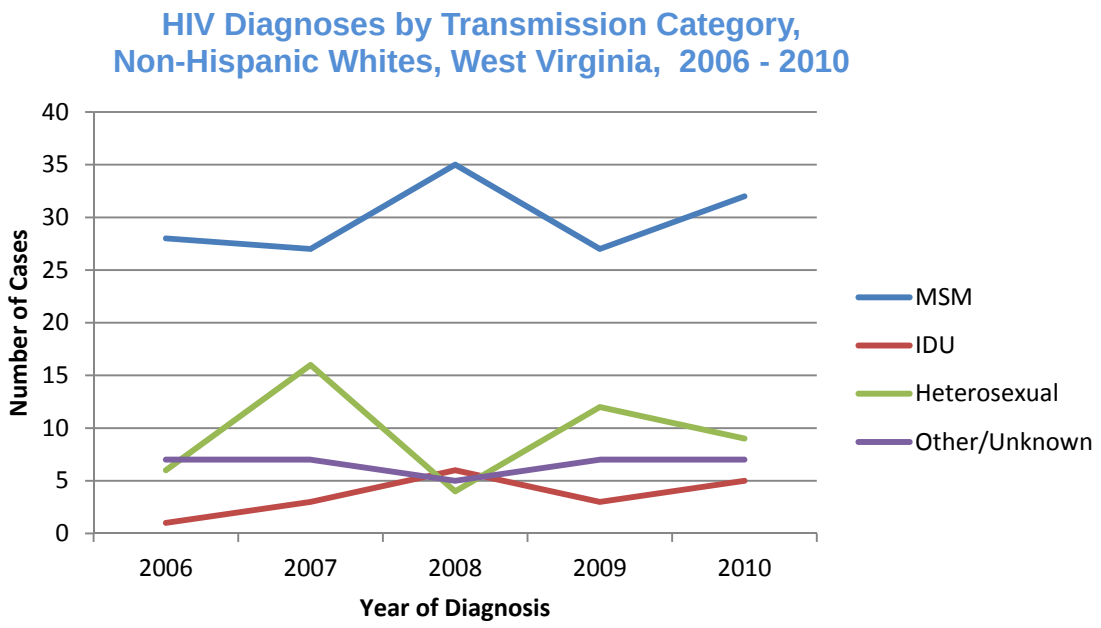
Percentage of HIV Cases by Transmission Category, Non-Hispanic Whites, West Virginia, 2008-2010

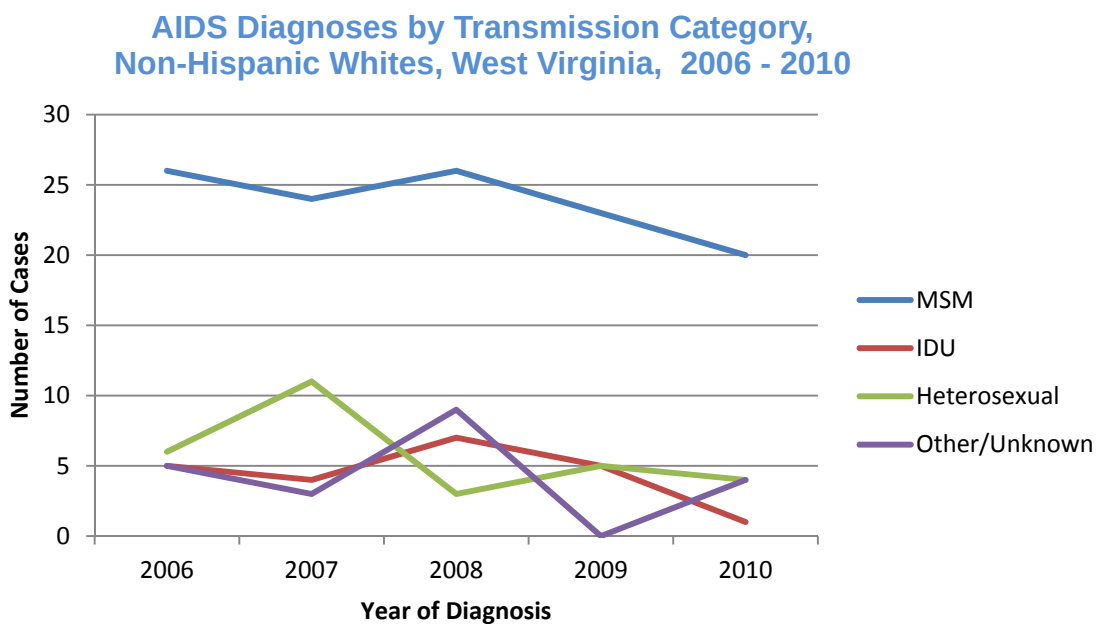


Percentage of AIDS Cases by Transmission Category, Non-Hispanic Whites, West Virginia, 2008-2010



Between 2006 and 2010 there is no clear trend in the frequency with which transmission categories are cited among new HIV cases. For AIDS, all transmission categories have decreased in frequency over time, reflecting the overall decrease in AIDS diagnoses among NH White individuals. At all time periods, MSM is the primary transmission category.



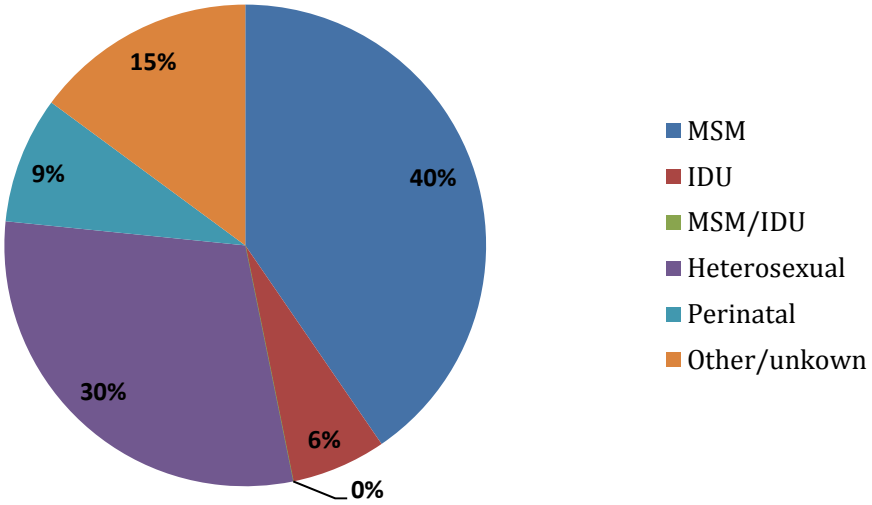


Transmission by Race—non-Hispanic Black

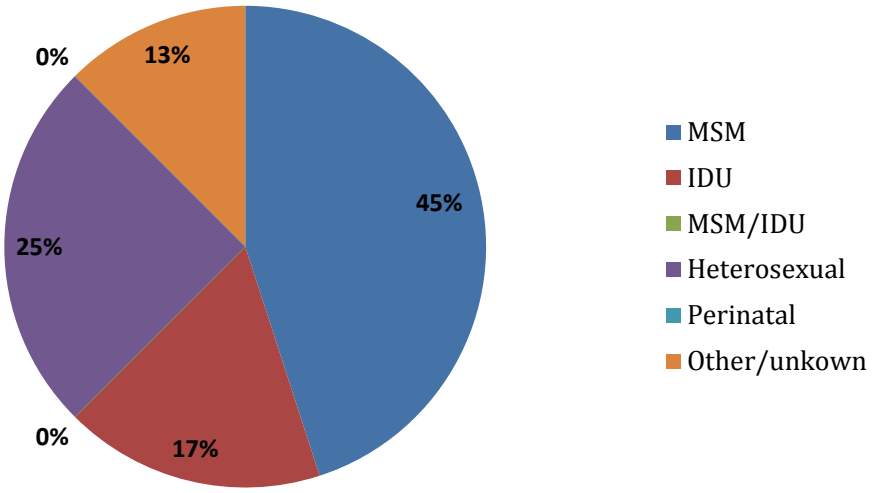
Among NH Blacks, MSM remains the dominant transmission category for both HIV and AIDS, though other transmission categories make up a greater share of cases than among NH Whites. For new HIV cases, 40% of infections are ascribed to MSM while 30% are

ascribed to heterosexual contact. A similar pattern is seen for new AIDS cases, where 45% are ascribed to MSM and 25% to heterosexual activity. IDU is the third most common transmission category for AIDS (17%).

Percentage of HIV Cases by Transmission Category, Non-Hispanic Blacks, West Virginia, 2008-2010

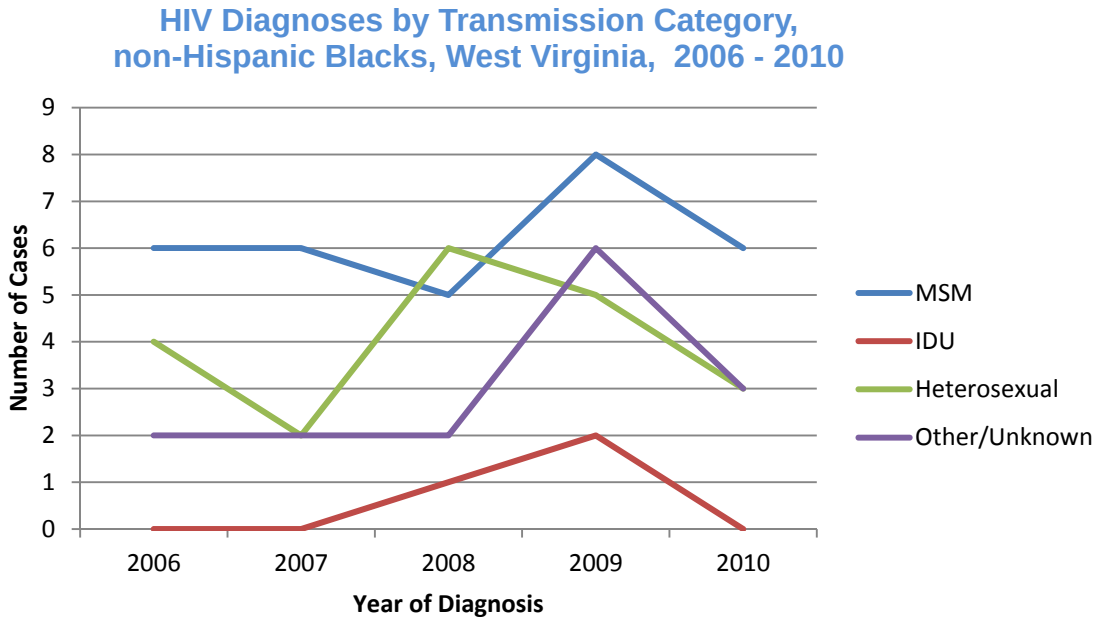


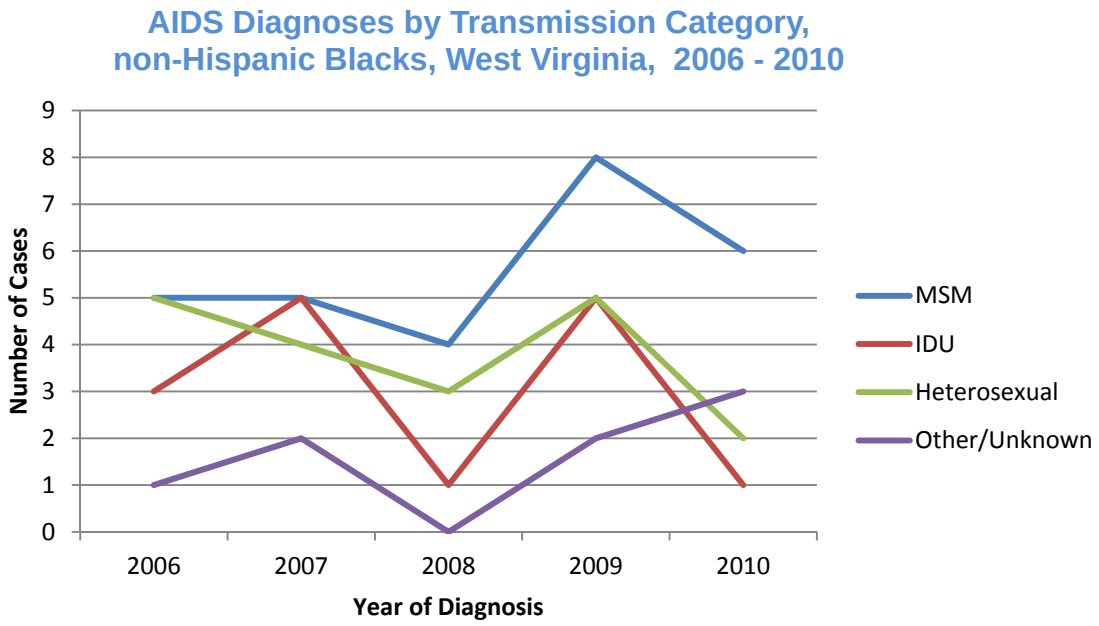
Percentage of AIDS Cases by Transmission Category, Non-Hispanic Blacks, West Virginia, 2008-2010



Although the graphs for transmission categories over time among NH Blacks are provided below, it is not possible, given the small number of HIV and AIDS among NH Blacks in West Virginia, to discern whether the small changes in numbers of cases are clear trends or

random fluctuations. These graphs do show, however, that MSM has been and continues to be the most common transmission category among this population.





The following table provides the raw numbers for the number of HIV and AIDS cases diagnosed in each demographic subgroup for the years 2008 to 2010. It also provides the total population of that demographic group within the state as a whole. The raw numbers will be useful for planning purposes.

HIV/AIDS Cases Diagnosed in West Virginia, 2008 – 2010.

Characteristic	Cumulative HIV Cases (2008 – 2010)		Cumulative AIDS Cases (2008 – 2010)		Total Pop. (2010)
	Cases	Percent	Cases	Percent	N
Total	211	100	157	100	1,852,994
Sex					
Male	170	81	135	86	913,586
Female	41	19	22	14	939,408
Age group at Diagnosis					
<13 years	<5	2	<5	0	275,339
13 – 19 years	7	3	<5	2	163,874
20 – 24 years	26	12	7	4	117,204
25 – 29 years	29	14	9	6	108,444
30 – 39 years	54	26	47	30	229,390
40 – 49 years	65	31	58	37	253,282
50 – 59 years	24	11	25	16	282,600
60 and over	<5	1	8	5	422,861
Race					
White	152	72	107	68	1,726,256
Black	47	22	40	25	62,122
Hispanic	8	4	<5	3	22,268
Asian, Hawaiian, or Pacific Islander	<5	1	<5	1	12,672
American Indian or Alaska Native	<5	0	<5	1	3,493
Other/Unknown	<5	1	<5	3	26,183
Transmission Category					
MSM	117	55	88	56	----------
IDU	20	9	25	16	----------
MSM and IDU	6	3	5	3	----------
Heterosexual	42	20	24	15	----------
Perinatal	<5	2	<5	0	----------
Blood Recipient	<5	0	<5	0	----------
Unknown	22	10	15	10	----------
Race x Sex					
White Male	126	60	96	61	847,313
White Female	26	12	11	7	878,943
Black Male	36	17	32	20	33,423
Black Female	11	5	8	5	28,699
Race x Age group					
White, < 13 years	<5	0	<5	0	247,163
White, 13 – 19 years	<5	1	<5	1	149,053
White, 20 – 24 years	19	9	<5	2	106,271
White, 25 – 29 years	22	10	<5	3	99,258
White, 30 – 39 years	41	19	35	22	212,628
White, 40 – 49 years	47	22	44	28	238,109
White, 50 – 59 years	18	9	15	10	267,485
White, 60 and over	<5	1	<5	3	406,289

HIV/AIDS Cases Diagnosed in West Virginia, cont.

Characteristic	Cumulative HIV Cases		Cumulative AIDS Cases		Total Pop.
	Cases	Percent	Cases	Percent	N
Black, < 13 years	<5	2	<5	0	9,658
Black, 13 – 19 years	<5	2	<5	1	6,930
Black, 20 – 24 years	5	2	<5	3	5,496
Black, 25 – 29 years	<5	1	<5	2	4,443
Black, 30 – 39 years	12	6	11	7	8,562
Black, 40 – 49 years	14	7	10	7	8,405
Black, 50 – 59 years	5	2	7	4	9,104
Black, 60 and over	<5	0	<5	3	9,524
Race x Transmission Category					
White, MSM	94	45	69	44	----------
White, IDU	14	7	13	8	----------
White, Heterosexual	25	12	12	8	----------
White, Other/Unk.	19	9	13	8	----------
Black, MSM	19	9	18	11	----------
Black, IDU	<5	1	7	4	----------
Black, Heterosexual	14	7	10	6	----------
Black, Other/Unk.	11	5	5	3	----------
Race x Sex x Transmission Category					
White, M, MSM	94	45	69	44	----------
White, M, IDU	10	5	12	8	----------
White, M, Het.	5	2	<5	3	----------
White, M, Oth./Unk.	17	8	12	8	----------
White, F, IDU	<5	2	<5	1	----------
White, F, Het.	20	9	9	6	----------
White, F, Oth./Unk.	<5	1	<5	1	----------
Black, M, MSM	19	9	18	11	----------
Black, M, IDU	<5	1	5	3	----------
Black, M, Het.	6	3	<5	3	----------
Black, M, Oth./Unk.	8	4	5	3	----------
Black, F, IDU	<5	0	<5	1	----------
Black, F, Het.	8	4	6	4	----------
Black, F, Oth./Unk.	<5	1	<5	0	----------
Public Health District at Diagnosis					
District 1	26	12	17	11	214,461
District 2	29	14	17	11	251,426
District 3	55	26	44	28	282,564
District 4	15	7	7	4	140,148
District 5	13	6	8	5	171,699
District 6	11	5	10	6	148,878
District 7	26	12	23	14	382,777
District 8	37	18	31	19	261,041

Note: Percentages may not add to 100 due to rounding. Cumulative HIV and AIDS numbers come from the WV Department of Health and Human Services, Bureau of Public Health, Office of Epidemiology and Prevention Services, Division of STD/HIV and Hepatitis. Population totals come from the 2010 US Census.

People living with HIV/AIDS, West Virginia,

December 31, 2010.		
Characteristic	PLWHA*	
	Cases	Percent
Total	1887	100
Sex		
Male	1502	80
Female	385	20
Current Age Group		
< 13 years	9	0
13 – 19 years	14	1
20 – 24 years	44	2
25 – 29 years	103	5
30 – 39 years	345	18
40 – 49 years	664	35
50 – 59 years	534	28
60 and over	174	9
Race		
White	1391	74
Black	432	23
Hispanic	37	2
Asian, Hawaiian, or Pacific Islander	13	1
American Indian or Alaska Native	8	0
Other/Unknown	6	0
Transmission Category		
MSM	1021	54
IDU	250	13
MSM and IDU	83	4
Heterosexual	324	17
Perinatal	23	1
Blood Recipient	15	1
Unknown	171	9
Race x Sex		
White Male	1168	62
White Female	223	12
Black Male	291	15
Black Female	141	7
Race x Age group		
White, < 13 years	<5	0
White, 13 – 19 years	<5	0
White, 20 – 24 years	20	1
White, 25 – 29 years	65	3
White, 30 – 39 years	252	13
White, 40 – 49 years	518	27
White, 50 – 59 years	399	21
White, 60 and over	133	7

People living with HIV/AIDS, cont.		
Characteristic	PLWHA*	
	Cases	Percent
Black, < 13 years	6	0
Black, 13 – 19 years	11	1
Black, 20 – 24 years	22	1
Black, 25 – 29 years	35	2
Black, 30 – 39 years	74	4
Black, 40 – 49 years	127	7
Black, 50 – 59 years	120	6
Black, 60 and over	37	2
Race x Transmission Category		
White, MSM	858	45
White, IDU	154	8
White, Heterosexual	181	10
White, Other/Unk.	198	10
Black, MSM	140	7
Black, IDU	86	5
Black, Heterosexual	126	7
Black, Other/Unk.	80	4
Race x Sex x Transmission Category		
White, M, MSM	858	45
White, M, IDU	99	5
White, M, Het.	41	2
White, M, Oth./Unk.	170	9
White, F, IDU	55	3
White, F, Het.	140	7
White, F, Oth./Unk.	28	1
Black, M, MSM	140	7
Black, M, IDU	57	3
Black, M, Het.	37	2
Black, M, Oth./Unk.	57	3
Black, F, IDU	29	2
Black, F, Het.	89	5

Black, F, Oth./Unk.	23	1

Public Health District		
District 1	208	11
District 2	243	13
District 3	445	23
District 4	113	6
District 5	124	7
District 6	123	6
District 7	312	16
District 8	319	17

Note: Percentages may not add to 100 due to rounding.
* PLWHA = People Living with HIV/AIDS.

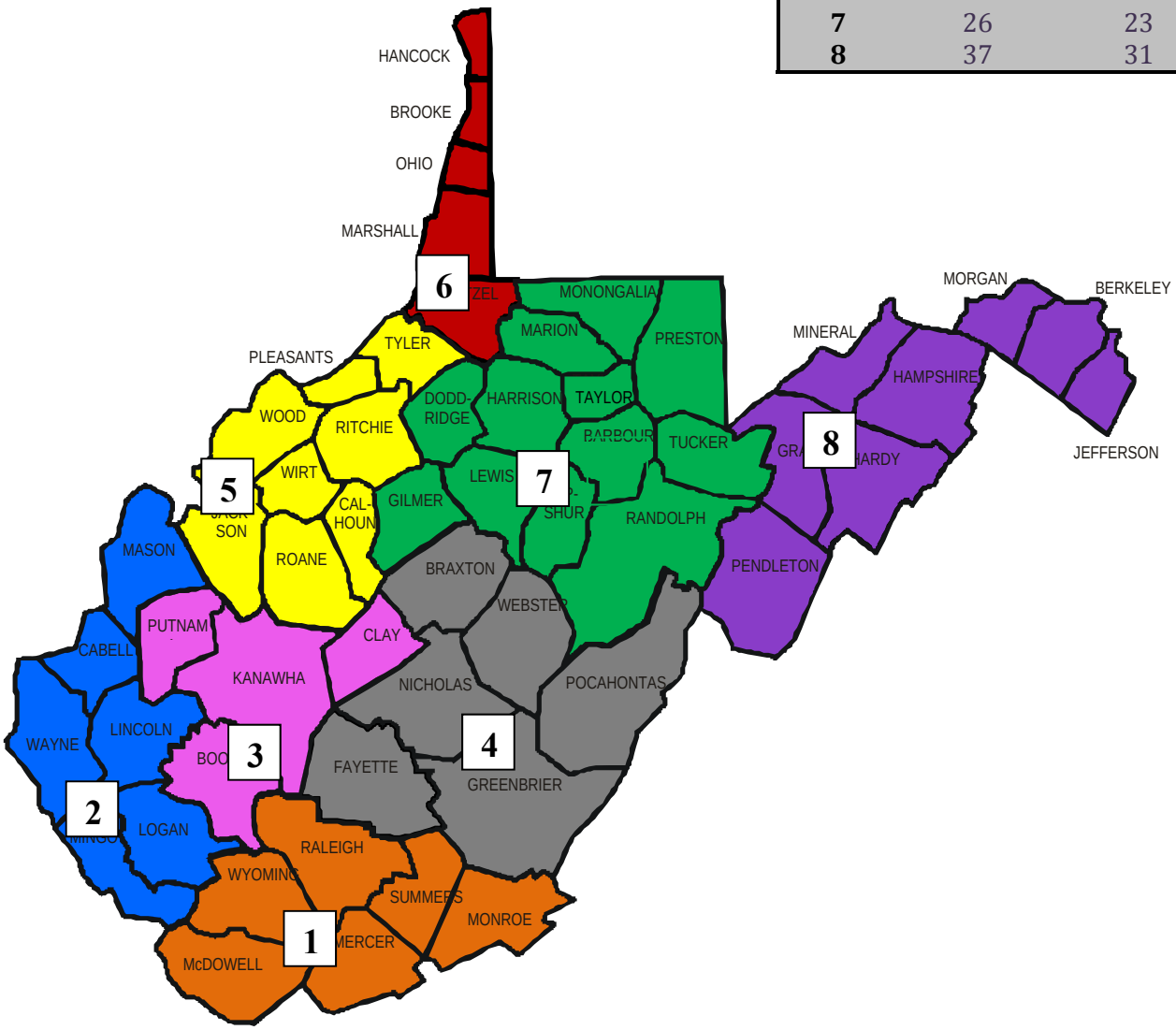
This final table shows the number of people living with HIV/AIDS (PLWHA) in the state as of December 31, 2010 within each population subgroup. As PLWHA are the number one priority population with respect to preventing the spread of HIV, these numbers are important for planning purposes. Overall, 80% of PLWHA are male. Although NH White males account for 62% of PLWHA in the state, NH Black males are disproportionately represented in this population, accounting for 15% of cases. NH Black women are also disproportionately represented within this population, though to a lesser extent. MSM remains the most common mode of transmission, though both IDU and heterosexual activity are also large contributors to the population of PLWHA in the state. In fact, among both NH White and NH Black women, heterosexual activity is the most common transmission category. The age groups of 40 to 49 and 50 to 59 contain over 50% of the state's PLWHA for both NH White and Black men. Finally, over 75% of PLWHA in the state reside in either Districts 1 through 3 or 7 through 8.

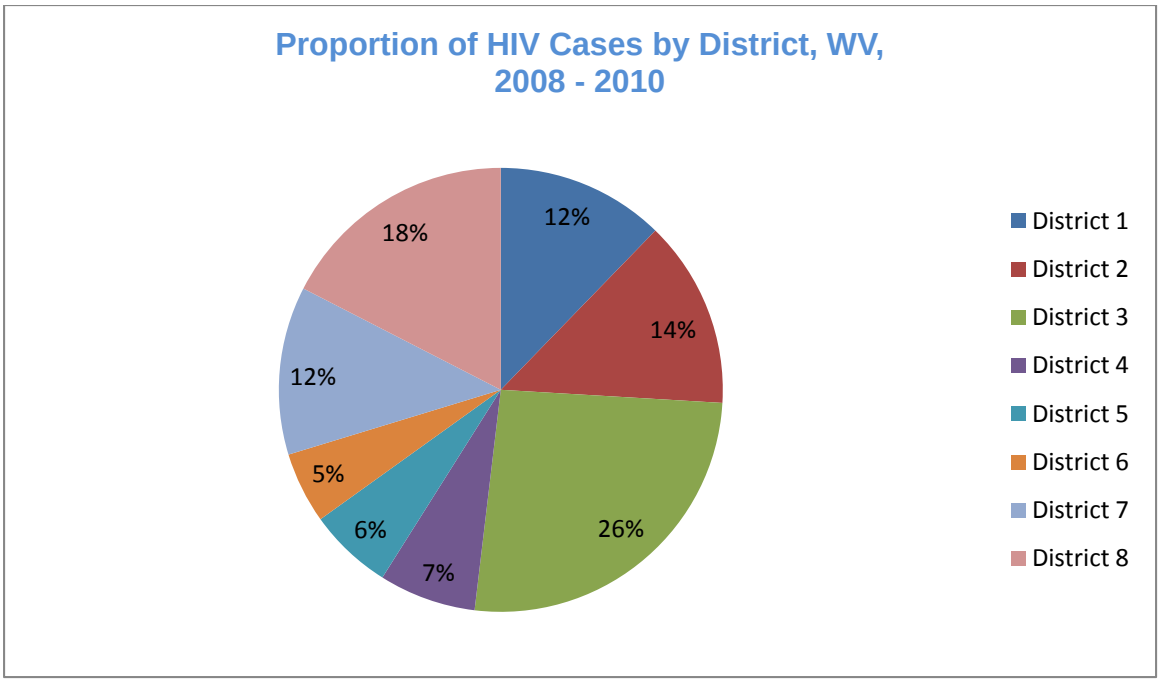
The remainder of this section will examine the distribution of the HIV/AIDS epidemic by select demographic and behavioral factors within each West Virginia Public Health Management District.

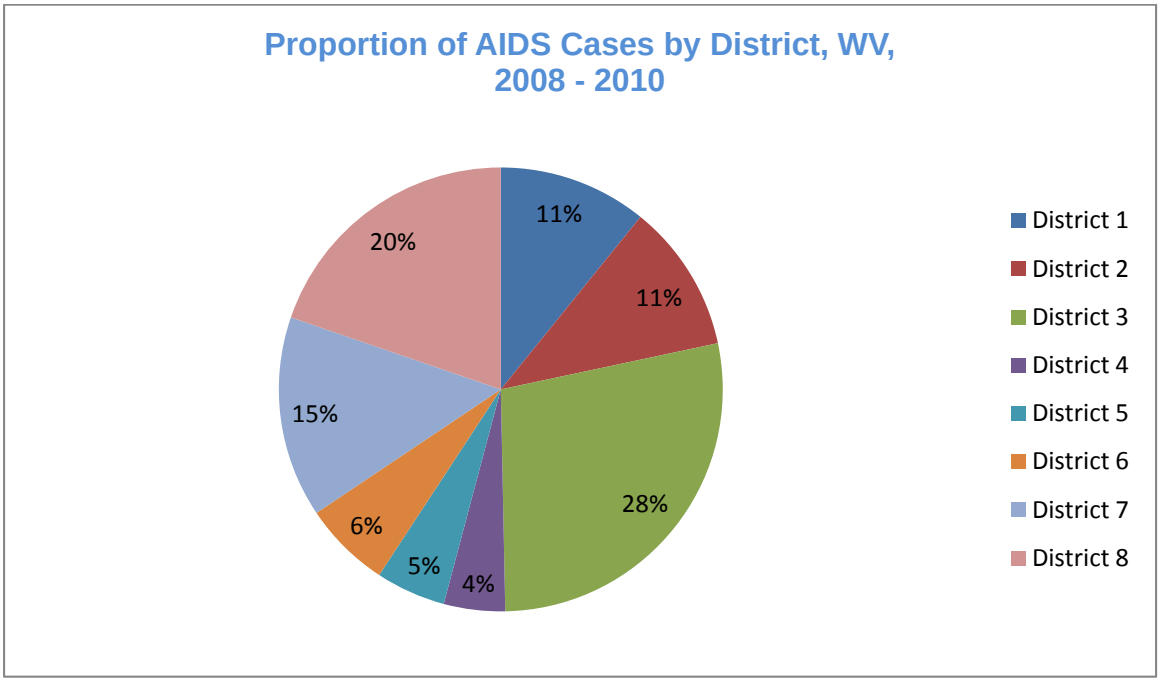
Geography

West Virginia's 55 counties are grouped into eight public health districts to help identify areas in need for community planning. HIV and AIDS cases were reported from all West Virginia districts; however, numbers varied by region. District 3, the second most populous District in West Virginia, has the highest number of reported HIV and AIDS infections of all West Virginia Districts with 55 HIV cases and 44 AIDS cases diagnosed between 2008 and 2010. District 8, the third most populous District in West Virginia, ranked second for both HIV and AIDS with 37 and 31 new cases reported, respectively. District 7, the most populous District in West Virginia, had the third highest number of AIDS cases with 23.

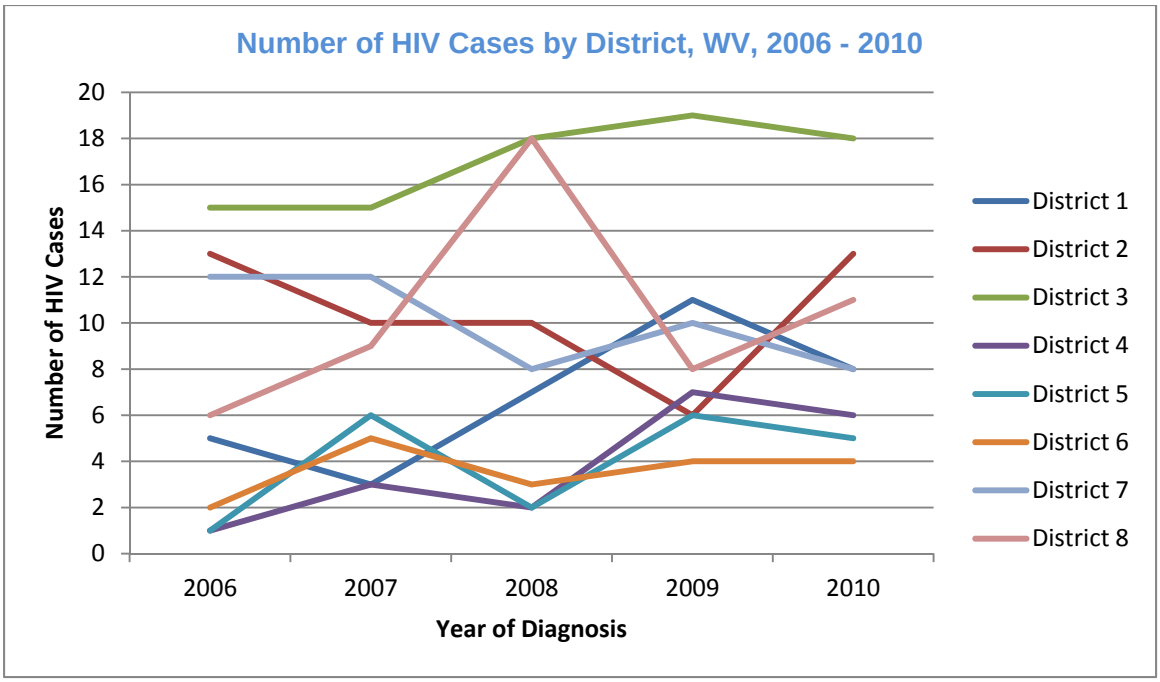
District	No. of HIV Cases	No. of AIDS Cases
1	26	17
2	29	17
3	55	44
4	15	7
5	13	8
6	11	10
7	26	23
8	37	31

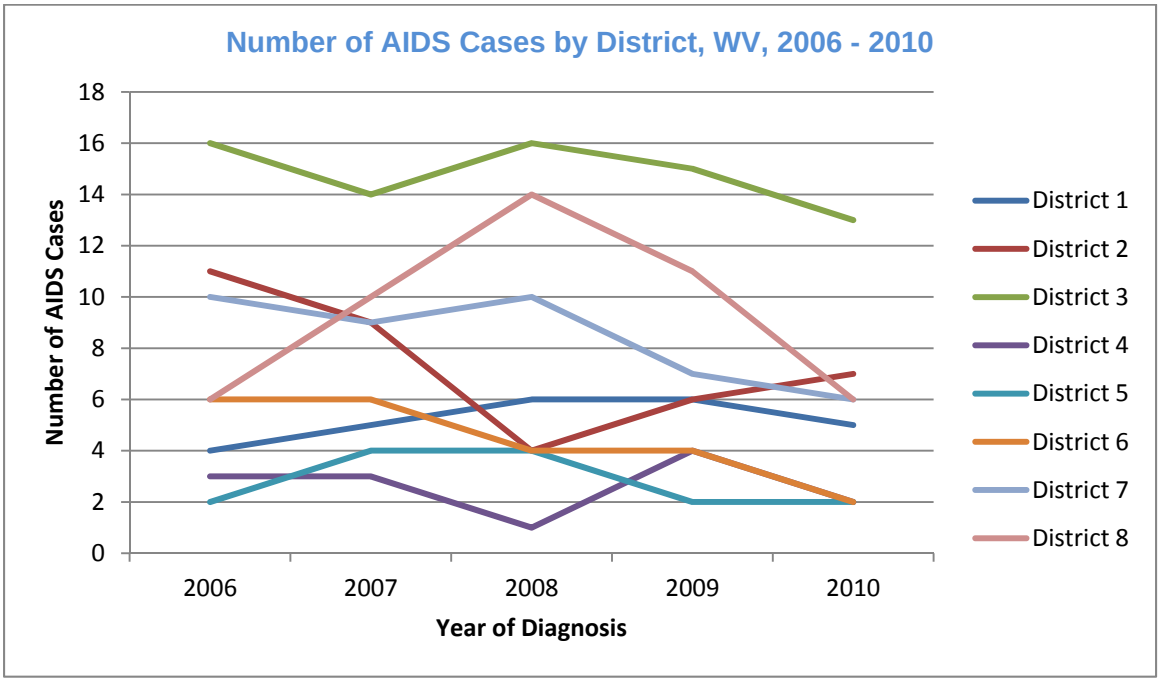




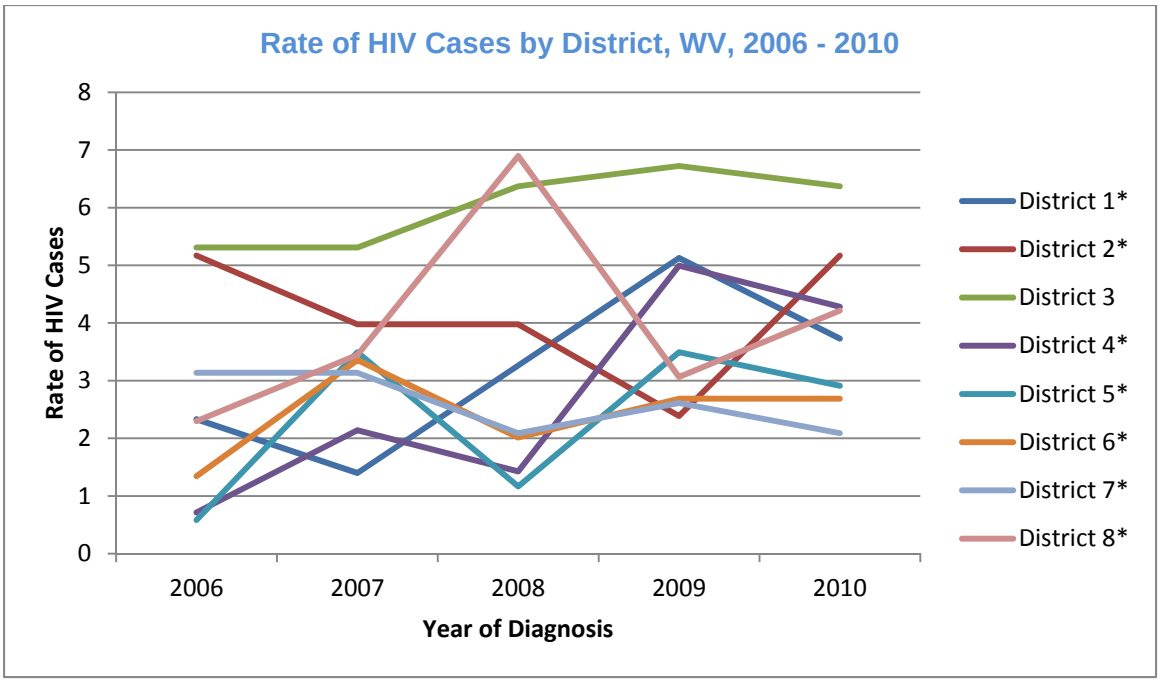


When reported in proportions rather than raw numbers, District 3 contains 26% of new HIV cases and 28% of new AIDS cases. This is followed by District 8 with 18% of new HIV cases and 20% of new AIDS cases.

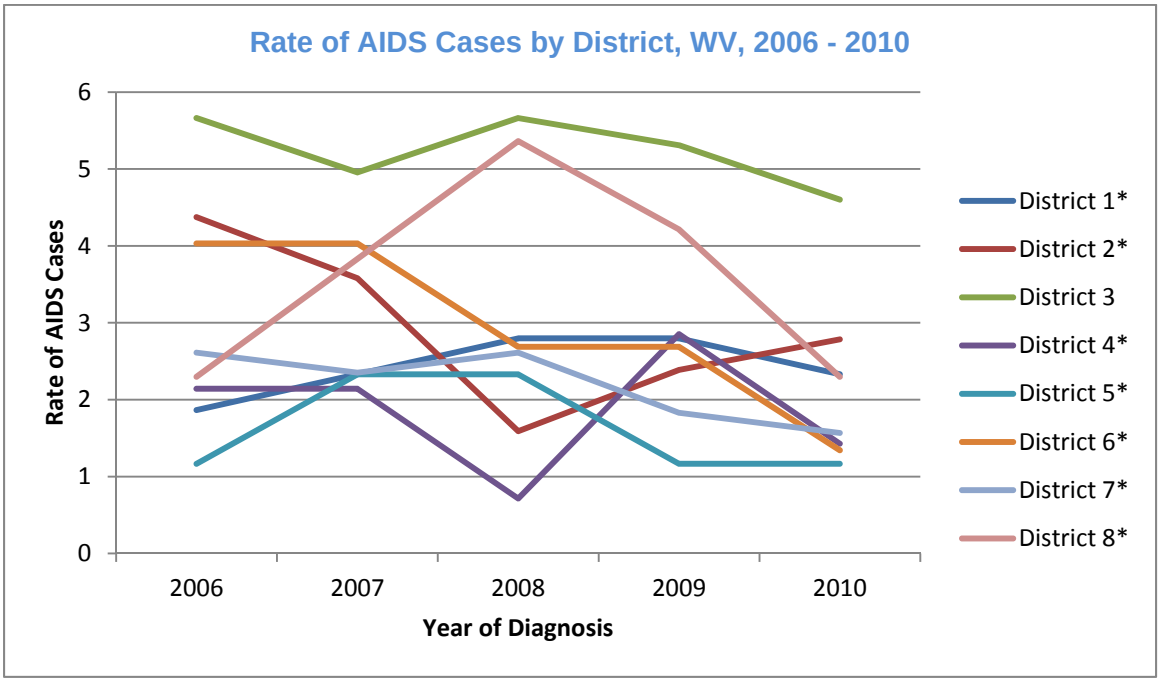




Over time, District 3 has the highest number of both HIV and AIDS cases, with the number of HIV cases per year increasing and the number of AIDS cases per year declining. District 8, though always remaining in the top 4 districts, experienced a peak in both HIV and AIDS cases in 2008 followed by a subsequent decline in numbers for both diagnoses. Other districts that have been in the top 4 districts in terms of numbers of HIV and AIDS cases per year are Districts 1, 2, and 7.



* Rates based on estimated numbers less than 12 should be interpreted with caution because the estimates have relative standard errors greater than 30% and are considered unreliable.

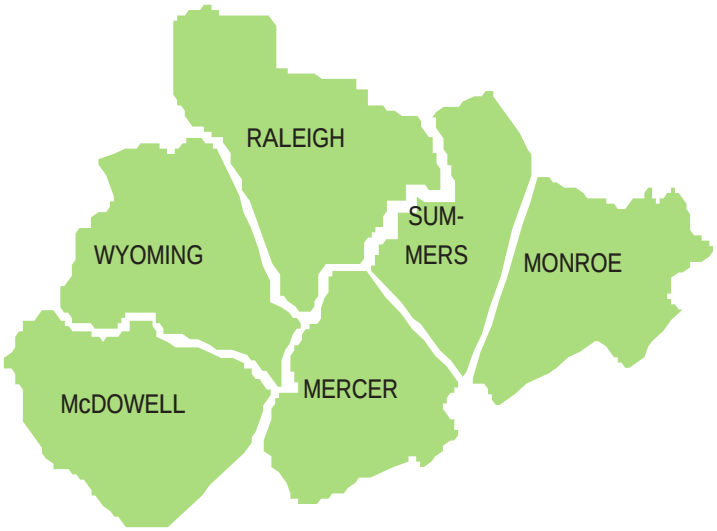


* Rates based on estimated numbers less than 12 should be interpreted with caution because the estimates have relative standard errors greater than 30% and are considered unreliable.

The relative position of districts in terms of yearly incidence rates is expected to differ from that of the raw numbers due to the large differences in population size between the districts. However, once rates are calculated, District 3 remains the number one district in terms of

HIV and AIDS incidence rates with the exception of 2008 when District 8 had the highest HIV incidence rate. Interpretation and comparison of incidence rates should be done with caution, however, because West Virginia is a low incidence state and has several districts with a relatively low population. For example, District 6 has the third highest AIDS incidence rate in 2006 and the second highest in 2007. However, this high incidence rate represents only six AIDS cases in each year.

District 1



Demographics

Population Distribution of Selected Demographic Characteristics, District 1, 2010.

District 1	Number	Percentage
Total population	214,461	100.0
Sex		
Male	104,818	48.9
Female	109,643	51.1
Race/ethnicity		
Non-Hispanic White	194,811	90.8
Non-Hispanic Black	13,078	6.1
Hispanic	1,944	0.9
Other	6,572	3.1
Age		
<13 years	31,441	14.6
13 – 19 years	18,542	8.6
20 – 24 years	12,076	5.6
25 – 29 years	11,828	5.5
30 – 39 years	27,398	12.7
40 – 49 years	27,733	12.9
50 – 59 years	34,023	15.8
60 and older	52,221	24.3

Source. Census 2010, US Bureau of the Census.
Note. Percentages may not add to 100% because of rounding.

District 1 is made up of McDowell, Wyoming, Raleigh, Mercer, Summers, and Monroe counties. It is the southern-most district in West Virginia. Approximately 51% of its

population is female and 91% is NH White. NH Blacks make up 6% of this district's population.

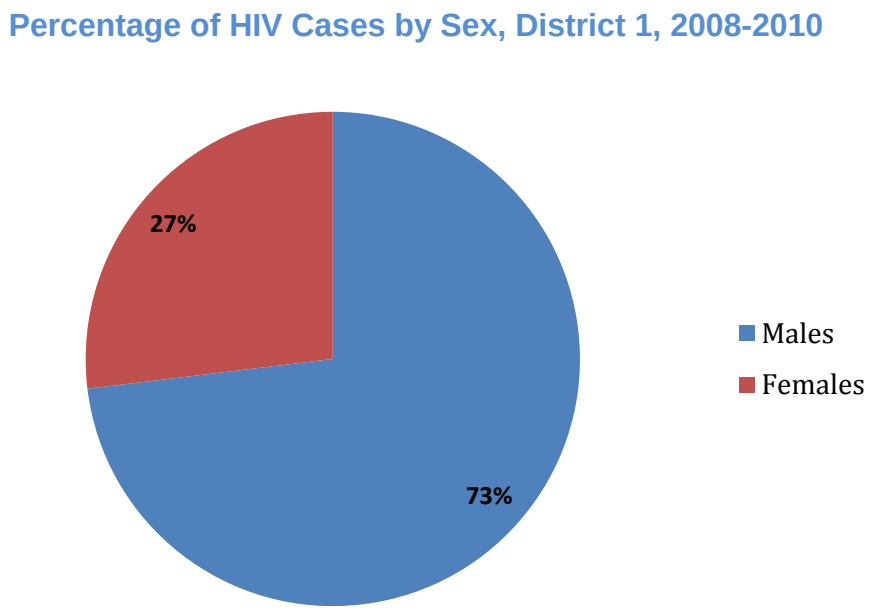
HIV/AIDS

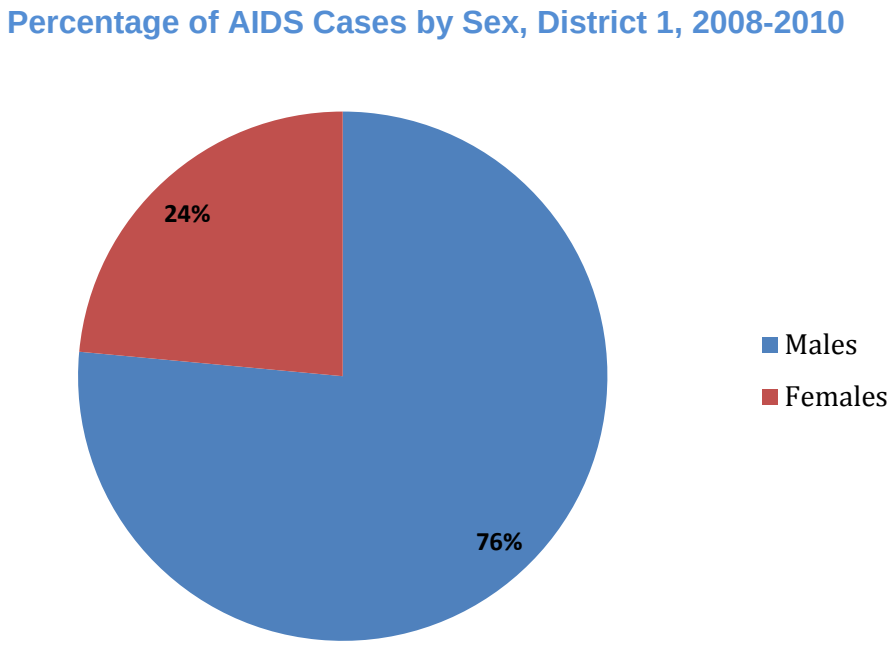
Number of HIV/AIDS Cases, District 1, 2006 - 2010

Year	Number of HIV Cases	Number of AIDS Cases
2006	5	<5
2007	<5	5
2008	7	6
2009	11	6
2010	8	5

Over the past five years, the average number of HIV and AIDS cases per year has been 6.8 and 5.2, respectively.

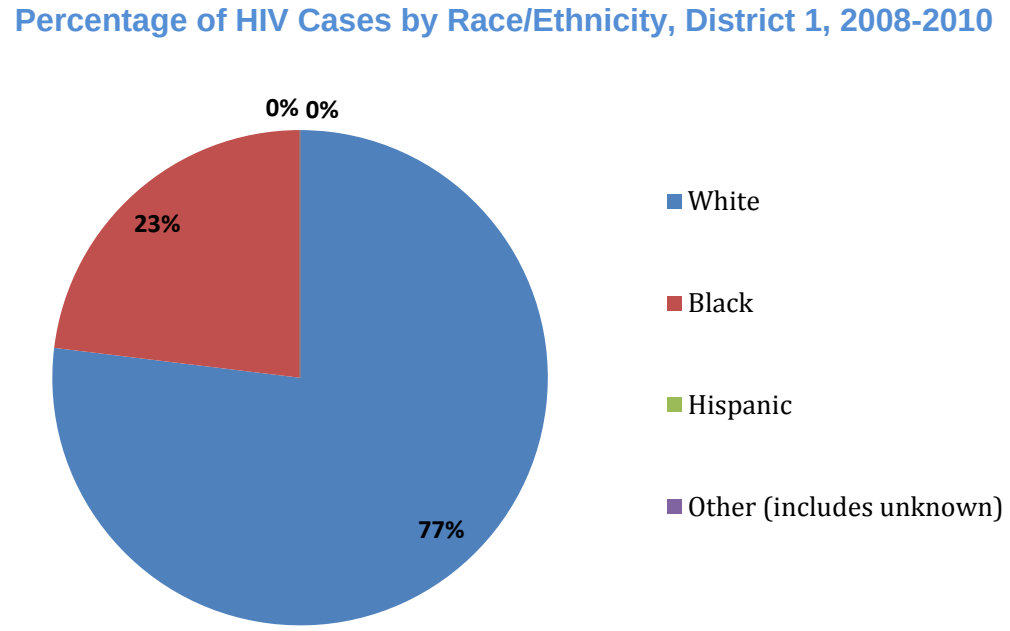
Sex

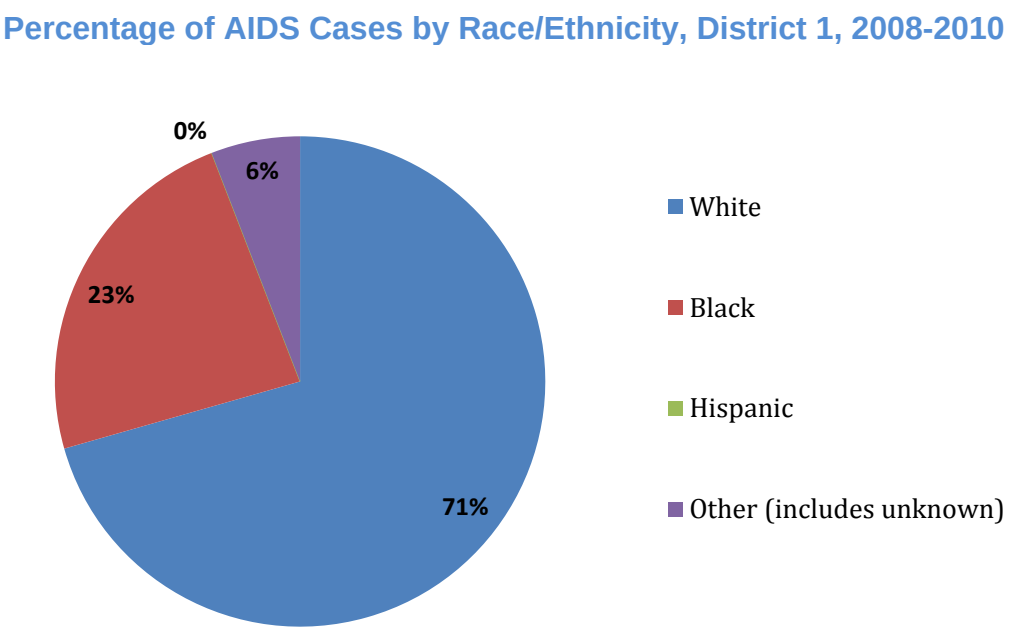




The majority of new HIV and AIDS cases over the past three years (2008 to 2010) have been males (73% and 76%, respectively).

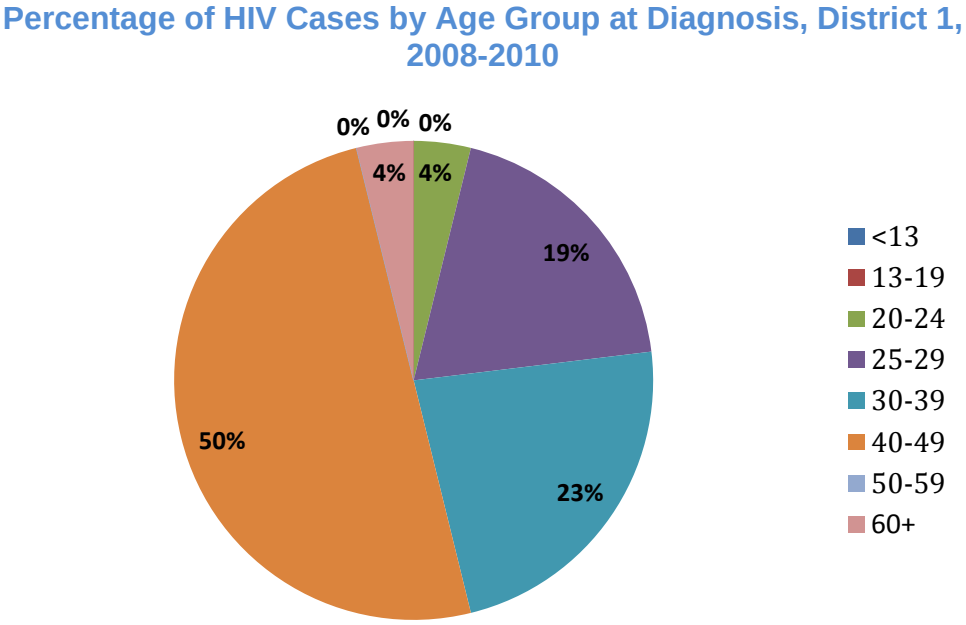
Race

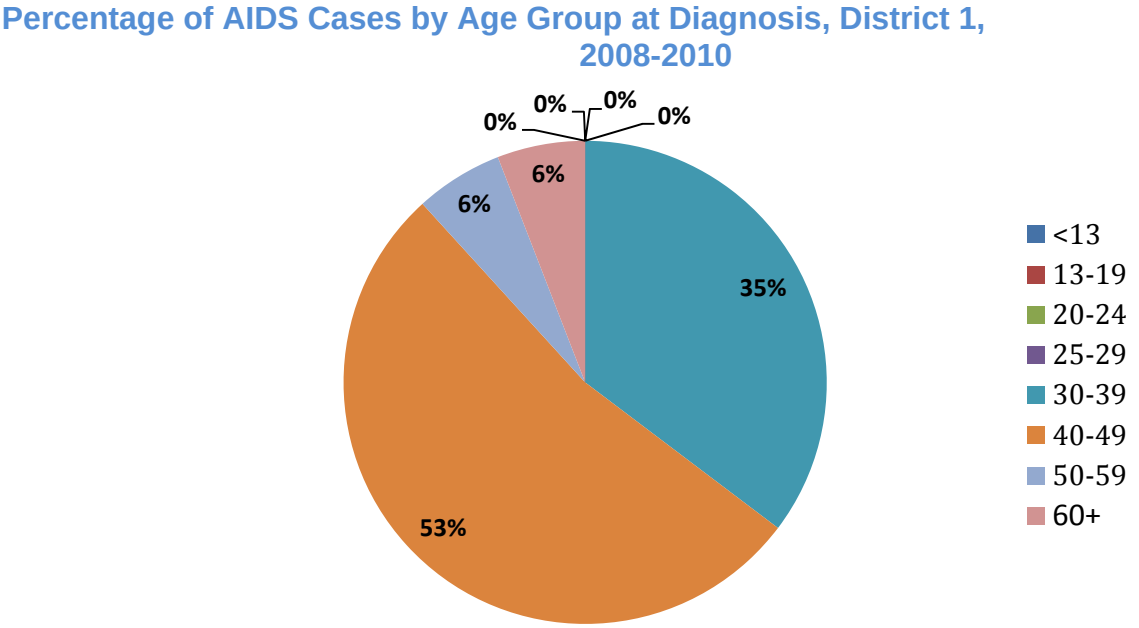




The majority of HIV and AIDS cases during this period have been NH White (77% and 71%, respectively), though NH Blacks are disproportionately impacted by the HIV and AIDS epidemics, representing 23% of both new HIV and new AIDS cases.

Age

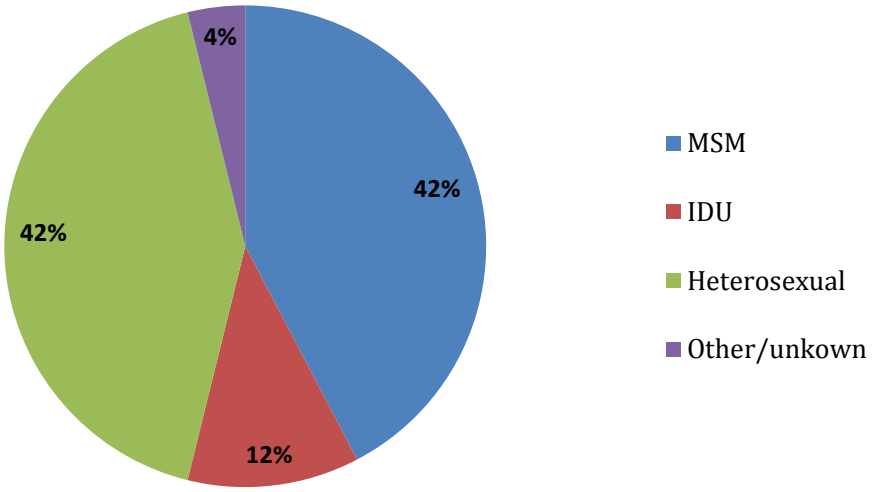




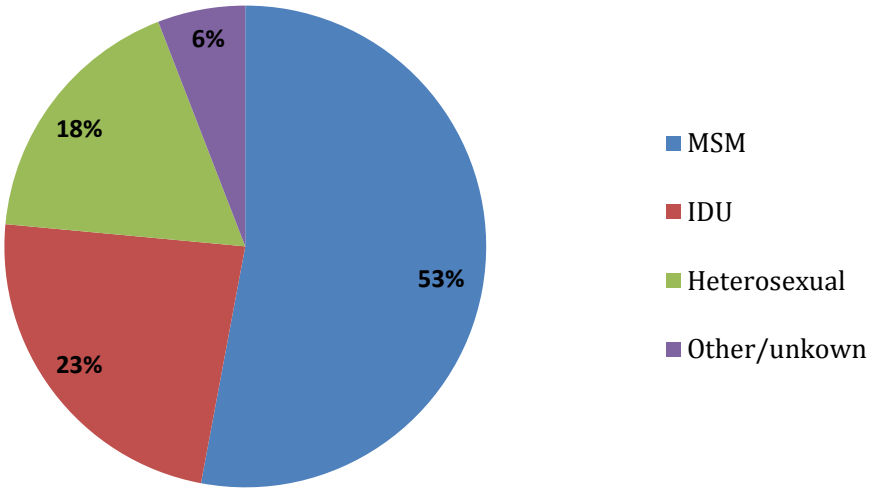
The age group most affected by HIV and AIDS in this district is ages 40 to 49 years, representing 50% of new HIV and 53% of new AIDS cases. The second most prevalent age group for both HIV and AIDS is 30 to 39 years (23% and 35%, respectively).

Transmission

Percentage of HIV Cases by Transmission Category, District 1, 2008-2010



Percentage of AIDS Cases by Transmission Category, District 1, 2008-2010



Although MSM is the most frequent transmission category for HIV infection in the state, in District 1 both heterosexual activity and MSM are equally likely to be reported as the HIV transmission category (42% of new infections, each). With respect to new AIDS cases, 53% were ascribed to MSM while 23% were ascribed to IDU and 18% to heterosexual activity.

HIV/AIDS Cases Diagnosed in District 1, 2008 – 2010.				
Characteristic	Cumulative HIV Cases (2008 – 2010)		Cumulative AIDS Cases (2008 – 2010)	
	Cases	Percent	Cases	Percent
Total	26	100	17	100
Sex				
Male	19	73	13	76
Female	7	27	<5	24
Age group at Diagnosis				
<13 years	<5	0	<5	0
13 – 19 years	<5	0	<5	0
20 – 24 years	<5	4	<5	0
25 – 29 years	5	19	<5	0
30 – 39 years	6	23	6	35
40 – 49 years	13	50	9	53
50 – 59 years	<5	0	<5	6
60 and over	<5	4	<5	6
Race				
White	20	77	12	71
Black	6	23	<5	24
Other	<5	0	<5	6
Transmission Category				
MSM	11	42	9	53
IDU	<5	12	<5	24
Heterosexual	11	42	<5	18
Other/Unknown	<5	4	<5	6

Note: Percentages may not add to 100 due to rounding. Cumulative HIV and AIDS numbers come from the WV Department of Health and Human Services, Bureau of Public Health, Office of Epidemiology and Prevention Services, Division of STD/HIV and Hepatitis. Population totals come from the 2010 US Census.

The raw numbers for District 1 show that between 2008 and 2010, 26 cases of HIV and 17 cases of AIDS were reported. The majority of cases were male, NH White, and occurred in the age group of 40 to 49 years.

People living with HIV/AIDS, District 1, December 31, 2010.		
Characteristic	PLWHA*	
	Cases	Percent
Total	208	100
Sex		
Male	152	73
Female	56	27
Current Age Group		
< 13 years	<5	1
13 – 19 years	<5	1
20 – 24 years	<5	2
25 – 29 years	17	8
30 – 39 years	38	18
40 – 49 years	78	38
50 – 59 years	49	24
60 and over	18	9
Race		
White	142	68
Black	63	30
Hispanic	<5	0
Other/Unknown	<5	1
Transmission Category		
MSM	96	46
IDU	38	18
MSM and IDU	10	5
Heterosexual	42	20
Perinatal	5	2
Blood Recipient	<5	1
Unknown	14	7
Race x Sex		
White Male	111	53
White Female	31	15
Black Male	40	19
Black Female	23	11
Race x Age group		
White, < 13 years	<5	1
White, 13 – 19 years	<5	0
White, 20 – 24 years	<5	1
White, 25 – 29 years	9	4
White, 30 – 39 years	31	15
White, 40 – 49 years	51	25
White, 50 – 59 years	32	15
White, 60 and over	15	7

People living with HIV/AIDS, cont.		
Characteristic	PLWHA*	
	Cases	Percent
Black, < 13 years	<5	0
Black, 13 – 19 years	<5	1
Black, 20 – 24 years	<5	1
Black, 25 – 29 years	8	4
Black, 30 – 39 years	7	3
Black, 40 – 49 years	26	13
Black, 50 – 59 years	15	7
Black, 60 and over	<5	1
Race x Transmission Category		
White, MSM	75	36
White, IDU	21	10
White, Heterosexual	22	11
White, Other/Unk.	24	12
Black, MSM	21	10
Black, IDU	16	8
Black, Heterosexual	19	9
Black, Other/Unk.	7	3
Race x Sex x Transmission Category		
White, M, MSM	75	36
White, M, IDU	10	5
White, M, Het.	6	3
White, M, Oth./Unk.	20	10
White, F, IDU	11	5
White, F, Het.	16	8
White, F, Oth./Unk.	<5	2
Black, M, MSM	21	10
Black, M, IDU	8	4
Black, M, Het.	5	2
Black, M, Oth./Unk.	6	3
Black, F, IDU	8	4
Black, F, Het.	14	7
Black, F, Oth./Unk.	<5	0

Note: Percentages may not add to 100 due to rounding or omission of categories.
* PLWHA = People Living with HIV/AIDS.

As of December 31, 2010, there were 208 PLWHA in District 1. Slightly over half of the PLWHA were NH White males, though both NH Black males and females were overrepresented in the PLWHA population (19% and 11%, respectively). For both NH Whites and NH Blacks, the largest percentage of PLWHA are between the ages of 40 and 49 years followed by the age group of 59 to 59 years. Although the MSM transmission category is clearly the most prevalent transmission category among NH Whites, among NH Blacks the categories of MSM and heterosexual contact are very close in terms of prevalence. Finally, though NH White males infected through MSM make up 36% of the PLWHA population, NH Black males infected through MSM and NH White females infected through heterosexual contact are the second and third largest groups (10% and 8%, respectively).

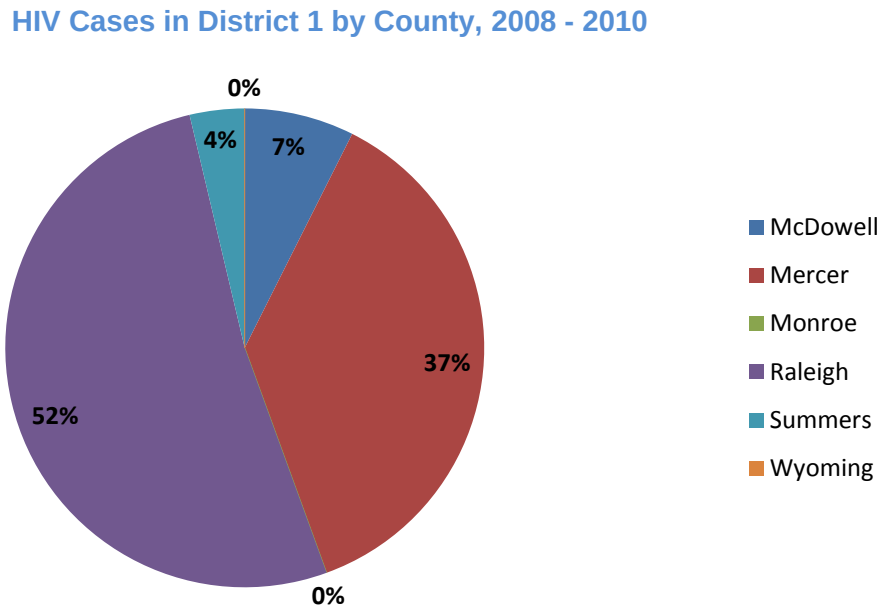
WV HIV INFECTION and AIDS CASES, DISTRICT 1, BY RACE, GENDER, and TRANSMISSION CATEGORY, 2008-2010				
	HIV		AIDS	
Risk Behavior Group	White No.	Black No.	White No.	Black No.
Male Transmission Category by Race/ethnicity				
MSM	8	<5	7	<5
IDU	<5	<5	<5	<5
Heterosexual Contact	<5	<5	<5	<5
Female Transmission Category by Race/ethnicity				
IDU	<5	<5	<5	<5
Heterosexual Contact	6	<5	<5	<5
Total (White & Black)	18	7	11	4
	25		**15**	

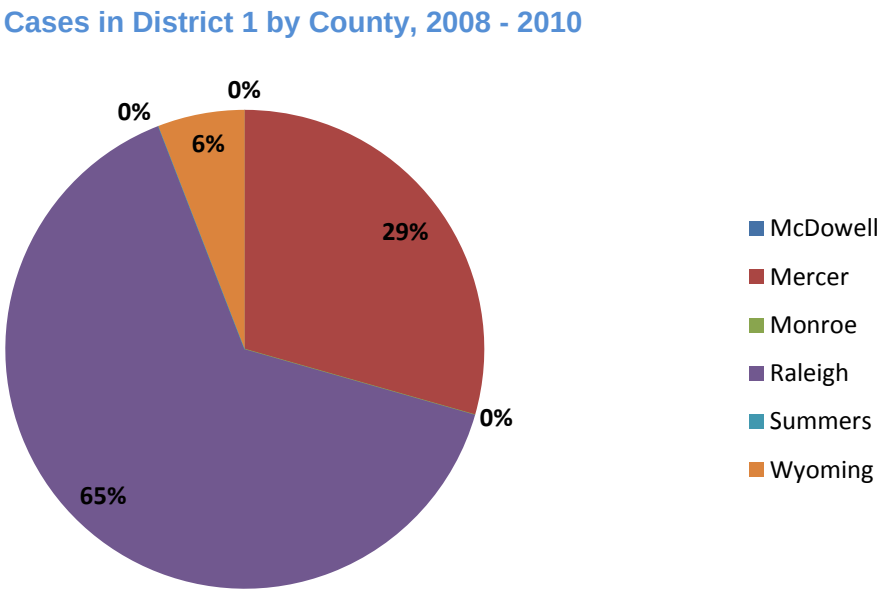
Note: Due to small cell counts, the table does not include racial/ethnic groups other than White and Black. It also excludes the following transmission categories: MSM/IDU, blood recipient, perinatal, and unknown.

HIV and AIDS Infection Cases in WV—Top 3 Groups in District 1, 2008 – 2010.

Rank	Race	Gender	Trans. Category	Number of Cases
1	White	Male	MSM	15
2	White	Female	Heterosexual	8
3	Black	Male	MSM	6

With respect to more recent infections, the group with the most HIV and AIDS infections between 2008 and 2010 was NH White males whose risk factor was MSM. The group with the second highest number of HIV and AIDS infections was NH White females who were infected through heterosexual contact. Finally, the group with the third highest number of HIV and AIDS infections was NH Black males who stated that they were infected through MSM.





Raleigh County accounted for the majority of both HIV (52%) and AIDS (65%) cases in District 1 from 2008 to 2010. Mercer County had the second largest number of new HIV (37%) and AIDS (29%) cases in the District.

District 2

District 2 consists of Mason, Cabell, Wayne, Lincoln, Mingo, and Logan counties. It is the western-most district in the state.

Demographics

Population Distribution of Selected Demographic Characteristics, District 2, 2010.

District 1	Number	Percentage
Total population	251,426	100.0
Sex		
Male	122,908	48.9
Female	128,518	51.1
Race/ethnicity		
Non-Hispanic White	238,506	94.9
Non-Hispanic Black	6,231	2.5
Hispanic	1,856	0.7
Other	4,833	1.9
Age		
<13 years	37,697	15.0
13 – 19 years	21,931	8.7
20 – 24 years	16,364	6.5
25 – 29 years	15,747	6.3
30 – 39 years	32,112	12.8
40 – 49 years	33,420	13.3
50 – 59 years	37,944	15.1
60 and older	56,211	22.4

Source. Census 2010, US Bureau of the Census.
Note. Percentages may not add to 100% because of rounding.

The District 2 population of 251,426 individuals is almost evenly divided between men and women. The vast majority of residents are NH White (94.9%), with the second largest racial/ethnic group being NH Black (2.5%).

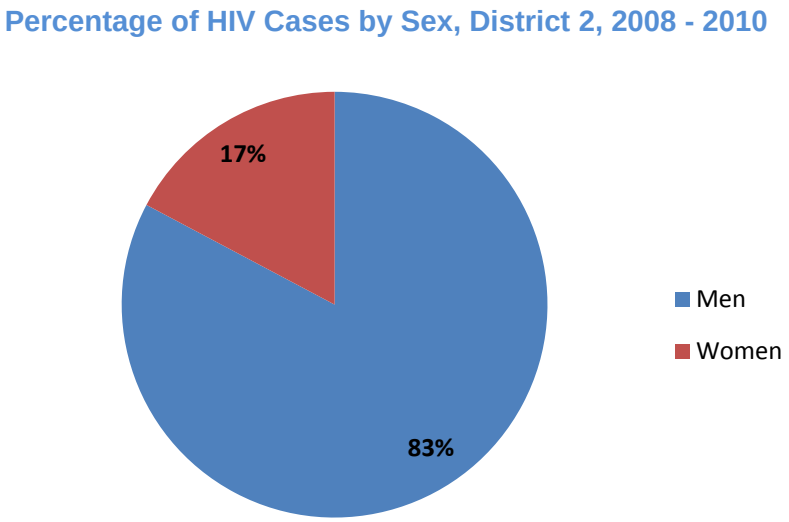
HIV/AIDS

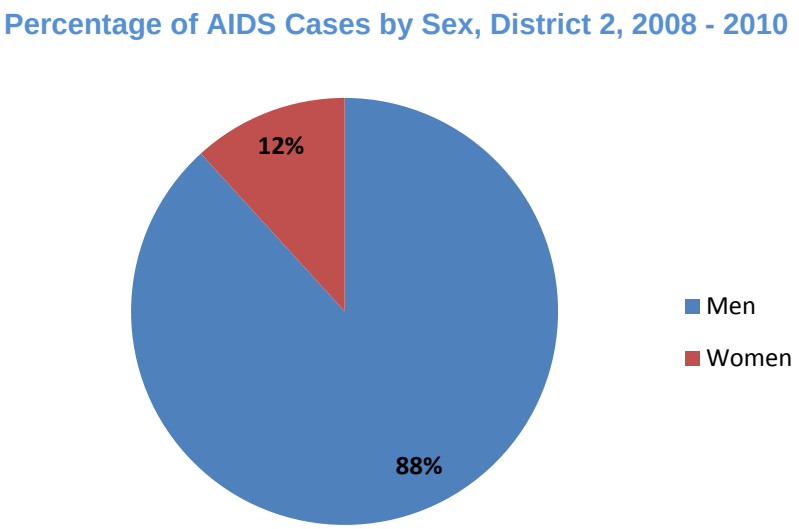
Number of HIV/AIDS Cases, District 2, 2006 - 2010

Year	Number of HIV Cases	Number of AIDS Cases
2006	13	11
2007	10	9
2008	10	<5
2009	6	6
2010	13	7

Between 2006 and 2010, there were an average of 10.4 HIV cases and 7.4 AIDS cases per year.

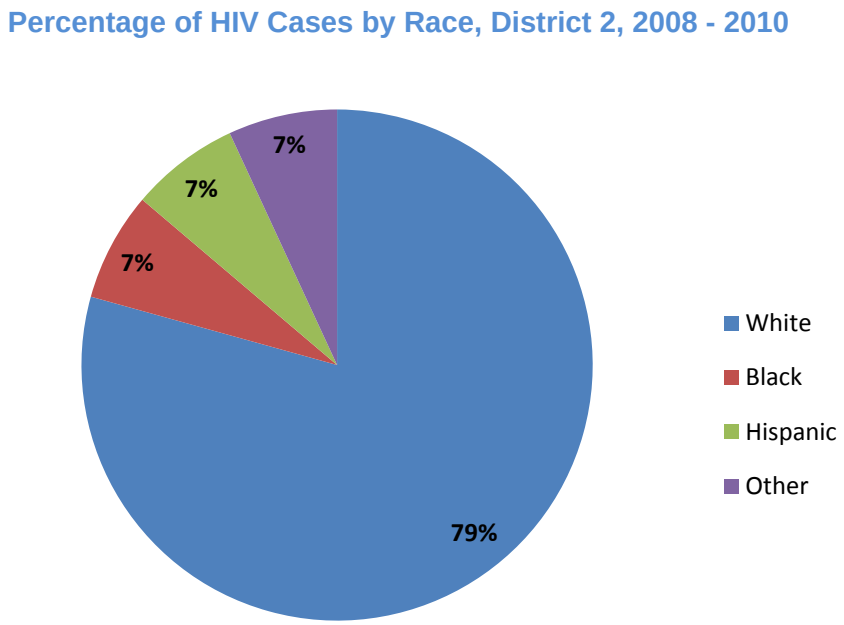
Sex

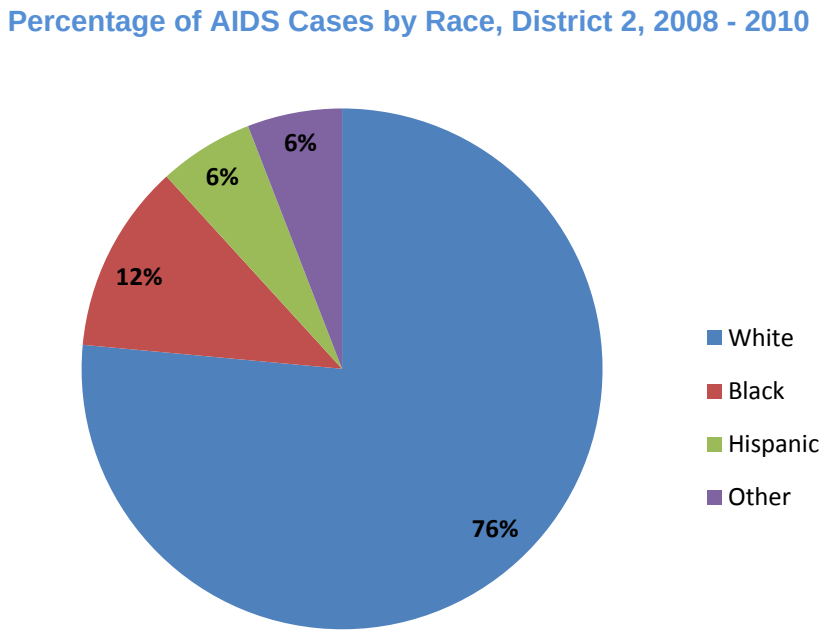




The majority of both HIV and AIDS cases in District 2 between 2008 and 2010 were among Men (83% and 88%, respectively).

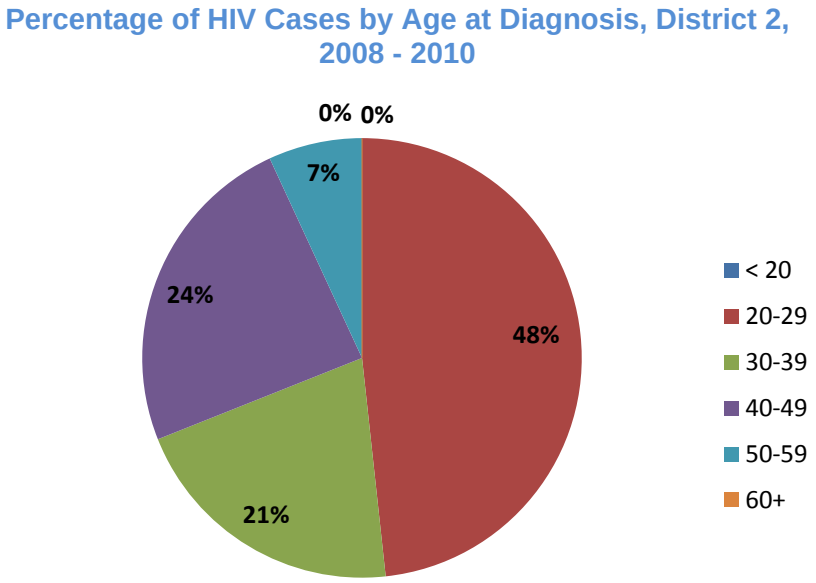
Race

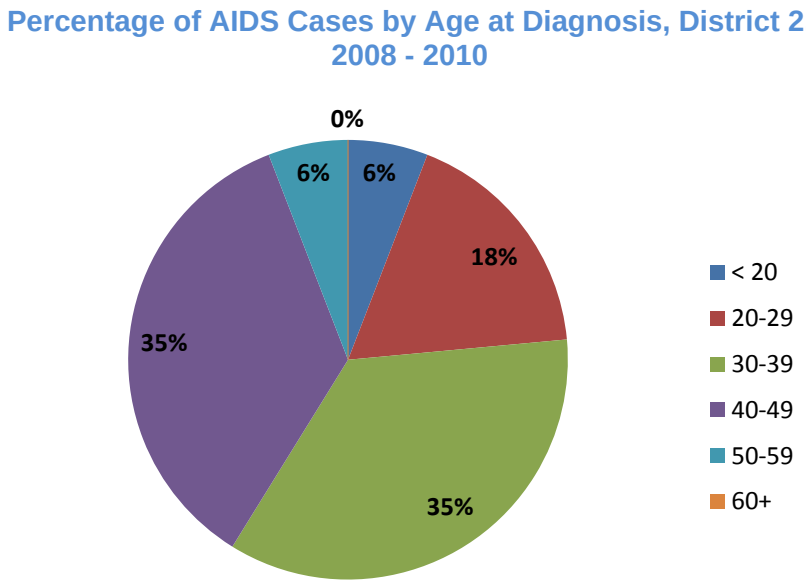




In District 2, most HIV and AIDS cases were among individuals of NH White race/ethnicity (79% and 76%, respectively). Individuals of NH Black or Hispanic race/ethnicity were disproportionately impacted by HIV and AIDS, with 12% of AIDS and 7% of HIV cases occurring among NH Blacks and 6% of AIDS and 7% of HIV cases occurring among Hispanics.

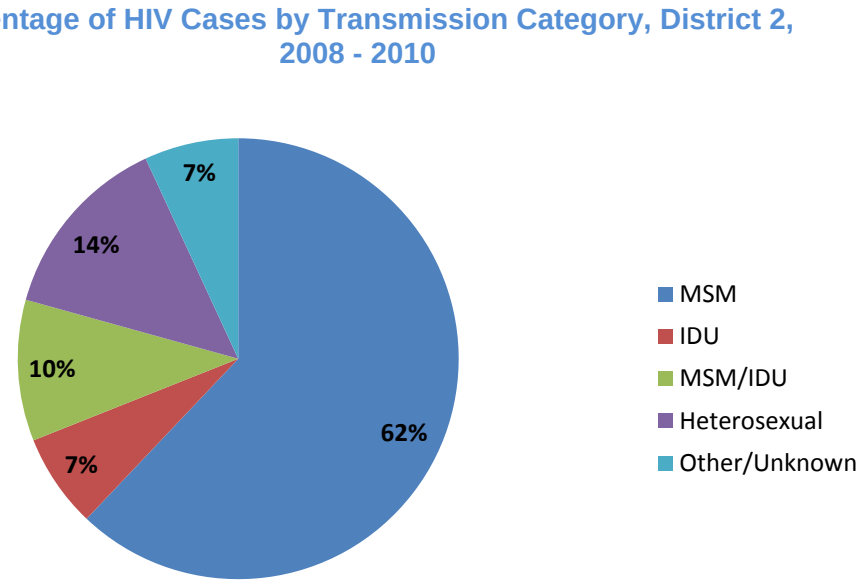
Age

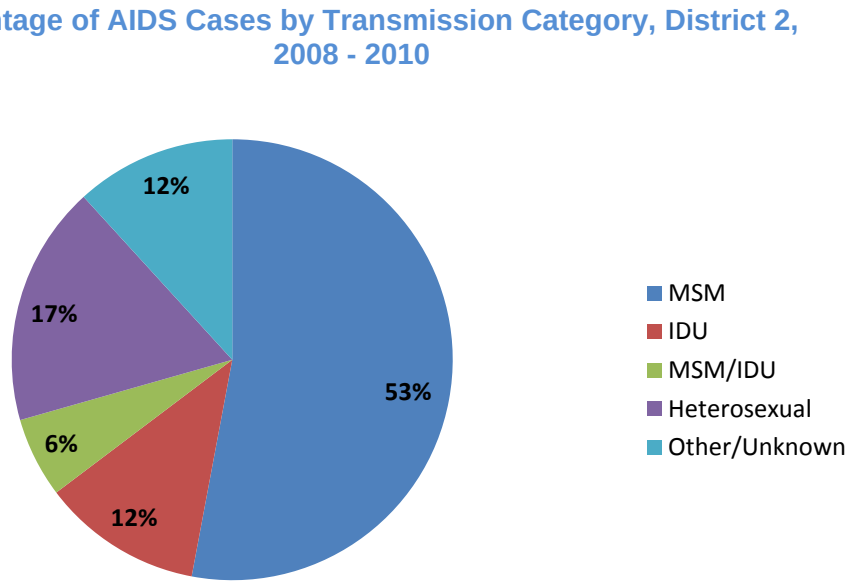




Almost half (48%) of recent HIV cases in District 2 occurred among individuals younger than age 30. An additional 24% of cases occurred in the age group of 40 to 49 years followed by the age group of 30 to 39 years (21%). Age at AIDS diagnosis showed an older age distribution, with only 24% of cases being diagnosed among individuals younger than 30 years. Individuals aged 30 to 49 accounted for 70% of AIDS cases diagnosed in District 2 between the years of 2008 and 2010.

Transmission





For both HIV and AIDS, MSM was the largest transmission category, accounting for 62% of HIV cases and 53% of AIDS cases in District 2. The second largest transmission category for both HIV and AIDS was heterosexual contact (14% and 17%, respectively).

HIV/AIDS Cases Diagnosed in District 2, 2008 – 2010.				
Characteristic	Cumulative HIV Cases (2008 – 2010)		Cumulative AIDS Cases (2008 – 2010)	
	Cases	Percent	Cases	Percent
Total	29	100	17	100
Sex				
Male	24	83	15	88
Female	5	17	<5	12
Age group at Diagnosis				
<13 years	<5	0	<5	0
13 – 19 years	<5	0	<5	6
20 – 24 years	8	28	<5	6
25 – 29 years	6	21	<5	12
30 – 39 years	6	21	6	35
40 – 49 years	7	24	6	35
50 – 59 years	<5	7	<5	6
60 and over	<5	0	<5	0
Race				
White	23	79	13	76
Black	<5	7	<5	12
Other	<5	14	<5	12
Transmission Category				
MSM	18	62	9	53
IDU	<5	7	<5	12
Heterosexual	<5	14	<5	18
Other/Unknown	5	17	<5	18

Note: Percentages may not add to 100 due to rounding. Cumulative HIV and AIDS numbers come from the WV Department of Health and Human Services, Bureau of Public Health, Office of Epidemiology and Prevention Services, Division of STD/HIV and Hepatitis. Population totals come from the 2010 US Census.

Between 2008 and 2010, 29 cases of HIV and 17 cases of AIDS occurred in District 2. This table shows the raw numbers in each demographic/behavioral group.

People living with HIV/AIDS, District 2, December 31, 2010.		
Characteristic	PLWHA*	
	Cases	Percent
Total	243	100
Sex		
Male	195	80
Female	48	20
Current Age Group		
< 13 years	<5	0
13 – 19 years	<5	1
20 – 24 years	10	4
25 – 29 years	15	6
30 – 39 years	51	21
40 – 49 years	79	33
50 – 59 years	62	26
60 and over	24	10
Race		
White	207	85
Black	31	13
Hispanic	<5	1
Other/Unknown	<5	1
Transmission Category		
MSM	141	58
IDU	21	9
MSM and IDU	12	5
Heterosexual	47	19
Perinatal	<5	0
Blood Recipient	<5	1
Unknown	19	8
Race x Sex		
White Male	170	70
White Female	37	15
Black Male	21	9
Black Female	10	4
Race x Age group		
White, < 13 years	<5	0
White, 13 – 19 years	<5	0
White, 20 – 24 years	6	2
White, 25 – 29 years	13	5
White, 30 – 39 years	41	17
White, 40 – 49 years	71	29
White, 50 – 59 years	54	22
White, 60 and over	21	9

People living with HIV/AIDS, cont.		
Characteristic	PLWHA*	
	Cases	Percent
Black, < 13 years	<5	0
Black, 13 – 19 years	<5	0
Black, 20 – 24 years	<5	1
Black, 25 – 29 years	<5	1
Black, 30 – 39 years	9	4
Black, 40 – 49 years	6	2
Black, 50 – 59 years	7	3
Black, 60 and over	<5	1
Race x Transmission Category		
White, MSM	129	53
White, IDU	16	7
White, Heterosexual	34	14
White, Other/Unk.	28	12
Black, MSM	10	4
Black, IDU	<5	2
Black, Heterosexual	12	5
Black, Other/Unk.	5	2
Race x Sex x Transmission Category		
White, M, MSM	129	53
White, M, IDU	11	5
White, M, Het.	6	2
White, M, Oth./Unk.	24	10
White, F, IDU	5	2
White, F, Het.	28	12
White, F, Oth./Unk.	<5	2
Black, M, MSM	10	4
Black, M, IDU	<5	1
Black, M, Het.	<5	1
Black, M, Oth./Unk.	5	2
Black, F, IDU	<5	0
Black, F, Het.	9	4
Black, F, Oth./Unk.	<5	0

Note: Percentages may not add to 100 due to rounding or omission of categories.
* PLWHA = People Living with HIV/AIDS.

At the end of December 2010, 243 PLWHA resided in District 2. Although 70% were NH White males, NH Black males and females were disproportionately represented among this population (15% and 9%, respectively). Although the age group of 40 to 49 years was the most prevalent age group among NH Whites, the age group of 30 to 39 years was most prevalent among NH Blacks. The primary transmission category also differed by racial/ethnic group, as MSM was the most prevalent transmission category among NH Whites while heterosexual contact was the most prevalent transmission category among NH Blacks. Finally, 53% of PLWHA in District 2 were NH White males with a transmission category of MSM. The second most prevalent group was NH White females infected through heterosexual contact (12%).

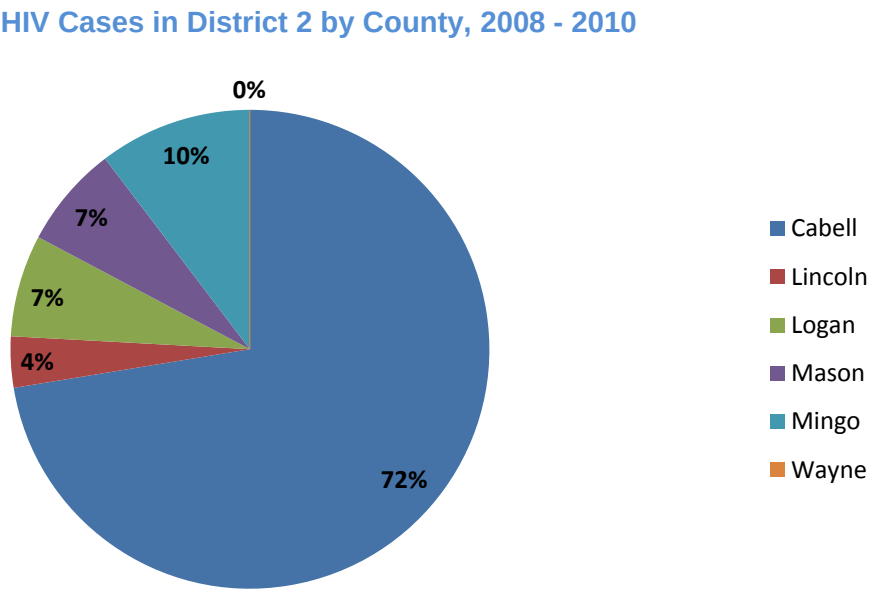
WV HIV INFECTION and AIDS CASES, DISTRICT 2, BY RACE, GENDER, and TRANSMISSION CATEGORY, 2008-2010				
	HIV		AIDS	
Risk Behavior Group	White No.	Black No.	White No.	Black No.
Male Transmission Category by Age Group				
MSM	15	<5	8	<5
IDU	<5	<5	<5	<5
Heterosexual Contact	<5	<5	<5	<5
Female Transmission Category by Age Group				
IDU	<5	<5	<5	<5
Heterosexual Contact	<5	<5	<5	<5
Total (White & Black)	19	2	12	1
	21		13	

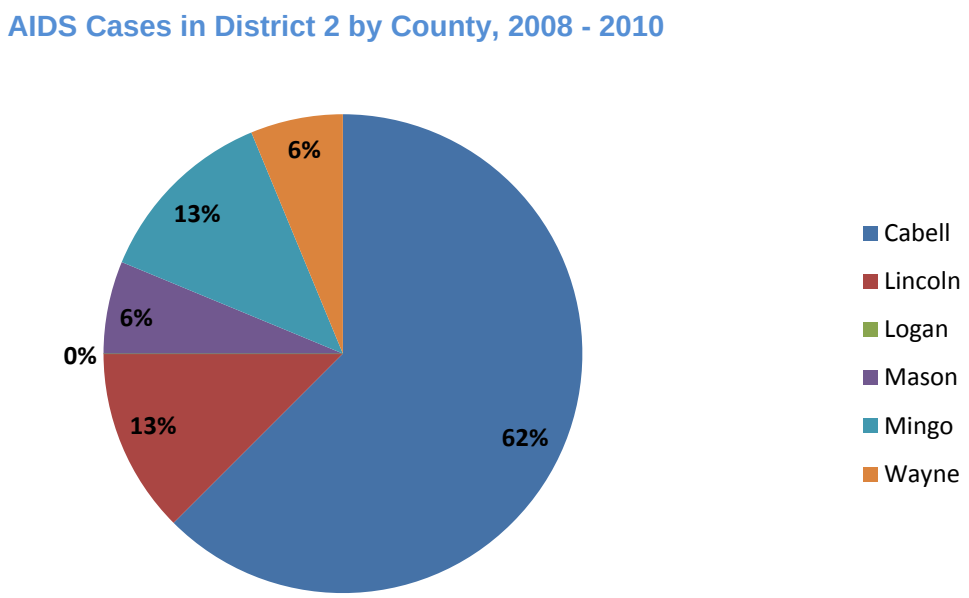
Note: Due to small cell counts, the table does not include racial/ethnic groups other than White and Black. It also excludes the following transmission categories: MSM/IDU, blood recipient, perinatal, and unknown.

HIV/AIDS Infection Cases in WV—Top 2 Groups in District 2, 2008 – 2010.

Rank	Race	Gender	Trans. Category	Number of Cases
1	White	Male	MSM	23
2	White	Female	Heterosexual	5

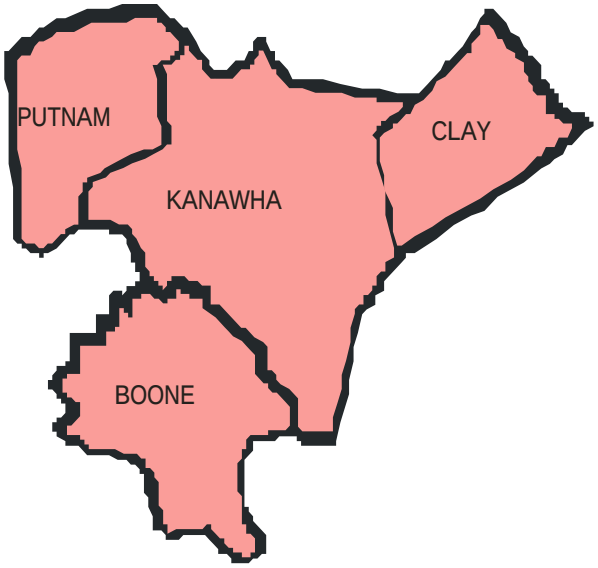
With respect to recent HIV and AIDS infections, the group with the most HIV infections between 2008 and 2010 was NH White males whose transmission category was MSM. The group with the second highest number of HIV infections was NH White females with a transmission category of heterosexual contact.





Cabell County accounted for the majority of both HIV (72%) and AIDS (62%) cases in District 2 from 2008 to 2011. Mingo County had the second largest number of new HIV cases (10%) and tied for second with Lincoln County for proportion of new AIDS cases (13% each) in the District.

District 3



District 3 consists of Putnam, Kanawha, Boone, and Clay counties. The state capitol resides in this district.

Demographics

Population Distribution of Selected Demographic Characteristics, District 3, 2010.

District 3	Number	Percentage
Total population	282,564	100.0
Sex		
Male	136,877	48.4
Female	145,687	51.6
Race/ethnicity		
Non-Hispanic White	257,809	91.2
Non-Hispanic Black	14,556	5.2
Hispanic	2,426	0.9
Other	7,773	2.8
Age		
<13 years	43,537	15.4
13 – 19 years	23,624	8.4
20 – 24 years	14,724	5.2
25 – 29 years	16,405	5.8
30 – 39 years	36,090	12.8
40 – 49 years	38,662	13.7
50 – 59 years	45,256	16.0
60 and older	64,266	22.7

Source. Census 2010, US Bureau of the Census.
Note. Percentages may not add to 100% because of rounding.

According to the 2010 US Census, 282,564 people reside in District 3. This population is approximately half male and 91% NH White. The second largest racial/ethnic group is NH Black, which makes up 5.2% of the population.

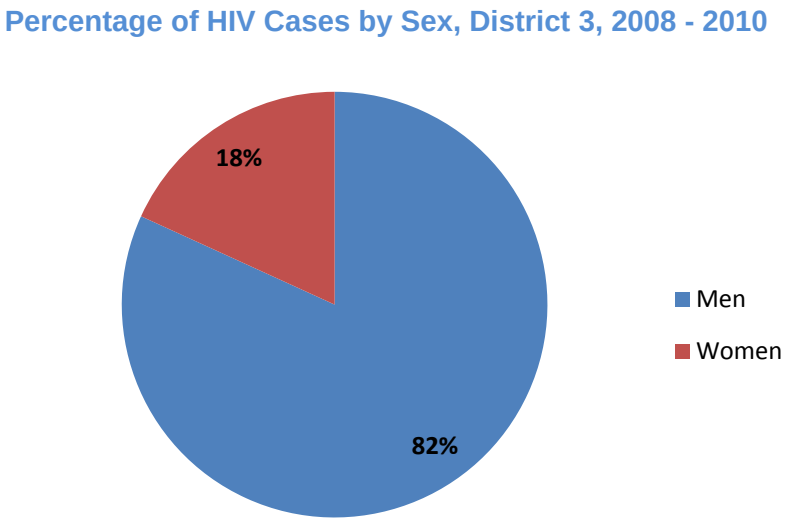
HIV/AIDS

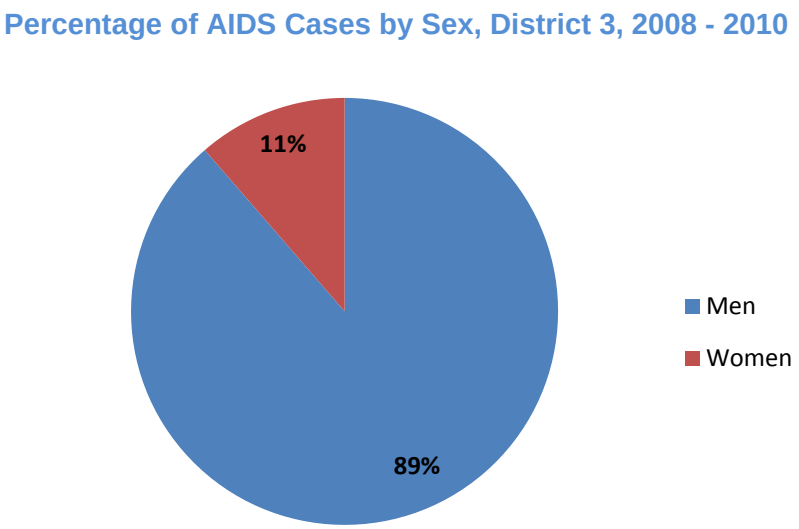
Number of HIV/AIDS Cases, District 3, 2006 - 2010

Year	Number of HIV Cases	Number of AIDS Cases
2006	15	16
2007	15	14
2008	18	16
2009	19	15
2010	18	13

Between 2006 and 2010, an average of 17 HIV and 14.8 AIDS cases occurred per year in this district.

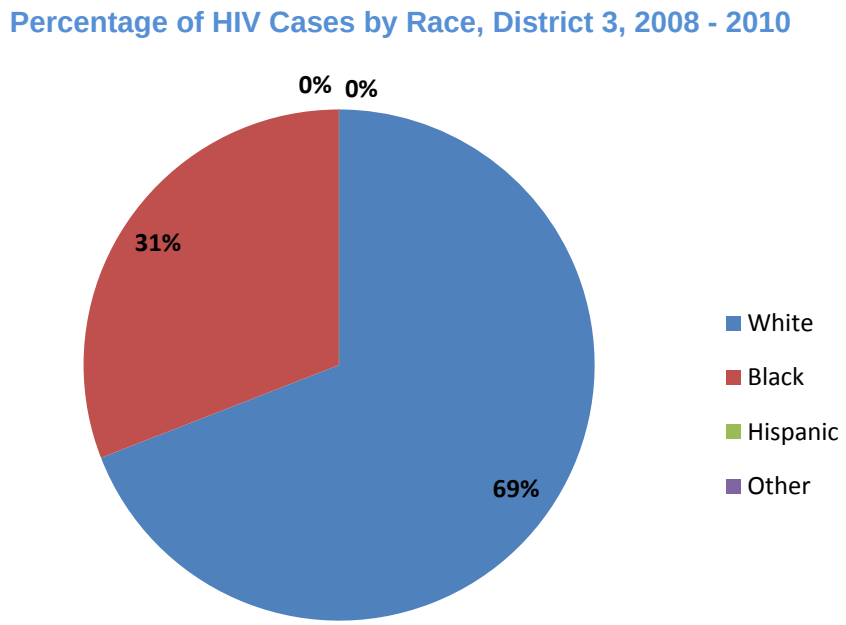
Sex

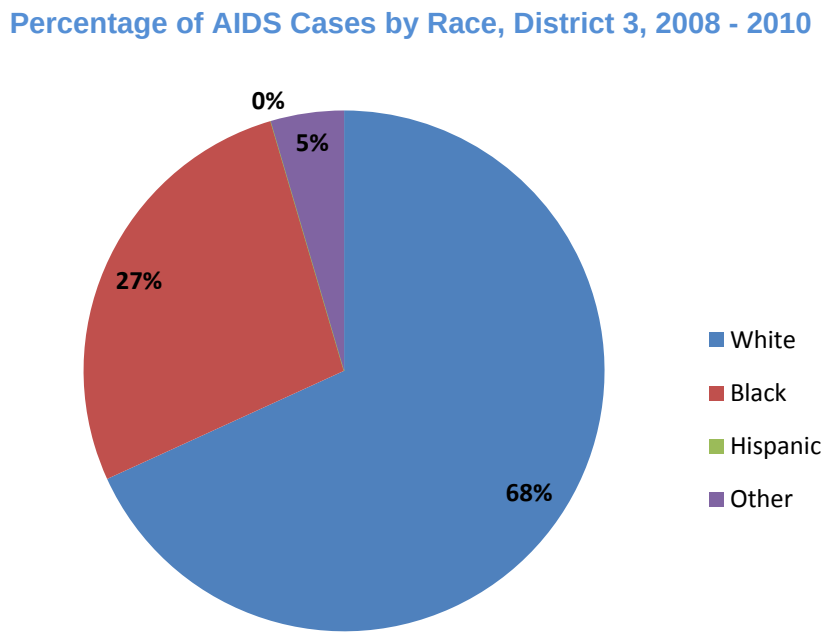




From 2008 to 2010, the majority of new HIV and AIDS cases were among men (82% and 89%, respectively).

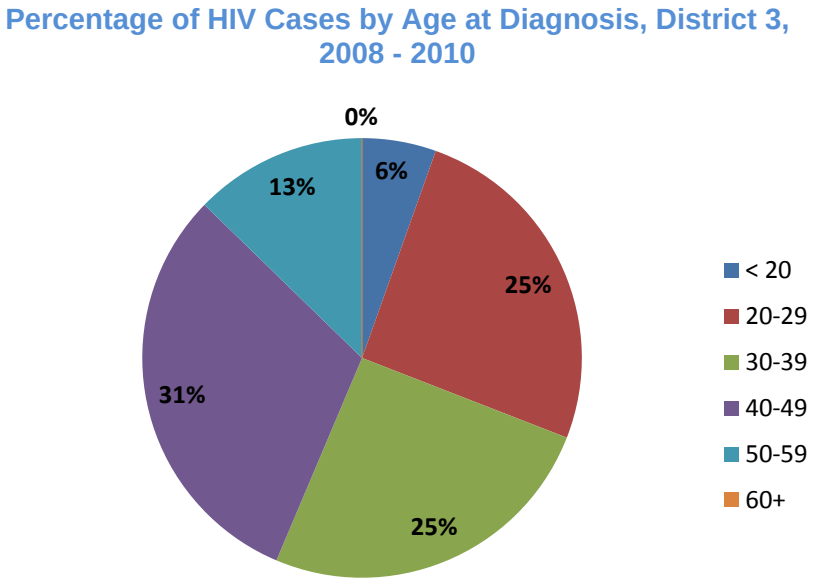
Race

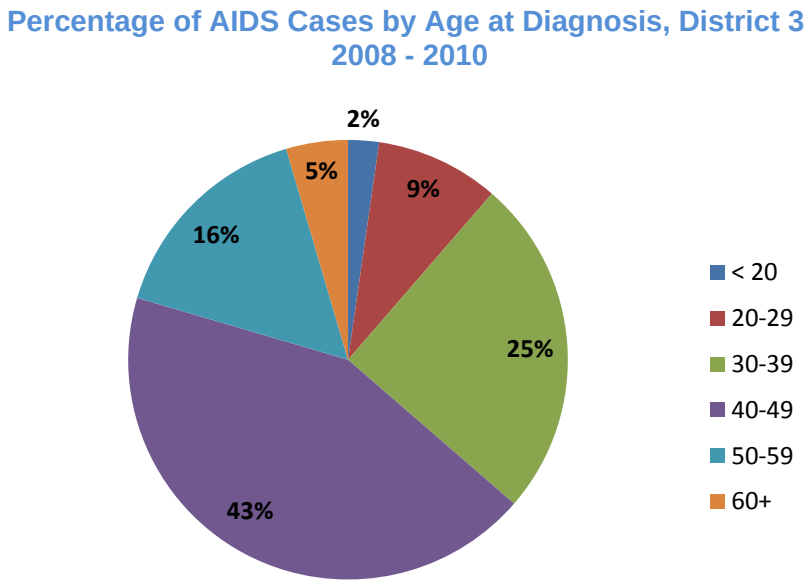




Approximately two-thirds of both HIV and AIDS cases from 2008 to 2010 occurred among NH Whites (69% and 68%, respectively), though NH Blacks were disproportionately affected by both HIV and AIDS, accounting for 31% and 27%, respectively, of those infected.

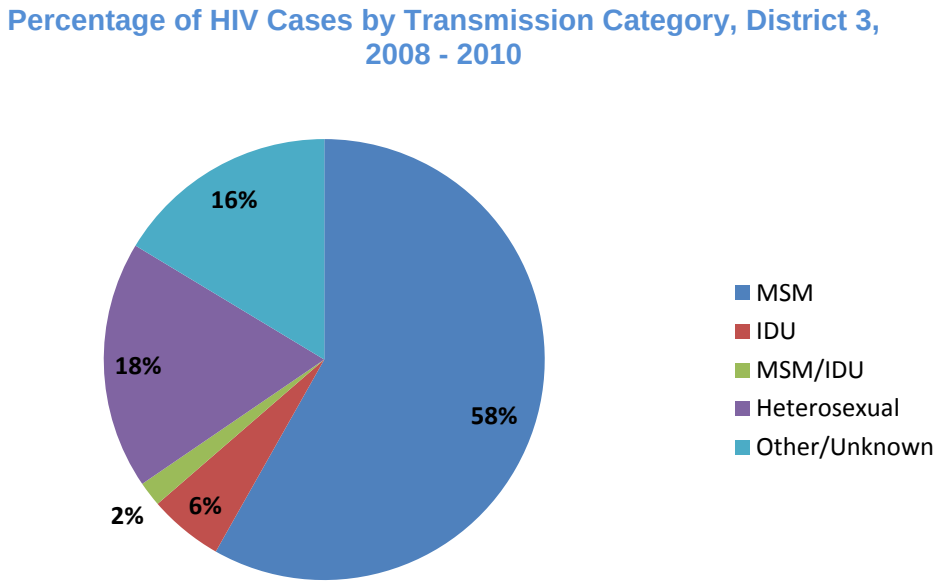
Age

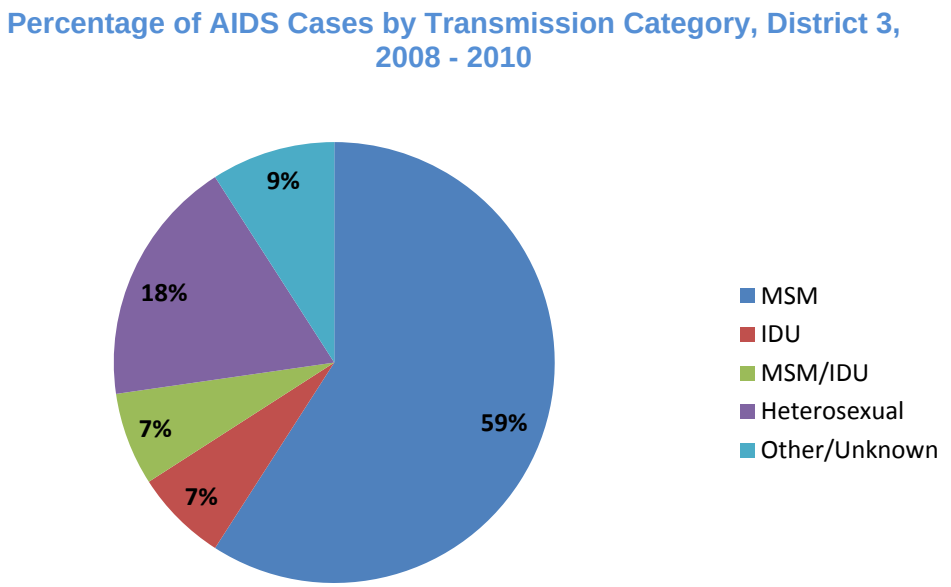




The age group with the highest number of recently infected was ages 40 to 49 years, accounting for 31% of new HIV and 43% of new AIDS cases. For both HIV and AIDS, 25% of cases occurred among 30 to 39 year olds, while 25% of HIV cases also occurred in the age group of 20 to 29 years. Overall, the age distribution for AIDS cases skewed slightly older than that for HIV infections.

Transmission





The majority of new HIV and AIDS cases were attributed to MSM (58% and 59%, respectively) followed by heterosexual contact (18% for each).

HIV/AIDS Cases Diagnosed in District 3, 2008 – 2010.				
Characteristic	Cumulative HIV Cases (2008 – 2010)		Cumulative AIDS Cases (2008 – 2010)	
	Cases	Percent	Cases	Percent
Total	55	100	44	100
Sex				
Male	45	82	39	89
Female	10	18	5	11
Age group at Diagnosis				
<13 years	<5	2	<5	0
13 – 19 years	<5	4	<5	2
20 – 24 years	7	13	<5	7
25 – 29 years	7	13	<5	2
30 – 39 years	14	25	11	25
40 – 49 years	17	31	19	43
50 – 59 years	7	13	7	16
60 and over	<5	0	<5	5
Race				
White	38	69	30	68
Black	17	31	12	27
Other	<5	0	<5	5
Transmission Category				
MSM	32	58	26	59
IDU	<5	5	<5	7
Heterosexual	10	18	8	18
Other/Unknown	10	18	7	16

Note: Percentages may not add to 100 due to rounding. Cumulative HIV and AIDS numbers come from the WV Department of Health and Human Services, Bureau of Public Health, Office of Epidemiology and Prevention Services, Division of STD/HIV and Hepatitis. Population totals come from the 2010 US Census.

Between 2008 and 2010, 55 cases of HIV and 44 cases of AIDS were diagnosed. The raw numbers in each demographic and behavioral category are provided in the table above.

People living with HIV/AIDS, District 3, December 31, 2010.		
Characteristic	PLWHA*	
	Cases	Percent
Total	445	100
Sex		
Male	365	82
Female	80	18
Current Age Group		
< 13 years	<5	0
13 – 19 years	<5	0
20 – 24 years	14	3
25 – 29 years	30	7
30 – 39 years	77	17
40 – 49 years	166	37
50 – 59 years	122	27
60 and over	32	7
Race		
White	319	72
Black	112	25
Hispanic	6	1
Other/Unknown	8	2
Transmission Category		
MSM	276	62
IDU	35	8
MSM and IDU	15	3
Heterosexual	70	16
Perinatal	5	1
Blood Recipient	<5	0
Unknown	42	9
Race x Sex		
White Male	277	62
White Female	42	9
Black Male	78	18
Black Female	34	8
Race x Age group		
White, < 13 years	<5	0
White, 13 – 19 years	<5	0
White, 20 – 24 years	<5	0
White, 25 – 29 years	15	3
White, 30 – 39 years	50	11
White, 40 – 49 years	131	29
White, 50 – 59 years	93	21
White, 60 and over	26	6

People living with HIV/AIDS, cont.		
Characteristic	PLWHA*	
	Cases	Percent
Black, < 13 years	<5	0
Black, 13 – 19 years	<5	0
Black, 20 – 24 years	12	3
Black, 25 – 29 years	15	3
Black, 30 – 39 years	21	5
Black, 40 – 49 years	34	8
Black, 50 – 59 years	25	6
Black, 60 and over	<5	1
Race x Transmission Category		
White, MSM	223	50
White, IDU	25	6
White, Heterosexual	32	7
White, Other/Unk.	39	9
Black, MSM	50	11
Black, IDU	9	2
Black, Heterosexual	33	7
Black, Other/Unk.	20	4
Race x Sex x Transmission Category		
White, M, MSM	223	50
White, M, IDU	15	3
White, M, Het.	7	2
White, M, Oth./Unk.	32	7
White, F, IDU	10	2
White, F, Het.	25	6
White, F, Oth./Unk.	7	2
Black, M, MSM	50	11
Black, M, IDU	<5	1
Black, M, Het.	11	2
Black, M, Oth./Unk.	13	3
Black, F, IDU	5	1
Black, F, Het.	22	6
Black, F, Oth./Unk.	7	2

Note: Percentages may not add to 100 due to rounding or omission of categories.
* PLWHA = People Living with HIV/AIDS.

There were 445 PLWHA in District 3 at the end of 2010. Although the majority (62%) are NH White males, both NH Black males and females are overrepresented among PLWHA (18% and 8% of PLWHA, respectively). For both NH Blacks and NH Whites, the most prevalent age group among PLWHA was 40 to 49 years followed by 50 to 59 years. MSM was the most prevalent transmission category for both NH Whites and NH Blacks, followed by heterosexual contact. Overall, NH White males with MSM as the transmission category make up 50% of the PLWHA population in District 3. This group is followed by NH Black males who attribute their HIV/AIDS to MSM.

WV HIV INFECTION and AIDS CASES, DISTRICT 3, BY RACE, GENDER, and TRANSMISSION CATEGORY, 2008-2010

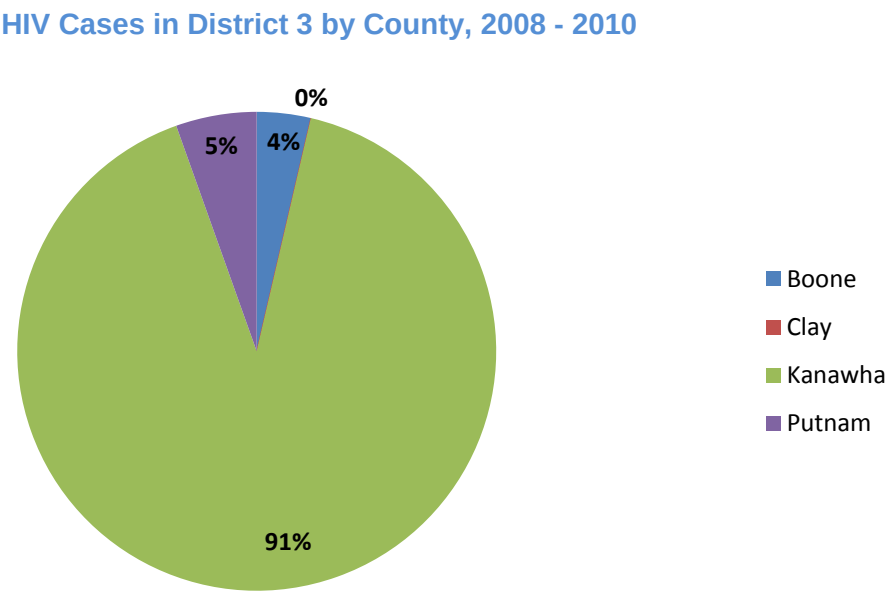
CHARACTERISTICS	HIV		AIDS	
	White No.	Black No.	White No.	Black No.
Male Transmission Category by Age Group				
MSM	24	9	19	7
IDU	<5	<5	<5	<5
Heterosexual Contact	<5	<5	<5	<5
Female Transmission Category by Age Group				
IDU	<5	<5	<5	<5
Heterosexual Contact	<5	<5	<5	<5
Total (White & Black)	31	14	24	11
	45		35	

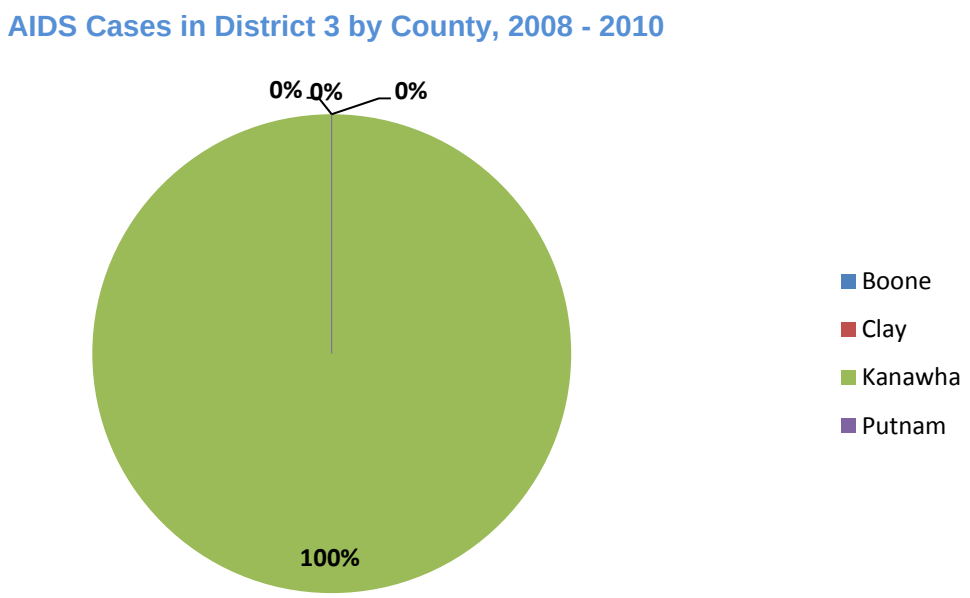
Note: Due to small cell counts, the table does not include racial/ethnic groups other than White and Black. It also excludes the following transmission categories: MSM/IDU, blood recipient, perinatal, and unknown.

HIV Infection Cases in WV—Top 3 Groups in District 3, 2008 – 2010.

Rank	Race	Gender	Trans. Category	Number of Cases
1	White	Male	MSM	43
2	Black	Male	MSM	16
3	White	Female	Heterosexual	6

In District 3 of West Virginia, the group with the most HIV infections between 2008 and 2010 was NH White males whose stated risk factor was MSM. The group with the second highest number of HIV infections was NH Black males whose stated risk factor was MSM. Finally, the group with the third highest number of HIV infections was NH White females who stated that they were infected through heterosexual contact.





Kanawha County accounted for the majority of HIV (91%) and all AIDS (100%) cases in District 3 from 2008 to 2010. Putnam County had the second largest number of new HIV cases (5%), followed by Boone County (4%).

District 4

District 4 consists of Braxton, Webster, Pocahontas, Nicholas, Fayette, and Greenbrier counties.

Demographics

Population Distribution of Selected Demographic Characteristics, District 4, 2010.

District 4	Number	Percentage
Total population	140,148	100.0
Sex		
Male	69,615	49.7
Female	70,533	50.3
Race/ethnicity		
Non-Hispanic White	133,456	95.2
Non-Hispanic Black	3,243	2.3
Hispanic	1,153	0.8
Other	2,296	1.6
Age		
<13 years	20,162	14.4
13 – 19 years	11,672	8.3
20 – 24 years	7,319	5.2
25 – 29 years	7,398	5.3
30 – 39 years	16,556	11.8
40 – 49 years	18,996	13.6
50 – 59 years	22,637	16.2
60 and older	35,408	25.3

Source. Census 2010, US Bureau of the Census.
Note. Percentages may not add to 100% because of rounding.

District 4 has a population of 140,148 individuals. The largest racial/ethnic group is NH Whites (95.2%) followed by NH Blacks (2.3%).

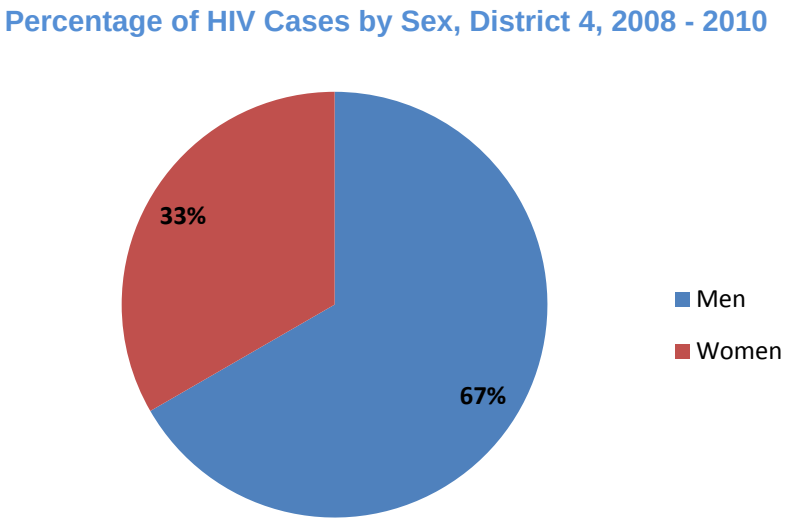
HIV/AIDS

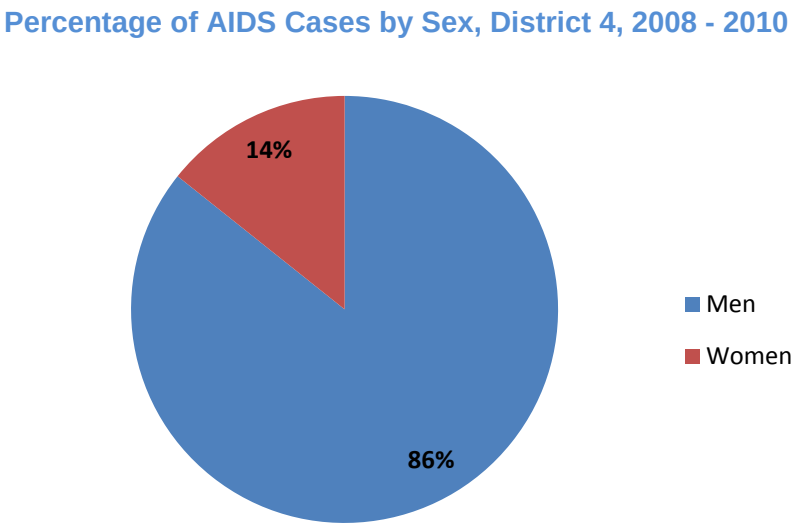
Number of HIV/AIDS Cases, District 4, 2006 - 2010

Year	Number of HIV Cases	Number of AIDS Cases
2006	<5	<5
2007	<5	<5
2008	<5	<5
2009	7	<5
2010	6	<5

Between 2006 and 2010, an average of 3.8 HIV cases and 2.6 AIDS cases were diagnosed per year.

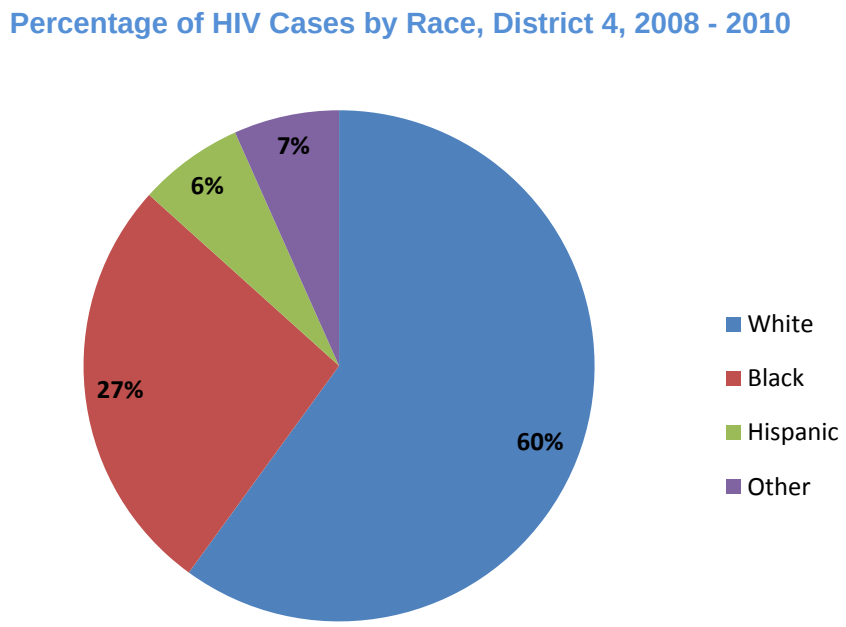
Sex

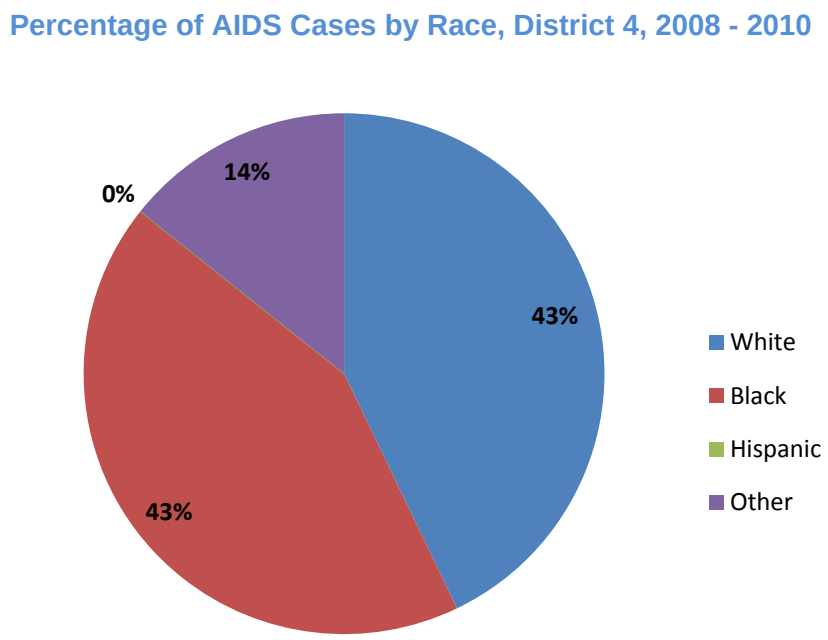




The majority of new HIV and AIDS cases in 2008 through 2010 were among men (67% and 86%, respectively).

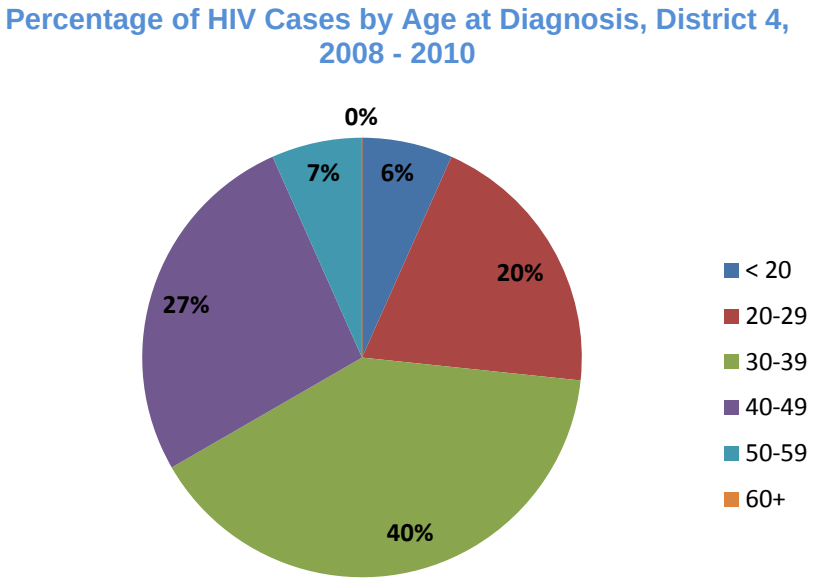
Race

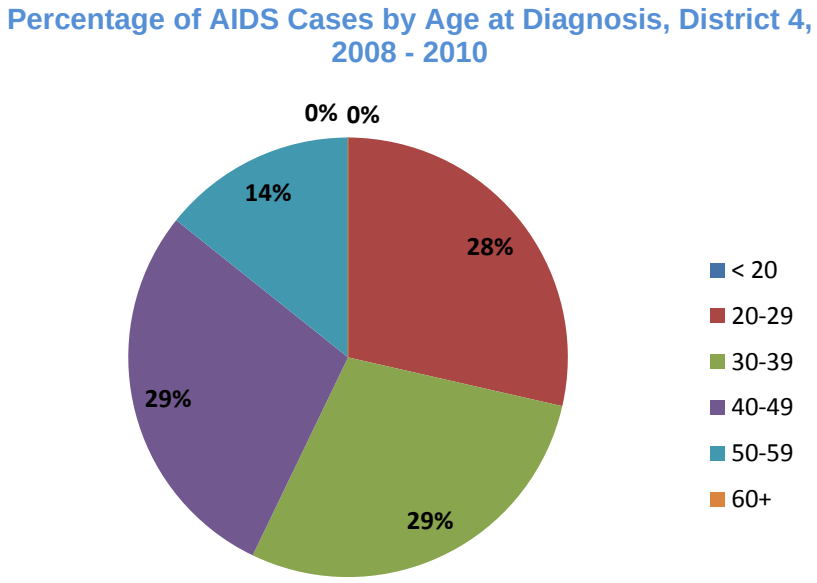




Although NH Whites made up the majority (60%) of new HIV cases in District 4, followed by NH Blacks (27%), new AIDs cases were evenly split between NH Whites and Blacks (43% each).

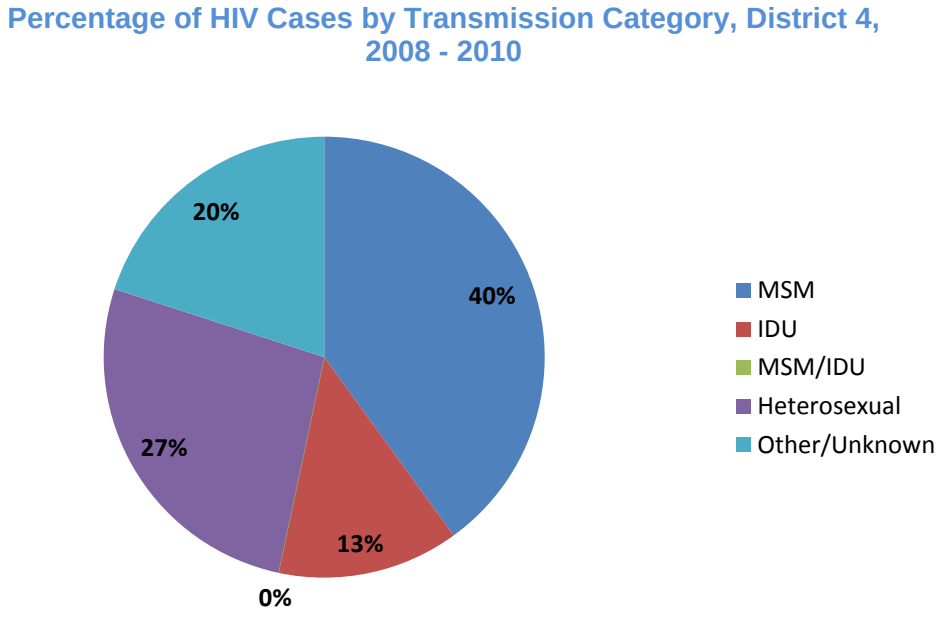
Age

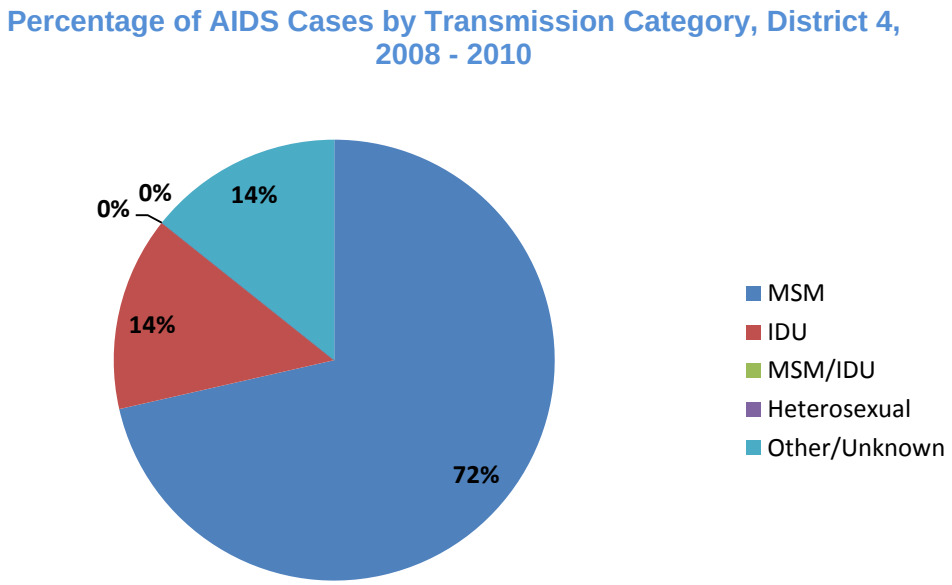




The most prevalent age category among new HIV infections was age 30 to 39 years (40%) followed by 40 to 49 years (27%) and 20 to 29 years (20%). The distribution of new AIDS cases was almost evenly distributed among the 40 to 49, 30 to 39, and 20 to 29 year age groups (29%, 29%, and 28%, respectively).

Transmission





The most prevalent transmission category among recent HIV and AIDS cases was MSM (40% and 72%, respectively). Heterosexual contact was the second most prevalent transmission category among recently diagnosed HIV cases (27%), while IDU was the second most prevalent transmission category among recently diagnosed AIDS cases (14%).

HIV/AIDS Cases Diagnosed in District 4, 2008 – 2010.				
Characteristic	Cumulative HIV Cases (2008 – 2010)		Cumulative AIDS Cases (2008 – 2010)	
	Cases	Percent	Cases	Percent
Total	15	100	7	100
Sex				
Male	10	67	6	86
Female	5	33	1	14
Age group at Diagnosis				
<13 years	<5	0	<5	0
13 – 19 years	<5	7	<5	0
20 – 24 years	<5	0	<5	0
25 – 29 years	<5	20	<5	29
30 – 39 years	6	40	<5	29
40 – 49 years	<5	27	<5	29
50 – 59 years	<5	7	<5	14
60 and over	<5	0	<5	0
Race				
White	9	60	<5	43
Black	<5	27	<5	43
Other	<5	13	<5	14
Transmission Category				
MSM	6	40	5	71
IDU	<5	13	<5	14
Heterosexual	<5	27	<5	0
Other/Unknown	<5	20	<5	14

Note: Percentages may not add to 100 due to rounding. Cumulative HIV and AIDS numbers come from the WV Department of Health and Human Services, Bureau of Public Health, Office of Epidemiology and Prevention Services, Division of STD/HIV and Hepatitis. Population totals come from the 2010 US Census.

Between 2008 and 2010 there were 15 cases of HIV and 7 cases of AIDS diagnosed in District 4. The table above provides the raw numbers by demographic and behavioral subgroup.

People living with HIV/AIDS, District 4, December 31, 2010.		
Characteristic	PLWHA*	
	Cases	Percent
Total	113	100
Sex		
Male	91	81
Female	22	19
Current Age Group		
< 13 years	<5	0
13 – 19 years	<5	2
20 – 24 years	5	4
25 – 29 years	<5	3
30 – 39 years	31	27
40 – 49 years	35	31
50 – 59 years	32	28
60 and over	5	4
Race		
White	79	70
Black	31	27
Hispanic	<5	2
Other/Unknown	<5	1
Transmission Category		
MSM	61	54
IDU	20	18
MSM and IDU	8	7
Heterosexual	12	11
Perinatal	<5	3
Blood Recipient	<5	1
Unknown	8	7
Race x Sex		
White Male	69	61
White Female	10	9
Black Male	22	19
Black Female	9	8
Race x Age group		
White, < 13 years	<5	0
White, 13 – 19 years	<5	0
White, 20 – 24 years	<5	2
White, 25 – 29 years	<5	2
White, 30 – 39 years	21	19
White, 40 – 49 years	29	26
White, 50 – 59 years	23	20
White, 60 and over	<5	2

People living with HIV/AIDS, cont.		
Characteristic	PLWHA*	
	Cases	Percent
Black, < 13 years	<5	0
Black, 13 – 19 years	<5	2
Black, 20 – 24 years	<5	2
Black, 25 – 29 years	<5	0
Black, 30 – 39 years	9	8
Black, 40 – 49 years	6	5
Black, 50 – 59 years	9	8
Black, 60 and over	<5	3
Race x Transmission Category		
White, MSM	51	45
White, IDU	13	12
White, Heterosexual	5	4
White, Other/Unk.	10	9
Black, MSM	10	9
Black, IDU	7	6
Black, Heterosexual	6	5
Black, Other/Unk.	8	7
Race x Sex x Transmission Category		
White, M, MSM	51	45
White, M, IDU	7	6
White, M, Het.	<5	1
White, M, Oth./Unk.	10	9
White, F, IDU	6	5
White, F, Het.	<5	4
White, F, Oth./Unk.	<5	0
Black, M, MSM	10	9
Black, M, IDU	<5	4
Black, M, Het.	<5	1
Black, M, Oth./Unk.	7	6
Black, F, IDU	<5	3
Black, F, Het.	5	4
Black, F, Oth./Unk.	<5	1

Note: Percentages may not add to 100 due to rounding or omission of categories.
* PLWHA = People Living with HIV/AIDS.

As of December 31, 2010, there were 113 PLWHA in District 4. Over 60% of these PLWHA were NH White males, though both NH Black males and females were overrepresented in this population (19% and 8%, respectively). Among both NH Blacks and NH Whites, PLWHA were fairly evenly distributed across the middle age groups of 30 to 39 years, 40 to 49 years, and 50 to 59 years old. MSM was the most prevalent transmission category among both NH Black and NH White PLWHA. Overall, almost half of all PLWHA were NH White males infected through MSM. NH Black males infected through MSM was the second most prevalent group, accounting for 9% of this population.

WV HIV INFECTION and AIDS CASES, DISTRICT 4,

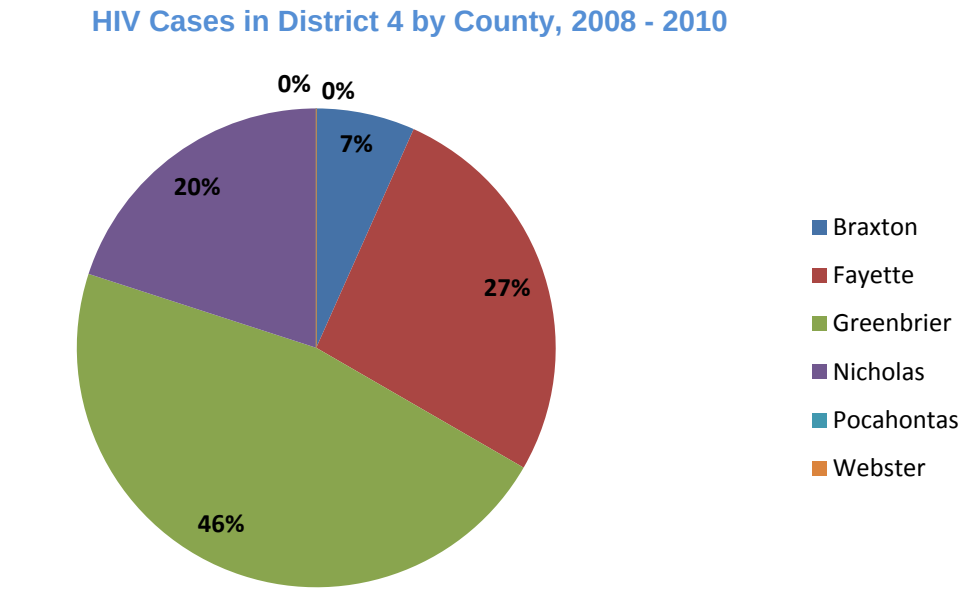
BY RACE, GENDER, and TRANSMISSION CATEGORY, 2008-2010				
Risk Behavior Group	HIV		AIDS	
	White No.	Black No.	White No.	Black No.
Male Transmission Category by Age Group				
MSM	<5	<5	<5	<5
IDU	<5	<5	<5	<5
Heterosexual Contact	<5	<5	<5	<5
Female Transmission Category by Age Group				
IDU	<5	<5	<5	<5
Heterosexual Contact	<5	<5	<5	<5
Total (White & Black)	7	<5	<5	<5
	11		6	

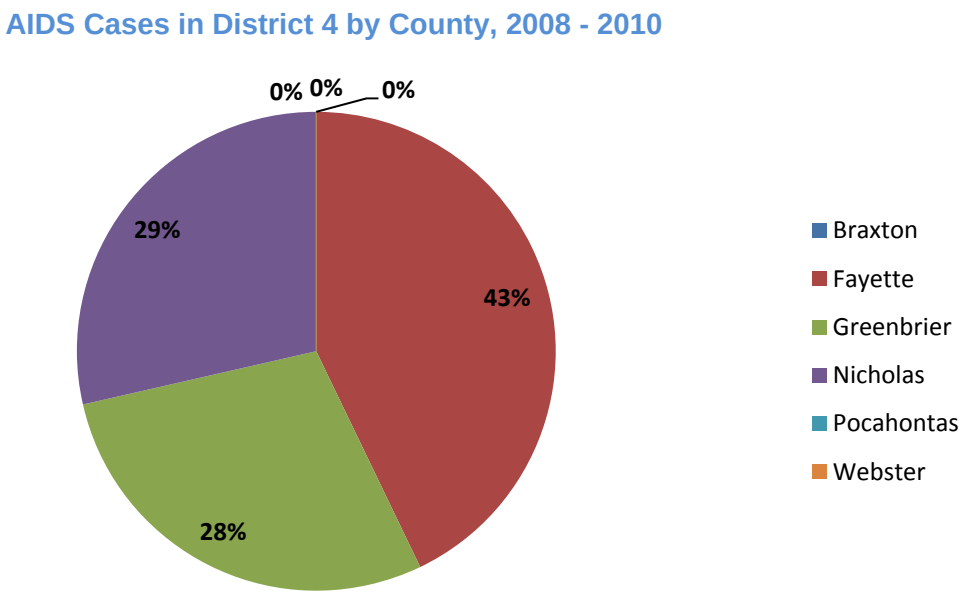
Note: Due to small cell counts, the table does not include racial/ethnic groups other than White and Black. It also excludes the following transmission categories: MSM/IDU, blood recipient, perinatal, and unknown.

HIV/AIDS Infection Cases in WV—Top 3 Groups in District 4, 2008 – 2010.

Rank	Race	Gender	Trans. Category	Number of Cases
1	White	Male	MSM	6
2	Black	Male	MSM	5
3	White	Male	Heterosexual	<5

Among recent HIV/AIDS diagnoses, the most prevalent group was NH White males infected through MSM followed by NH Black males infected through MSWM. NH White males infected through heterosexual contact was the third most prevalent population group.





While almost half (46%) of all recent HIV cases in District 4 occurred in Greenbrier County, this was not true for AIDS where almost half (43%) of all recent cases occurred in Fayette County. Nicholas County is also greatly affected with 20% of HIV cases and 29% of AIDS cases being diagnosed there.

District 5

District 5 consists of Tyler, Pleasants, Wood, Ritchie, Wirt, Jackson, Roane, and Calhoun counties.

Demographics

Population Distribution of Selected Demographic Characteristics, District 5, 2010.

District 5	Number	Percentage
Total population	171,699	100.0
Sex		
Male	84,259	49.1
Female	87,440	50.9
Race/ethnicity		
Non-Hispanic White	166,303	96.9
Non-Hispanic Black	1,190	0.7
Hispanic	1,280	0.7
Other	2,926	1.7
Age		
<13 years	26,042	15.2
13 – 19 years	15,161	8.8
20 – 24 years	8,569	5.0
25 – 29 years	9,248	5.4
30 – 39 years	20,471	11.9
40 – 49 years	24,514	14.3
50 – 59 years	26,451	15.4
60 and older	41,243	24.0

Source. Census 2010, US Bureau of the Census.
Note. Percentages may not add to 100% because of rounding.

District 5 has a population of 171,699 individuals. The majority of residents are NH White (96.9%) followed by both NH Blacks and Hispanics (0.7% each).

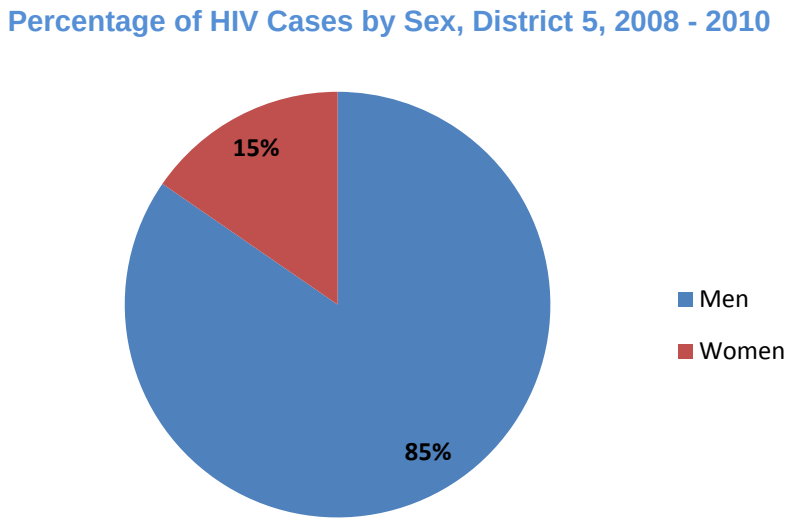
HIV/AIDS

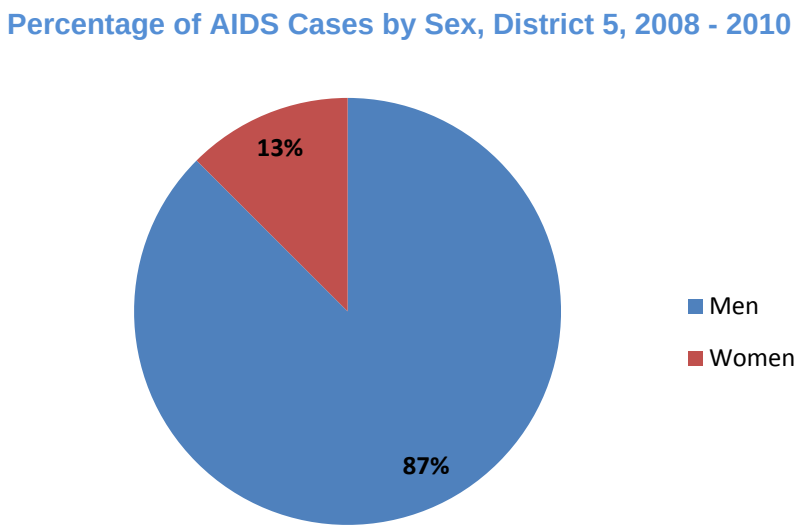
Number of HIV/AIDS Cases, District 5, 2006 - 2010

Year	Number of HIV Cases	Number of AIDS Cases
2006	<5	<5
2007	6	<5
2008	<5	<5
2009	6	<5
2010	5	<5

Between 2006 and 2010, an average of 4 HIV and 2.8 AIDS cases were diagnosed per year.

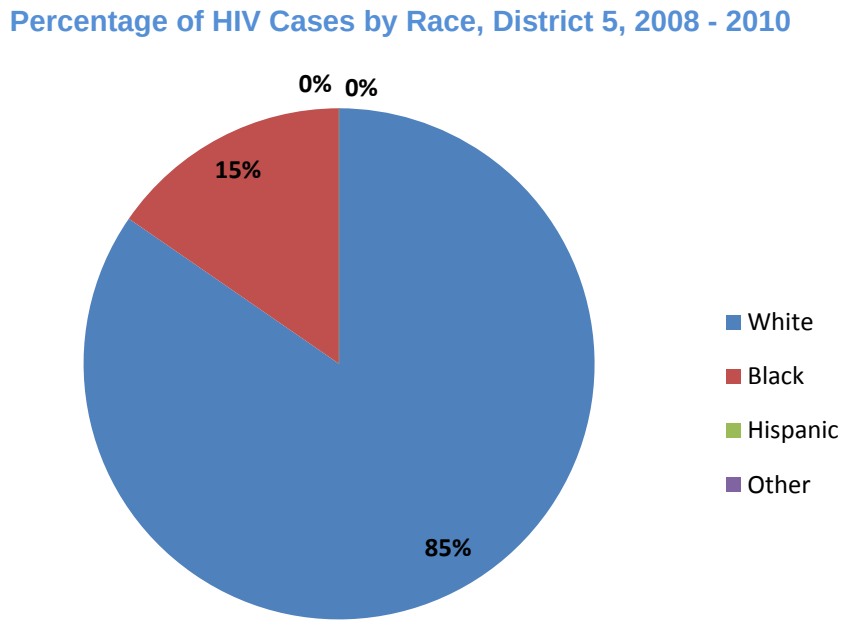
Sex

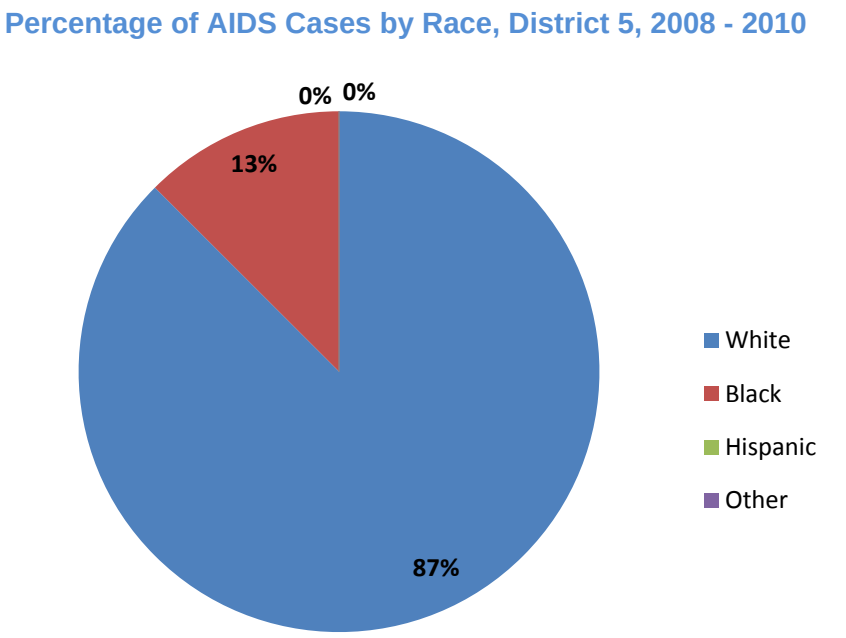




The majority of individuals diagnosed with HIV or AIDS between 2008 and 2010 are male (85% and 87%, respectively).

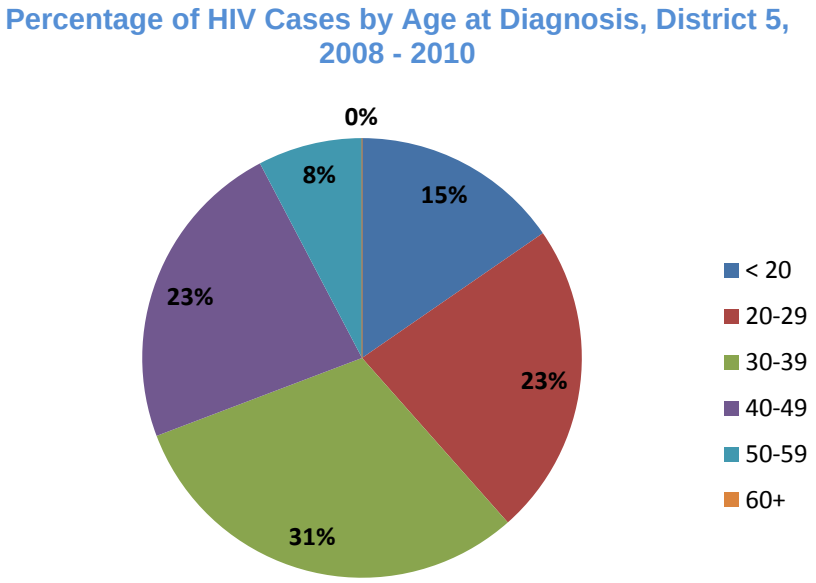
Race

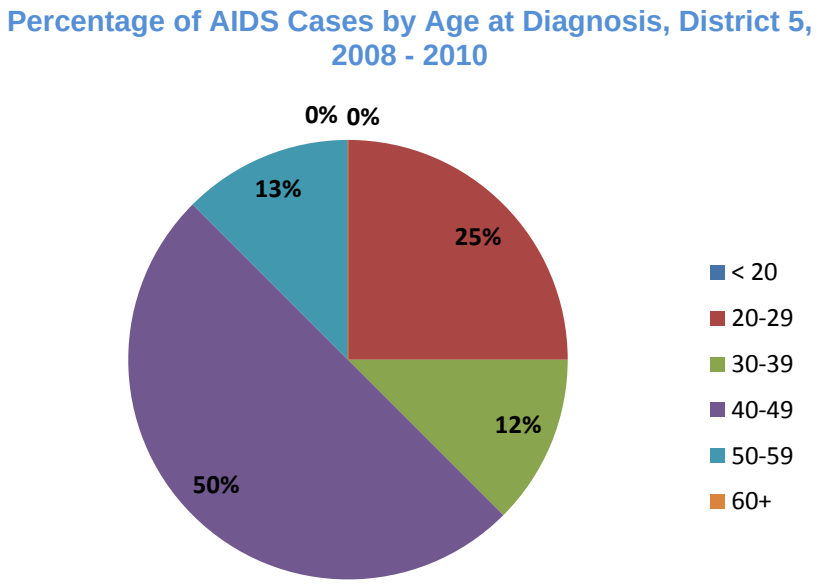




Although the majority of new HIV and AIDS cases are among NH Whites (85% and 87%, respectively), NH Blacks are disproportionately impacted by HIV/AIDS (15% and 13%, respectively).

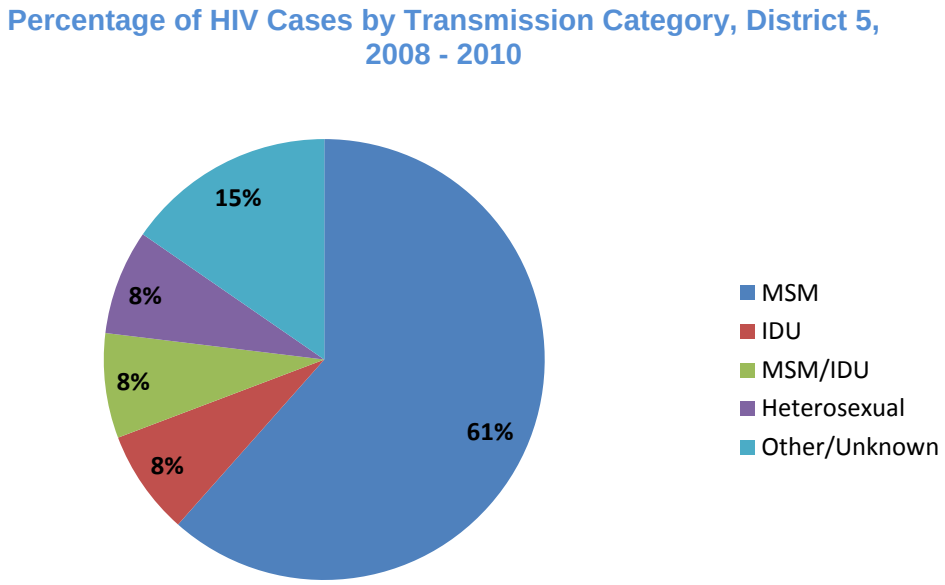
Age

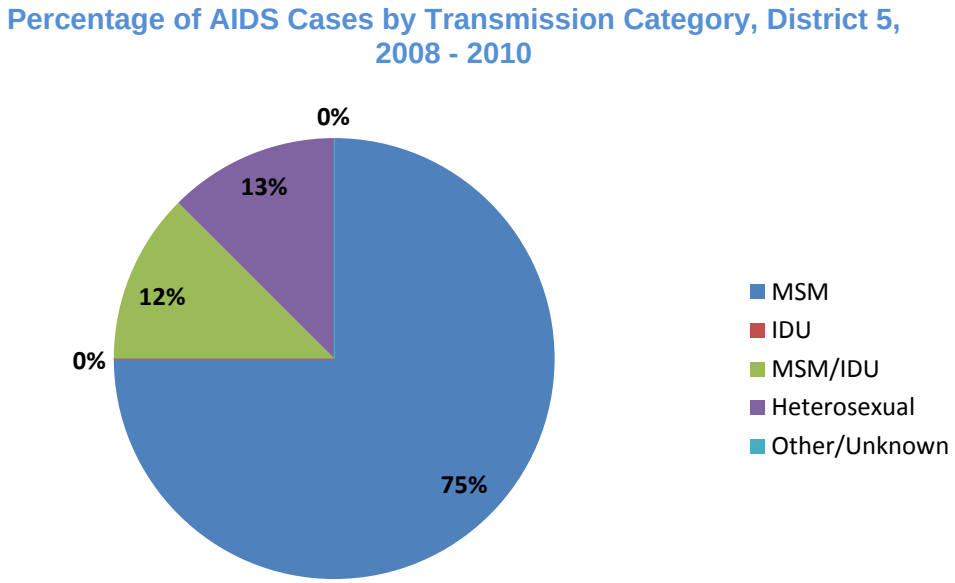




The most prevalent age at diagnosis with HIV lies in the age category of 30 to 39 years (31%) followed by both 20-29 years and 40-49 years (23% each). For recent AIDS cases, half (50%) occurred among individuals aged 40-49 years and one-quarter (25%) among individuals aged 20 to 29 years.

Transmission





The majority of recent HIV and AIDS cases were ascribed to MSM (61% and 75%, respectively).

HIV/AIDS Cases Diagnosed in District 5, 2008 – 2010.				
Characteristic	Cumulative HIV Cases (2008 – 2010)		Cumulative AIDS Cases (2008 – 2010)	
	Cases	Percent	Cases	Percent
Total	13	100	8	100
Sex				
Male	11	85	7	88
Female	<5	15	<5	13
Age group at Diagnosis				
<13 years	<5	15	<5	0
13 – 19 years	<5	0	<5	0
20 – 24 years	<5	8	<5	0
25 – 29 years	<5	15	<5	25
30 – 39 years	<5	31	<5	13
40 – 49 years	<5	23	<5	50
50 – 59 years	<5	8	<5	13
60 and over	<5	0	<5	0
Race				
White	11	85	7	88
Black	<5	15	<5	13
Other	<5	0	<5	0
Transmission Category				
MSM	8	62	6	75
IDU	<5	8	<5	0
Heterosexual	<5	8	<5	13
Other/Unknown	<5	23	<5	13

Note: Percentages may not add to 100 due to rounding. Cumulative HIV and AIDS numbers come from the WV Department of Health and Human Services, Bureau of Public Health, Office of Epidemiology and Prevention Services, Division of STD/HIV and Hepatitis. Population totals come from the 2010 US Census.

Between 2008 and 2010, 13 HIV cases and 8 AIDS cases occurred among residents of District 5. The raw numbers for selected demographic and behavioral subgroups are provided above.

People living with HIV/AIDS, District 4, December 31, 2010.		
Characteristic	PLWHA*	
	Cases	Percent
Total	124	100
Sex		
Male	106	85
Female	18	15
Current Age Group		
< 13 years	<5	2
13 – 19 years	<5	0
20 – 24 years	<5	1
25 – 29 years	5	4
30 – 39 years	24	19
40 – 49 years	52	42
50 – 59 years	33	27
60 and over	7	6
Race		
White	108	87
Black	11	9
Hispanic	<5	3
Other/Unknown	<5	1
Transmission Category		
MSM	77	62
IDU	14	11
MSM and IDU	5	4
Heterosexual	17	14
Perinatal	<5	2
Blood Recipient	<5	3
Unknown	5	4
Race x Sex		
White Male	98	79
White Female	10	8
Black Male	6	5
Black Female	5	4
Race x Age group		
White, < 13 years	<5	0
White, 13 – 19 years	<5	0
White, 20 – 24 years	<5	1
White, 25 – 29 years	<5	3
White, 30 – 39 years	20	16
White, 40 – 49 years	49	40
White, 50 – 59 years	27	22
White, 60 and over	7	6

People living with HIV/AIDS, cont.		
Characteristic	PLWHA*	
	Cases	Percent
Black, < 13 years	<5	2
Black, 13 – 19 years	<5	0
Black, 20 – 24 years	<5	0
Black, 25 – 29 years	<5	1
Black, 30 – 39 years	<5	1
Black, 40 – 49 years	<5	2
Black, 50 – 59 years	5	4
Black, 60 and over	<5	0
Race x Transmission Category		
White, MSM	74	60
White, IDU	10	8
White, Heterosexual	12	10
White, Other/Unk.	12	10
Black, MSM	<5	2
Black, IDU	<5	2
Black, Heterosexual	<5	2
Black, Other/Unk.	<5	2
Race x Sex x Transmission Category		
White, M, MSM	74	60
White, M, IDU	10	8
White, M, Het.	<5	3
White, M, Oth./Unk.	10	8
White, F, IDU	<5	0
White, F, Het.	8	6
White, F, Oth./Unk.	<5	2
Black, M, MSM	<5	2
Black, M, IDU	<5	2
Black, M, Het.	<5	1
Black, M, Oth./Unk.	<5	1
Black, F, IDU	<5	1
Black, F, Het.	<5	2
Black, F, Oth./Unk.	<5	2

Note: Percentages may not add to 100 due to rounding or omission of categories.
* PLWHA = People Living with HIV/AIDS.

There were 124 PLWHA in District 5 on December 31, 2010. Almost 80% of these individuals were NH White males, though both NH Black males and females were overrepresented among PLWHA (5% and 4%, respectively). The most prevalent age group among NH White PLWHA was 40 to 49 years. Among NH Black PLWHA, the most prevalent age group was 50 to 59 years. Although MSM was clearly the most prevalent transmission category among NH White PLWHA, there was not a transmission category that was more prevalent among NH Blacks. Finally, NH White males with MSM as their transmission category make up 60% of PLWHA in District 5.

WV HIV INFECTION and AIDS CASES, DISTRICT 5, BY RACE, GENDER, and TRANSMISSION CATEGORY, 2008-2010

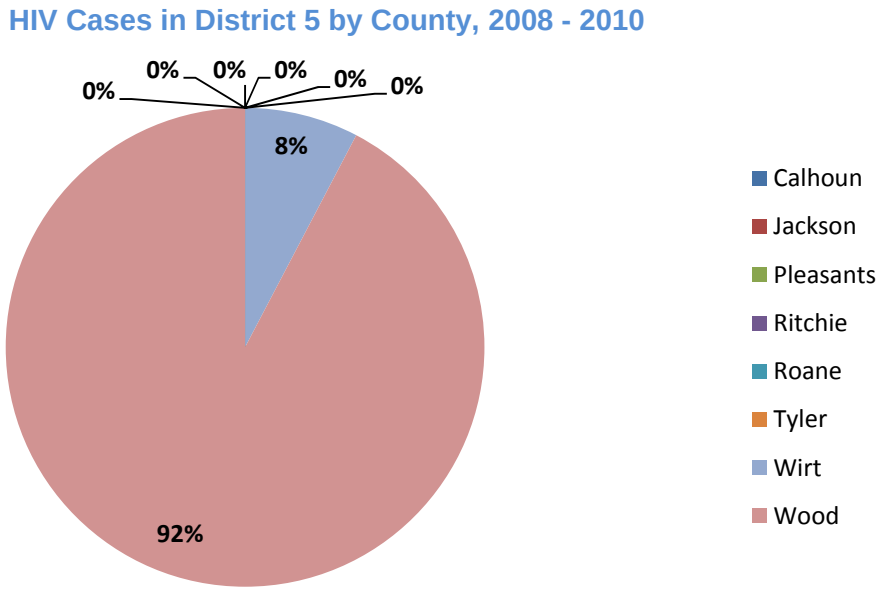
Risk Behavior Group	HIV		AIDS	
	White No.	Black No.	White No.	Black No.
Male Transmission Category by Age Group				
MSM	8	<5	6	<5
IDU	<5	<5	<5	<5
Heterosexual Contact	<5	<5	<5	<5
Female Transmission Category by Age Group				
IDU	<5	<5	<5	<5
Heterosexual Contact	<5	<5	<5	<5
Total (White & Black)	10	<5	6	<5
	10		7	

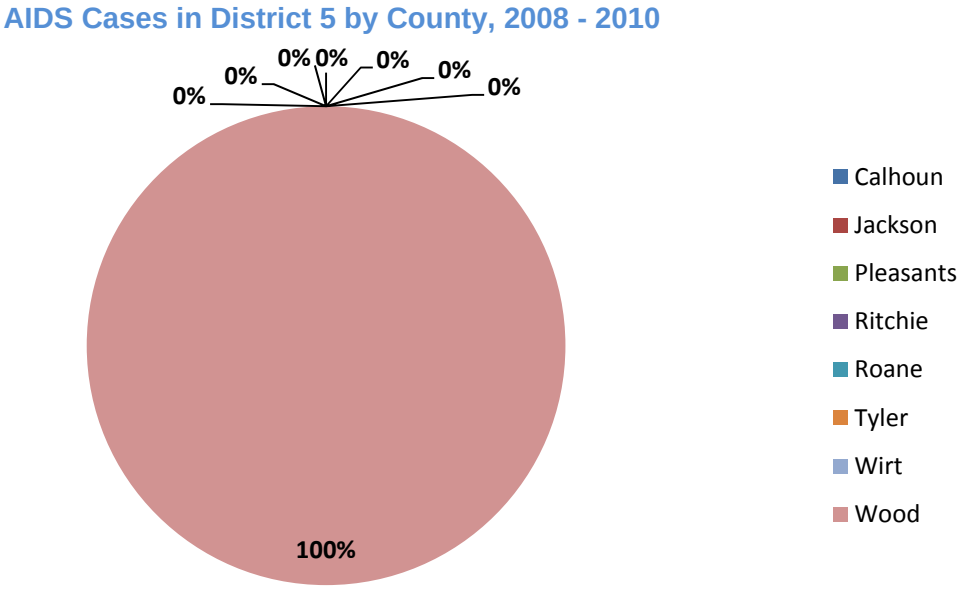
Note: Due to small cell counts, the table does not include racial/ethnic groups other than White and Black. It also excludes the following transmission categories: MSM/IDU, blood recipient, perinatal, and unknown.

HIV/AIDS Infection Cases in WV—Top 4 Groups in District 5, 2008 – 2010.

Rank	Race	Gender	Trans. Category	Number of Cases
1	White	Male	MSM	14
2	White	Male	IDU	<5
2	White	Male	Heterosexual	<5
2	Black	Female	Heterosexual	<5

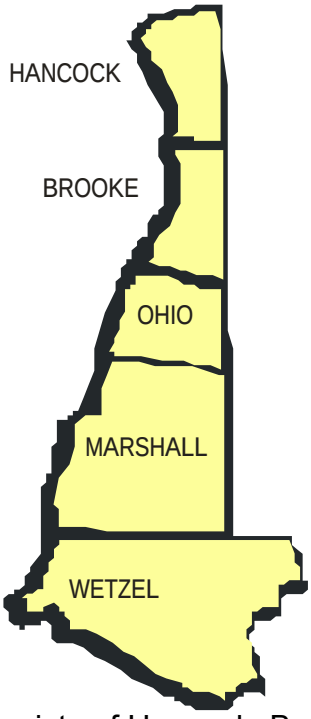
Among individuals diagnosed with HIV or AIDS during the time period of 2008 to 2010, NH White males with the transmission category of MSM were the most prevalent.





Most cases of HIV and AIDS in District 5 were diagnosed in Wood County.

District 6



District 6 consists of Hancock, Brooke, Ohio, Marshall, and Wetzel counties. It is the most northern district in West Virginia.

Demographics

Population Distribution of Selected Demographic Characteristics, District 6, 2010.

District 6	Number	Percentage
Total population	148,878	100.0
Sex		
Male	71,971	48.3
Female	76,907	51.7
Race/ethnicity		
Non-Hispanic White	142,109	95.5
Non-Hispanic Black	2,794	1.9
Hispanic	1,187	0.8
Other	2,788	1.9
Age		
<13 years	20,562	13.8
13 – 19 years	13,282	8.9
20 – 24 years	8,341	5.6
25 – 29 years	7,430	5.0
30 – 39 years	16,620	11.2
40 – 49 years	19,946	13.4
50 – 59 years	24,307	16.3
60 and older	38,390	25.8

Source. Census 2010, US Bureau of the Census.
Note. Percentages may not add to 100% because of rounding.

District 6 has a population of 148,878 that is 95.5% NH White and 1.9% NH Black.

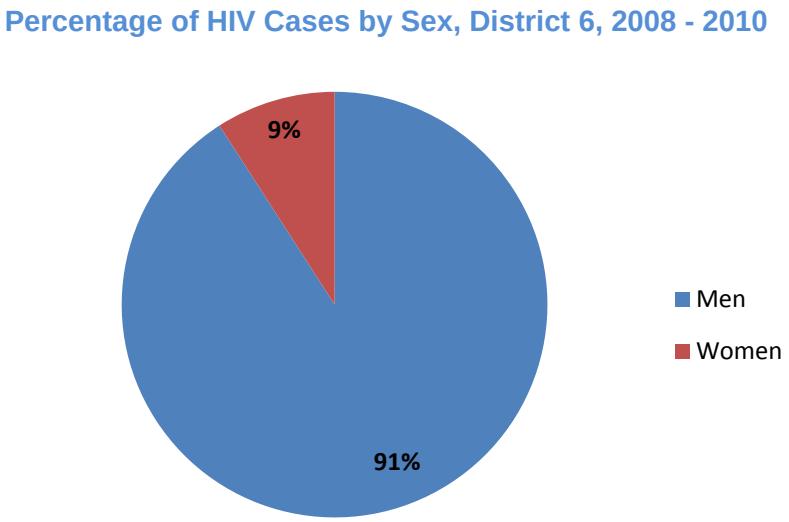
HIV/AIDS

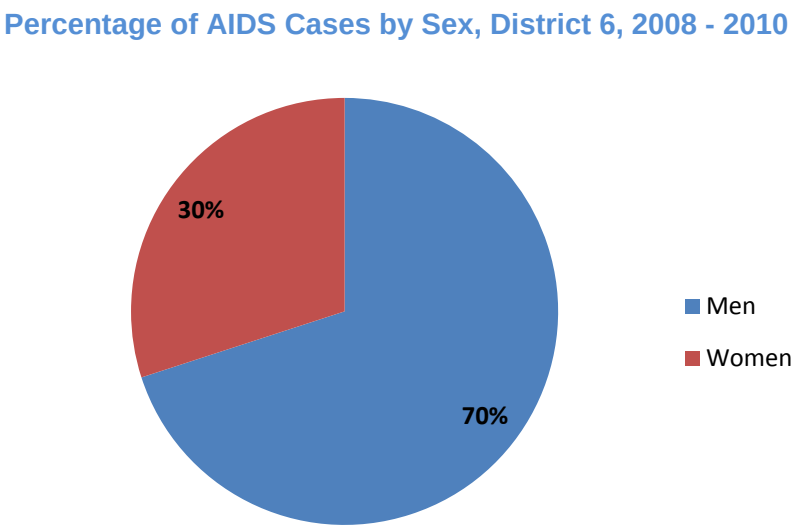
Number of HIV/AIDS Cases, District 6, 2006 - 2010

Year	Number of HIV Cases	Number of AIDS Cases
2006	<5	6
2007	5	6
2008	<5	<5
2009	<5	<5
2010	<5	<5

Between 2006 and 2010, an average of 3.6 HIV infections and 4.4 AIDS infections were diagnosed per year in District 6.

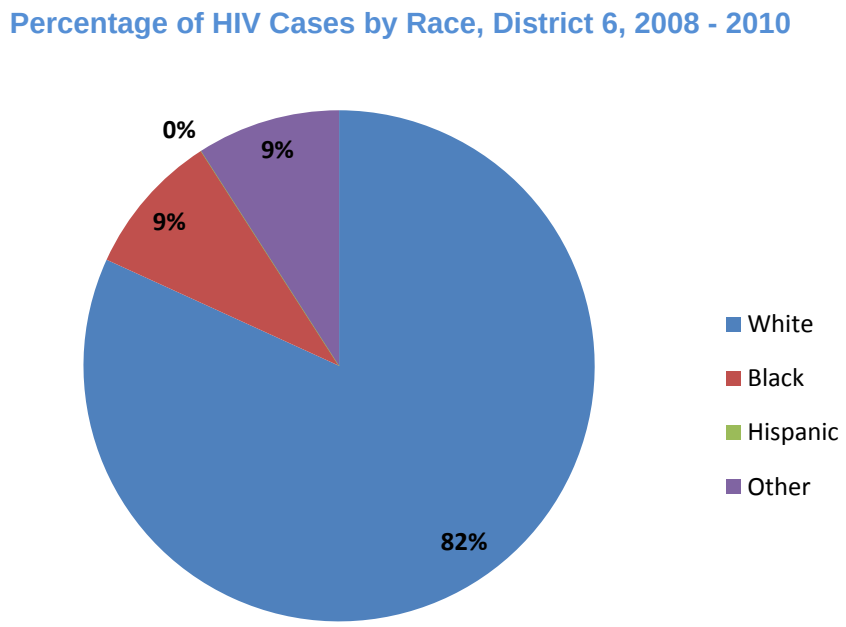
Sex

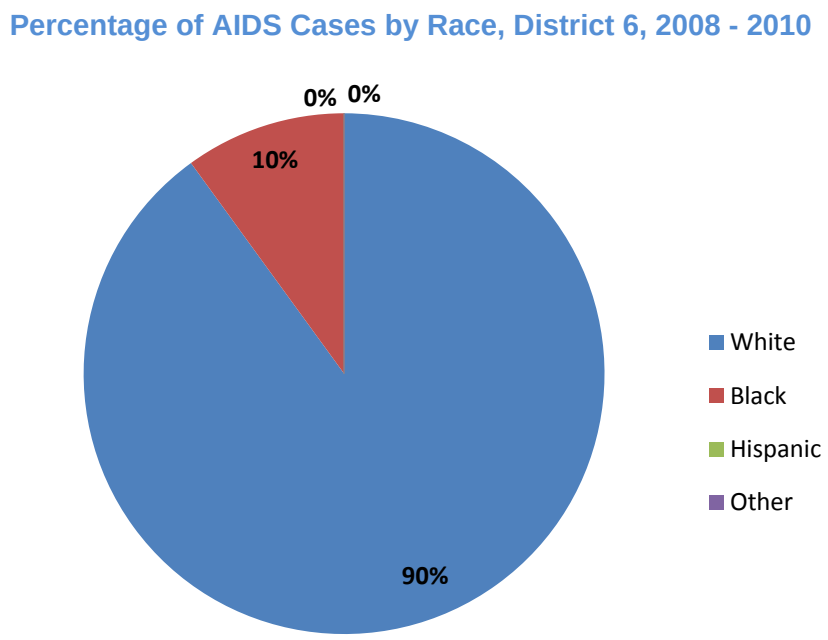




The majority of HIV and AIDS cases diagnosed between 2008 and 2010 in District 6 occurred among men (91% and 70%, respectively).

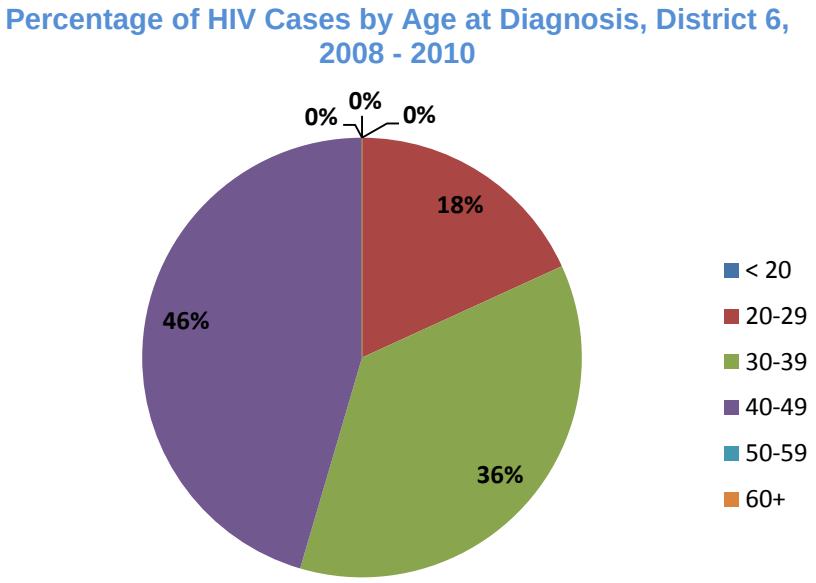
Race

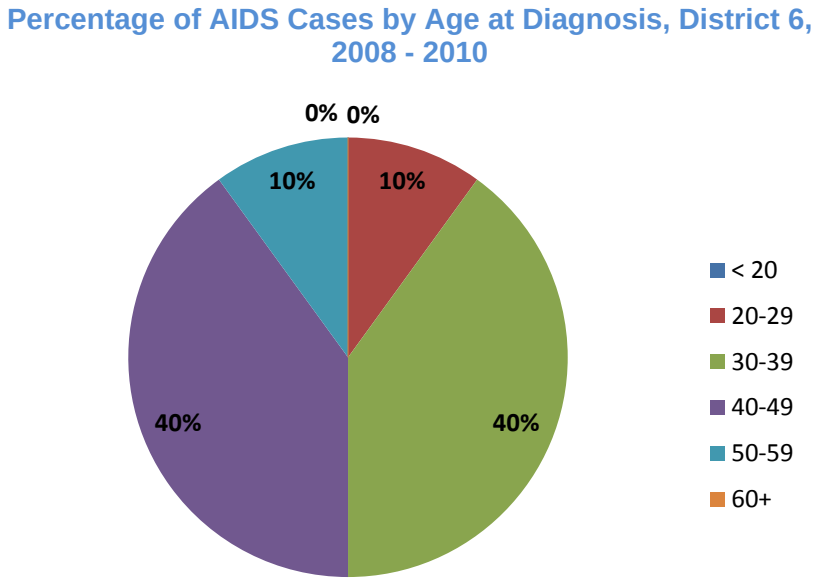




Most recently diagnosed HIV and AIDS cases occurred among NH White individuals (82% and 90%, respectively), though NH Blacks were disproportionately affected by both HIV and AIDS (9% and 10%, respectively).

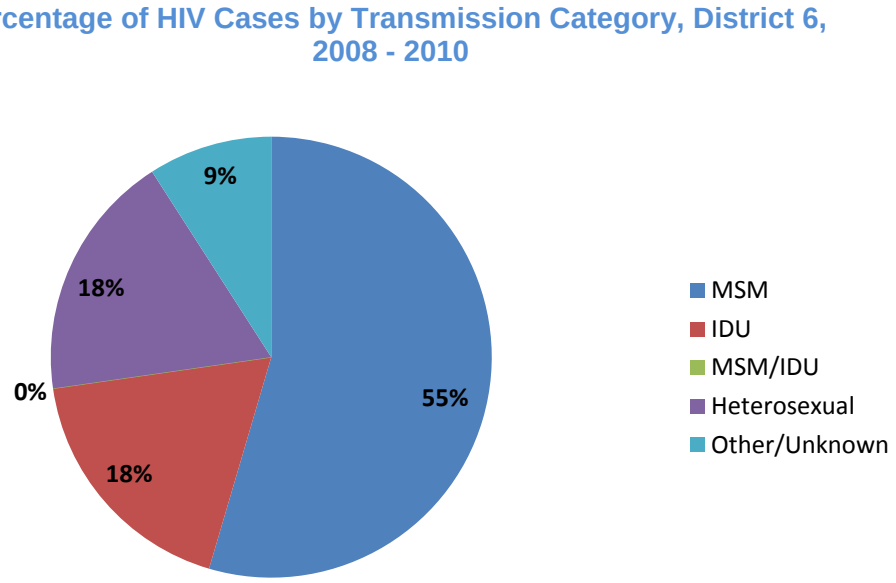
Age

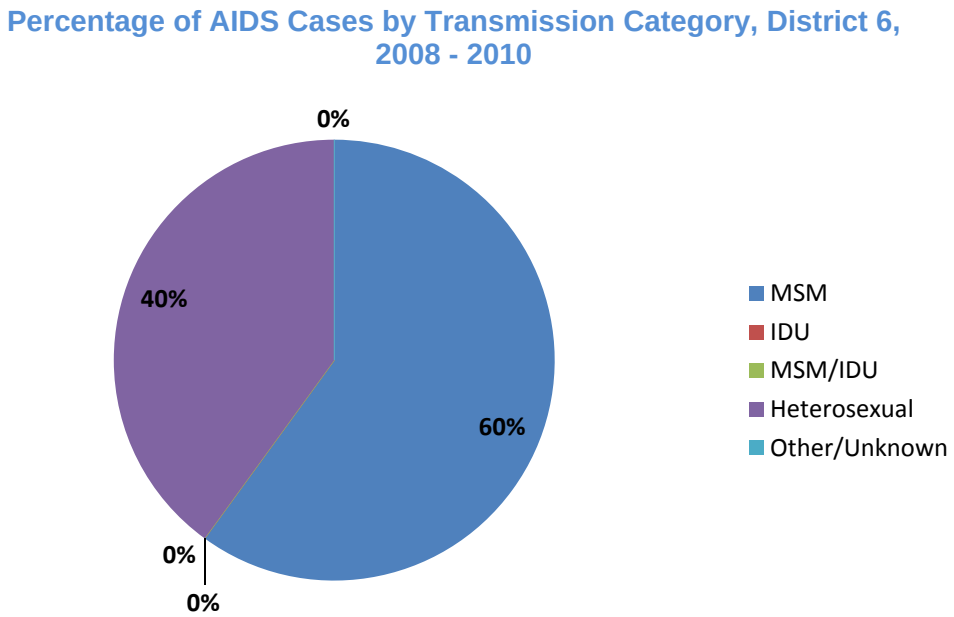




Almost half (46%) of recently diagnosed HIV cases in District 6 were diagnosed in individuals aged 40 to 49 years. The second most prevalent age category was 30 to 39 year olds who accounted for 36% of HIV cases. With respect to AIDS, 40% of recently diagnosed individuals were aged 30 to 39 years and another 40% were aged 40 to 49 years. Overall, the age distribution of recent AIDS diagnoses is slightly older than that for recent HIV diagnoses.

Transmission





The majority of newly diagnosed HIV and AIDS cases were attributed to MSM (55% and 60%, respectively). IDU and heterosexual activity accounted for 18% each of newly diagnosed HIV infections while the remainder of new AIDS cases were attributed to heterosexual activity (40%).

HIV/AIDS Cases Diagnosed in District 6, 2008 – 2010.				
Characteristic	Cumulative HIV Cases (2008 – 2010)		Cumulative AIDS Cases (2008 – 2010)	
	Cases	Percent	Cases	Percent
Total	11	100	10	100
Sex				
Male	10	91	7	70
Female	<5	9	<5	30
Age group at Diagnosis				
<13 years	<5	0	<5	0
13 – 19 years	<5	0	<5	0
20 – 24 years	<5	9	<5	0
25 – 29 years	<5	9	<5	10
30 – 39 years	<5	36	<5	40
40 – 49 years	<5	45	<5	40
50 – 59 years	<5	0	<5	10
60 and over	<5	0	<5	0
Race				
White	9	82	9	90
Black	<5	9	<5	10
Other	<5	9	<5	0
Transmission Category				
MSM	6	55	6	60
IDU	<5	18	<5	0
Heterosexual	<5	18	<5	40
Other/Unknown	<5	9	<5	0

Note: Percentages may not add to 100 due to rounding. Cumulative HIV and AIDS numbers come from the WV Department of Health and Human Services, Bureau of Public Health, Office of Epidemiology and Prevention Services, Division of STD/HIV and Hepatitis. Population totals come from the 2010 US Census.

Between 2008 and 2010, 11 HIV and 10 AIDS cases were diagnosed in District 6. The table above provides the raw number of cases for selected demographic and behavioral groups.

People living with HIV/AIDS, District 6, December 31, 2010.		
Characteristic	PLWHA*	
	Cases	Percent
Total	123	100
Sex		
Male	98	80
Female	25	20
Current Age Group		
< 13 years	<5	0
13 – 19 years	<5	0
20 – 24 years	<5	1
25 – 29 years	<5	2
30 – 39 years	9	7
40 – 49 years	47	38
50 – 59 years	50	41
60 and over	14	11
Race		
White	104	85
Black	14	11
Hispanic	<5	3
Other/Unknown	<5	1
Transmission Category		
MSM	66	54
IDU	12	10
MSM and IDU	7	6
Heterosexual	26	21
Perinatal	<5	0
Blood Recipient	<5	1
Unknown	11	9
Race x Sex		
White Male	83	67
White Female	21	17
Black Male	11	9
Black Female	<5	2
Race x Age group		
White, < 13 years	<5	0
White, 13 – 19 years	<5	0
White, 20 – 24 years	<5	1
White, 25 – 29 years	<5	1
White, 30 – 39 years	7	6
White, 40 – 49 years	39	32
White, 50 – 59 years	44	36
White, 60 and over	12	10

People living with HIV/AIDS, cont.		
Characteristic	PLWHA*	
	Cases	Percent
Black, < 13 years	<5	0
Black, 13 – 19 years	<5	0
Black, 20 – 24 years	<5	0
Black, 25 – 29 years	<5	0
Black, 30 – 39 years	<5	1
Black, 40 – 49 years	7	6
Black, 50 – 59 years	<5	3
Black, 60 and over	<5	2
Race x Transmission Category		
White, MSM	60	49
White, IDU	9	7
White, Heterosexual	19	15
White, Other/Unk.	16	13
Black, MSM	<5	2
Black, IDU	<5	2
Black, Heterosexual	5	4
Black, Other/Unk.	<5	2
Race x Sex x Transmission Category		
White, M, MSM	60	49
White, M, IDU	6	5
White, M, Het.	<5	1
White, M, Oth./Unk.	15	12
White, F, IDU	<5	2
White, F, Het.	17	14
White, F, Oth./Unk.	<5	1
Black, M, MSM	<5	2
Black, M, IDU	<5	2
Black, M, Het.	<5	2
Black, M, Oth./Unk.	<5	2
Black, F, IDU	<5	1
Black, F, Het.	<5	2
Black, F, Oth./Unk.	<5	0

Note: Percentages may not add to 100 due to rounding or omission of categories.
* PLWHA = People Living with HIV/AIDS.

At the end of 2010, 123 PLWHA were residing in District 6. Almost 70% of these individuals were NH White males while 9% were NH Black males. Approximately 42% of NH White PLWHA were between the ages of 50 and 59 years and another 38% were aged 40 to 49 years. Among NH Black PLWHA, the most prevalent age group was 40 to 49 years. Looking at the intersection of race/ethnicity with transmission category, the majority of NH White PLWHA attributed their infection to MSM; among NH Blacks the most prevalent transmission category was heterosexual activity. Overall, almost 50% of PLWHA in District 6 were NH White males with a transmission category of MSM. The second most populous group is NH White females with a transmission category of heterosexual activity (14%).

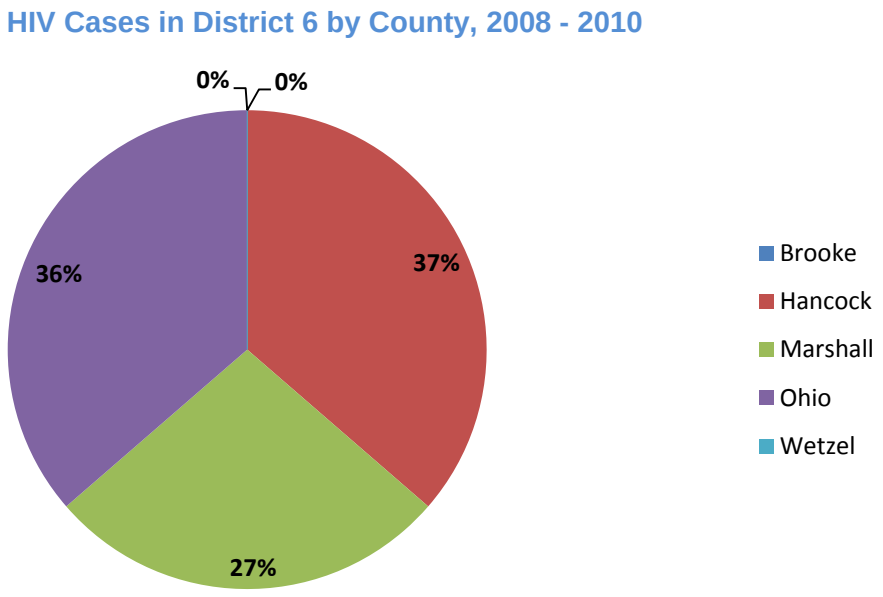
WV HIV INFECTION and AIDS CASES, DISTRICT 6, BY RACE, GENDER, and TRANSMISSION CATEGORY, 2008-2010				
	HIV		AIDS	
Risk Behavior Group	White No.	Black No.	White No.	Black No.
Male Transmission Category by Age Group				
MSM	8	<5	6	<5
IDU	<5	<5	<5	<5
Heterosexual Contact	<5	<5	<5	<5
Female Transmission Category by Age Group				
IDU	<5	<5	<5	<5
Heterosexual Contact	<5	<5	<5	<5
Total (White & Black)	10	<5	6	<5
	10		7	

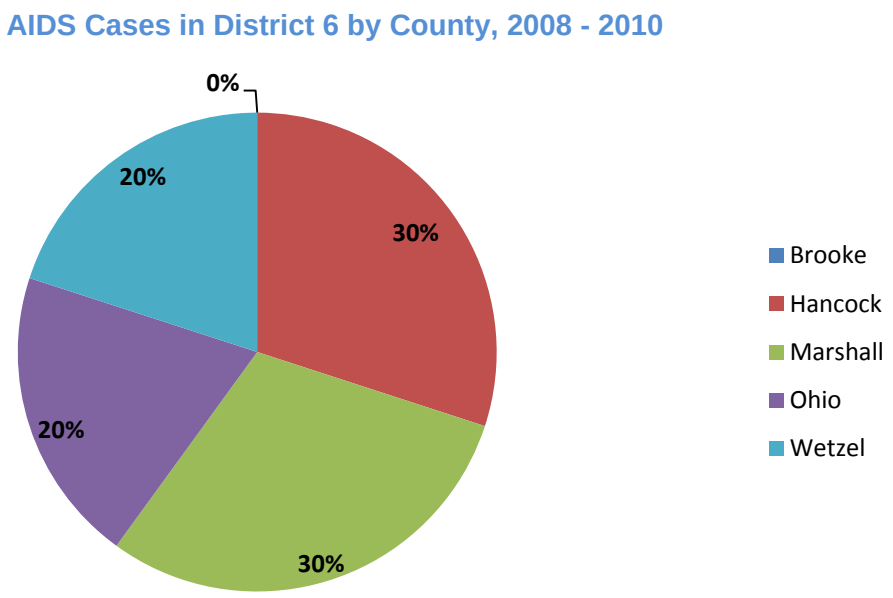
Note: Due to small cell counts, the table does not include racial/ethnic groups other than White and Black. It also excludes the following transmission categories: MSM/IDU, blood recipient, perinatal, and unknown.

HIV/AIDS Infection Cases in WV—Top 4 Groups in District 6, 2008 – 2010.

Rank	Race	Gender	Trans. Category	Number of Cases
1	White	Male	MSM	14
2	White	Male	IDU	<5
2	White	Male	Heterosexual	<5
2	Black	Female	Heterosexual	<5

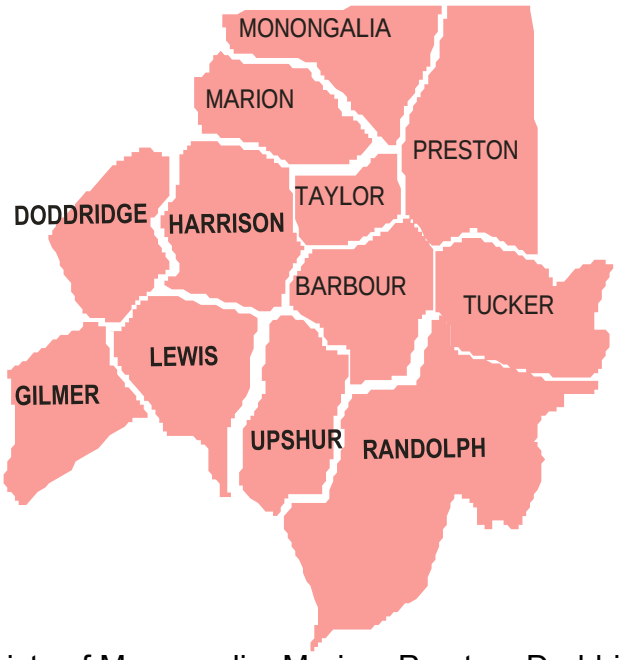
Among recently diagnosed cases of HIV and AIDS, the majority group is NH White males with MSM as a risk factor.





Among recently diagnosed HIV cases, 37% were diagnosed in Hancock County, 36% in Ohio County, and 27% in Marshall County. For recently diagnosed AIDS cases, 30% were diagnosed in Hancock County, 30% in Marshall County, 20% in Ohio County, and 20% in Wetzel County.

District 7



District 7 consists of Monongalia, Marion, Preston, Doddridge, Harrison, Barbour, Taylor, Tucker, Gilmer, Lewis, Upshur, and Randolph Counties. It is the most populous district in West Virginia.

Demographics

Population Distribution of Selected Demographic Characteristics, District 7, 2010.

District 7	Number	Percentage
Total population	382,777	100.0
Sex		
Male	193,217	50.5
Female	189,560	49.5
Race/ethnicity		
Non-Hispanic White	359,574	93.9
Non-Hispanic Black	8,713	2.3
Hispanic	4,676	1.2
Other	9,814	2.6
Age		
<13 years	52,339	13.7
13 – 19 years	36,475	9.5
20 – 24 years	35,443	9.3
25 – 29 years	25,508	6.7
30 – 39 years	46,800	12.2
40 – 49 years	50,532	13.2
50 – 59 years	54,062	14.1
60 and older	81,618	21.3

Source. Census 2010, US Bureau of the Census.
Note. Percentages may not add to 100% because of rounding.

In 2010, the population of District 7 was 382,777. Almost 94% of its citizens were NH White, 2.3% were NH Black, and 1.2% were Hispanic.

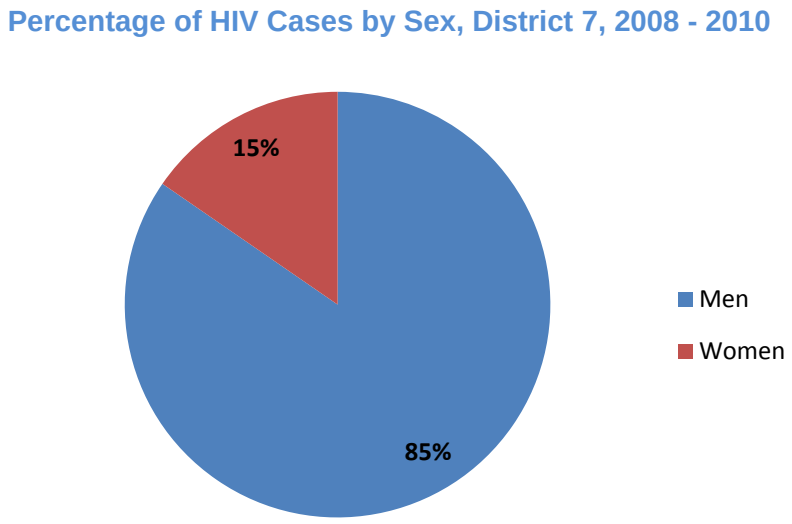
HIV/AIDS

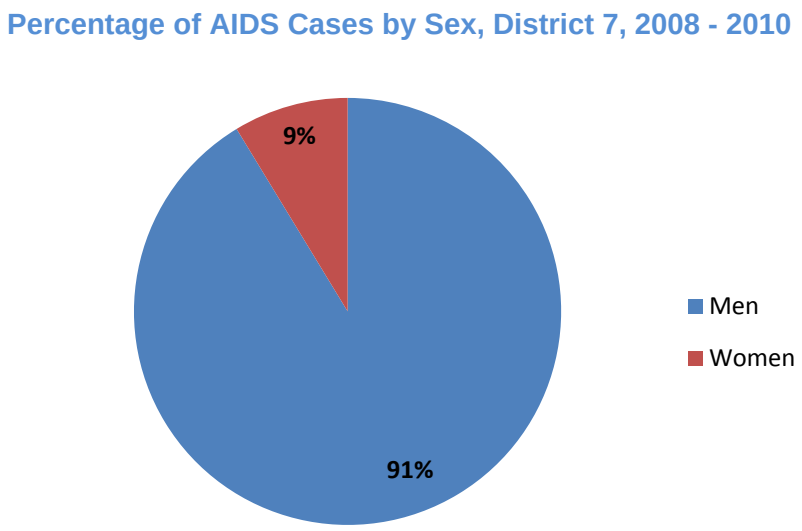
Number of HIV/AIDS Cases, District 7, 2006 - 2010

Year	Number of HIV Cases	Number of AIDS Cases
2006	12	10
2007	12	9
2008	8	10
2009	10	7
2010	8	6

Between 2006 and 2010, an average of 10 HIV cases and 8.4 AIDS cases were diagnosed per year.

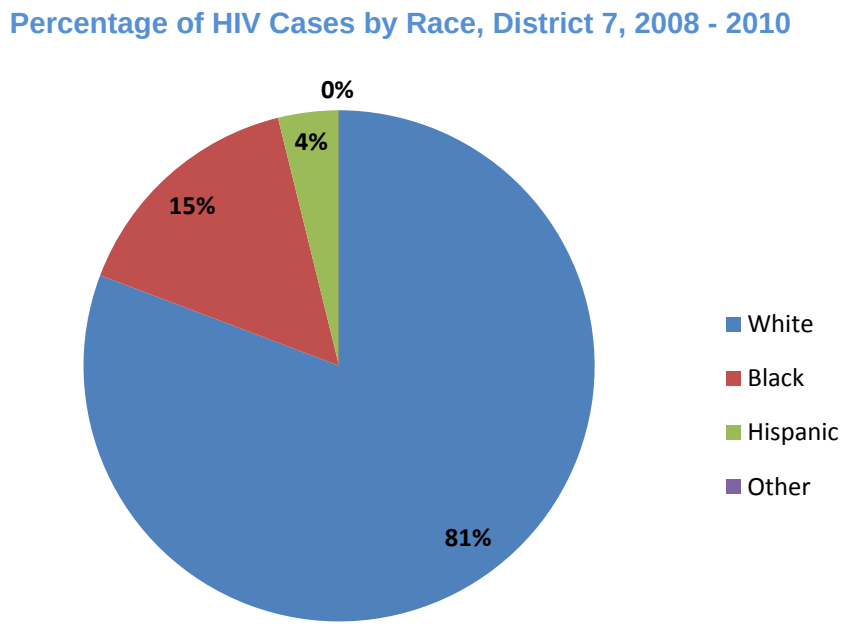
Sex

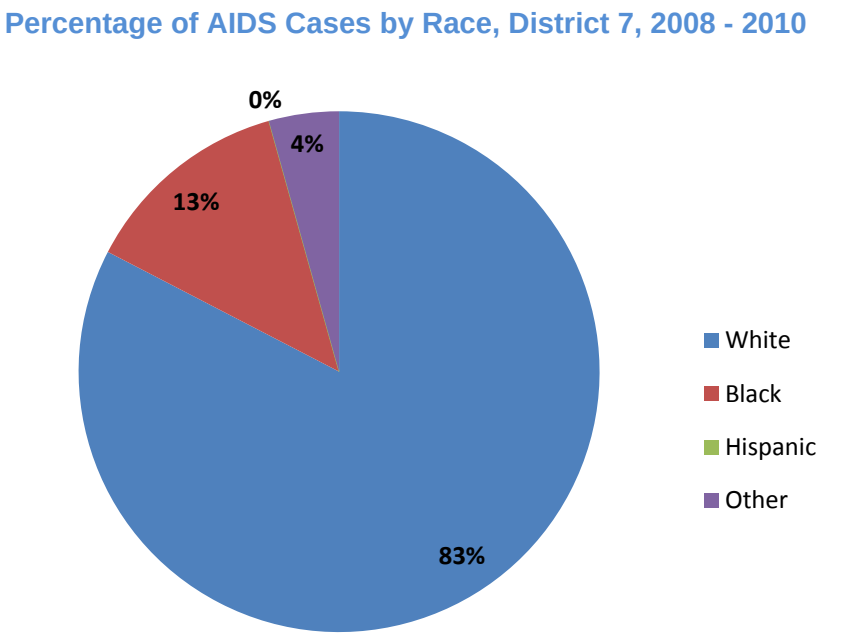




Between 2008 and 2010, most newly diagnosed HIV and AIDS cases were male (85% and 91%, respectively).

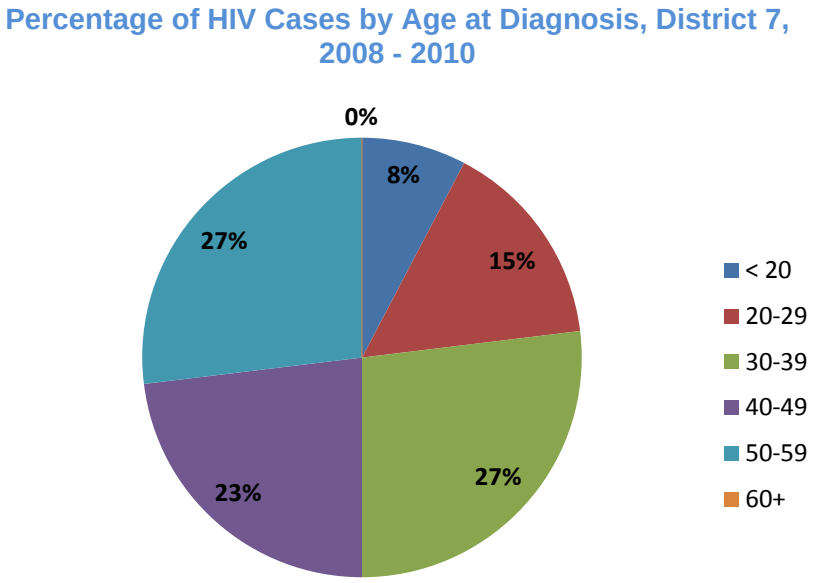
Race

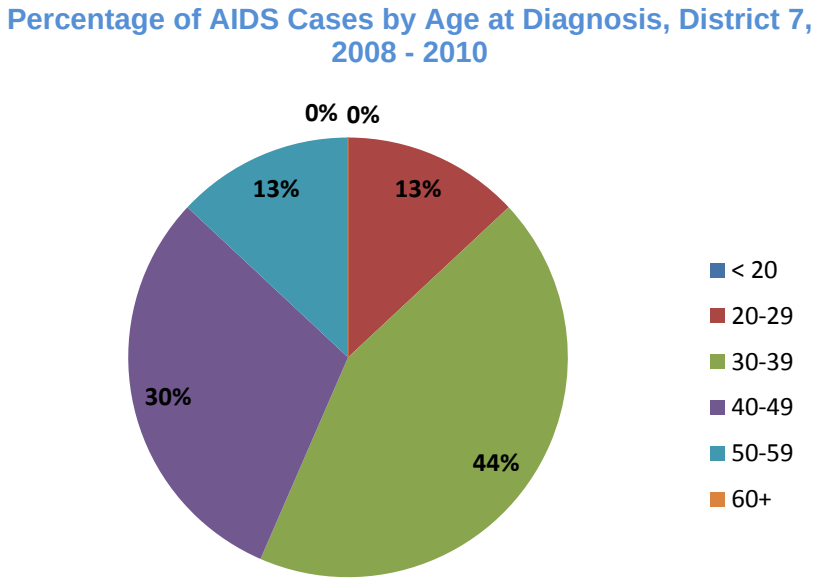




Among cases diagnosed between 2008 and 2010, 81% of HIV cases and 83% of AIDS cases were among NH Whites. NH Blacks were disproportionately affected by HIV/AIDS, accounting for 15% of HIV and 13% of AIDS cases.

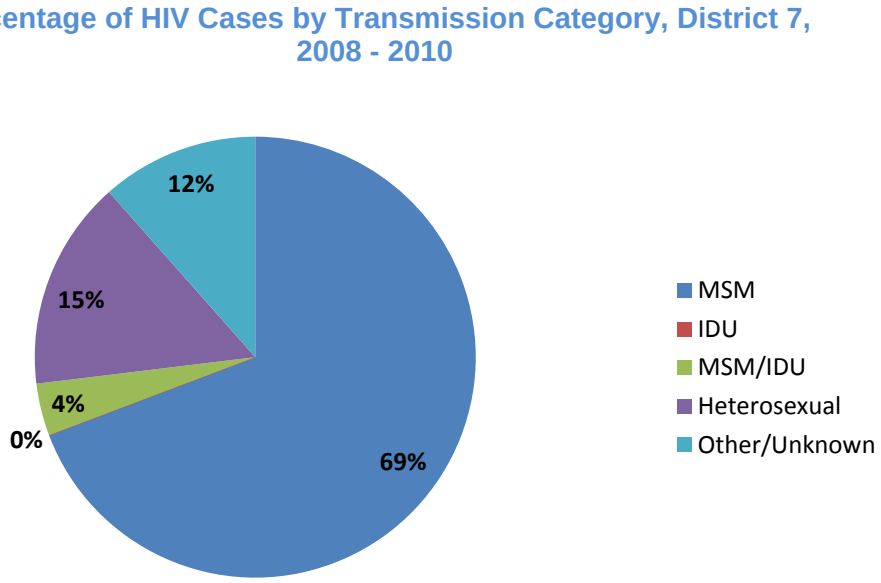
Age

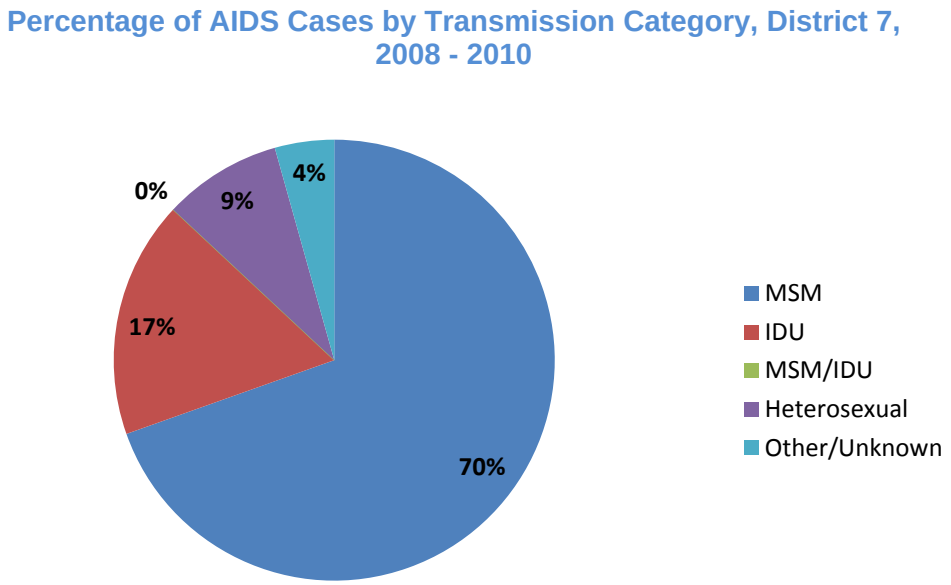




Approximately one-quarter of newly diagnosed HIV cases were in each of the following age groups: 30 to 39 years, 40 to 49 years, and 50 to 59 years. Among new AIDS cases, 44% were diagnosed among 30 to 39 year olds and 30% among 40 to 49 year olds.

Transmission





As in other districts, MSM was the most common transmission category, accounting for 69% of new HIV and 70% of new AIDS cases. For HIV, heterosexual activity was the second most common transmission category (15%). For AIDS, IDU was the second most common transmission category (17%).

HIV/AIDS Cases Diagnosed in District 7, 2008 – 2010.				
Characteristic	Cumulative HIV Cases (2008 – 2010)		Cumulative AIDS Cases (2008 – 2010)	
	Cases	Percent	Cases	Percent
Total	26	100	23	100
Sex				
Male	22	85	21	91
Female	<5	15	<5	9
Age group at Diagnosis				
<13 years	<5	4	<5	0
13 – 19 years	<5	4	<5	0
20 – 24 years	<5	12	<5	13
25 – 29 years	<5	4	<5	0
30 – 39 years	7	27	10	43
40 – 49 years	6	23	7	30
50 – 59 years	7	27	<5	13
60 and over	<5	0	<5	0
Race				
White	21	81	19	83
Black	<5	15	<5	13
Other	<5	4	<5	4
Transmission Category				
MSM	18	69	16	70
IDU	<5	0	<5	17
Heterosexual	<5	15	<5	9
Other/Unknown	<5	15	<5	4

Note: Percentages may not add to 100 due to rounding. Cumulative HIV and AIDS numbers come from the WV Department of Health and Human Services, Bureau of Public Health, Office of Epidemiology and Prevention Services, Division of STD/HIV and Hepatitis. Population totals come from the 2010 US Census.

Between 2008 and 2010, 26 cases of HIV and 23 cases of AIDS were diagnosed. The above table provides the raw numbers of cases for selected demographic and behavioral characteristics.

People living with HIV/AIDS, District 6, December 31, 2010.		
Characteristic	PLWHA*	
	Cases	Percent
Total	312	100
Sex		
Male	253	81
Female	59	19
Current Age Group		
< 13 years	<5	1
13 – 19 years	<5	0
20 – 24 years	<5	1
25 – 29 years	18	6
30 – 39 years	67	21
40 – 49 years	108	35
50 – 59 years	85	27
60 and over	26	8
Race		
White	253	81
Black	44	14
Hispanic	10	3
Other/Unknown	5	2
Transmission Category		
MSM	171	55
IDU	37	12
MSM and IDU	17	5
Heterosexual	49	16
Perinatal	<5	1
Blood Recipient	<5	1
Unknown	32	10
Race x Sex		
White Male	211	68
White Female	42	13
Black Male	31	10
Black Female	13	4
Race x Age group		
White, < 13 years	<5	0
White, 13 – 19 years	<5	0
White, 20 – 24 years	<5	1
White, 25 – 29 years	16	5
White, 30 – 39 years	54	17
White, 40 – 49 years	85	27
White, 50 – 59 years	72	23
White, 60 and over	22	7

People living with HIV/AIDS, cont.		
Characteristic	PLWHA*	
	Cases	Percent
Black, < 13 years	<5	1
Black, 13 – 19 years	<5	0
Black, 20 – 24 years	<5	0
Black, 25 – 29 years	<5	0
Black, 30 – 39 years	8	3
Black, 40 – 49 years	16	5
Black, 50 – 59 years	12	4
Black, 60 and over	<5	1
Race x Transmission Category		
White, MSM	142	46
White, IDU	31	10
White, Heterosexual	35	11
White, Other/Unk.	45	14
Black, MSM	21	7
Black, IDU	<5	1
Black, Heterosexual	10	3
Black, Other/Unk.	9	3
Race x Sex x Transmission Category		
White, M, MSM	142	46
White, M, IDU	20	6
White, M, Het.	11	4
White, M, Oth./Unk.	38	12
White, F, IDU	11	4
White, F, Het.	24	8
White, F, Oth./Unk.	7	2
Black, M, MSM	21	7
Black, M, IDU	<5	1
Black, M, Het.	<5	1
Black, M, Oth./Unk.	5	2
Black, F, IDU	<5	1
Black, F, Het.	7	2
Black, F, Oth./Unk.	<5	1

Note: Percentages may not add to 100 due to rounding or omission of categories.
* PLWHA = People Living with HIV/AIDS.

At the end of 2010, there were 312 PLWHA in District 7. The majority (68%) of these individuals were NH White males, A further 13% were NH White females and 10% were NH Black males. Among both NH Blacks and NH Whites, the age group with the largest number of PLWHA was 40 to 49 years followed by 50 to 59 years. The most prevalent transmission category for both NH Blacks and NH Whites was MSM. Overall, nearly half (46%) of PLWHA in District 7 were NH White males with MSM as their transmission category.

WV HIV INFECTION and AIDS CASES, DISTRICT 7, BY RACE, GENDER, and TRANSMISSION CATEGORY, 2008-2010

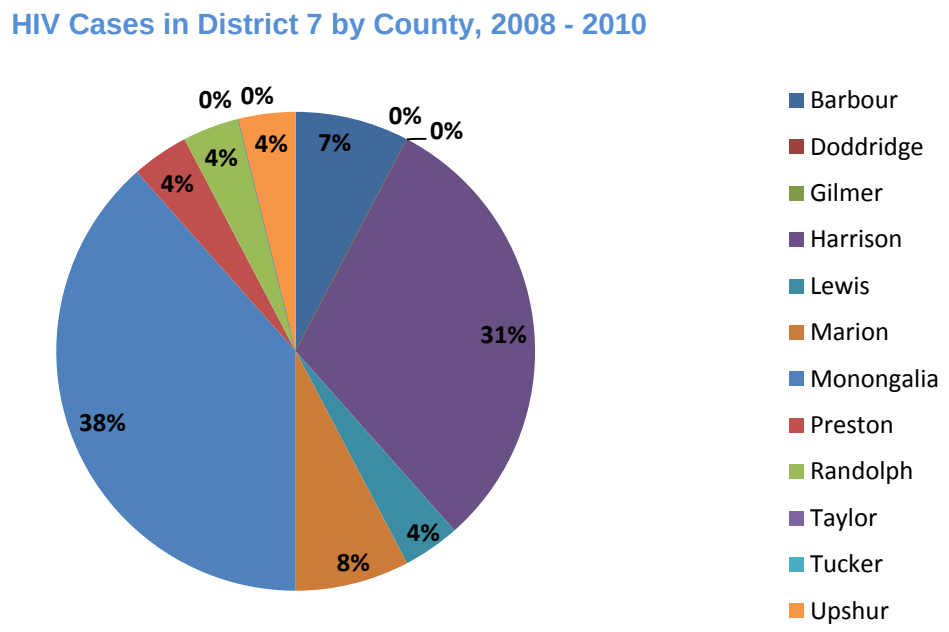
CHARACTERISTICS	HIV		AIDS	
	White No.	Black No.	White No.	Black No.
Male Transmission Category by Age Group				
MSM	16	<5	13	<5
IDU	<5	<5	<5	<5
Heterosexual Contact	<5	<5	<5	<5
Female Transmission Category by Age Group				
IDU	<5	<5	<5	<5
Heterosexual Contact	<5	<5	<5	<5
Total (White & Black)	20	2	18	3
	22		21	

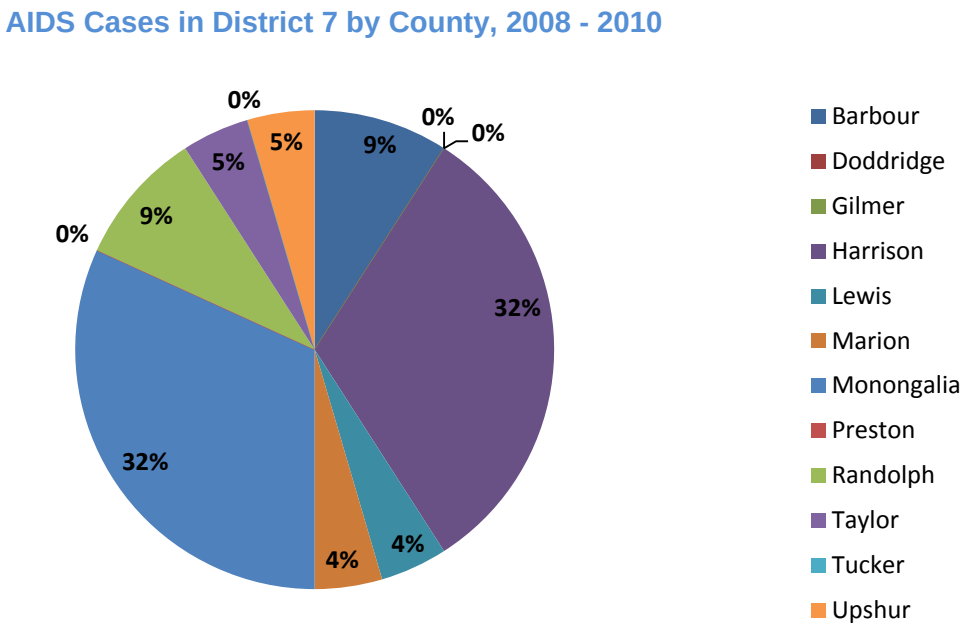
Note: Due to small cell counts, the table does not include racial/ethnic groups other than White and Black. It also excludes the following transmission categories: MSM/IDU, blood recipient, perinatal, and unknown.

HIV Infection Cases in WV—Top 3 Groups in District 7, 2008 – 2010.

Rank	Race	Gender	Trans. Category	Number of Cases
1	White	Male	MSM	29
2	White	Male	IDU	<5
3	Black	Male	MSM	<5

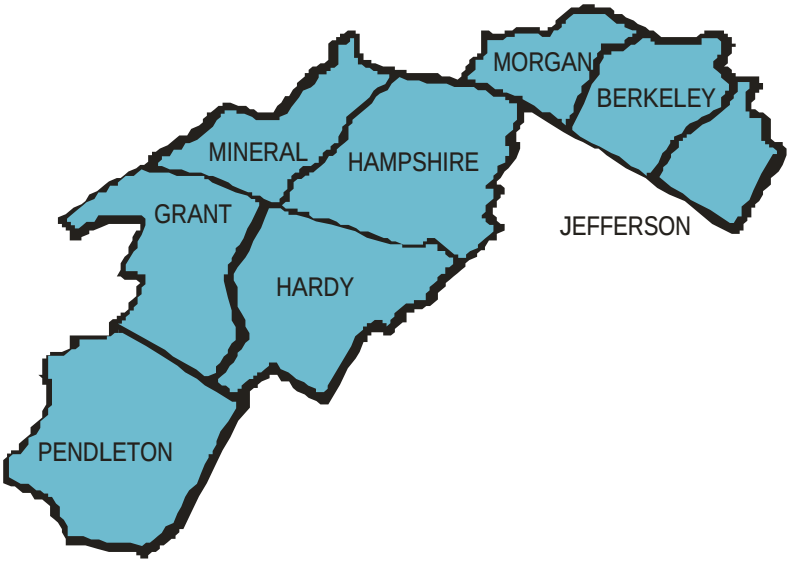
In District 7 of West Virginia, the group with the most HIV infections between 2008 and 2010 was NH White males whose risk factor was MSM. The group with the second highest number of HIV infections was NH White males who were infected through IDU. Finally, the group with the third highest number of HIV infections was NH Black males who stated that they were infected through MSM.





The county with the highest prevalence of new HIV cases in District 7 was Monongalia County, with 38% of new cases. The second highest prevalence of new HIV cases was found in Harrison County (31%). These two counties also accounted for almost two-thirds of new AIDS cases in District 7—Monongalia and Harrison counties each encompassed 32% of new AIDS cases.

District 8



District 8 consists of Pendleton, Grant, Hardy, Mineral, Hampshire, Morgan, Berkeley, and Jefferson Counties. It is the eastern-most district in West Virginia and portions of the district are included in the Washington, DC, metro region.

Demographics

Population Distribution of Selected Demographic Characteristics, District 8, 2010.

District 8	Number	Percentage
Total population	261,041	100.0
Sex		
Male	129,921	49.8
Female	131,120	50.2
Race/ethnicity		
Non-Hispanic White	233,688	89.5
Non-Hispanic Black	12,317	4.7
Hispanic	7,746	3.0
Other	7,290	2.8
Age		
<13 years	43,559	16.7
13 – 19 years	23,988	9.2
20 – 24 years	14,368	5.5
25 – 29 years	14,880	5.7
30 – 39 years	33,343	12.8
40 – 49 years	39,479	15.1
50 – 59 years	37,920	14.5
60 and older	53,504	20.5

Source. Census 2010, US Bureau of the Census.
Note. Percentages may not add to 100% because of rounding.

In 2010, District 8 had a population of 261,041 people. Almost 90% were NH White and 5% were NH Black.

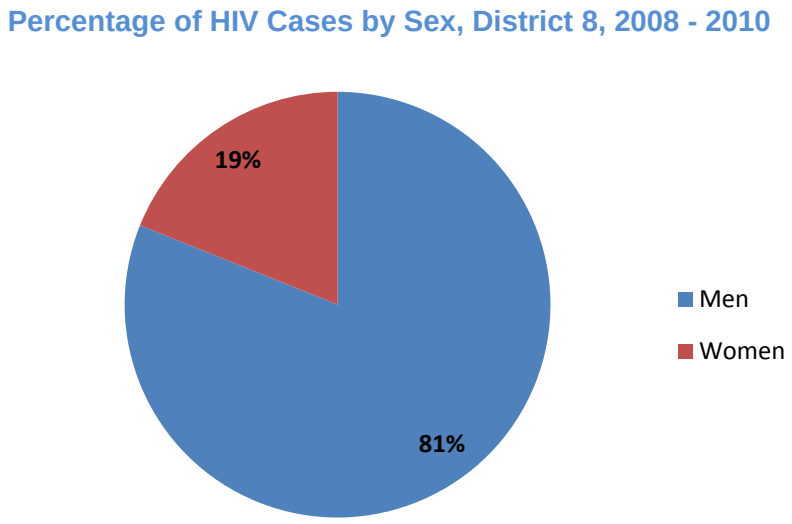
HIV/AIDS

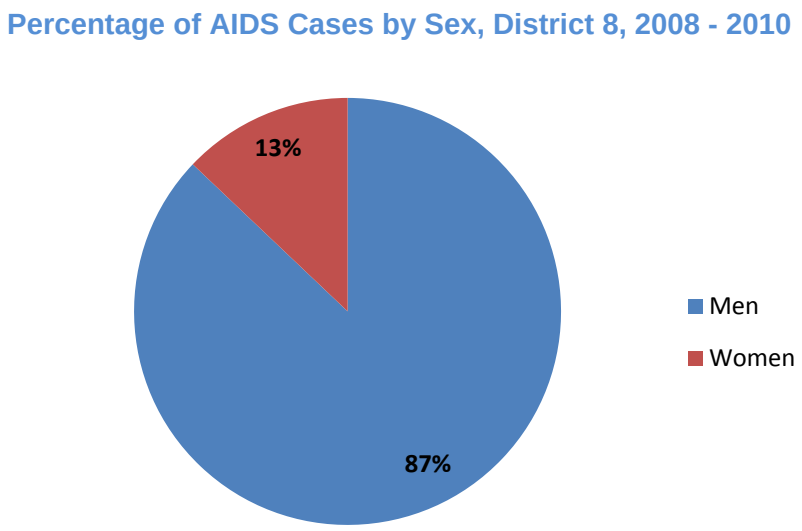
Number of HIV/AIDS Cases, District 8, 2006 - 2010

Year	Number of HIV Cases	Number of AIDS Cases
2006	6	6
2007	9	10
2008	18	14
2009	8	11
2010	11	6

Between 2006 and 2010, an average of 10.4 HIV and 9.4 AIDS cases were diagnosed per year.

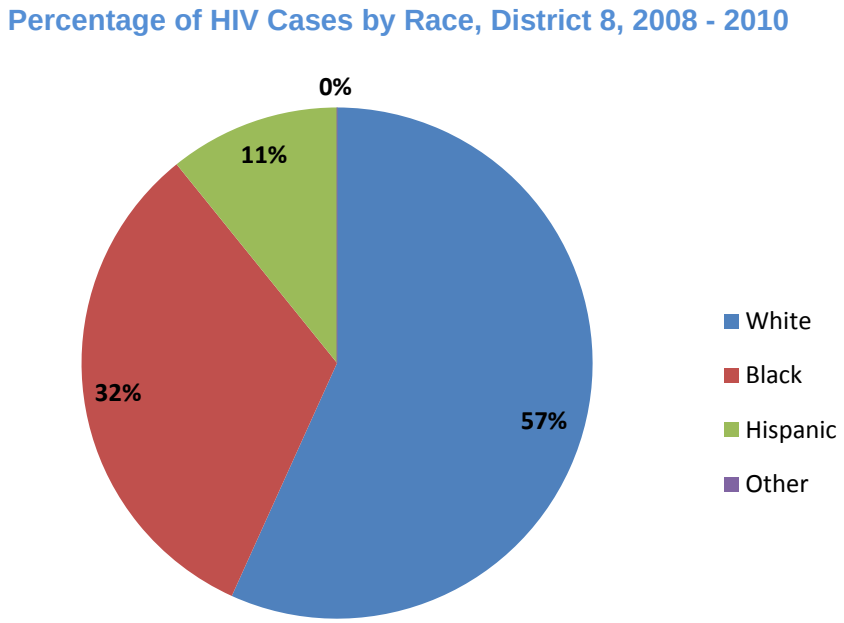
Sex

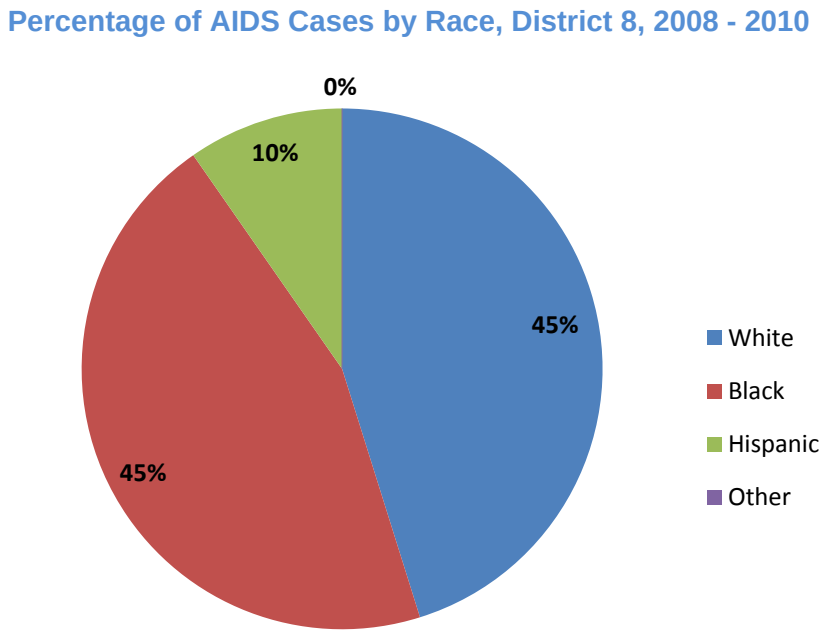




The majority of HIV and AIDS cases diagnosed between 2008 and 2010 were among men (81% and 87%, respectively).

Race

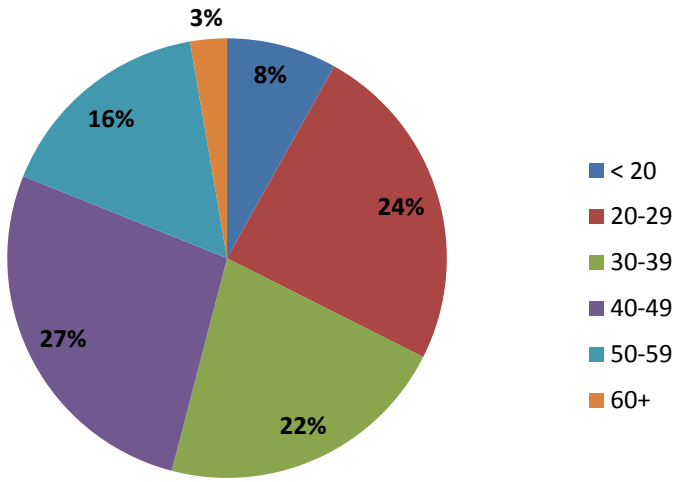




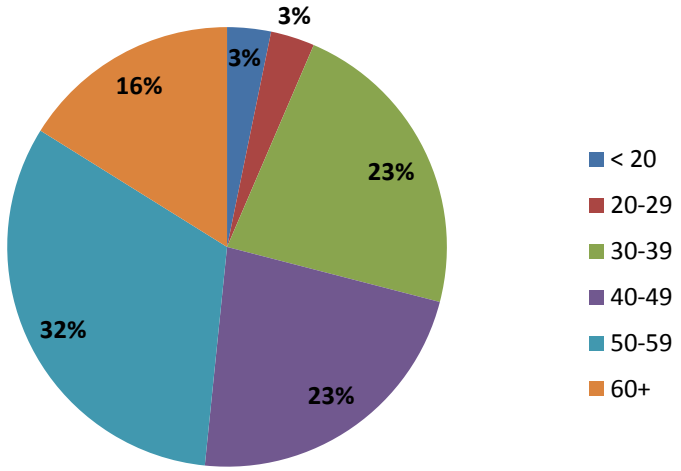
Although a majority of newly diagnosed HIV cases were among NH Whites (57%), NH Blacks were highly disproportionately impacted by the HIV/AIDS epidemic in District 8. Approximately one-third of newly diagnosed HIV cases were among NH Blacks and this population also accounted for 45% of newly diagnosed AIDS cases. An additional 45% of AIDS cases were among NH Whites.

Age

Percentage of HIV Cases by Age at Diagnosis, District 8, 2008 - 2010

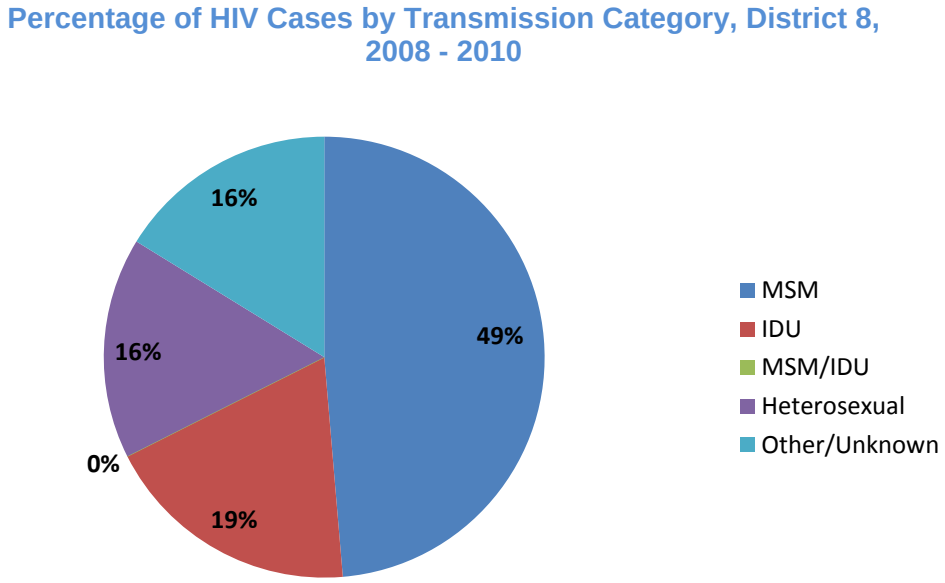


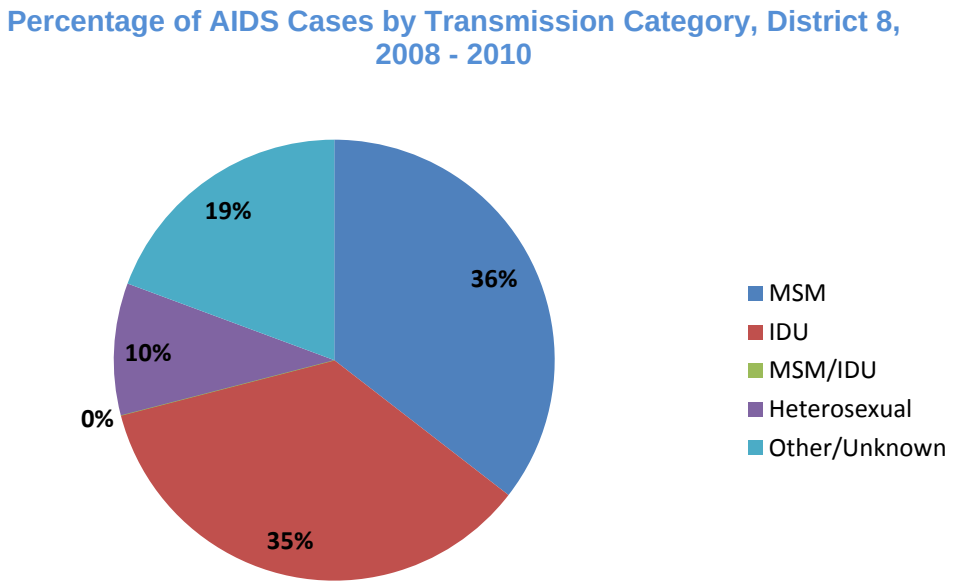
Percentage of AIDS Cases by Age at Diagnosis, District 8, 2008 - 2010



Age at diagnosis for HIV was fairly evenly split between the age groups of 20 through 29, 30 to 39, and 40 to 49 years (24%, 22%, and 27%, respectively). The age group 50 to 59 years accounted for 32% of newly diagnosed AIDS cases, followed by the age groups 40 to 49 and 30 to 39 years, which accounted for 23% of new AIDS cases each. Overall, age at diagnosis was older for AIDS versus HIV diagnoses.

Transmission





Almost 50% of newly diagnosed HIV cases were attributed to MSM. The second most common transmission category listed for HIV was IDU (19%) followed by heterosexual activity (16%). For recently diagnosed AIDS cases, 36% were attributed to MSM and 35% to IDU. Only 10% were attributed to heterosexual activity.

HIV/AIDS Cases Diagnosed in District 8, 2008 – 2010.				
Characteristic	Cumulative HIV Cases (2008 – 2010)		Cumulative AIDS Cases (2008 – 2010)	
	Cases	Percent	Cases	Percent
Total	37	100	31	100
Sex				
Male	30	81	27	87
Female	7	19	<5	13
Age group at Diagnosis				
<13 years	<5	0	<5	0
13 – 19 years	<5	8	<5	3
20 – 24 years	5	14	<5	0
25 – 29 years	<5	11	<5	3
30 – 39 years	8	22	7	23
40 – 49 years	10	27	7	23
50 – 59 years	6	16	10	32
60 and over	<5	3	5	16
Race				
White	21	57	14	45
Black	12	32	14	45
Other	<5	11	<5	10
Transmission Category				
MSM	18	49	11	35
IDU	7	19	11	35
Heterosexual	6	16	<5	10
Other/Unknown	6	16	6	19

Note: Percentages may not add to 100 due to rounding. Cumulative HIV and AIDS numbers come from the WV Department of Health and Human Services, Bureau of Public Health, Office of Epidemiology and Prevention Services, Division of STD/HIV and Hepatitis. Population totals come from the 2010 US Census.

Between 2008 and 2010, 37 HIV and 31 AIDS infections were diagnosed in District 8. The table above shows the raw numbers diagnosed by demographic and behavioral factors.

People living with HIV/AIDS, District 6, December 31, 2010.		
Characteristic	PLWHA*	
	Cases	Percent
Total	319	100
Sex		
Male	242	76
Female	77	24
Current Age Group		
< 13 years	<5	0
13 – 19 years	5	2
20 – 24 years	5	2
25 – 29 years	13	4
30 – 39 years	48	15
40 – 49 years	99	31
50 – 59 years	101	32
60 and over	48	15
Race		
White	179	56
Black	126	39
Hispanic	9	3
Other/Unknown	5	2
Transmission Category		
MSM	133	42
IDU	73	23
MSM and IDU	9	3
Heterosexual	61	19
Perinatal	<5	1
Blood Recipient	<5	0
Unknown	40	13
Race x Sex		
White Male	149	47
White Female	30	9
Black Male	82	26
Black Female	44	14
Race x Age group		
White, < 13 years	<5	0
White, 13 – 19 years	<5	0
White, 20 – 24 years	<5	1
White, 25 – 29 years	5	2
White, 30 – 39 years	26	8
White, 40 – 49 years	63	20
White, 50 – 59 years	54	17
White, 60 and over	28	9

People living with HIV/AIDS, cont.		
Characteristic	PLWHA*	
	Cases	Percent
Black, < 13 years	<5	0
Black, 13 – 19 years	5	2
Black, 20 – 24 years	<5	1
Black, 25 – 29 years	8	3
Black, 30 – 39 years	18	6
Black, 40 – 49 years	30	9
Black, 50 – 59 years	43	13
Black, 60 and over	20	6
Race x Transission Category		
White, MSM	104	33
White, IDU	29	9
White, Heterosexual	22	7
White, Other/Unk.	24	8
Black, MSM	23	7
Black, IDU	40	13
Black, Heterosexual	38	12
Black, Other/Unk.	25	8
Race x Sex x Transmission Category		
White, M, MSM	104	33
White, M, IDU	20	6
White, M, Het.	<5	1
White, M, Oth./Unk.	21	7
White, F, IDU	9	3
White, F, Het.	18	6
White, F, Oth./Unk.	<5	1
Black, M, MSM	23	7
Black, M, IDU	32	10
Black, M, Het.	10	3
Black, M, Oth./Unk.	17	5
Black, F, IDU	8	3
Black, F, Het.	28	9
Black, F, Oth./Unk.	8	3

Note: Percentages may not add to 100 due to rounding or omission of categories.
* PLWHA = People Living with HIV/AIDS.

As of December 31, 2010, there were 319 PLWHA in District 8. Approximately half (47%) are NH White males, one-quarter (26%) are NH Black males, and 14% are NH Black females. Among NH White PLWHA, the most common age group is 40 to 49 years followed by 50 to 59 years. Among NH Black PLWHA, the most prevalent age group is 50 to 59 years followed by 40 to 49 years. Although MSM is the indicated transmission category for a majority of the NH White PLWHA, heterosexual contact and IDU are the more prevalent transmission categories among NH Black PLWHA. Overall, 33% of the PLWHA in District 8 are NH White males with MSM as their transmission category. The second most prevalent group is NH Black males with IDU as the transmission category followed closely by NH Black females who were infected through heterosexual contact.

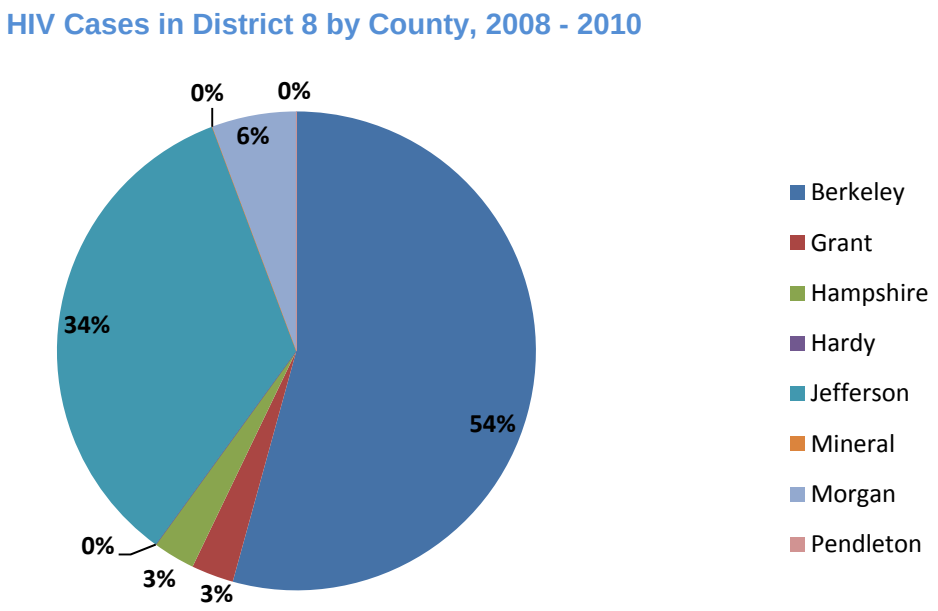
WV HIV INFECTION and AIDS CASES, DISTRICT 8, BY RACE, GENDER, and TRANSMISSION CATEGORY, 2008-2010				
CHARACTERISTICS	HIV		AIDS	
	White No.	Black No.	White No.	Black No.
Male Transmission Category by Age Group				
MSM	12	<5	8	<5
IDU	<5	<5	<5	5
Heterosexual Contact	<5	<5	<5	<5
Female Transmission Category by Age Group				
IDU	<5	<5	<5	<5
Heterosexual Contact	<5	<5	<5	<5
Total (White & Black)	17	8	11	11
	25		22	

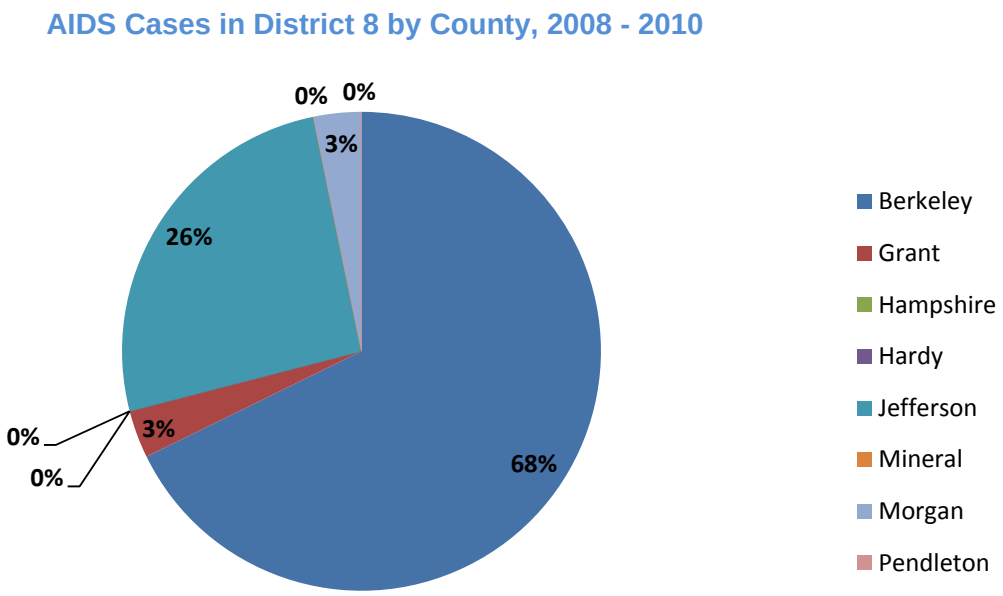
Note: Due to small cell counts, the table does not include racial/ethnic groups other than White and Black. It also excludes the following transmission categories: MSM/IDU, blood recipient, perinatal, and unknown.

HIV Infection Cases in WV—Top 3 Groups in District 8, 2008 – 2010.

Rank	Race	Gender	Trans. Category	Number of Cases
1	White	Male	MSM	20
2	Black	Male	MSM	7
2	Black	Male	IDU	7

In District 8 of West Virginia, the group with the most HIV infections between 2008 and 2010 was NH White males whose risk factor was MSM. Two groups tied for the second highest number of HIV infections—NH Black males infected through MSM and NH Black males who were infected via IDU.





The county with the highest proportion of new HIV and AIDS cases in District 8 was Berkeley County, with 54% and 68% of new cases, respectively. The second highest prevalence of new HIV and AIDS cases was found in Jefferson County (34% and 26%, respectively).

Key points

- Between 2008 and 2010, 211 new HIV infections and 157 new AIDS cases were diagnosed and reported among West Virginia residents.
- Males accounted for 81% and 86% of HIV and AIDS cases, respectively.
- The majority of HIV and AIDS cases were non-Hispanic White (72% and 68%, respectively).
- Blacks make up approximately 3.4% of West Virginia's population, yet 22% of HIV diagnoses and 25% of AIDS diagnoses made between 2008 and 2010 were among non-Hispanic Blacks. Thus, a substantial disparity in HIV incidence with respect to race exists in West Virginia.
- For both HIV and AIDS, most new cases occurred in the 40-49 age group (31% and 37%, respectively).
- Compared to AIDS, new HIV cases were slightly more likely to occur among younger age groups.
- MSM was the most frequently cited risk category reported among men (69% HIV and 65% AIDS).
- Heterosexual contact was the most frequently cited risk behavior reported among women (73% of new HIV and 68% of new AIDS cases).
- District 3 reported the most new HIV cases (55 cases), followed by District 8 (37 cases).
- District 3 reported the most new AIDS cases (44 cases), followed by District 8 (31 cases).

Surrogate Data
The following data were considered in the HIV prevention community planning process, as these are considered to be risk factors for HIV/AIDS transmission.

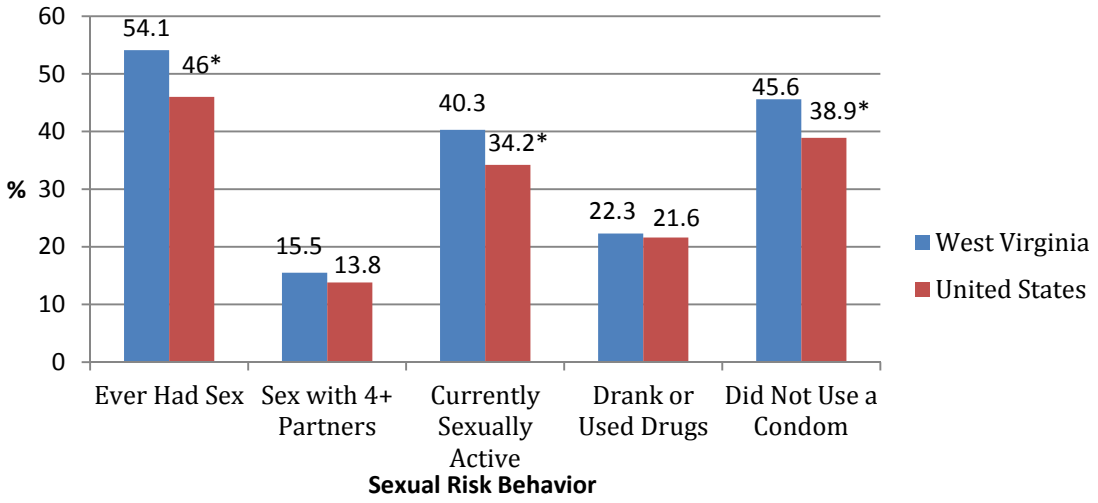
Youth Risk Behavior Survey
Sexual Behavior: The Youth Risk Behavior Survey (YRBS) is a survey of high school students (9th through 12th grades) on health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. Results are representative both at the national and state level. The survey is conducted every 2 years with the most recent results published in 2009 at the national level and in 2011 at the state level.

Between 2008 and 2010, 19% of new HIV diagnoses and 8% of new AIDS diagnoses in West Virginia occurred to individuals under the age of 25; approximately 44% of new HIV and 27% of new AIDS cases occurred among individuals under the age of 35. Many of these cases were likely infected with HIV in their teens and early twenties. Presented here are the results from the 2009 and 2011 YRBS.

In 2009, the YRBS reported that approximately 54% of WV high school students had ever had sexual intercourse, while over 40% were currently sexually active.[2] In addition, among those who were sexually active, 22% used drugs or alcohol before their most recent sexual intercourse while more than 45% failed to use a condom. Finally, over 15% of West Virginia high school students reported sexual intercourse with four or more total partners. Compared to high school students nationwide, West Virginia students were significantly more likely to have had sexual intercourse, be currently sexually active, and to have not used a condom during the most recent sexual intercourse.

[2] Currently sexually active indicates students who have had sexual intercourse with at least one person during the three months prior to the survey.

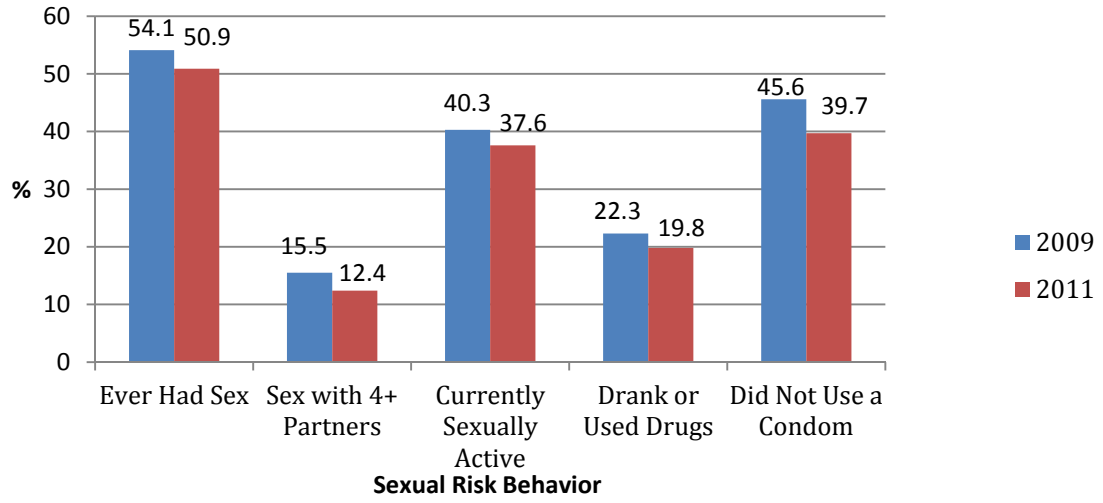
Comparison of Sexual Risk Behavior Between West Virginia Students and U.S. Students, YRBS, 2009



In 2011, the proportion of West Virginia students engaging in risky sexual behavior decreased compared to 2009 data. The percentage that had ever had sex decreased from 54.1% to 50.9%. Likewise, the percentage that was currently sexually active decreased from 40.3% to 37.6%. Other risky behaviors including having had sex with four or more partners during one's lifetime, drinking or using drugs at the time of last sexual intercourse, and failing to use a condom at last sexual intercourse decreased as well.

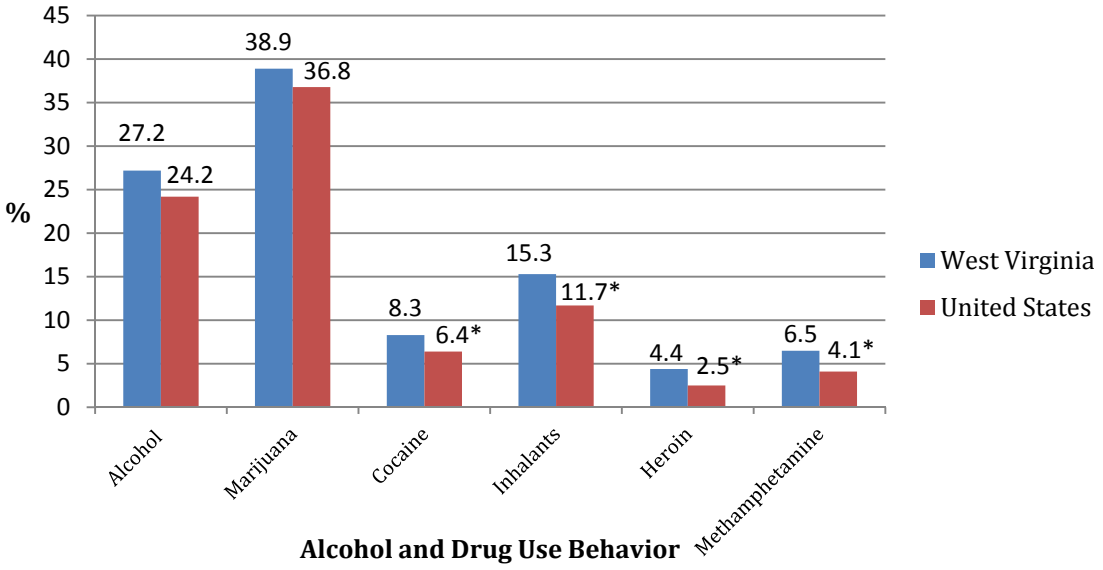
In addition to decreased rates of risky sexual activity, the proportion of West Virginia students who reported ever using drugs also decreased. The proportion who reported ever using marijuana decreased from 38.9% to 36.9%. At the same time, the proportion reporting cocaine, inhalant, heroin, and methamphetamine use decreased 39%, 36%, 32%, and 43%, respectively. Finally, binge drinking during the previous 30 days also decreased among West Virginia high school students, falling 26% between 2009 and 2011.

Comparison of Sexual Risk Behavior Between 2009 and 2011, West Virginia Students, YRBS



* Indicates statistically significant at the p<.05 level

Comparison of Alcohol and Drug Use Behavior Between West Virginia Students and U.S. Students, YRBS, 2009



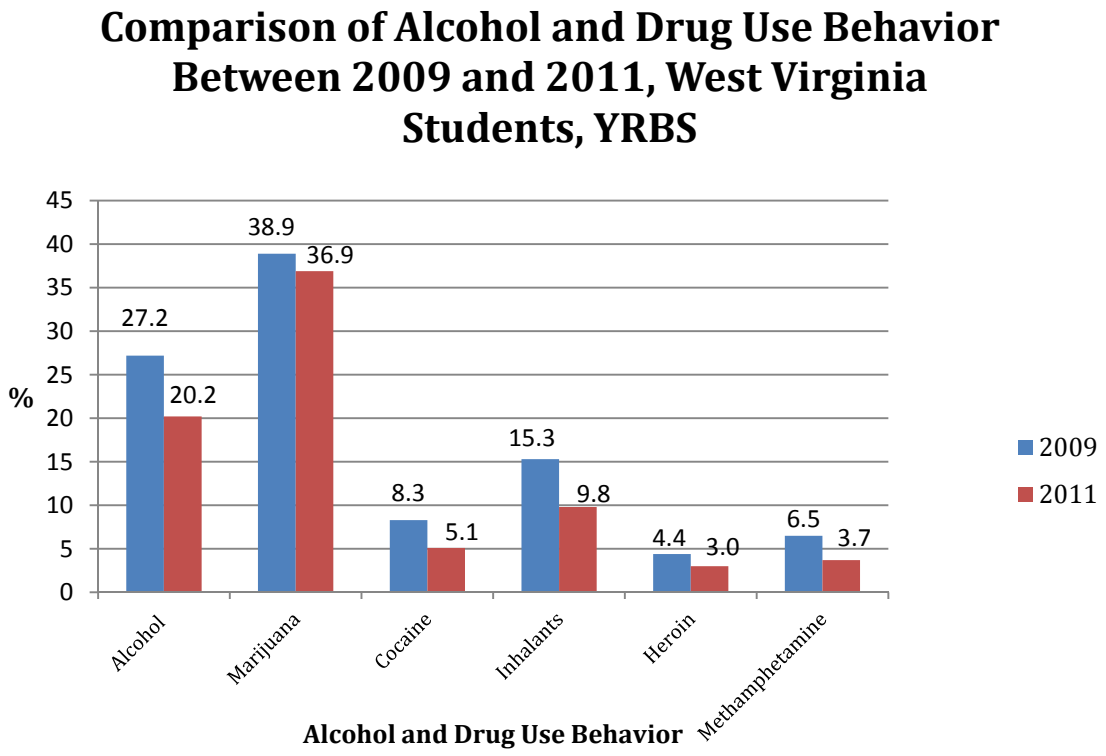
* Indicates statistical significance at the p<.05 level

Alcohol and Drug Use: Alcohol and drug use places individuals at risk for engaging in risky sexual activity (i.e., unprotected sexual intercourse, multiple sexual partners) that could lead

to HIV transmission.[3] Injection drug use can further expose individuals directly to HIV/AIDS through contaminated needles.[4] Presented above are substance abuse data from the 2009 YRBS. The 2009 survey findings indicate that almost 30% of West Virginia high school students have ever had 5 or more alcoholic drinks in a row (i.e., binge drinking), 39% have ever used marijuana, 8% have ever used cocaine, 15% have ever used inhalants, 4% have ever used heroin, and 7% have ever used methamphetamines.

Data from the 2009 YRBS indicate that compared to high school students nationwide, West Virginia high school students were significantly more likely to report cocaine use, inhalant use, heroin use, and methamphetamine use.

In 2011, the proportion of West Virginia students who reported ever using drugs decreased. The proportion who reported ever using marijuana decreased from 38.9% to 36.9%. At the same time, the proportion reporting cocaine, inhalant, heroin, and methamphetamine use decreased 39%, 36%, 32%, and 43%, respectively. Finally, binge drinking during the previous 30 days also decreased among West Virginia high school students, falling 26% between 2009 and 2011.

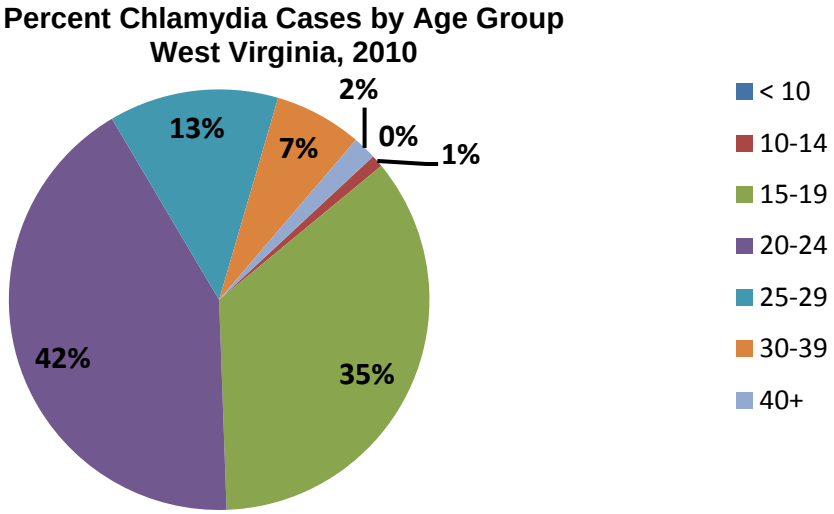


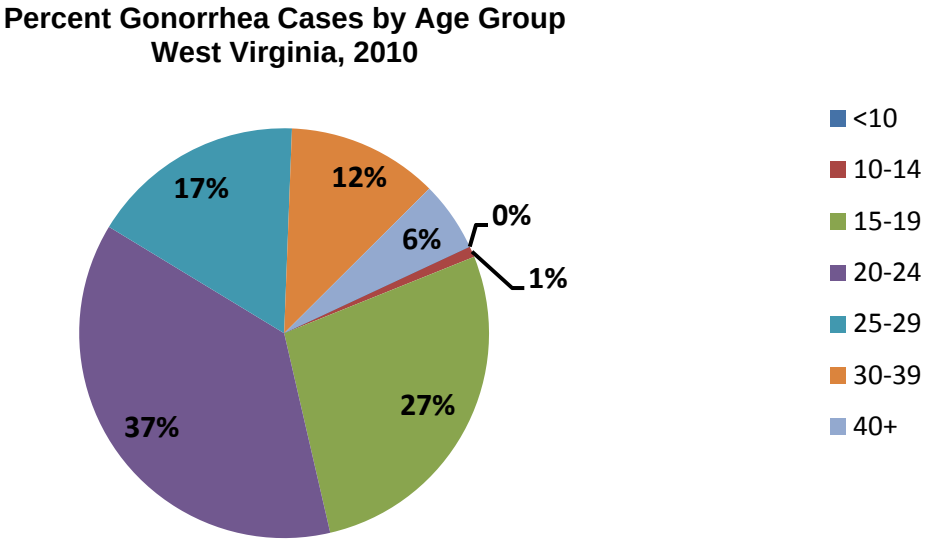
Sexually Transmitted Diseases

[3] Staton, M., Leukefeld, C., Logan, T.K., Zimmerman, R., Lynam, D., & Milich, R. 1999. Risky sex behavior and substance use among young adults. *Health and Social Work, 24*(2):147-154.
[4] Centers for Disease Control and Prevention (CDC). 2011. Basic information about HIV and AIDS. Retrieved from http://www.cdc.gov/hiv/topics/basic/index.htm.

Individuals infected with sexually transmitted diseases are estimated to be two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact. If an HIV-infected person is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons.[5]

There were 3,867 cases of chlamydia and 579 cases of gonorrhea diagnosed and reported in West Virginia in 2010. Of these, 3,536 (91%) cases of chlamydia and 478 (83%) cases of gonorrhea were reported in people aged 10-29. The figure below shows chlamydia and gonorrhea cases diagnosed in West Virginia in 2010 by age group.

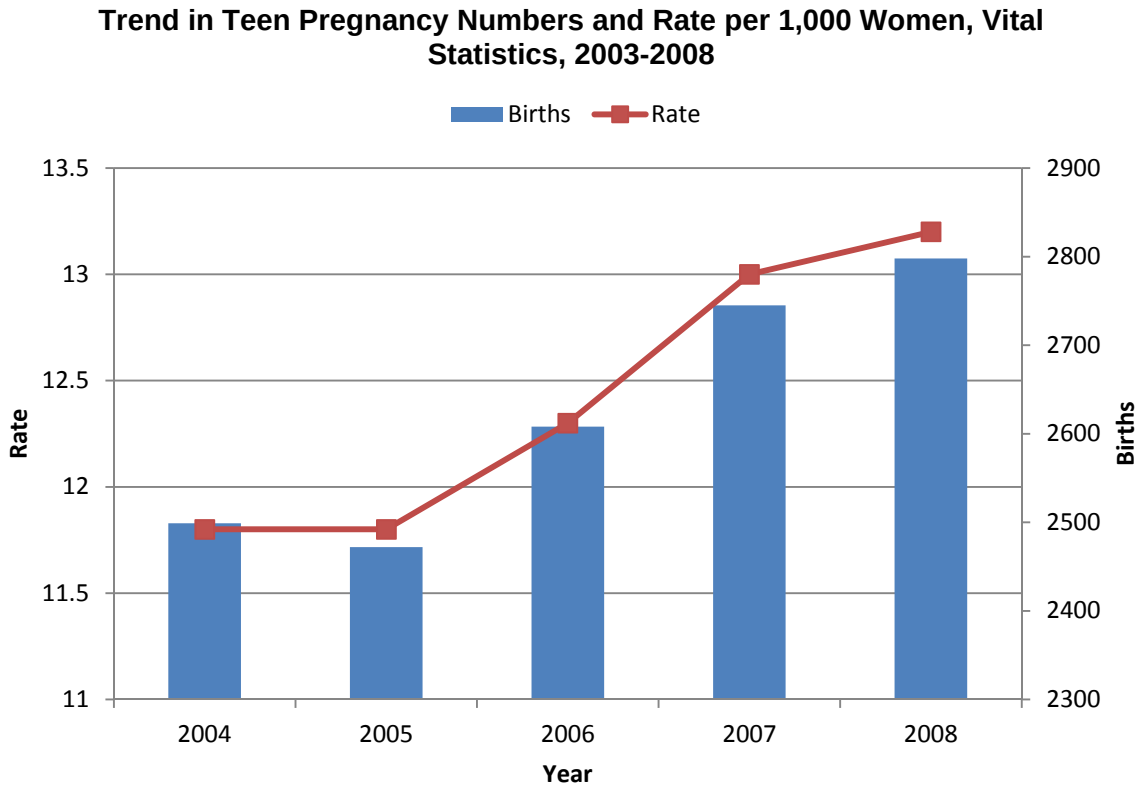




[5] Wasserheit JN. 1992. Epidemiological synergy: interrelationships between HIV infection and other STDs, in AIDS and Women's Health: Science for Policy and Action. Chen L, J Sepulveda and S Segal (eds). Plenum Press: New York.

Teen Pregnancy

An indirect measure of risky sexual behavior is the teen pregnancy rate. In 2008, 2,798 births were reported among West Virginia female residents below the age of 20 years. The numbers of births among teenage mothers increased by 53 (1.9%), from 2,745 in 2007. This is representative of a larger trend towards more births to teenage mothers. Between 2004 and 2008, the number of births to teenage mothers grew by 299 births (12%). The figure below shows number of births and birth rates for teenage mothers from 2004-2008.



Births to Mothers Ages 10-19 by County, 2000-2009 West Virginia Resident Births

County	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009 (Cum.)
Barbour	27	18	20	21	20	21	21	26	23	26
Berkeley	165	172	150	171	146	169	173	186	156	138
Boone	52	48	55	45	41	41	52	54	50	50
Braxton	21	20	22	26	18	22	22	33	27	19
Brooke	33	18	24	24	15	28	20	25	22	21
Cabell	154	160	133	162	142	146	174	154	158	171
Calhoun	16	13	18	11	5	13	9	10	6	20
Clay	19	18	22	19	15	15	24	29	26	27
Doddridge	12	8	14	7	15	9	7	7	8	12
Fayette	82	57	69	57	58	74	71	86	95	83
Gilmer	7	7	10	10	11	9	6	9	5	10
Grant	19	15	10	13	17	22	19	13	19	24
Greenbrier	46	43	56	47	34	45	38	51	34	56
Hampshire	35	43	34	38	29	36	31	30	39	10
Hancock	35	30	47	43	45	34	27	30	34	24
Hardy	15	15	16	21	17	18	11	18	20	15
Harrison	116	113	104	105	110	103	99	106	107	109
Jackson	51	43	34	32	46	37	26	38	39	37
Jefferson	74	70	72	65	61	55	50	72	62	73
Kanawha	303	276	295	281	290	263	286	278	290	311
Lewis	25	28	19	22	13	24	20	29	26	29
Lincoln	54	35	45	36	43	53	57	45	45	43
Logan	77	61	74	49	64	54	57	77	66	66
McDowell	75	70	61	61	61	65	57	65	61	64

Births to Mothers Ages 10-19 by County, 2000-2009 West Virginia Resident Births

County	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Marion	62	70	65	66	55	55	75	85	71	72
Marshall	45	44	41	38	45	29	35	48	48	46
Mason	42	40	34	34	36	40	38	33	41	22
Mercer	125	114	110	112	92	94	107	121	137	132
Mineral	43	40	30	22	36	28	32	40	44	42
Mingo	66	65	66	51	64	52	52	45	64	57
Monongalia	73	76	64	62	55	57	77	73	68	60
Monroe	22	24	14	15	13	9	16	14	20	17
Morgan	20	22	26	15	21	14	14	19	22	12
Nicholas	39	33	31	35	24	42	38	41	43	60
Ohio	68	50	44	59	50	53	68	64	60	60
Pendleton	8	5	8	11	3	6	1	14	7	3
Pleasants	13	9	9	7	7	6	6	16	10	6
Pocahontas	14	7	9	10	8	11	11	10	10	8
Preston	28	33	38	49	40	39	42	35	52	45
Putnam	56	47	43	60	54	43	50	47	57	52
Raleigh	114	137	110	96	117	116	105	125	108	128
Randolph	44	46	42	43	44	53	40	49	50	45
Ritchie	16	19	23	16	18	9	10	12	9	16
Roane	21	17	24	28	26	20	17	23	17	19
Summers	24	12	29	13	16	16	17	15	16	24
Taylor	16	16	19	20	19	17	19	20	27	23
Tucker	4	9	4	10	6	9	8	8	7	6
Tyler	10	15	11	13	6	18	15	17	12	24
Upshur	44	43	50	31	36	30	44	22	24	34
Wayne	76	67	63	65	64	50	67	55	72	55

Births to Mothers Ages 10-19 by County, 2000-2009 West Virginia Resident Births

County	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Webster	17	12	12	9	10	8	8	17	25	19
Wetzel	33	24	26	37	34	24	37	20	32	31
Wirt	8	8	16	10	9	8	6	6	12	7
Wood	157	140	124	130	126	121	142	125	143	152
Wyoming	37	44	57	43	39	39	48	47	55	38
WV Total	2,858	2,669	2,646	2,576	2,489	2,472	2,602	2,737	2,781	2,753

Note: 2009 is cumulative and unedited data
Source: West Virginia Health Statistics Center, 2010

				All people in poverty (2010)			Children ages 0-17 in poverty (2010)		
					90% confidence interval of estimate			90% confidence interval of estimate	
	FIPS*	Name	RUC Code[1]	Percent	Lower bound	Upper bound	Percent	Lower bound	Upper bound
1	54000	West Virginia		18.2	17.7	18.7	25.7	24.6	26.8
2	54001	Barbour County	7	17.6	12.8	22.4	29.8	21.8	37.8
3	54003	Berkeley County	3	12.7	10.5	14.9	18.2	14.3	22.1
4	54005	Boone County	2	18.9	14.7	23.1	26.0	19.7	32.3
5	54007	Braxton County	8	23.6	18.7	28.5	33.9	26.1	41.7
6	54009	Brooke County	3	14.7	11.7	17.7	22.1	17.0	27.2
7	54011	Cabell County	2	23.3	20.3	26.3	35.3	30.2	40.4
8	54013	Calhoun County	8	24.2	18.8	29.6	36.4	27.8	45.0
9	54015	Clay County	2	26.0	20.4	31.6	37.6	28.1	47.1
10	54017	Doddridge County	9	20.6	15.6	25.6	29.7	22.2	37.2
11	54019	Fayette County	6	22.6	18.7	26.5	32.4	25.4	39.4
12	54021	Gilmer County	9	29.1	22.8	35.4	30.6	23.0	38.2
13	54023	Grant County	6	17.6	13.8	21.4	26.2	19.7	32.7
14	54025	Greenbrier County	7	20.8	17.4	24.2	29.4	23.1	35.7
15	54027	Hampshire County	3	18.4	14.9	21.9	25.6	19.0	32.2
16	54029	Hancock County	3	13.6	10.8	16.4	20.7	15.7	25.7
17	54031	Hardy County	8	16.3	12.8	19.8	24.7	19.0	30.4
18	54033	Harrison County	5	17.3	14.2	20.4	24.8	19.3	30.3
19	54035	Jackson County	6	20.2	17.0	23.4	29.7	24.3	35.1
20	54037	Jefferson County	1	11.1	8.8	13.4	15.4	12.2	18.6
21	54039	Kanawha County	2	14.8	12.6	17.0	22.1	17.4	26.8
22	54041	Lewis County	7	19.2	15.0	23.4	27.5	20.5	34.5
23	54043	Lincoln County	2	24.2	19.3	29.1	33.6	26.1	41.1

24	54045	Logan County	6	22.3	18.3	26.3	30.1	24.0	36.2
25	54047	McDowell County	7	33.6	27.3	39.9	45.4	34.1	56.7
26	54049	Marion County	4	16.8	13.7	19.9	24.5	19.5	29.5
27	54051	Marshall County	3	17.0	13.8	20.2	25.7	19.9	31.5
28	54053	Mason County	6	18.4	14.4	22.4	27.2	20.7	33.7
29	54055	Mercer County	5	21.6	18.0	25.2	31.4	24.5	38.3
30	54057	Mineral County	3	16.7	13.7	19.7	24.6	19.3	29.9
31	54059	Mingo County	6	23.7	18.8	28.6	31.6	23.9	39.3
32	54061	Monongalia County	3	22.2	20.2	24.2	17.0	12.9	21.1
33	54063	Monroe County	8	17.9	14.0	21.8	26.1	19.7	32.5
34	54065	Morgan County	3	13.5	10.4	16.6	20.9	15.7	26.1
35	54067	Nicholas County	6	18.6	14.4	22.8	27.6	20.7	34.5
36	54069	Ohio County	3	16.6	13.3	19.9	24.5	19.2	29.8
37	54071	Pendleton County	8	15.3	11.8	18.8	24.5	18.2	30.8
38	54073	Pleasants County	3	15.1	11.8	18.4	20.5	15.3	25.7
39	54075	Pocahontas County	9	19.9	15.4	24.4	30.5	23.0	38.0
40	54077	Preston County	3	15.8	12.0	19.6	23.6	17.6	29.6
41	54079	Putnam County	2	10.4	8.1	12.7	14.0	10.7	17.3
42	54081	Raleigh County	4	18.0	14.6	21.4	25.8	20.1	31.5
43	54083	Randolph County	7	18.7	14.3	23.1	29.0	21.9	36.1
44	54085	Ritchie County	8	19.9	16.0	23.8	27.5	20.9	34.1
45	54087	Roane County	6	23.2	18.7	27.7	33.4	25.3	41.5
46	54089	Summers County	7	23.0	17.4	28.6	34.0	25.3	42.7
47	54091	Taylor County	6	20.3	16.7	23.9	28.2	22.0	34.4
48	54093	Tucker County	9	19.2	15.6	22.8	25.7	19.5	31.9
49	54095	Tyler County	6	16.2	12.3	20.1	25.6	19.1	32.1
50	54097	Upshur	7	21.9	17.8	26.0	30.5	24.0	37.0

		County							
51	54099	Wayne County	2	20.2	16.4	24.0	27.9	21.5	34.3
52	54101	Webster County	9	26.5	20.4	32.6	40.3	30.3	50.3
53	54103	Wetzel County	6	18.3	14.4	22.2	27.8	21.1	34.5
54	54105	Wirt County	3	22.1	17.8	26.4	34.1	26.5	41.7
55	54107	Wood County	3	15.5	12.8	18.2	25.3	19.8	30.8
56	54109	Wyoming County	7	20.0	15.2	24.8	30.0	22.3	37.7

See the county-level poverty rates from the 1990 and 2000 Census of Population.
Download the State- and county-level data in Excel format.
See important notes about intercensal model-based poverty estimates.
[1]The 2003 rural-urban continuum codes classify metropolitan counties (codes 1 through 3) by size of the Metropolitan Statistical Area (MSA), and nonmetropolitan counties (codes 4 through 9) by degree of urbanization and proximity to metro areas. See rural-urban continuum codes for precise definitions of each code.
Source: Bureau of the Census, Small Area Income and Poverty Estimates.
*See the Census Bureau web site for a description of FIPS codes.

Unemployment Rates by County in West Virginia, Not Seasonally Adjusted

Area	December 2010	December 2011(P)	Net Change
United States	9.1	8.3	-0.8
West Virginia	9.4	7.7	-1.7
Barbour County, WV	11.1	9.3	-1.8
Berkeley County, WV	9.6	8.1	-1.5
Boone County, WV	8.1	7.0	-1.1
Braxton County, WV	12.2	10.2	-2.0
Brooke County, WV	12.0	9.7	-2.3
Cabell County, WV	7.9	6.8	-1.1
Calhoun County, WV	16.9	12.7	-4.2
Clay County, WV	17.2	11.0	-6.2
Doddridge County, WV	9.9	8.5	-1.4
Fayette County, WV	11.5	9.4	-2.1
Gilmer County, WV	7.7	6.3	-1.4
Grant County, WV	14.1	12.6	-1.5
Greenbrier County, WV	10.6	8.2	-2.4
Hampshire County, WV	10.0	7.7	-2.3
Hancock County, WV	13.1	10.1	-3.0
Hardy County, WV	11.2	8.9	-2.3

Unemployment Rates by County in West Virginia, Not Seasonally Adjusted			
Area	**December 2010**	**December 2011(P)**	**Net Change**
Harrison County, WV	8.2	7.0	-1.2
Jackson County, WV	12.8	9.5	-3.3
Jefferson County, WV	7.3	5.9	-1.4
Kanawha County, WV	8.3	6.8	-1.5
Lewis County, WV	8.7	6.6	-2.1
Lincoln County, WV	11.5	9.5	-2.0
Logan County, WV	9.7	8.1	-1.6
Marion County, WV	7.8	6.8	-1.0
Marshall County, WV	11.1	7.7	-3.4
Mason County, WV	13.4	11.4	-2.0
McDowell County, WV	12.4	10.3	-2.1
Mercer County, WV	8.7	7.5	-1.2
Mineral County, WV	8.4	7.4	-1.0
Mingo County, WV	10.2	8.6	-1.6
Monongalia County, WV	5.6	5.0	-0.6
Monroe County, WV	8.4	7.4	-1.0
Morgan County, WV	10.2	7.6	-2.6
Nicholas County, WV	11.5	9.5	-2.0
Ohio County, WV	9.0	6.5	-2.5
Pendleton County, WV	9.2	6.9	-2.3
Pleasants County, WV	10.7	8.1	-2.6
Pocahontas County, WV	12.3	11.3	-1.0
Preston County, WV	9.1	7.3	-1.8
Putnam County, WV	8.1	6.4	-1.7
Raleigh County, WV	8.9	7.2	-1.7
Randolph County, WV	11.9	10.5	-1.4
Ritchie County, WV	10.0	7.7	-2.3
Roane County, WV	15.6	11.8	-3.8
Summers County, WV	11.3	9.1	-2.2
Taylor County, WV	9.7	7.9	-1.8
Tucker County, WV	14.2	11.2	-3.0
Tyler County, WV	12.4	10.1	-2.3
Upshur County, WV	9.9	8.0	-1.9
Wayne County, WV	9.9	7.9	-2.0
Webster County, WV	13.3	12.6	-0.7

Unemployment Rates by County in West Virginia, Not Seasonally Adjusted			
Area	**December 2010**	**December 2011(P)**	**Net Change**
Wetzel County, WV	14.3	11.4	-2.9
Wirt County, WV	13.0	11.5	-1.5
Wood County, WV	9.4	7.7	-1.7
Wyoming County, WV	11.0	8.4	-2.6

(P) Preliminary

NOTE: Rates shown are a percentage of the labor force. Data refer to place of residence. State and county data for both the current and prior year are subject to revision early in the following calendar year.

Last Modified Date: February 02, 2012

Literacy Estimates - State and County Level

The National Institute for Literacy distributed the publication entitled "The State of Literacy in America" in 1998. This publication includes a compilation of literacy proficiency estimates at the national, state, congressional district and county levels. Dr. Stephen Reder, the Portland State University researcher hired by the U. S. Department of Education to conduct the study, calculated the estimates of adult literacy proficiency by analyzing previous national literacy studies (National Adult Literacy Survey) and comparing the primary indicators for literacy found in those earlier studies to local statistics provided by the Census Bureau.

Literacy skills were measured on a scale of 1 to 5, with Level 5 reflecting the highest skills and Level 1, the lowest. Generally, those adults who score at Level 1 have difficulty performing such everyday tasks as locating an intersection on a street map, reading and comprehending a short newspaper article, or calculating total costs on an order form. "The State of Literacy in America" provides statistics on only those who scored at Level 1.

West Virginia Statistics - State Level

West Virginia ranked 33rd, tied with 3 other states, on the lowest percentage of adults at Level 1 literacy. The report estimates that 20% of West Virginia adults function at Level 1, compared to the national average of 22%. Level 1 literacy rates for all 50 states ranged from 11% (Alaska, Utah and Wyoming) to 37% (District of Columbia). Fourteen states showed a higher percentage of adults at Level 1 compared to West Virginia.

West Virginia Statistics - Congressional Districts

District 1 18% at Level 1

District 2 19% at Level 1

District 3 24% at Level 1

West Virginia Statistics - County Level

County Percentage of Adult Population at Level 1 Literacy

Barbour 23%
Berkeley 16%
Boone 26%
Braxton 24%
Doddridge 21%
Fayette 27%
Gilmer 23%
Grant 19%
Greenbrier 22%
Hampshire 19%
Hancock 19%
Hardy 19%
Harrison 19%
Jackson 18%
Jefferson 15%
Kanawha 20%
Lewis 21%
Lincoln 27%
Logan 27%
Marion 19%
Marshall 18%
Mason 22%
McDowell 37%
Mercer 23%
Upshur 19%
Wayne 21%
Webster 29%
Brooke 17%
Cabell 19%
Calhoun 24%
Clay 29%
Mineral 16%
Mingo 29%
Monongalia 14%
Monroe 22%
Morgan 18%
Nicholas 23%
Ohio 17%
Pendleton 19%
Pleasants 19%
Pocahontas 21%
Preston 19%
Putnam 14%
Raleigh 26%
Randolph 20%
Ritchie 21%
Roane 23%
Summers 30%
Taylor 20%
Tucker 20%
Tyler 19%
Wetzel 18%
Wood 15%
Wyoming 27%

County-Level Education Data for WV

Less than high school	High school only	Some college	College degree

					Persons 25 and over				
			Measures of rurality		Percent completing less than high school[4]				
	FIPS[1]	Name	2003 Rural-urban Continuum Code[2]	2003 Urban influence Code[3]	1970	1980	1990	2000	2006-2010[5]
1	54000	West Virginia			58.4	44.0	34.0	24.8	18.1
2	54001	Barbour County	7	9	68.5	50.7	40.2	27.3	19.6
3	54003	Berkeley County	3	2	58.5	44.1	31.6	22.4	15.1
4	54005	Boone County	2	2	76.0	58.6	45.9	36.0	28.5
5	54007	Braxton County	8	7	73.4	54.9	43.2	32.7	26.1
6	54009	Brooke County	3	2	56.1	37.3	28.4	20.3	12.1
7	54011	Cabell County	2	2	50.6	38.4	28.1	20.0	14.3
8	54013	Calhoun County	8	7	75.9	57.1	43.7	37.6	28.3
9	54015	Clay County	2	2	80.9	63.3	50.6	36.3	27.0
10	54017	Doddridge County	9	8	69.6	48.2	35.4	30.6	26.1
11	54019	Fayette County	6	5	70.7	53.3	42.9	31.4	23.4
12	54021	Gilmer County	9	12	64.5	53.5	43.4	30.0	25.1
13	54023	Grant County	6	7	68.7	55.0	39.8	29.2	20.6
14	54025	Greenbrier County	7	11	62.4	46.7	37.0	26.6	22.2
15	54027	Hampshire County	3	2	62.5	46.9	38.2	28.7	21.6
16	54029	Hancock County	3	2	54.4	37.9	27.5	17.1	12.5
17	54031	Hardy County	8	7	71.0	56.2	44.7	29.7	19.1
18	54033	Harrison County	5	8	49.5	39.3	29.4	21.6	15.9
19	54035	Jackson County	6	6	55.1	42.1	34.6	22.6	17.8
20	54037	Jefferson County	1	1	58.3	43.3	31.8	21.0	14.8

21	54039	Kanawha County	2	2	47.2	35.0	27.6	20.0	14.1
22	54041	Lewis County	7	9	66.7	49.2	37.9	26.3	20.6
23	54043	Lincoln County	2	2	75.5	59.1	50.9	37.3	33.6
24	54045	Logan County	6	6	71.2	54.9	46.6	36.9	25.1
25	54047	McDowell County	7	9	75.6	64.1	57.7	50.0	40.4
26	54049	Marion County	4	5	51.8	38.2	28.6	20.5	13.6
27	54051	Marshall County	3	2	58.7	39.3	29.1	20.3	14.8
28	54053	Mason County	6	5	63.1	47.3	38.9	27.6	21.0
29	54055	Mercer County	5	8	56.7	46.8	36.9	27.9	20.9
30	54057	Mineral County	3	2	55.5	40.0	27.2	19.7	13.6
31	54059	Mingo County	6	6	75.7	60.6	49.6	40.4	30.5
32	54061	Monongalia County	3	2	47.3	33.8	24.6	16.4	12.8
33	54063	Monroe County	8	7	61.4	47.6	37.9	26.3	24.3
34	54065	Morgan County	3	2	68.5	46.0	35.2	24.2	15.9
35	54067	Nicholas County	6	6	68.3	52.1	38.8	30.0	20.1
36	54069	Ohio County	3	2	52.3	34.6	24.9	17.0	10.9
37	54071	Pendleton County	8	7	70.1	52.9	39.4	28.0	20.1
38	54073	Pleasants County	3	2	53.4	42.4	31.3	20.6	12.9
39	54075	Pocahontas County	9	12	67.9	53.2	39.4	29.1	21.0
40	54077	Preston County	3	2	65.5	49.6	37.3	26.0	17.5
41	54079	Putnam County	2	2	58.4	37.4	26.2	16.2	11.1
42	54081	Raleigh County	4	5	64.3	46.4	36.8	28.0	21.6
43	54083	Randolph County	7	11	59.5	47.2	34.1	26.5	18.9
44	54085	Ritchie	8	7	67.0	49.5	38.5	26.6	20.5

		County							
45	54087	Roane County	6	7	71.5	52.2	42.8	33.2	23.4
46	54089	Summers County	7	9	69.4	51.9	42.0	34.6	24.3
47	54091	Taylor County	6	5	59.5	43.9	34.0	25.3	16.6
48	54093	Tucker County	9	12	62.2	46.5	36.0	24.5	18.5
49	54095	Tyler County	6	6	55.4	42.3	31.3	24.6	17.2
50	54097	Upshur County	7	9	59.1	42.9	35.7	25.4	20.4
51	54099	Wayne County	2	2	63.7	49.4	36.9	29.5	21.9
52	54101	Webster County	9	12	77.3	65.0	53.5	41.8	30.9
53	54103	Wetzel County	6	6	52.4	40.8	29.9	22.4	17.5
54	54105	Wirt County	3	2	63.8	48.3	33.8	27.6	16.0
55	54107	Wood County	3	2	48.7	34.9	26.8	18.6	13.4
56	54109	Wyoming County	7	10	72.5	57.9	47.0	35.7	27.3

[2]The 2003 Rural-urban continuum codes classify metropolitan counties (codes 1 through 3) by size of the Metropolitan Statistical Area (MSA), and nonmetropolitan counties (codes 4 through 9) by degree of urbanization and proximity to metro areas. See the Rural-urban continuum codes for precise definitions of each code.

[3]The 2003 Urban influence codes classify metropolitan counties (codes 1 through 2) by size of the Metropolitan Statistical Area (MSA), and nonmetropolitan counties (codes 3 through 12) by the size of the largest city or town and proximity to metro and micro areas. See the Urban influence codes for precise definitions of each code.

[4]For 1970 and 1980, the share of adults with less than high school includes those who had not completed the 12th grade. In 1990, 2000, and 2006-2010 the share includes those who did not receive a high school diploma or its equivalent (such as a GED).

[5]The data for 2006-2010 is a 5-year average from the Census Bureau's American Community Survey.

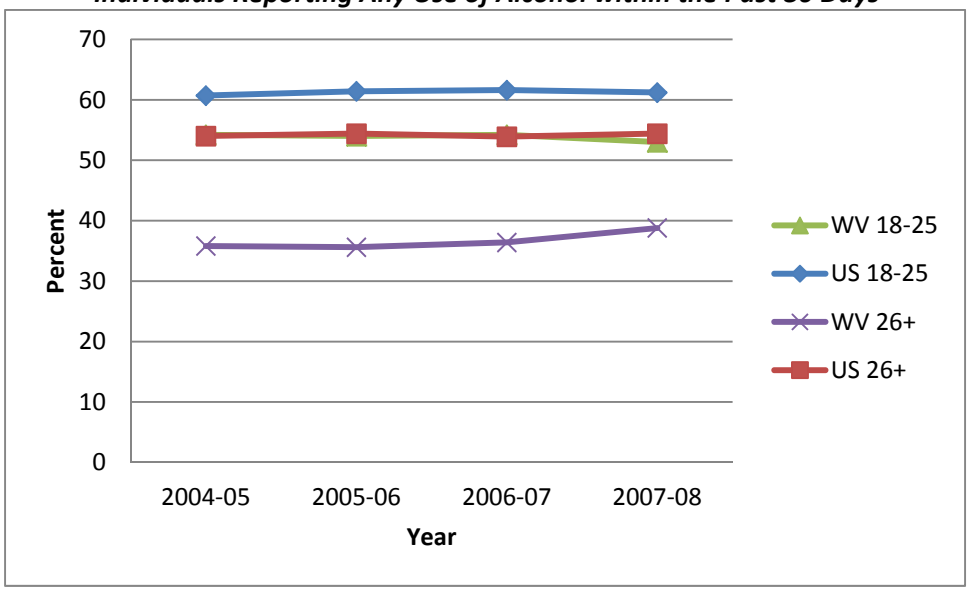
Sources: U.S. Census Bureau, 1970, 1980, 1990, 2000 Censuses of Population, and the 2006-2010 American Community Survey.

Updated date: January 17, 2012

Drug and Alcohol Use in West Virginia

Substance: Alcohol
Data Source: NSDUH

Individuals Reporting Any Use of Alcohol within the Past 30 Days

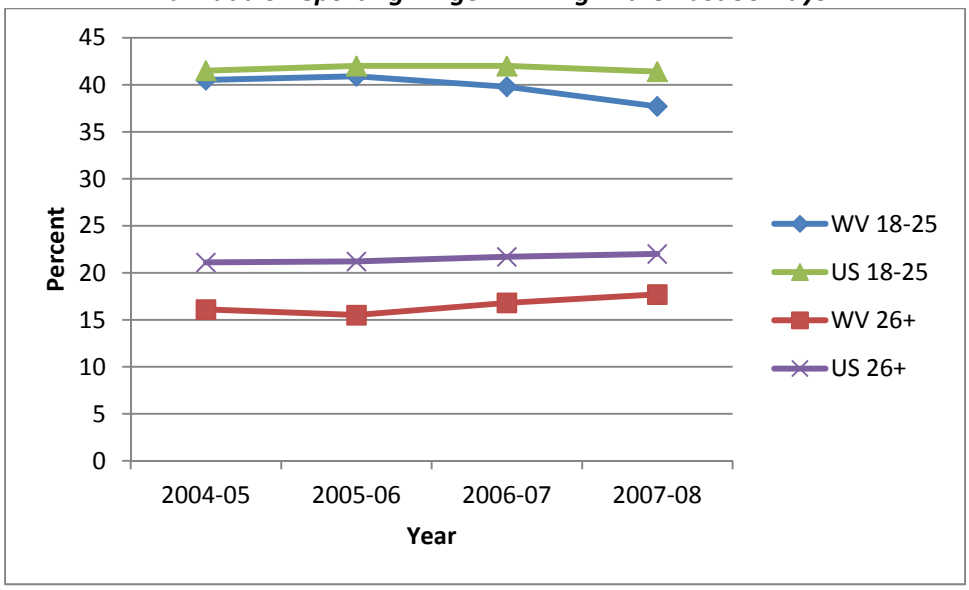


West Virginia	2004-05	2005-06	2006-07	2007-08
Ages 12 thru 17	16.1%	16.6%	15.9%	13.9%
Ages 18 thru 25	54.2%	54.0%	54.2%	53.0%
Ages 26 and over	35.8%	35.6%	36.4%	38.8%
Total current alcohol use (%)	36.3%	36.2%	36.7%	38.2%
United States	**2004-05**	**2005-06**	**2006-07**	**2007-08**
Ages 12 thru 17	17.1%	16.6%	16.3%	15.3%
Ages 18 thru 25	60.7%	61.4%	61.6%	61.2%
Ages 26 and over	54.0%	54.4%	53.9%	54.4%
Total current alcohol use (%)	51.1%	51.4%	51.0%	51.4%
WV:US*	**.71**	**.70**	**.71**	**.74**

Note: Estimates are based on a survey-weighted hierarchical Bayes estimation approach. Percentages are presented for the 2 years combined.
**Ratio of WV relative to US; a score above 1 means WV rates are above US rates; a score below 1 means WV rates are below US rates*

Substance: Alcohol
Data Source: NSDUH

Individuals Reporting Binge Drinking in the Past 30 Days

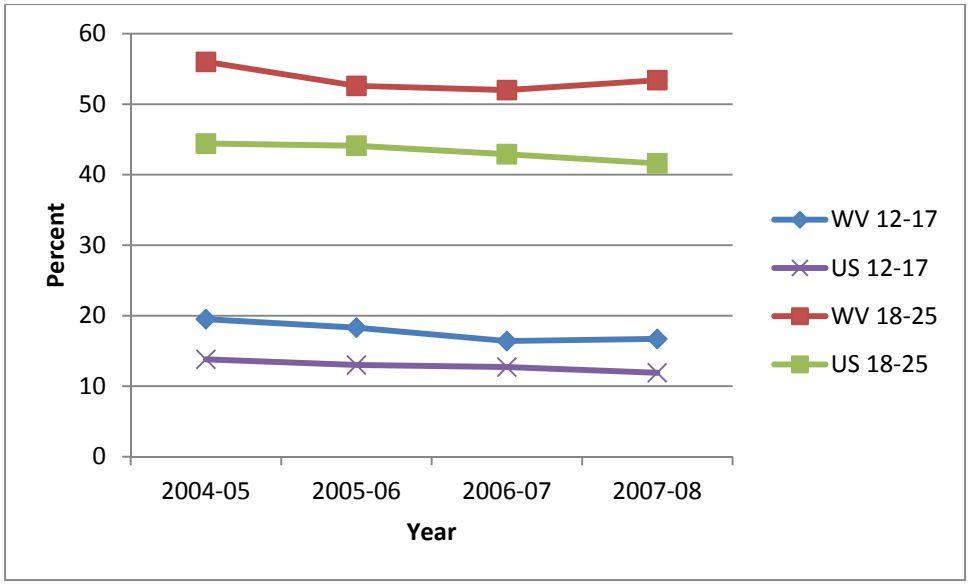


West Virginia	2004-05	2005-06	2006-07	2007-08
Ages 12 thru 17	10.8%	10.0%	9.2%	8.9%
Ages 18 thru 25	40.5%	40.9%	39.8%	37.7%
Ages 26 and over	16.1%	15.5%	16.8%	17.7%
Total current alcohol use (%)	18.7%	18.9%	18.8%	19.3%
United States	**2004-05**	**2005-06**	**2006-07**	**2007-08**
Ages 12 thru 17	10.5%	10.1%	10%	9.3%
Ages 18 thru 25	41.5%	42.0%	42.0%	41.4%
Ages 26 and over	21.1%	21.2%	21.7%	22.0%
Total current alcohol use (%)	22.7%	22.8%	23.2%	23.3%
WV:US*	**0.8**	**0.8**	**0.8**	**0.8**

Note: Estimates are based on a survey-weighted hierarchical Bayes estimation approach; Percentages are presented for the 2 years combined. NSDUH defines Binge Alcohol Use as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days.
**Ratio of WV relative to US; a score above 1 means WV rates are above US rates; a score below 1 means WV rates are below US rates*

Substance: Tobacco
Data Source: NSDUH

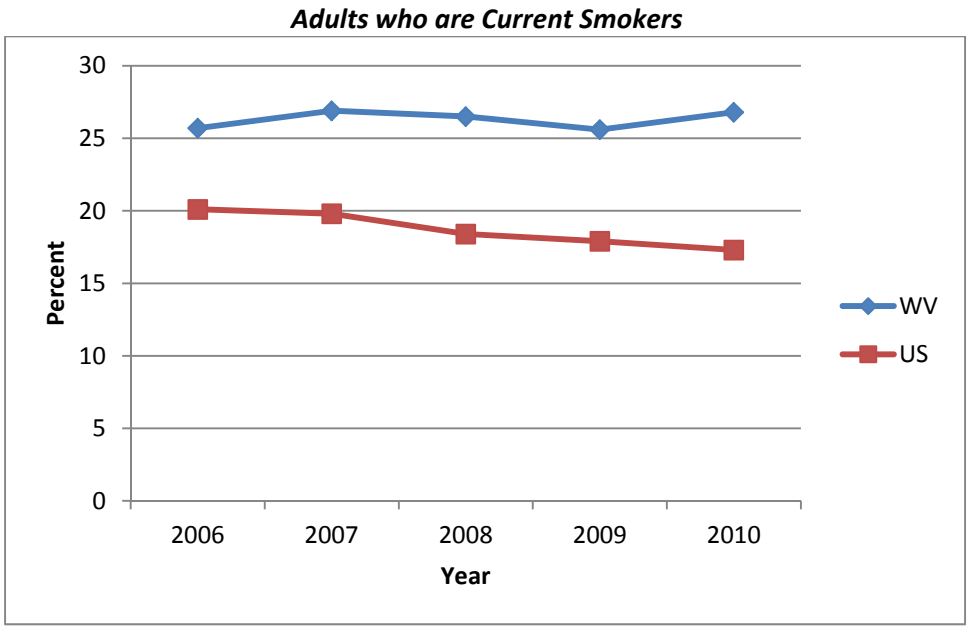
Persons Aged 12 and Older Reporting Any Use of Tobacco in the Past 30 Days



West Virginia	2004-05	2005-06	2006-07	2007-08
Ages 12 thru 17	19.5%	18.3%	16.4%	16.7%
Ages 18 thru 25	56.0%	52.6%	52.0%	53.4%
Ages 26 and over	41.0%	41.3%	38.0%	36.5%
Total current Tobacco (%)	40.9%	40.6%	37.8%	36.7%
United States	**2004-05**	**2005-06**	**2006-07**	**2007-08**
Ages 12 thru 17	13.8%	13.0%	12.7%	11.9%
Ages 18 thru 25	44.4%	44.1%	42.9%	41.6%
Ages 26 and over	28.8%	29.2%	28.9%	28.4%
Total current Tobacco (%)	29.3%	29.5%	29.1%	28.5%
WV:US*	**1.4**	**1.4**	**1.3**	**1.3**

**Ratio of WV relative to US; a score above 1 means WV rates are above US rates; a score below 1 means WV rates are below US rates*
Note: Estimates are based on a survey-weighted hierarchical Bayes estimation approach. Percentages are presented for the 2 years combined

Substance: Tobacco
Data Source: BRFSS



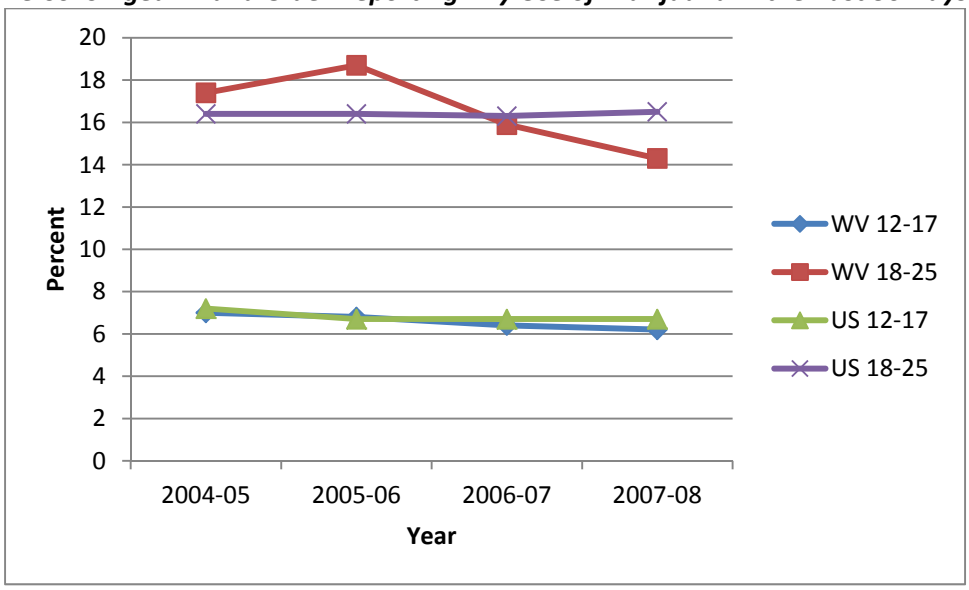
	2006	2007	2008	2009	2010
WV	25.7%	26.9%	26.5%	25.6%	26.8%
US	20.1%	19.8%	18.4%	17.9%	17.3%
WV:US*	**1.3**	**1.4**	**1.4**	**1.4**	**1.5**

**Ratio of WV relative to US; a score above 1 means WV rates are above US rates; a score below 1 means WV rates are below US rates*

	2006	2007	2008	2009	2010
Gender					
Male	25.4%	28.4%	26%	27.7%	28.3%
Female	26.1%	25.4%	27%	23.6%	25.4%
Age					
18-24	36.2%	34.9%	41.2%	30.7%	34.5%
25-34	34.3%	36.2%	38.7%	41.6%	36.8%
35-44	27.9%	33.1%	29.9%	26.9%	28.9%
45-54	26.7%	28.8%	27.9%	27.4%	32.4%
55-64	22.1%	22.2%	20.1%	21.7%	23.8%
65+	12.8%	11.5%	9.5%	10.7%	10.8%

Substance: Drugs
Data Source: NSDUH

Persons Aged 12 and Older Reporting Any Use of Marijuana in the Past 30 Days

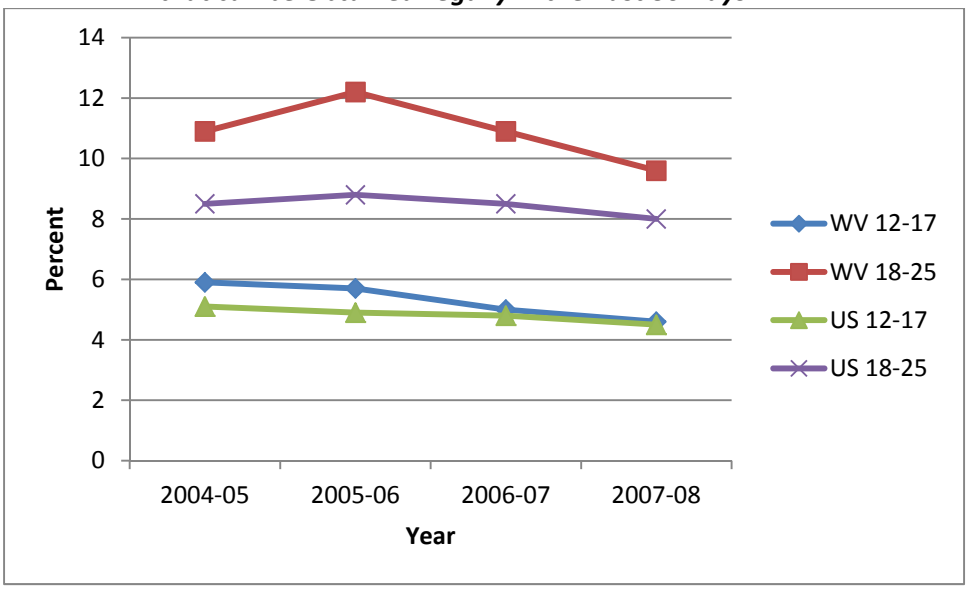


West Virginia	2004-05	2005-06	2006-07	2007-08
Ages 12 thru 17	7.0%	6.8%	6.4%	6.2%
Ages 18 thru 25	17.4%	18.7%	15.9%	14.3%
Ages 26 and over	3.9%	3.9%	3.5%	3.3%
Total Marijuana Use (%)	5.8%	6.0%	5.3%	4.8%
United States	**2004-05**	**2005-06**	**2006-07**	**2007-08**
Ages 12 thru 17	7.2%	6.7%	6.7%	6.7%
Ages 18 thru 25	16.4%	16.4%	16.3%	16.5%
Ages 26 and over	4.1%	4.1%	4.2%	4.1%
Total Marijuana Use (%)	6.0%	6.0%	5.9%	5.6%
WV:US*	**1.0**	**1.0**	**0.9**	**1.0**

**Ratio of WV relative to US; a score above 1 means WV rates are above US rates; a score below 1 means WV rates are below US rates*
Note: Estimates are based on a survey-weighted hierarchical Bayes estimation approach. Percentages are presented for the 2 years combined.

Substance: Drugs
Data Source: NSDUH

Individuals Reporting Use of Any Illicit Drug other than Marijuana, or an Abusable Product that can be Obtained Legally in the Past 30 Days



West Virginia	2004-05	2005-06	2006-07	2007-08
Ages 12 thru 17	5.9	5.7	5.0	4.6
Ages 18 thru 25	10.9	12.2	10.9	9.6
Ages 26 and over	2.6	2.8	3.1	2.9
Total Past Use of Illicit Drug Other Than Marijuana (%)	4.0	4.2	4.2	3.8
United States	**2004-05**	**2005-06**	**2006-07**	**2007-08**
Ages 12 thru 17	5.1	4.9	4.8	4.5
Ages 18 thru 25	8.5	8.8	8.5	8.0
Ages 26 and over	2.0	2.8	2.9	2.7
Total Past Use of Illicit Drug Other Than Marijuana (%)	2.5	3.8	3.8	3.6
WV:US**	**1.6**	**1.1**	**1.1**	**1.1**

*Ratio of WV relative to US; A score above 1 means WV rates are above US rates; a score below 1 means WV rates are below US rates

Note: Estimates are based on a survey-weighted hierarchical Bayes estimation approach. Percentages are presented for the 2 years combined.

Chapter Three: Community Services Assessment

The HPPG, Ryan White Statewide Comprehensive Service Plan planning group, and health department staff all contributed to the numerous needs assessment activities conducted in preparation of this plan. This section outlines the information gathered and reviewed by the Community Services Assessment (CSA) committee and the HPPG. Listed in this section are the data presented to key stakeholders to identify needs, resources, and gaps in services. The resource inventory provides resources for prevention, care, and treatment services.

The CSA identifies the prevention needs of populations at risk for HIV infection, the prevention strategies and activities needed to address these needs, and identification of barriers/service gaps. The HIV Community Planning Guide defines the three elements of a CSA as:

1. Needs Assessment--Information on the current status and service needs of a defined population or geographic area. Needs that may be identified include indications of risk behaviors, service utilization and barriers to services. The Ryan White Part B Program conducted a 2010 Comprehensive Needs Assessment. In 2011 a supplemental Key Informant Interview was conducted. Needs Assessment data from the previous HIV Prevention Plan was carried forward into this plan.

2. Resource Inventory--Current HIV prevention and related resources and activities including information regarding HIV prevention activities and other education and prevention activities, regardless of funding source, that are likely to contribute to HIV risk reduction. The Resource Inventory was updated March 2012.

3. Gap analysis--A description of the unmet HIV prevention needs within the high-risk populations as defined in the epidemiologic profile. The HPPG updated the prevention barriers/gap in prevention services during the August 7, 2012 meeting.

Development of the HIV Comprehensive Jurisdictional Plan involves comparing needs against the state's funding, activities and services available to meet those needs in order to project what service gaps would exist in the 2012-2017 period. The service gaps identified are then addressed in the Plan. The HPPG met March 13 and 14, 2012 to review epidemiological data, as well as other key data to identify target areas for HIV prevention services.

The following is a list of data utilized by the HPPG to determine existing needs and possible gaps in prevention services:

- WV HIV/AIDS Epidemiological Profile 2008-2010
- HIV/AIDS Surveillance Update 2011
- STD data by district 2007
- CDC funded Counseling, Testing and Referral data 2011
- Drug and Alcohol Use in WV 2004-2008
- WV YRBS 2006 & 2007
- Teen Birth Rates 2000-2009
- Partnership for Health Data
- Ryan White Part B Data
- Ryan White Part C Data
- Poverty Rates from 1990-2000 Census of Population (not presented)
- Unemployment Rates 2010-2011 (not presented)
- Literacy Estimates for WV 1998 (not presented)

Resource Inventory

An existing resource inventory was used to identify statewide HIV prevention, care and treatment services. Below is a list of service providers, more detailed information about each agency can be found in Appendix B of this plan.

- RYAN WHITE PART A
- RYAN WHITE HIV CARE
- CAMC – RYAN WHITE PART C
- CARITAS HOUSE
- WVU RYAN WHITE PART C
- COMMUNITY BASED ORGANIZATIONS
- TRI-STATE AIDS TASK FORCE
- EBENEZER MEDICAL OUTREACH
- ALL-AID INTERNATIONAL, INC.
- WV COALITION FOR PEOPLE WITH HIV/AIDS
- COMMUNITY NETWORKS, INC.
- COVENANT HOUSE
- HIV TESTING SITES:
- BERKELEY COUNTY HEALTH DEPT.
- BRAXTON COUNTY HEALTH DEPT.
- CABELL-HUNTINGTON HEALTH DEPT.
- FAYETTE COUNTY HEALTH DEPT.
- GREENBRIER COUNTY HEALTH DEPT.
- HARRISON-CLARKSBURG HEALTH DEPT.
- KANAWHA COUNTY HEALTH DEPT.
- LOGAN COUNTY HEALTH DEPT.
- MARSHALL COUNTY HEALTH DEPT.

- MCDOWELL COUNTY HEALTH DEPT.
- MERCER COUNTY HEALTH DEPT.
- MID-OHIO VALLEY HEALTH DEPT. – WOOD
- MONONGALIA COUNTY HEALTH DEPT.
- MILAN PUSKAR HEALTH RIGHT
- POCOHONAS COUNTY HEALTH DEPARTMENT
- PORTSMOUTH CITY HEALTH DEPT.
- PUTNAM COUNTY HEALTH DEPT.
- RALEIGH COUNTY HEALTH DEPT.
- RANDOLPH COUNTY HEALTH DEPT.
- WHEELING-OHIO HEALTH DEPT.
- STD CLINICS
- HEALTH CARE CLINICS
- SUBSTANCE ABUSE/ADDICTION SERVICES
- SUBSTANCE ABUSE/TREATMENT RESIDENTIAL PROGRAMS
- MENTAL HEALTH/COUNSELING SERVICES
- COMPREHENSIVE MENTAL HEALTH CENTERS
- CRISIS INTERVENTION
- LEGAL SERVICES
- DENTAL SERVICES
- HOUSING
- NUTRITION
- NUTRITION HOTLINES
- WVCADV – DOMESTIC VIOLENCE IN WV
- LICENSED BATTERER INTERVENTION PREVENTION PROGRAMS
- HOTLINES
- OTHER RESOURCES
- INTERNET RESOURCES

Gap Analysis:

Resources Available: Met Need

MSM/HIV+ services met needs:

- Ryan White Part A Program
- Ryan White Part B Program-HIV Care (case management/AIDS Drug Assistance Program): 96% satisfied – Part B, 99% satisfied with ADAP
- Ryan White Part C Program-HIV Care: 73% very satisfied, 23% somewhat satisfied, 3% very dissatisfied, 1% somewhat dissatisfied.
- Community-based Organizations
- Housing
- Behavioral Health Services (psychiatric, counseling, medication)
- Substance Abuse Treatment (inpatient/outpatient services)
- Crisis Intervention for mental health issues
- Legal Services
- Dental Services
- Nutritional Services
- Counseling Services
- Condom distribution at LHD/CBO's
- African American outreach HIV testing
- Internet based HIV/STD Program

Substance Abusers/Injecting drug use services met needs:

- Substance Abuse Treatment (inpatient/outpatient services)
- Behavioral Health Services
- Counseling
- Training/education
- Condom distribution at LHD/CBO's
- Internet based HIV/STD Program

Heterosexuals at Risk services met needs:

- Training/education (women's corrections, SA treatment centers)
- Corrections HIV/AIDS/STD/TB/Hepatitis presentations
- Ryan White Part A/B/C/D
- Condom distribution at LHD/CBO's/providers serving high risk populations
- Family Planning/LHD/Health Right
- Dental Services
- Nutritional Services

- Counseling Services
- Internet based HIV/STD Program
- Housing

Resources Available: Unmet Need/Barriers

MSM/HIV+ services unmet needs/Barriers:

- Services to reduce stigma and confidentiality concerns
- HIV/STD disclosure program
- Mental Health services
- Condom apathy, complacency
- Outreach in rural areas
- Discrimination
- Belief HIV does not affect me
- Medication adherence program/computer-based program-rural areas
- Physicians not recommending HIV testing when symptoms present
- Poor linkage with Board of Education
- Lack of internet access
- Transportation
- Denial
- Money
- Stigma
- Fear of HIV/unknown
- Lack of education
- Lack of accessibility
- Culture
- Religious Beliefs

Substance Abusers/Injecting drug use services unmet needs:

- Needle exchange program
- Lack of knowledge about available resources—where to go to get basic needs met (food/shelter), free condoms
- Outreach in rural areas
- Belief HIV does not affect me
- Condom apathy, complacency
- Money
- Stigma
- Fear of HIV/unknown
- Lack of education
- Lack of accessibility
- Culture
- Religious Beliefs

Heterosexuals at Risk services unmet needs:

- Services to reduce stigma
- Rural geography—transportation challenges
- Access to care and prevention
- Lack of HIV/STD education
- Internet based HIV/AIDS Program
- Lack of knowledge about available resources—where to go to get basic needs met (food/shelter), free condoms
- Outreach in rural areas
- Belief HIV does not affect me
- Condom apathy, complacency
- Outreach for youth
- Lack of internet access

PLWHA Needs Assessment

The State Direct Service provider, the AIDS Task Force (ATF), conducted a comprehensive needs assessment in 2010-11. In addition, key informant interviews were conducted and a special study was conducted with PLWHA who were out of care. The Out of Care special study revealed variety of reasons that PLWHA were not engaged in HIV primary care. Of the 16 PLWHA interviewed, 25% were out of care due to being discharged by their previous physician. Clients self-reported either behavior problems or multiple cancellations of appointments as the reasons for being discharged. 50% of those interviewed commented that they 'felt fine', thus do not have the impetus to engage in care. Some reported that side effects of previous medications were unbearable. Transportation or distance to travel to the nearest Part C provider was also cited by over 50% as a contributing factor. Substance abuse was also reported by 25%. Many of those interviewed had multiple reasons for declining the opportunity to enter care, but each identified a predominant reason. WVRWPBP medical case managers continue to educate the study participants and encourage them to return to care. Two of the sixteen have been successfully linked to a new provider.

During the needs assessment period, 773 PLWHA had received Part B funded medical case management services. 379 or 49% responded to the client survey. Those surveyed included recipients of State Direct Services, ADAP prescriptions. Insurance Continuation Program participants were also included in the survey.

The survey collected data related to age, gender, race and ethnicity, county of residence and mode of transmission in order to ensure that the survey captured a representative cross section of the epidemic in the state. The survey was designed by the WV Ryan White Part B Program (WVRWPBP) staff and was reviewed by a panel of PLWHA. The survey was field tested to determine the

efficiency of the instrument. A coded system allowed for surveys to be completed anonymously. The survey results were presented to the Statewide Coordinated Statement of Need (SCSN) Workgroup in October 2011.

2010-11 Needs Assessment Survey Results

The 2010-11 Part B Comprehensive Needs Assessment Client Survey has some limitations which should be considered in evaluating the results.

1. The survey instrument was distributed primarily to PLWHA who were in care. Efforts were made to distribute the survey to those who were not in care, but the numbers were minimal. However a special study was conducted for those out of care.
2. The survey respondents reflect the gender demographic of the state's PLWHA closely.
3. The survey respondents differ more significantly in the race/ethnicity demographics for the state's PLWHA. The state reports 67% White, 30% Black and 3% Other/Unknown. The survey respondents were 75% White, 23% Black and 2% Other/Unknown.
4. The age of the survey respondents differs significantly from the state's epi tables for PLWHA. The state reports 14% of PLWHA in the 25-34 age group while 15% of the respondents were represented in the 20-29 age group. The state reports 27% of the PLWHA are in the 35-44 age group while 24% of the respondents reported being between 30-39. In the 45-54 age group, the state reports 36% PLWHA, but 38% of the survey respondents fell into the 40-49 age group. For the age group over 55, the state reports 19% PLWHA compared to 23% of the survey respondents being over 50.

The vast differences in the age group comparisons between HARS data and the survey respondents may be attributed to various factors. The survey respondents include a population of 38% who were diagnosed outside of West Virginia, thus eliminating many of them from the eHARS data base. In addition, PLWHA who are farther advanced in their disease, and possibly thus older, are more likely to be in care and thus increasing their likelihood to be part of the survey respondents.

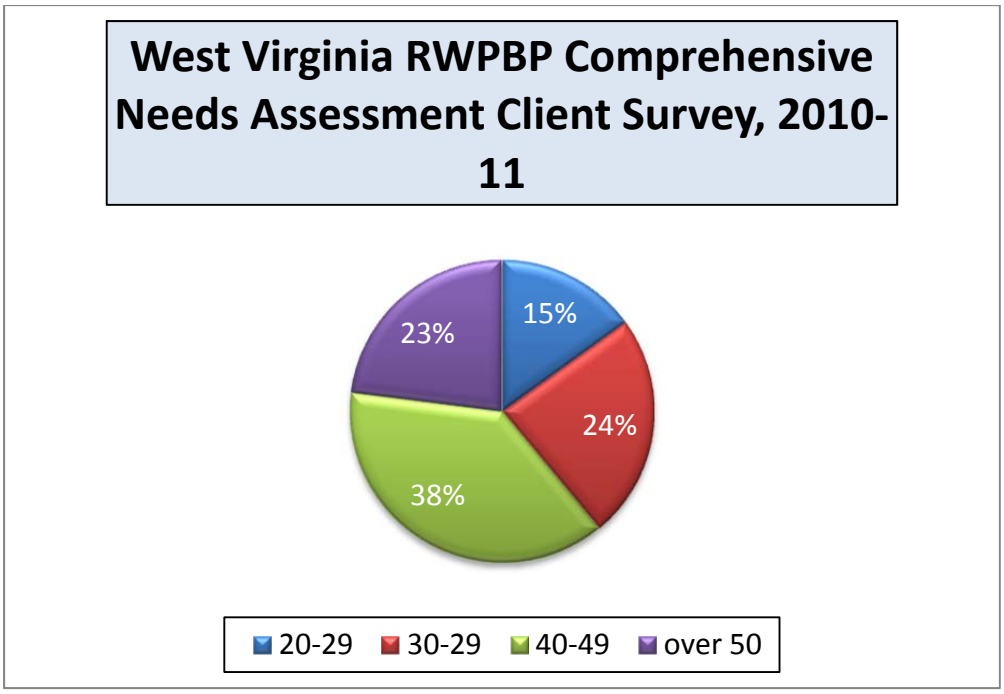

West Virginia RWPBP Comprehensive Needs Assessment Client Survey, 2010-11
15%
24%
38%
23%
20-29
30-29
40-49
over 50

Figure 1

The survey respondents self-reported their HIV/AIDS risk factor. The state's HARS data reports PLWHA as:

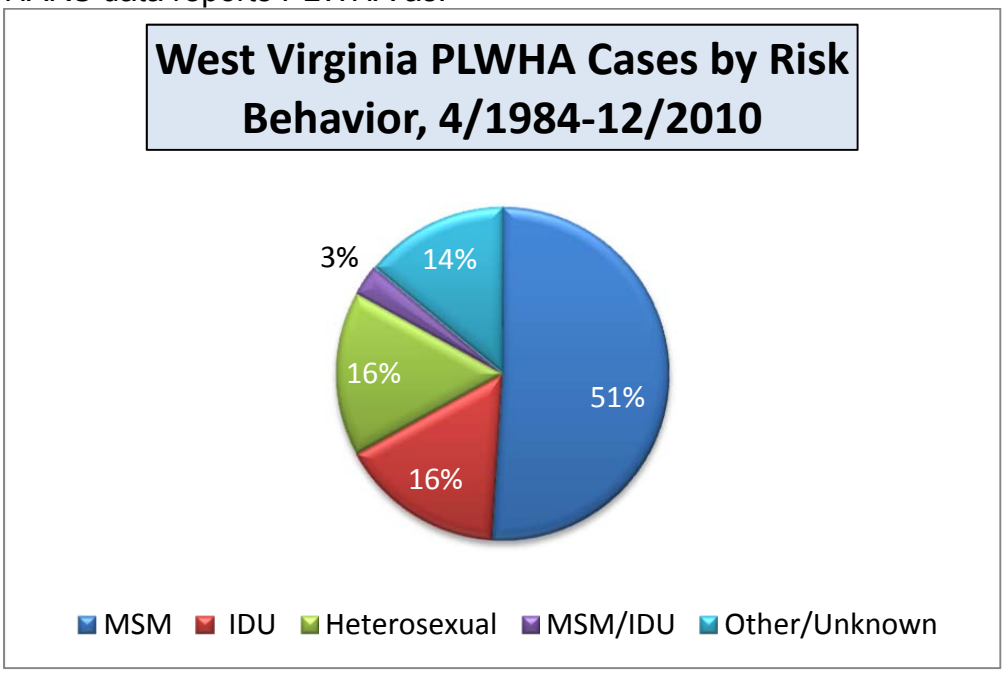


Figure 2

Survey Respondents reported:

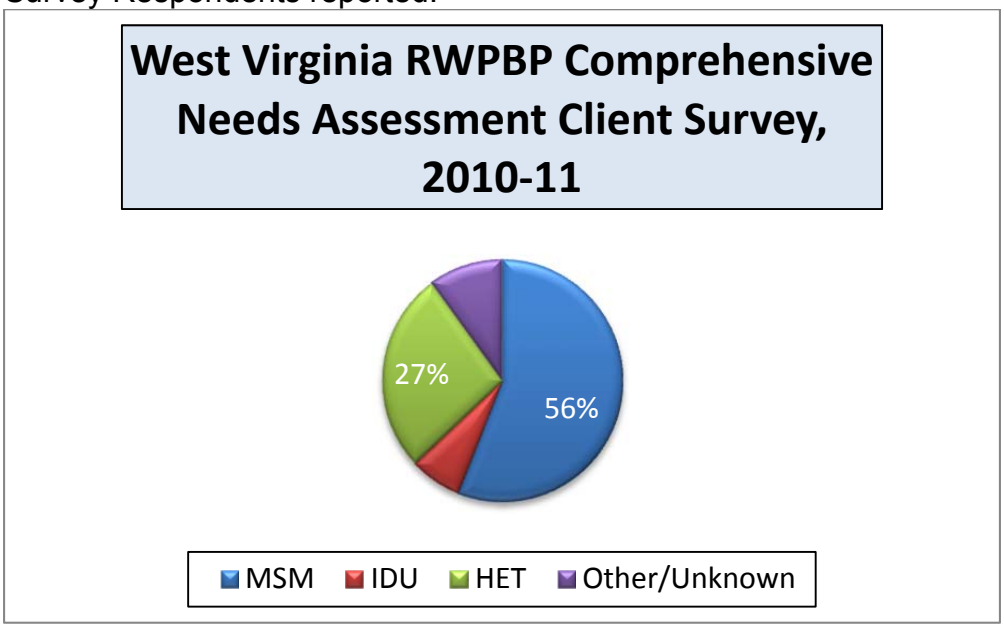


Figure 3

The Survey Respondents self-reported how long it took to first to see a HIV primary care physician after receiving a diagnosis. All of the respondents reported that they had seen a HIV primary care physician at least once:

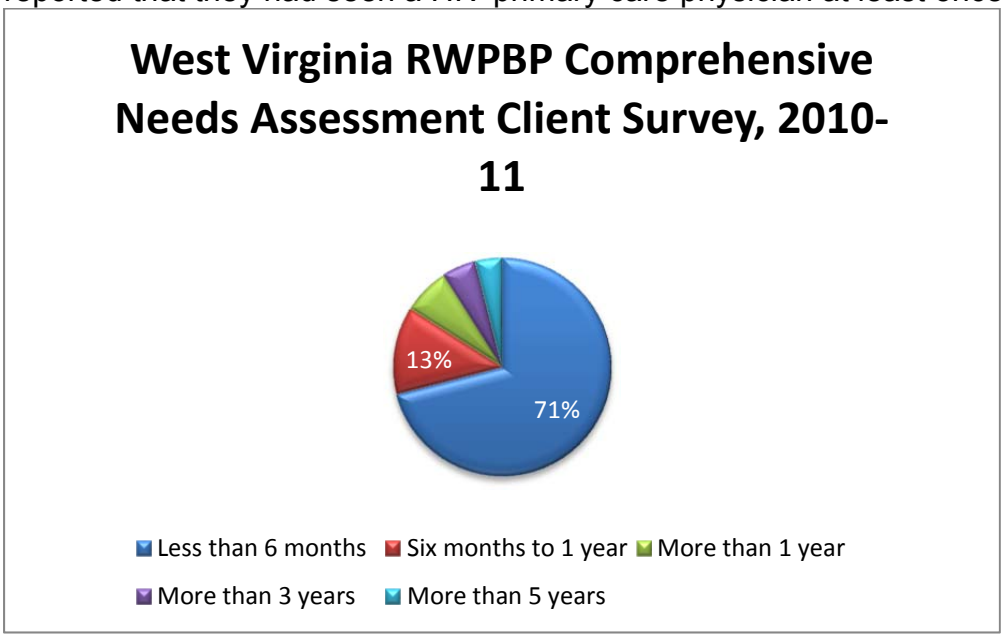


Figure 4

The respondents who delayed entering into care by more than 6 months indicated that fear and denial, stigma and lack of knowledge about resources were the predominant reasons for delaying entry into HIV primary care. Other reasons included substance abuse and feeling healthy.

The survey queried the respondents about their current HIV primary care. The survey asked about the frequency of health care appointments, the one way distance traveled to receive HIV primary care and the satisfaction with health care services being delivered.

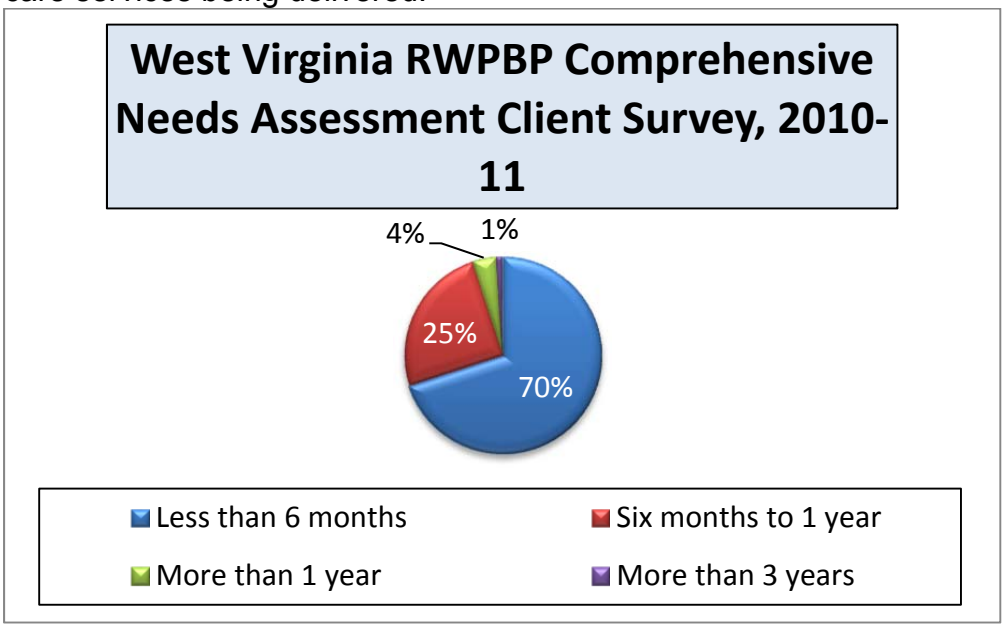


Figure 5

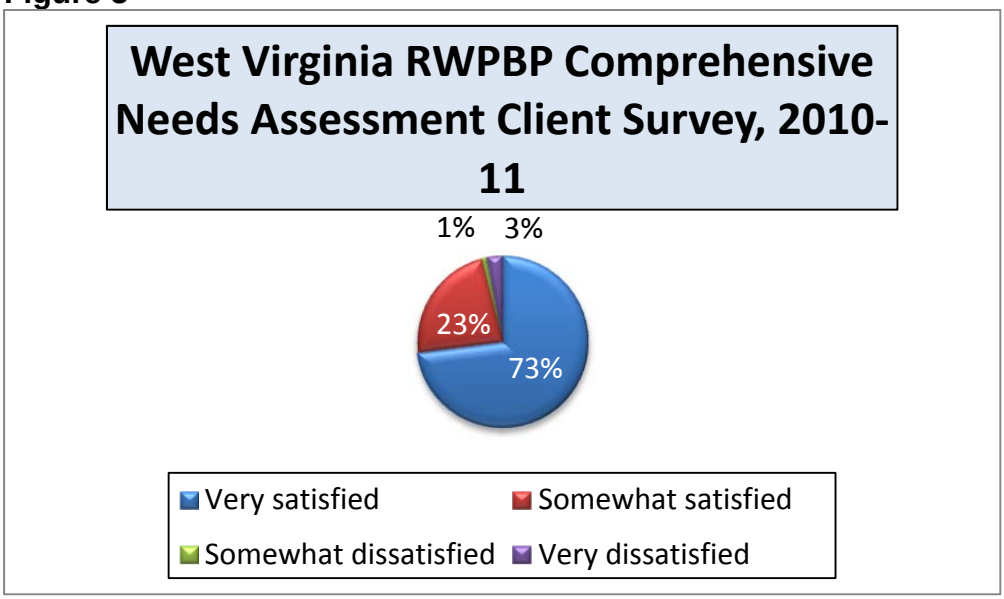


Figure 6

Distance Traveled One-Way for HIV Primary Care:

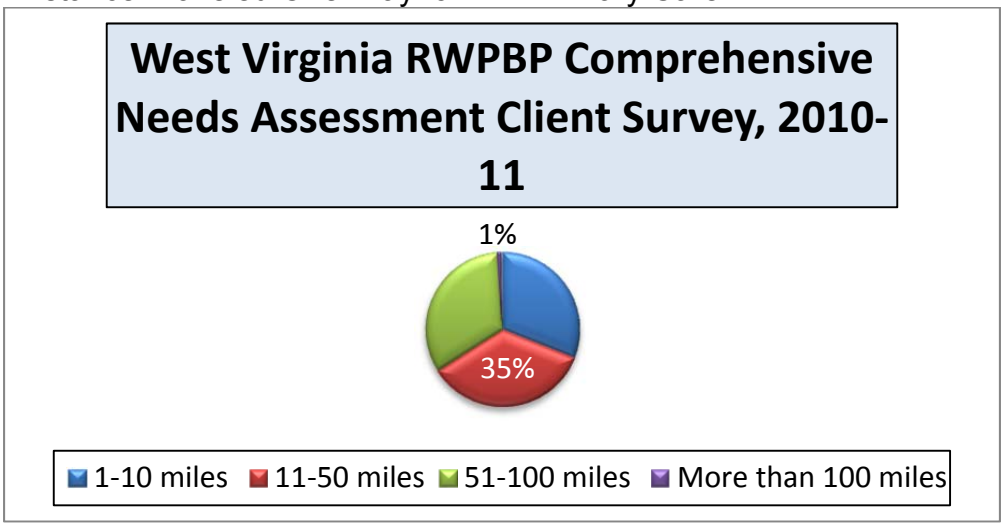


Figure 7

Respondents self-reported whether they have been prescribed and are taking antiretrovirals at the time of the survey:

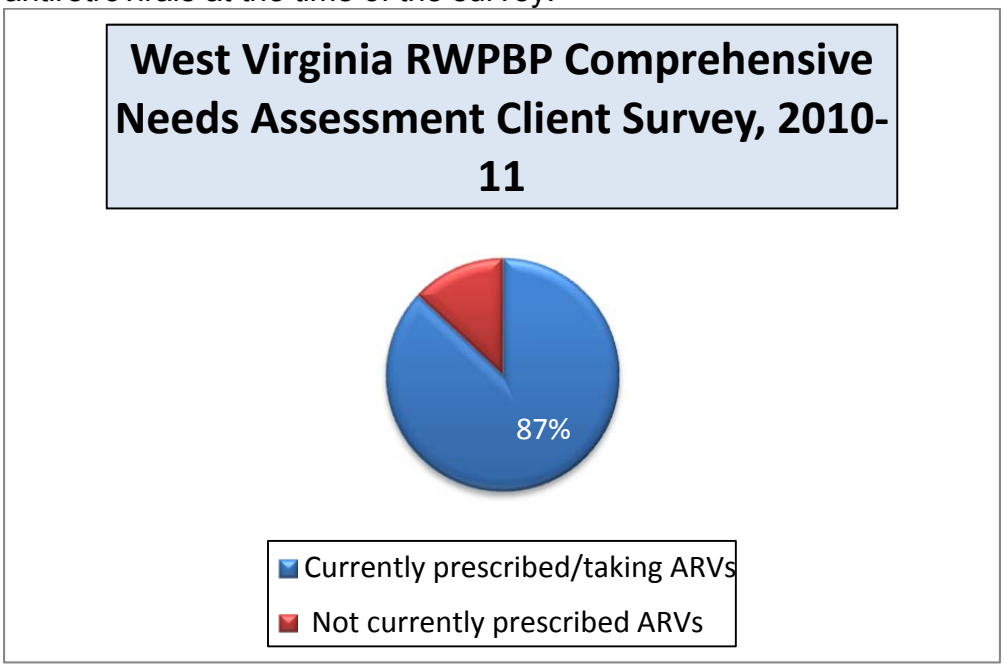


Figure 8

On the topic of oral health care, the respondents were queried regarding their dental needs:

West Virginia RWPBP Comprehensive Needs Assessment Client Survey, 2010-11	
Needs	**%**
Need Extractions	27
Need Fillings	16
Need Dentures/Partial	14
Last Dental Cleaning/Exam more than 6 mos ago	32

Table 1

The survey asked the respondents if they needed additional assistance in paying for any medications:

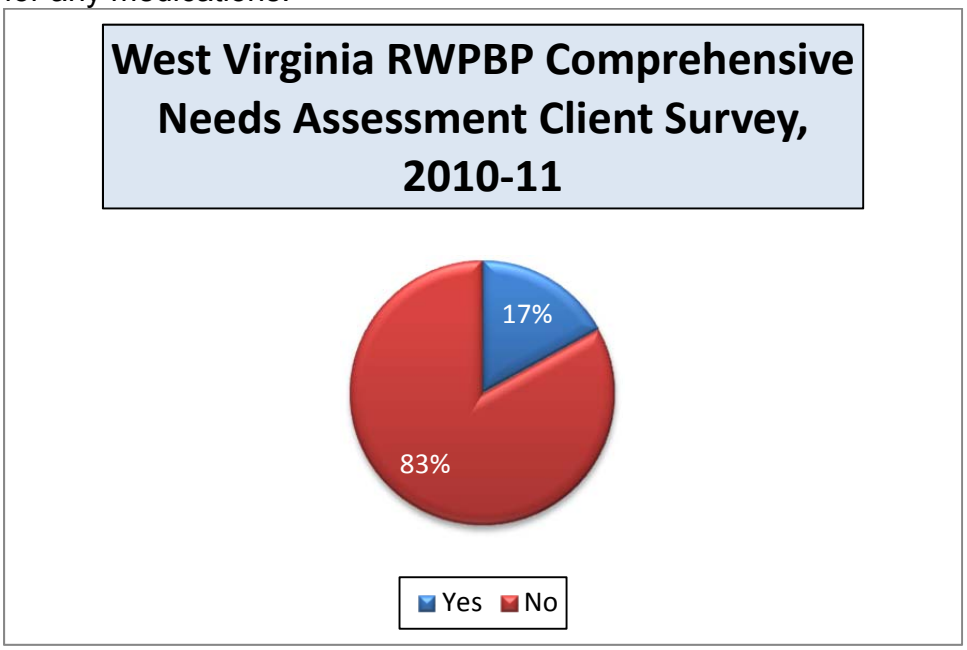


Figure 9

Survey respondents were asked to prioritize core services:

West Virginia RWPBP Comprehensive Needs Assessment Client, 2010-11	
Rank	**Services**
1	Primary Care
2	Medications
3	Medical Case Management
4	Oral Health
5	Mental Health

Table 2

In addition, respondents were asked to prioritize core services which needed to be increased:

West Virginia RWPBP Comprehensive Needs Assessment Client, 2010-11	
Rank	**Services**
1	Oral Health
2	Medications
3	Mental Health
4	Medical Case Management
5	Substance Abuse Treatment

Table 3

Medical case management recipients were requested to indicate their satisfaction with the timelines of medical case manager responses to client requests.

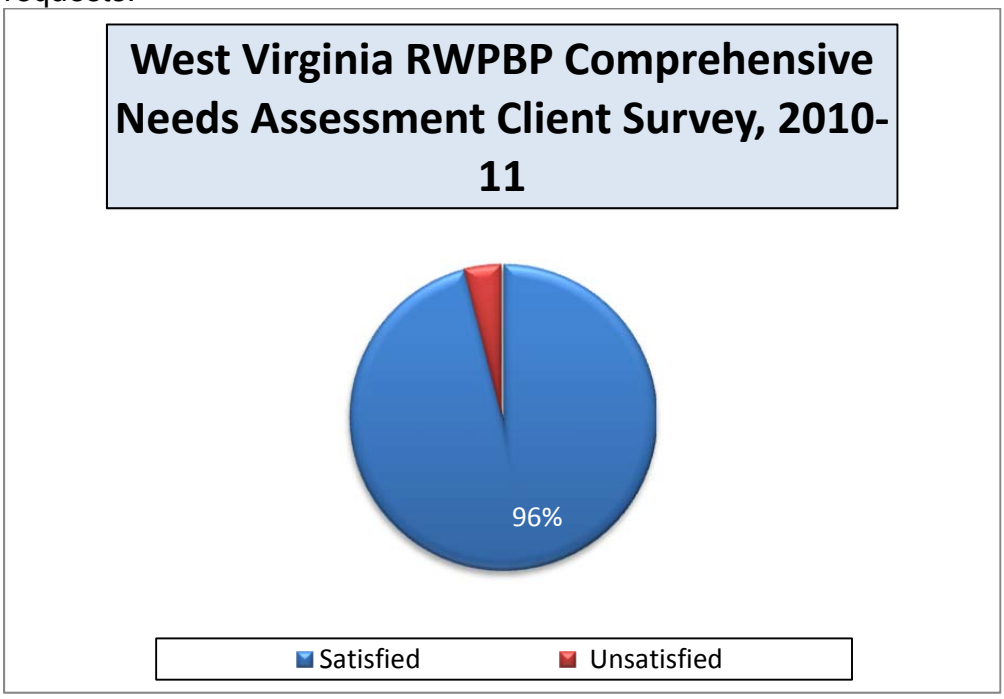


Figure 10

ADAP participants were queried with three questions related to the WV ADAP. The questions included their satisfaction with ADAP services, their need for additional medications on the ADAP formulary and the types of additional drugs needed.

West Virginia RWPBP Comprehensive Needs Assessment Client, 2010-11		
Questions	**Satisfied**	**Dissatisfied**
Satisfaction with ADAP services	99%	1%

Table 4

Additional drugs needed on the ADAP Formulary:

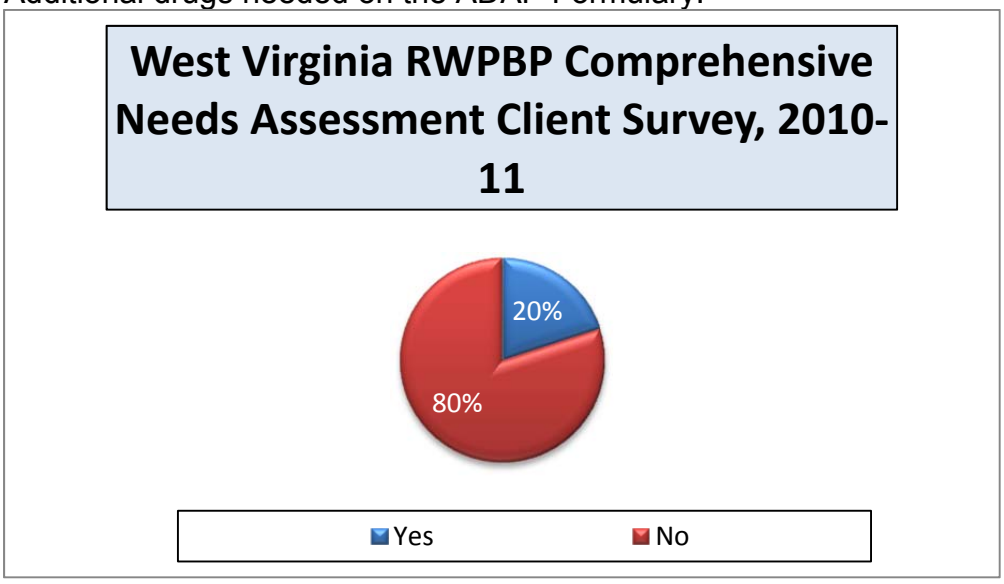


Figure 11

West Virginia RWPBP Comprehensive Needs Assessment Client, 2010-11	
Rank	**Drugs**
1	Pain
2	Testosterone
3	Sleeping aids
4	Appetite stimulants

Table 5

Although the Comprehensive Needs Assessment Survey concentrated on the Ryan White Part B core services, respondents also prioritized their needs in the area of support services. The top five areas needing increased are listed:

West Virginia RWPBP Comprehensive Needs Assessment Client, 2010-11	
Rank	**Services**
1	Transportation (bus tickets, gas cards)
2	Housing (rent, utility assistance)
3	Food (food vouchers, food bank)
4	Nutritional Supplements
5	Clothing

Table 6

PLWHS Prevention Needs

Three focus groups were conducted with PLWHA to discuss prevention needs of PLWHA in West Virginia. The focus groups produced a list of HIV prevention needs for all PLWHA and a separate list for sub populations. The lists developed were not prioritized by the focus groups. It was the general consensus of the three groups that more CDC prevention dollars should be targeted toward statewide prevention efforts for PLWHA.

Greatest prevention needs among all PLWHA populations:

1. Reduce stigma associated with HIV/AIDS: Stigma reduction is needed in order to encourage more WV residents to be tested and to successfully encourage PLWHA who know their status to enter and remain in care.
2. Increase access to convenient rapids testing: Additional opportunities for rapids testing would provide increased numbers in PLWHA who know their status. Testing needs to be well publicized at convenient locations, during convenient hours and conducted by trusted members of the community.
3. Increase social marketing campaigns: Social marketing campaign and events directed towards PLWHA would increase adherence to medications, reduce unsafe behaviors and promote condom utilization. Campaigns such as “HIV Stops with Me” were discussed.
4. Conduct statewide meetings that provide education and advocacy training, including transportation assistance for accessing the meetings
5. Provide opportunities for retreats for PLWHA, with special emphasis on the newly diagnosed

Specific subpopulation prevention needs were also identified:

1. Heterosexual: general education to promote testing; domestic violence protection programs for women who test positive; condom negotiation skill workshops for women
2. MSM: reduce homophobia in rural areas of the state and in church communities; alcohol and drug use prevention activities; more presence of prevention activities including rapids testing at gay bars, adult bookstores and the state’s two gay campgrounds; online activities for MSM websites
3. IDU: reduce stigma associated with chemical dependency; reduce stigma associated with HIV/AIDS at substance abuse treatment facilities; increase availability of rapids testing in low income housing developments and at food pantries; remove barriers to federal funding for housing for drug offenders

4. Newly diagnosed: target education for navigating the system of care and support, oral health, transportation, housing, support groups, less paperwork and applications and mental health
5. Out of care: reduce stigma associated with HIV, provide care and treatment and prevention services in more locations to help decrease travel barriers; more rural providers especially in the southern area of the state

Conclusion: Key strategies to meet the goals of NHAS

After thorough review of the prevention, care and treatment services provided across the state as well as the community service assessment information, the HPPG makes the following recommendations:

- Develop outreach activities in rural areas
- Provide advertising campaign in areas of the state to promote HIV testing
- Provide HIV prevention education/public information on reducing stigma, condom apathy/complacency, HIV/STD
- Provide information on available resources in the community
- Increase HIV Rapid Testing of STD/HIV partners
- PfH DEBI reaching individuals positive for HIV
- CTR statewide through corrections, LHD, two funded CBO's
- Conduct outreach HIV testing events in collaboration with stakeholders
- District 3: two monthly HIV testing clinics (Covenant House/Asbury Church)
- Provide condoms/literature to providers serving high risk for HIV individuals
- Target African Americans for HIV testing
- Target White MSM for HIV testing
- Rapids testing at gay bars, adult bookstores and the state's two gay campgrounds

Results-Oriented Strategies/Activities:

1. Increase HIV Awareness:
   a. Provide routine opt-out HIV testing in clinical settings
   b. Provide HIV testing in non-clinical settings
   c. Provide referral and linkage to care and treatment for people with HIV positive tests
   d. Promote HIV testing of pregnant women early in their pregnancy

2. Conduct prevention efforts with PLWHA:
   a. Provide behavioral risk screening followed by risk reduction interventions for HIV positive persons
   b. Refer newly diagnosed HIV positive persons to Ryan White Part B program/AIDS Drug Assistant Program
   c. Provide STD, TB and Hepatitis C testing for HIV positive persons

d. Provide PfH and adherence interventions, linkage to and retention in care to PLWHA in collaboration with Ryan White programs

3. Create structural and policy interventions that impact change
    a. Distribute condoms and literature to providers serving high risk individuals
    b. Pursue efforts to change existing structures, policies, and regulations that are barriers to creating an environment for optimal HIV prevention
    c. Generate social marketing campaigns to promote HIV prevention
    d. Utilize other large scale impact prevention strategies such as internet partner services by DIS, and using social media for prevention messages.

These three strategies provide a comprehensive approach toward HIV prevention for PLWHA, their high risk partners, and high risk negatives. These strategies require collaboration with key stakeholders/providers in WV. Structural interventions such as condom/literature distribution, using billboards for prevention messages, social media prevention efforts and outreach rapid HIV testing activities will help reduce the stigma associated with HIV/AIDS and can assist communities in promoting safe sex practices as well as work toward individuals knowing their HIV status.

Chapter Four: Prioritization of Populations

Prioritization Process

The West Virginia HIV Prevention Program staff collaborated with the HPPG during a two day meeting March 13 and 14, 2012 to determine priority populations for the 2012-2017 for the West Virginia Jurisdictional HIV Prevention Plan. The Academy for Educational Development (AED) priority setting methodology was utilized in determining priority populations. The following chapter describes the process used by the West Virginia HPPG in determining and prioritizing the state's target populations.

The CDC no longer requires HPPG to conduct a prioritization of population's priority setting process but this guidance came out after this task was already completed. Since significant time, money, and effort went into the Priority Setting process it is included in the plan.

Because of the low seroprevalence rate of HIV in West Virginia the CPG prioritized populations for the previous comprehensive HIV Prevention Plan (2006-2008) based on behavior risk (i.e. MSM, IDU, heterosexual contact). The health department recommended and the HPPG agreed to continue the focus on these risk behaviors for the 2012-2017 plan. The health department also recommended and the CPG agreed to identifying and prioritizing relevant subgroups, if any, at the district level in order to select the intervention that would be most effective for each of the public health districts.

The target populations selected by the HPPG were:

<u>Top Priority</u>

1 HIV Positive Persons

<u>To Be Prioritized</u>

- Men who have Sex with Men (MSM)
- Injection Drug Users (IDU)
- Heterosexuals

Prioritization Process

Because of the low seroprevalence rate of HIV in West Virginia the HPPG prioritized populations for the 2012-2017 Jurisdictional HIV Prevention Plan based on behavior risk (i.e. MSM, IDU, heterosexual contact). The WVDHHR HIV Prevention Program suggests continuing the focus on these risk behaviors for the 2012 plan.
The target populations suggested are:

TARGET POPULATIONS

Top Priority
1 HIV Positive Persons

To Be Prioritized
- Men who have Sex with Men (MSM)
- Injection Drug Users (IDU)
- Heterosexuals

The HPPG must decide which target populations are at greatest risk for HIV infection and choose the interventions that will be most effective in serving them. To make these tough decisions in a fair and consistent way, CDC previously recommended all HPPG members consider the same set of selecting factors when identifying and ranking target populations. The HIV Prevention Program proposes the following selection factors: **HIV incidence, HIV/AIDS prevalence, riskiness of population behaviors, and difficulty meeting need**. These factors were chosen from a list provided in CDC's *Setting HIV Prevention Priorities: A Guide for Community Planning Groups*.

Once the selection factors are agreed upon, the HPPG is responsible for assigning a weight to each factor, which establishes its relative importance in comparison to other factors. Each factor will be weighted by all HPPG members with 1 being the least important factor and 4 the most important factor. The total scores of all HPPG members are averaged to get the final factor weight which will be used during the prioritization process.

Selection Factors

Factor	Definition	Weight*
HIV incidence	HIV incidence is the number of new HIV infections in the population during a certain time period (e.g. 2008-2010). People who were infected before or after the specified time period are not included in the estimate.	2.533
HIV/AIDS Prevalence	Estimated total number of persons with HIV infection (includes HIV and AIDS cases) alive at end of 2010.	2.4
Riskiness of population behaviors	The risk for HIV transmission differs by risk behavior. The three most risky behaviors for transmitting HIV are, in descending order of risk, the use of HIV-infection injection equipment, unprotected receptive anal sex with an infected partner, and unprotected vaginal sex with an infected male partner.	2.8
Difficulty of meeting need (barriers)	Are there significant barriers to reaching the target population with prevention services?	2.333

*Weight of 1-4, 1 being the least important factor and 4 the most important factor

Once weights are agreed upon by the HPPG, the next step will be to determine a score for each selecting factor for each of the target populations (i.e. MSM). This will be done by multiplying each factor's weight (determined in the previous step) with its rating. The rating scale evaluates the extent to which each factor applies to a specific target population. For each of the priority populations, the scores of all the selecting factors are added to get the population's overall score.

Rate and Score Target Population Using Selection Factors (WV Data)

Factor	Scale	Weight*	MSM‖		IDU‖		Heterosexual‖	
			Rating (scale)	Score (weight x rating)	Rating (scale)	Score (weight x rating)	Rating (scale)	Score (weight x rating)
HIV incidence	1: <25 cases 2: 25-49 cases 3: 50+	2.533	**3** (No.=117)	7.599	**1** (No.=20)	2.533	**2** (No.=42)	5.066
HIV/AIDS prevalence	1: <250 cases 2: 250-500 cases 3: 500+ cases	2.4	**3** (No.=997)	7.2	**1** (No.=240)	2.4	**2** (No.=327)	4.8
Riskiness of population behaviors	1: Unprotected vaginal sex with infected partner 2: Unprotected anal sex with infected partner 3: Sharing contaminated injection equipment (blood-to-blood)	2.8	**2**	5.6	**3**	8.4	**1**	2.8
Difficulty of meeting need (barriers)	1: Few or virtually no barriers 2: Moderate barriers 3: Substantial barriers	2.333	**3**	6.999	**3**	6.999	**2**	4.666
		Overall Score	27.398		20.322		17.322	

* Weight will be determined by CPG at the 3/ 13 & 14/2012 meeting. Weight of 1-4, 1 being the least important factor and 4 the most important factor.

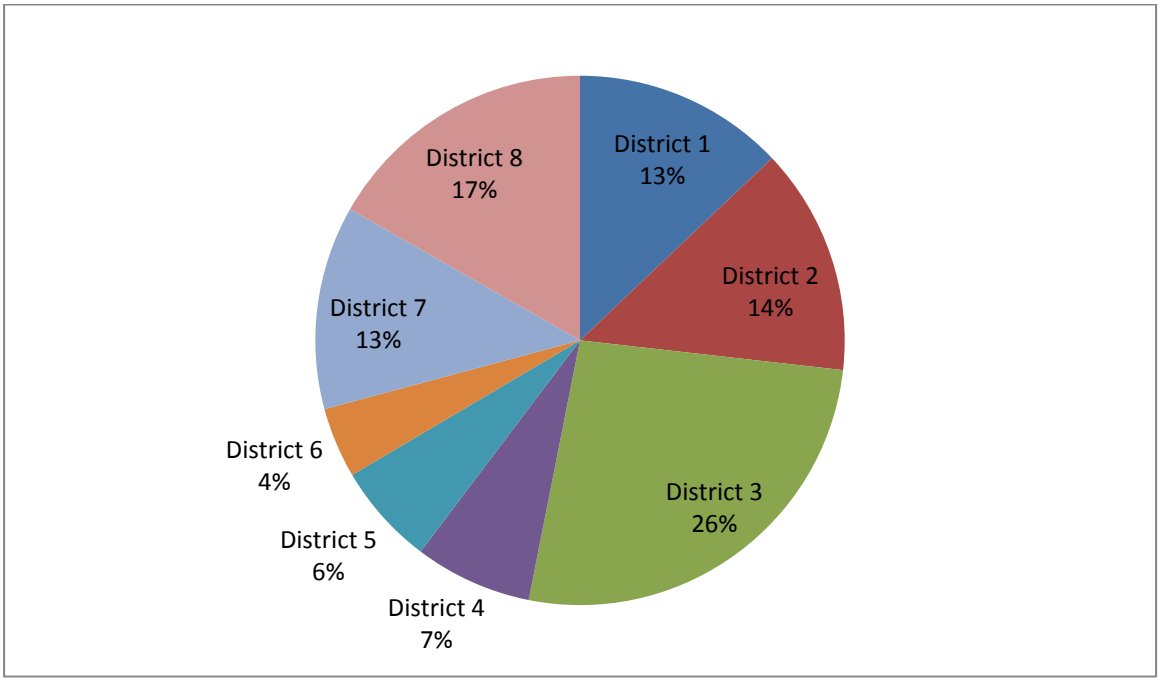
‖MSM=Men who have Sex with Men; Injection Drug Users (IDU); Heterosexual=heterosexual contact. MSM/IDU (No.=2) included in IDU group

OVERALL RANK OF WV'S PRIORITY POPULATIONS		
Priority Populations	**Overall Score**	**Rank**
1. HIV Positive Persons	-----	**1**
2. MSM	27.398	**2**
3. IDU	20.322	**3**
4. Heterosexual	17.332	**4**

Target populations are then ranked in order (i.e. prioritized) based on their overall score.

Upon identification of the priority populations, the WVDHHR HIV Prevention Program and the WV Statewide HIV Prevention Planning Group will determine what WV districts will receive HIV/AIDS prevention funding. The WVDHHR HIV Prevention Program suggests looking at the 2008-2010 HIV incidence data by district to determine the districts which have been most severely affected and which would most likely benefit from the addition (or continuation) of prevention services. Please look closely at the HIV/AIDS data previously provided to you along with the tables provided on the following page. On your own, please consider what population(s)/subgroup(s) you feel should be targeted in each district and what interventions would be most effective in reaching these populations

HIV Infection Cases in WV by District 2008-2010



District 1	#	District 2	#	District 3	#	District 7	#	District 8	#
MSM	**11**	**MSM**	**18**	**MSM**	**32**	**MSM**	**18**	**MSM**	**18**
White MSM	**8**	**White MSM**	**15**	**White MSM**	**24**	**White MSM**	**16**	**White MSM**	**14**
Black MSM	**<5**	**Black MSM**	**<5**	**Black MSM**	**8**	**Black MSM**	**<5**	**Black MSM**	**<5**
IDU	**<5**	**IDU**	**<5**	**IDU**	**<5**	**IDU**	**<5**	**IDU**	**7**
White IDU	**<5**	**White IDU**	**<5**	**White IDU**	**<5**	**White IDU**	**<5**	**White IDU**	**<5**
Black IDU	**<5**	**Black IDU**	**<5**	**Black IDU**	**<5**	**Black IDU**	**<5**	**Black IDU**	**<5**
Male IDU	**<5**	**Male IDU**	**<5**	**Male IDU**	**<5**	**Male IDU**	**<5**	**Male IDU**	**<5**
Female IDU	**<5**	**Female IDU**	**<5**	**Female IDU**	**<5**	**Female IDU**	**<5**	**Female IDU**	**<5**
White Male IDU	**<5**	**White Male IDU**	**<5**	**White Male IDU**	**<5**	**White Male IDU**	**<5**	**White Male IDU**	**<5**
Black Male IDU	**<5**	**Black Male IDU**	**<5**	**Black Male IDU**	**<5**	**Black Male IDU**	**<5**	**Black Male IDU**	**<5**
White Female IDU	**<5**	**White Female IDU**	**<5**	**White Female IDU**	**<5**	**White Female IDU**	**<5**	**White Female IDU**	**<5**
Black Female IDU	**<5**	**Black Female IDU**	**<5**	**Black Female IDU**	**<5**	**Black Female IDU**	**<5**	**Black Female IDU**	**<5**
Heterosexual	**11**	**Heterosexual**	**<5**	**Heterosexual**	**10**	**Heterosexual**	**<5**	**Heterosexual**	**6**
Male Het.	**<5**	**Male Het.**	**<5**	**Male Het.**	**<5**	**Male Het.**	**<5**	**Male Het.**	**<5**
Female Het.	**7**	**Female Het.**	**<5**	**Female Het.**	**8**	**Female Het.**	**<5**	**Female Het.**	**<5**
White Het.	**8**	**White Het.**	**<5**	**White Het.**	**6**	**White Het.**	**<5**	**White Het.**	**<5**
Black Het.	**<5**	**Black Het.**	**<5**	**Black Het.**	**<5**	**Black Het.**	**<5**	**Black Het.**	**<5**
White Male Het.	**<5**	**White Male Het.**	**<5**	**White Male Het.**	**<5**	**White Male Het.**	**<5**	**White Male Het.**	**<5**
Black Male Het.	**<5**	**Black Male Het.**	**<5**	**Black Male Het.**	**<5**	**Black Male Het.**	**<5**	**Black Male Het.**	**<5**
White Female Het.	**6**	**White Female Het.**	**<5**	**White Female Het.**	**5**	**White Female Het.**	**<5**	**White Female Het.**	**<5**
Black Female Het.	**<5**	**Black Female Het.**	**<5**	**Black Female Het.**	**<5**	**Black Female Het.**	**<5**	**Black Female Het.**	**<5**

Chapter Five: Core HIV Prevention Programs/Engagement Process:

Engagement Process:

During the March 2012 HPPG meeting members broke out into groups to discuss strategies to implement the CDC required/recommended prevention activities. The goals and objectives will be implemented as indicated for each HIV prevention activity identified. The following is the strategies/barriers the HPPG identified to be incorporated into the engagement process/implementation plan:

HIV Testing:

Strategies:

- Expand outreach efforts
- Continue using CDC HIV testing forms
- Opening Request for Proposal for HIV testing
- Outreach testing event in Morgantown
- Focus testing in high risk areas
- Collaborate with other healthcare providers to expand outreach
- Collaborate with more community organizations i.e. churches
- Expand outreach to youth on the street

Barriers:

- Money
- Capacity to identify CBO's in community
- Stigma
- Concern of confidentiality
- Transportation
- Fear of disease/unknown
- Education
- Accessibility
- Culture

The following is DSHH Program Plan for enhance HIV prevention activities/CDC guiance:

Required Component: HIV Testing

The following are the National-Level Objectives and Performance Standards that will be used for HIV testing and linkage to care activities funded under Category A. Category A goals and objectives should be developed in relation to the National-Level Objectives and Performance Standards while also addressing elements of each program component as listed in the FOA.

National Goal: CDC expects approximately **two** million HIV tests will be provided annually, among all funded jurisdictions, when the program is fully implemented.

Performance Standards: CDC expects each funded jurisdiction to achieve the following performance standards, when the program is fully implemented:

- ❑ For targeted HIV testing in non-healthcare settings or venues, achieve at least a 1.0% rate of newly-identified HIV-positive tests annually.
- ❑ At least 85% of persons who test positive for HIV receive their test results.
- ❑ At least 80% of persons who receive their HIV-positive test results are linked to medical care and attend their first appointment (within 90 days of the positive HIV test).
- ❑ At least 75% of persons who receive their HIV-positive test results are referred to and interviewed for Partner Services (within 30 days of having received a positive test result).

Required Elements for HIV Testing:

A. Implement and/or coordinate opt-out HIV testing of patients ages 13-64 in healthcare settings.
B. Implement and/or coordinate HIV testing in non-healthcare settings to identify undiagnosed HIV infection using multiple strategies and the most current recommendations for HIV counseling, testing and referral.
C. Support HIV testing activities in venues that reach persons with undiagnosed HIV infections.
D. Ensure the provision of test results, particularly to clients testing positive.
E. Promote routine, early HIV screening for all pregnant women, according to current CDC recommendations.
F. Encourage and support health department and non-health department providers to increase the number of persons diagnosed with HIV through strengthening current HIV testing efforts or creating new services.
G. Facilitate voluntary testing for other STDs (e.g., syphilis, gonorrhea, chlamydial infection), HBV, HCV, and TB, in conjunction with HIV testing, including referral and linkage to appropriate services, where feasible and appropriate and in accordance with current CDC guidelines and recommendations. *(This activity may be implemented in collaboration with STD, hepatitis, and/or TB programs).*
H. Ensure that testing laboratories provide tests of adequate quality, report findings promptly, and participate in a laboratory performance evaluation program for testing. *(This activity may be done in conjunction with surveillance and/or laboratory services).*
I. Incorporate new testing technologies, where feasible and appropriate.

HIV Testing Goals: Increase HIV testing in areas with higher morbidity

HIV Testing Objectives and Annual Targets

In an effort to monitor progress toward meeting the PS12-1201 Category A national objectives, please submit your jurisdictional proposed objectives for number of HIV test events, number of newly-identified HIV-positive test results, and new HIV-positive test rate for years 1-5 of the project period. For each year, enter the projected number of HIV test events that will be conducted and the anticipated new HIV-positive test rate.

Objectives	Targets Per Year					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
# of HIV testing events	6,500	6,500	6,500	6,500	6,500	32,500
# of HIV positive test results	45	45	40	40	40	210
# of newly-identified HIV-positive test results	45	45	40	40	40	210
New HIV-positive test rate (%)*	.4%	.6%	.6%	.6%	.6%	5.6%
# of newly identified HIV-positive test results returned to clients	90%	90%	90%	90%	90%	90%
Additional local objectives						

**# of newly-identified HIV-positive test results (numerator)/ # of HIV testing events (denominator) = Target rate for new HIV positivity.*

Outcome Objective(s)	Responsible for implementation
Process Objective 1: By December 31, 2013, prevention staff will conduct 4 CDC CTR courses to include the CDC recommendations on HIV testing. **Process Objective 2:** By December 31, 2013, DIS/HIV Prevention staff will provide rapid HIV testing at 4 outreach testing venues in areas identified as high HIV incidence achieving at least a 1% rate of newly identified HIV positive tests. **Process Objective 3:** By December 31, 2013, 90% of newly diagnosed individuals with HIV will be informed of their test result. **Process Objective 4:** By December 31, 2013, at least 80% of persons who receive their HIV positive test results are linked to medical care as evidence by attending their first appointment.	**HIV Prevention Program Staff**

Capacity Building Activities Planned for HIV Testing:

1. CTR certification/recertification course
2. Site Visits: HIV Testing Protocol, Documentation, Referral/Linkage to care. (resources)
3. Rapid HIV Tester competency/training
4. HIV Testing Law/Rule

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline

How will DSHH ensure HIV testers are competent and provide CTR services?	100% of CDC funded sites will have certification/recertification (every 3 years) HIV CTR testers.	State Laboratory HIV Prevention CTR trainers	2013-2016
How will DSHH ensure 8 outreach testing events are held in areas of high HIV incidence achieving 1% positivity	Two CBO's will conduct at least 4 outreach rapid HIV testing events each in 2013 targeting populations at highest risk for HIV	CBO's WVU Rapid Testing DSHH HIV/AIDS Surveillance	2013-2016
How will DSHH ensure positive HIV test results are provide to the patient	90% of HIV positive test results will be given to the patient by HIV tester and/or DIS	State Laboratory WVU Rapid Testing HIV/AIDS Surveillance DSHH	2013-2016
How will DSHH ensure newly diagnosed individuals with HIV will be referred to medical services and attend first appointment?	DSHH certified HIV testers will be expected to refer and link to care 80% of their newly diagnosed patients with HIV.	HIV/AIDS Surveillance PS	2013-2016

Counseling, Testing and Referral

CTR venues include: AIDS Prevention Centers and STD Clinics in 52 out of 55 counties, corrections, regional jails, and four colleges/universities. DIS is utilizing rapid HIV testing for partners as well as at outreach sites. The outreach testing is typically coordinated with a community-based organization (CBO), faith-based organization, colleges, and gay bars. Three Ryan White Case Mangers also provide rapid testing to partners of HIV positive clients.

Partner Services (PS)

PS is a systematic approach to notifying sex and needle-sharing partners of HIV infected persons of their possible exposure to HIV so they can avoid infection or, if already infected, can prevent transmission to others. PS helps partners gain earlier access to individualized counseling, HIV rapid testing, medical evaluation, treatment, and other prevention services.

PS is provided through the DSHH by DIS whom work in concert with the CBOs, LHD, medical providers, corrections, state mental hospitals, and universities/colleges to provide partner notification services, offer risk reduction information, and conduct counseling and testing. DIS and RW case managers insure newly diagnosed HIV positive individuals are referred and linked to medical care and attend their first appointment.

STD Prevention Activities

The health department collaborates with the STD Program to support HIV testing in STD clinics. The HIV Prevention Program provides testing materials and state laboratory support for HIV testing. The HIV Prevention/DIS staff provides STD/HIV/AIDS/hepatitis prevention and education information during counseling and testing courses, conferences, and to other high risk groups. The AIDS 101 presentation is also available to the public. HIV Prevention Program provides literature and condoms to all STD clinics in West Virginia.

The DHH collaborates with STD providers throughout the state. The health department funds HIV testing at 53 APC/STD providers and 4 college student health sites. DIS and three RW case managers also offers rapid HIV tests. Outreach activities are typically done in conjunction with STD screenings targeting high risk individuals.

The DSHH routinely incorporates STD prevention messages into HIV prevention messages whenever appropriate. This is done when advertising for the AIDS/STD Hotline, outreach activities, on the program website, and at stakeholder trainings. The HIV Prevention Program works closely with the DIS Supervisor to ensure the provision of PS. The DIS Supervisor is also a member of the HPPG which assists in improving programmatic activities for CBOs by providing insight into the burden of STD by district.

Perinatal HIV Transmission Prevention

The HIV Prevention Specialist designated to provide education on perinatal HIV transmission prevention provides training during the counseling and testing courses to promote routine, universal HIV screening of all pregnant patients early in pregnancy. Staff also provide site visits to OB/GYN offices throughout the state to provide literature and information on routine HIV screening. Staff has acquired several copies of the CDC Resources Kit: HIV Screening of Pregnant Women and plans to distribute to OB/GYN offices in West Virginia. Since the CDC limits the number of Resource Kits they will send to any one person some OB/GYN offices will be given information to contact the CDC to obtain the kit for themselves.

The HIV Prevention Specialist assigned to perinatal prevention will also work with the Ryan White Part B and C clinics in the state to ensure appropriate HIV prevention counseling, testing, and therapies are provided to reduce the risk of transmission. HIV Prevention Specialist's currently has a collaborative working relationship with West Virginia Ryan White programs.

Comprehensive Prevention with Positives:

Strategies:

- Provide PfH DEBI intervention
- Provide condoms/literature to HIV positive individuals and partners
- Provide hepatitis C testing supplies and state laboratory support

Barriers:

- Lack of funding

Required Component: Comprehensive Prevention with Positives

Required Elements for Comprehensive Prevention with Positives:

A. Provide linkage to HIV care, treatment, and prevention services for those persons testing HIV-positive or currently living with HIV/AIDS.
B. Promote retention or re-engagement in care for HIV-positive persons.
C. Offer referral and linkage to other medical and social services such as mental health, substance abuse, housing, safety/domestic violence, corrections, legal protections, income generation, and other services as needed for HIV-positive persons.
D. Provide ongoing Partner Services (Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection, 2008. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5709a1.htm) for HIV-positive persons and their partners: Collaborate and coordinate with STD programs, and HIV and/or STD surveillance programs to utilize data to maximize the number of persons identified as candidates for Partner Services. (2) Partner with non-health department providers, including CBOs and private medical treatment providers, to identify more opportunities to provide Partner Services.
E. Assure that HIV-positive pregnant women receive the necessary interventions and treatment for the prevention of perinatal transmission.
F. Conduct sentinel event case review and community action to address local systems issues that lead to missed perinatal HIV prevention opportunities by utilizing the Fetal and Infant Mortality Review (FIMR)-HIV Prevention Methodology, including CDC's web-based data system (see www.fimrhiv.org), where appropriate and based on local need and the availability of resources.
G. Support behavioral and clinical risk screening followed by risk reduction interventions for HIV-positive persons and HIV-discordant couples at risk of transmitting HIV.
H. Support implementation of behavioral, structural, and/or biomedical interventions (including interventions focused on treatment adherence) for HIV-infected persons.
I. Support and/or coordinate integrated hepatitis, TB, and STD screening (STD Treatment Guidelines, 2010), and Partner Services for HIV-infected persons, according to existing guidelines.
J. Support reporting of CD4 and viral load results to health departments and use of these data for estimating linkage and retention in care, community viral load, quality of care, and providing feedback of results to providers and patients, as deemed appropriate.
K. Promote the provision of antiretroviral therapy (ART) in accordance with current treatment guidelines. (CDC funds may not be used to purchase antiretroviral therapy).

Comprehensive Prevention with Positives Goals: Decrease risk of acquiring HIV by providing enhanced HIV prevention activities.

Comprehensive Prevention with Positive Objectives and Annual Targets

Objectives	Targets					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Newly-identified HIV-positives						
# HIV-diagnosed clients (new and previous positives) linked to HIV medical care	90%	90%	90%	90%	90%	90%
# of clients with a newly-identified HIV-positive test result linked to medical care and attended their first medical appointment	80%	80%	80%	80%	80%	80%
# of newly-identified HIV-positive clients who were referred and linked to prevention services	80%	80%	80%	80%	80%	80%
# of clients with a newly-identified HIV-positive test result referred to and interviewed for Partner Services	80%	80%	80%	80%	80%	80%
Additional local objective						
Additional local objective						

Outcome Objective(s)	Responsible for implementation
Process Objective 1: By December 31, 2013, Part B case managers will ensure individuals with HIV are linked to HIV medical care through follow-up with client and provider. **Process Objective 2:** By December 31, 2013 Part B case managers in conjunction with DIS, HIV/AIDS Surveillance will ensure 80% of the individuals newly diagnosed with HIV attend their first appointment through follow-up with the medical provider. **Process Objective 3:** By December 31, 2013, two Ryan White Part C clinics will implement PfH during patient's medical appointments. **Process Objective 4:** By December 31, 2013, 80% of individuals with newly identified HIV positive test will receive DIS/PS within 7 days of assignment.	**HIV Prevention Program Staff**

Capacity Building Activities Planned for Prevention with Positives:
DIS Supervisor will provide DIS with PS training to include referring and linking to care.

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
How will DSHH ensure	100% of PfH providers will	Quarterly Report	2013-2016

prevention with positive services is provided?	submit a quarterly report to DSHH providing data of activities provided.		
	DIS will attempt to locate and provide PS to 100% of individuals newly identified as HIV positive.	DIS Interview Record	2013-2016
	80% of individuals newly diagnosed with HIV will attend their first medical appointment	RW CareWare HIV/AIDS Surveillance DIS Interview Record	2013-2016

The HPPG agreed to propose funding for the Partnership for Health DEBI intervention for WVU Positive Health Clinic-Morgantown and CAMC Ryan White Clinic-Charleston.

Partnership for Health (PfH): PfH uses message framing, repetition, and reinforcement during patient visits to increase HIV positive patients' knowledge, skills, and motivations to practice safer sex. The program is designed to improve patient provider communication about safer sex, disclosure of HIV serostatus, and HIV prevention. Implementation of PfH includes development of clinic and staff "buy-in" and training.

Condom Distribution:

Strategies:

- Education to high risk individuals emphasizing the need to utilize condoms
- Mass mailings to promote condom usage and education
- Partnering with community agencies to promote condom usage and education
- Provide open access to high risk individuals to condoms
- Networking with community agencies
- Condoms distributed in barber shops, beauty shops, bars, bathrooms, buses, PRT, Commission on Aging, Adult Book stores, colleges/universities

Barriers:

- Social values/morals of churches
- Minorities lack of access to education and condoms
-

Required Component: Condom Distribution

Required Elements for Condom Distribution:

A. Conduct condom distribution to target HIV-positive persons and persons at highest risk of acquiring HIV infection.

Condom Distribution Goals: Maintain condom distribution that targets HIV positive persons/ persons at highest risk of acquiring HIV infection

Condom Distribution Objectives and Annual Targets

Objectives	Targets					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
# of condoms to be distributed (overall)	500,000	500,000	500,000	500,000	500,000	2.5 million
# of condoms to be distributed targeted to HIV-positive individuals	1,000	1,000	1,000	1,000	1,000	5,000
# of condoms to be distributed targeted to high-risk negatives/HIV unknown status	499,000	499,000	499,000	499,00	499,000	2,495,000
Additional local objective						
Additional local objective						

Outcome Objective(s)	Responsible for implementation
Process Objective 1: By December 31, 2013, only providers serving individuals at Highest Risk for HIV or transmitting HIV will be included on the approved Condom Distribution list. **Process Objective 2:** By December 31, 2013, condoms will be distributed to DSHH approved sites for distribution to persons at highest risk of acquiring or transmitting HIV. **Process Objective 3:** By December 31, 2013, condoms and literature will be provided at outreach HIV testing events.	HIV Prevention Program Staff

Capacity Building Activities Planned for Condom Distribution:
None planed at this time.

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
How will DSSHH ensure condoms are distributed to programs serving those at highest risk for HIV or transmitting HIV	100% of HIV care providers will be eligible for the DSHH condom distribution program.	DHHR Warehouse inventory and shipping records	2013-2013

	100% of AIDS Prevention Centers/STD Clinics/CBO will be eligible for the DSHH condom distribution program	DHHR Warehouse inventory and shipping records	2013-2016
	100% of correctional facilities will be eligible for the DSHH condom distribution program	DHHR Warehouse inventory and shipping records	2013-2016

Policy Initiatives:

Strategies:

- Promote awareness of new opt out HIV testing as permitted by 64CSR64 Rule
- Promote HIV testing of all persons between ages 13 and 64
- Promote HIV testing of pregnant women early in their pregnancy
- Review and identify any policies or state laws that are barriers to HIV testing

Barriers:

- Funding for HIV testing

Required Component: Policy Initiatives

Required Elements for Policy Initiative Strategies:

A. Support efforts to align structures, policies, and regulations in the jurisdiction with optimal HIV prevention, care, and treatment and to create an enabling environment for HIV prevention efforts. Policy efforts should aim to improve efficiency of HIV prevention efforts where applicable, and are subject to lobbying restrictions under federal law.

Policy Initiative Goals: Improve enabling environment for HIV prevention efforts

Note: When providing the Policy Initiatives objectives, please indicate at what stage the jurisdiction expects to be for each of their policy initiatives for each year, using the following categories: *Identification* (i.e., Identification/recognition of need, review of existing policies); *Planning* (i.e., policy formulation/preparation/development); *Implementation*; or *Evaluation*.

Outcome Objective(s)	Responsible for implementation

Process Objective 1: By December 31, 2013, a Policy Initiative Committee (PIC) will be formed to review 100% of HIV/STD/TB/hepatitis policies/regulations/state law to ensure no barriers exist in creating an enabling environment for HIV prevention efforts. **Process Objective 2:** By December 31, 2013, Chair of the PIC will submit PIC report identifying any barriers in WV State Law/DHHR Policies to PI. **Process Objective 3:** By December 31, 2014, identified barriers in State Law/DHHR Policies will be amended.	HIV Prevention Program Staff

Capacity Building Activities Planned for Policy Initiative: None planned at this time.

Monitoring and Evaluation question	**Indicator(s)/Measure(s)**	**Data Source**	**Timeline**
How will DSHH ensure no barriers exist within state government to create an enabling environment for HIV prevention efforts?	PIC will meet as needed to review state law/policies.	State Law DHHR policies	2013-2016
	PIC will identify any barriers in state law/policies	State Law DHHR policies	2013-2016
	PIC will prepare a written report of identified barriers	State Law DHHR policies	2013-2016
	PIC will collaborate with PI to resolve barriers and amend law/policies	State Law DHHR policies	2013-2016

Social Marketing, Media, and Mobilization:

Strategies:

- Develop HIV prevention billboards
- Purchase promotional items
- T.V. commercials using celebrities from community
- Twitter and facebook include messages for IDU
- Find local celebrity to us twitter account for prevention messages—someone public will want to follow (tweets)
- PS use manhunt, gps, and grinder

Barriers:

- Not enough messages to target IDU

Recommended Component: **Social Marketing, Media, and Mobilization**

Not applicable ☐

Recommended Elements for Social Marketing, Media, and Mobilization:

A. Support and promote social marketing campaigns targeted to relevant audiences (e.g., providers, high risk populations or communities) including the use of campaign materials developed and tested by CDC.
B. Support and promote educational and informational programs for the general population based on local needs, and link these efforts to other funded HIV prevention activities (e.g., pamphlets, hotlines, or social marketing campaigns).
C. Support and promote the use of media technology (e.g., Internet, texting, and web applications) for HIV prevention messaging to targeted populations and communities.
D. Encourage community mobilization to create environments that support HIV prevention by actively involving community members in efforts to raise HIV awareness, building support for and involvement in HIV prevention efforts, motivating individuals to work to end HIV stigma, and encouraging HIV risk reduction among family, friends, and neighbors.

Social Marketing, Media, & Mobilization Goals:

Increase social marketing and media activities targeting relevant audiences

Social Marketing, Media, & Mobilization Objectives and Annual Targets

Objectives	Targets Per Year					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
# of social marketing/public information campaigns to be conducted	2	2	2	2	2	10
# of people to be reached (exposures)	4 million exposures to 8 billboards	4 million exposures to 8 billboards	TBA	TBA	TBA	8 million
# of media placements for marketing campaigns	8	8	TBA	TBA	TBA	16
# of sites for Internet Partner Services	5	5	5	5	5	30
Additional local objectives						

Outcome Objective(s)	Responsible for implementation
Process Objective 1: Facebook/Twitter will be utilized for HIV Prevention messages daily over 12 months. **Process Objective 2:** 8 HIV testing billboards in 8 public health districts will be displayed for 6 months Oct. 2012-March 2013. **Process Objective 3:** DIS will utilize 5 social media sites to assist in internet partner services as needed over 12 months.	**HIV Prevention Program Staff**

Capacity Building Activities Planned for Social Marketing, Media, & Mobilization:
DIS will have annual IPS training conducted by DIS Supervisor and Public Information staff.

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
How will DSHH ensure billboard advertisement impacts HIV testing numbers?	Number of HIV tests conducted at 8 LHD advertised via billboards from Oct. 2012-March 2013.	State Laboratory data	Oct. 2012-March 2013
How will DSHH ensure success of IPS?	Number of partners obtained by IPS in 2013	DIS Interview Record	2013-2016

The 2012-2017 WV Comprehensive Enhanced HIV Prevention Plan

The 2010-2017 West Virginia HIV Prevention Plan is designed to provide guidance for HIV prevention activities in West Virginia for the next five years. It is also intended to guide specific interventions for those at greatest risk of HIV infection. A key element in the decision process is to recommend interventions that are most appropriate to meet the needs of the target population in the community in which they live. The broad-based goal of the plan is to prevent as many new HIV infections as possible.

This Plan considers epidemiologic data, Community Service Assessment data, HIV prevention needs, resources available and service gaps for the most affected populations. The resulting recommendations in the Plan are based on scientific evidence, stakeholder experience, and HIV prevention activity outcomes over the past three years. The Plan guides the health department's annual application to the Centers for Disease Control and Prevention (CDC) for federal HIV prevention funds. With federal and state funds West Virginia's HIV Prevention program and its grantees will carry out the goals of the NHAS.

The following is a list of the Cities with the highest percentage of HIV epidemic, funds allocated and activities funded for 2012-2013:

MSA/CITY	Percentage of HIV Epidemic	Percentage of PS12-1201 Funds Allocated	Components and Activities Funded
Charleston	**14.5898%**	**$62,530.**	**LHD-CTR, rapid HIV testing, hepatitis C testing, CBO rapid HIV testing monthly clinic, Asbury church rapid HIV monthly clinic, LHD literature/condom distribution, RW Part C PfH, RW Part C rapid HIV testing of positive partners (when requested), HIV/AIDS/STD/TB/Hepatitis prevention educational presentation, PS**
Huntington	**8.0997%**	**$37,388.**	**LHD-CTR, rapid HIV testing, hepatitis C testing, outreach rapid HIV testing event Marshall University, LHD literature/condom distribution, HIV/AIDS/STD/TB/Hepatitis prevention educational presentation, PS**
Martinsburg	**7.9958%**	**$15,463.**	**LHD-CTR, hepatitis C testing, literature/condom distribution, HIV/AIDS/STD/TB/Hepatitis prevention educational presentation, PS**
Morgantown	**5.8152%**	**$53,055**	**LHD and Health Right-CTR, rapid HIV testing, hepatitis C testing, LHD literature/condom distribution, RW Part C PfH, RW Part C rapid HIV testing of positive partners HIV/AIDS/STD/TB/Hepatitis prevention educational presentation, PS**
Beckley	**4.1537%**	**$25,905**	**LHD-CTR, hepatitis C testing, literature/condom distribution, HIV/AIDS/STD/TB/Hepatitis prevention educational**

			presentation, PS

Comprehensive HIV Prevention Program:

Program Areas:	Funded Activities:
1. HIV Prevention Planning Group	Statewide HPPG will have 2 face-to-face meetings per year. Conference calls as needed.
2. HIV prevention activities	• Education/conferences • Partner counseling and referral services (PS) • Counseling and testing courses • Targeted outreach HIV testing • Training: rapid testing, HIV/AIDS/STD/Hepatitis • HIV/AIDS hotline • Public information campaign • HIV/AIDS website • Literature/condom distribution • State Laboratory Services • Hepatitis C testing
a. HIV counseling, testing and referral services (CTR): Healthcare settings and Non-Healthcare settings.	• Local health departments:Blood tests • State correctional:Orasure facilities/regional jails • Rapid HIV test-DIS (8), HIV Prevention Specialist (1), RW case mangers (3), 2012 only: District 2 & 3 LHD, (KCHD/CHHD), RW Part C (WVU). • Outreach HIV/STD/Hepatitis events via CBO and DIS
b. Partner counseling and referral services (PS) with strong linkages to medical and social services	• 8 Disease Intervention Specialists for PS • DIS provide linkages to CBO, Ryan White Part A, B, C, local health departments, private providers • DIS provide Education/literature/condoms • Internet Partner Services
c. Prevention for high risk HIV	• local health department

negative persons	• Disease Intervention Specialist • PFH
d. Health education and risk reduction (HE/RR) activities	• Staff presentations HIV/AIDS/Hepatitis/STD/TB to providers of high risk clients/youth/corrections etc. • AIDS 101 training • Outreach CTR
e. Prevention efforts with PLWHA	• PfH • Condom Distribution/literature • Rapid HIV testing of partners of positives • DIS PS • Retention/re-engagement in care: Ryan White Part B case managers
f. Reporting of CD4 and viral load results: required by law	• Surveillance Coordinator
g. Provision of antiretroviral therapy (ART)	• RW ADAP: Bureau for Medical Services/ RW Part B program
h. Condom/Literature Distribution	• All approved sites will be eligible for free condoms and literature that serve high risk clients.
i. Social Marketing, Media/Mobilization	• Facebook/Twitter HIV/AIDS/STD/Hepatitis prevention messages • 8 HIV testing billboards (one in each public health district 10/1/2012-3/31/2012
3. Quality Management	• Ongoing monitoring of grantees via monthly/quarterly reports • Site visits by prevention staff Technical Assistance: DSHH • HIV testing procedures, grantee goals/objectives performance expectations: monitored by prevention staff • Data submission for PfH/CTS • CDC/WV HIV Test Form • Monthly rapid testing QA as required by CLIA
4. Evaluation of major program activities, interventions, and services, as well as collection of data on	• Condom/literature distribution data

interventions, and clients served	• HIV testing data • PS data/linkage to care • Subrecipient site visits/monthly or quarterly reports • HIV/AIDS surveillance data •
5. Capacity-building activities	• Rapid testing of partners (Huntington, Beckley, Charleston) • Access to care in Southern WV • DSHH to provider trainings •
6. Sexually transmitted disease prevention activities	• STD Presentations: youth – adult population, private physicians, clinics, conferences • Health related conferences • PCRS • Education with STD positive individuals • Literature/condom distribution to high risk individuals
7. Collaboration and coordination with other related programs	STD, TB, HIV Care, local health departments, CBO, Ryan White care clinics, Pennsylvania/MidAtlantic AIDS Education and Training Center (PA/MAAETC), colleges/universities, health care clinics, substance abuse, mental health, crisis intervention providers, Hotlines, Nutritional services, dental services, domestic violence programs, hepatitis program, HOPWA
8. Laboratory support	Monthly meeting with Lab, funding supports HIV/Hepatitis C testing, Rapid HIV testing initiative-CLIA certificate, HIV testing data
9. HIV/AIDS epidemiologic and behavioral surveillance	Analytical Epidemiologist, Surveillance Coordinator, Programmer Analyst: provide data, trainings, epidemiological reports and analysis

Chapter Six: Monitoring and Evaluation

Monitoring Questions:

1. To what extend did HIV service providers and other stakeholders who can best inform the coordination and collaboration of HIV prevention, care, and treatment services participate in the planning process?

The NHAS emphasizes coordination and integration with HIV prevention, care and treatment with other service delivery systems and government divisions. WV HPPG has included members from HIV prevention, care and treatment, local health departments, board of education, CBO's, STD, TB, hepatitis, substance abuse, mental health, colleges/universities, and individuals affected/infected. This integrated group of stakeholders has the expertise to provide recommendations to meet the goals of the NHAS and to effectively and efficiently utilize limited resources. The HPPG discussed the CDC HIV prevention guidance, funding limitations, and required activities to agree upon enhance HIV prevention services for the state of WV. The engagement plan is a living document and will be provided to other HIV service providers for comment in 2013.

2. To what extend did the engagement process achieve a more coordinated, collaborative, and seamless approach to accessing HIV services for the highest risk populations?

The HPPG worked together on the engagement process by identifying strategies and barriers to providing access to HIV services. These identified strategies and barriers will be incorporated in the enhanced HIV Prevention Plan to achieve the goals of the NHAS.

3. To what extend was input from HPG members, other stakeholders, and providers used to inform and monitor the development and implementation of the Jurisdictional HIV Prevention Plan?

The HPPG members represent a large portion of the stakeholders in the HIV prevention arena. The HPPG members were very involved in the development and implementation of the Jurisdictional HIV Prevention Plan. Due to significant reductions in funding only the CDC required core HIV prevention activities could be funded. Social media was selected as an optional service since minimum cost is needed for this activity.

4. To what extent were surveillance and service data/indicators utilized to inform and monitor the development and implementation of the jurisdictional plan?

Included in this document (Chapter 2) is an extensive HIV/AIDS Epidemiological profile as well as other relevant data used during a HPPG planning meetings in preparation for the jurisdictional plan.

Documentation of the process, ongoing engagement and implementation:

In the past year, the HPPG met face-to-face on August 24, 2011, November 16, 2011, March 13 and 14, 2012, and August 7, 2012 to discuss the NHAS, CDC guidance and program requirements, the engagement process and implementation plan. The HIV prevention staff will monitor and evaluate the goals and objectives of the program plan to ensure activities are implemented as planned. The engagement plan is a fluid document that can be improved upon through HPPG, stakeholder and provider input during HPPG planning meetings.

Appendix A:
GLOSSARY OF COMMON TERMINOLOGY
FOR HIV COMMUNITY PLANNING

ADAP – AIDS Drug Assistance Program

AED- Academy for Education Development

AIDS – Acquired Immuno-Deficiency Syndrome: a clinical definition of illnesses caused by HIV: a CD4 count less than or equal to 200, or one or more diagnosed opportunistic infections.

AIDS Prevention Centers – State and federal funded health departments contracted to provide HIV counseling and testing services.

AIDS Program – The state agency responsible for administering all HIV/AIDS related activities including surveillance and outreach.

Bureau for Public Health – A division of the West Virginia State Department of Health and Human Resources which houses the AIDS/STD Program. The AIDS/STD Program in turn, administers all state and federal funding with regards to HIV/AIDS and awards contracts to local and state providers.

CAMC- Charleston Area Medical Center

CDC – The Centers for Disease Control and Prevention: the federal agency responsible for tracking diseases that endanger public health, such as HIV, AIDS, and STDS. The CDC provides funding for statewide HIV/AIDS activities in conjunction with the State Bureau for Public Health.

CBO – Community-based organization, a structured group offering services to specific groups of people in a defined area, such as HIV/AIDS. The groups may include minority groups, housing, AIDS service organizations, etc.

CLIA- Clinical Laboratory Improvement Amendments

Co Chairs – Person elected by the community members to be responsible for organizing, convening, and leading the HIV Community Planning Groups, along with the state appointed co chair.

CPG – Community Planning Group: West Virginia has one statewide community planning group who reviews epidemiological and community assessment services data to advise the AIDS Program with regard to the development of the HIV Prevention Plan.

CSA – Community Service Assessment.

CTR- Counseling, Testing, Referral

CTRS - Counseling, Testing and Referral Services.

DASH – Division of Adolescent and School Health.

DEBI – Diffusion of Effective Behavioral Interventions.

DIS – (Public Health) Disease Intervention Specialist- A health department staff member who is specially trained to interview persons infected with HIV or another STD (i.e., index patients); elicit information about their partners and associates; notify the partners of their possible exposure; ensure that the partners are offered appropriate services, including examination, treatment, and referrals; and provide prevention counseling to index patients, partners, social contacts, and associates.

DOC – Department of Corrections

DOE- Department of Education

Down Low – A term used to refer to "straight" men who have sex with other men.

Epidemiological Profile – A data set compiled by the Bureau for Health AIDS Program which provides epidemiologic (disease related) information such as populations, age groups, ethnic groups, etc. that are affected by HIV in a defined area. ***High Risk Behavior*** – Actions or choices that may allow HIV to pass from one person to another, especially through such activities as sexual intercourse and injecting drug use.

HE/RR- Health Education/Risk Reduction

High Prevalence Setting – A high prevalence setting is a geographic location or community with an HIV seroprevalence greater than or equal to one percent.

FY – Fiscal Year.

HAART – Highly Active Antiretroviral Therapy.

HBV- Hepatitis B Virus

HCV – Hepatitis C Virus

HIV – Human Immunodeficiency Virus: The virus that damages the immune system and causes AIDS.

IDU – Injecting drug user; intravenous drug user; the term used to refer to people who inject drugs directly into their blood streams by using a needle or syringe.

LHD- Local Health Deparment

Migration – For a person with HIV, or for a person who is an injecting drug user, then migration refers to the frequent movement, back and forth, between rural and urban settings for social reasons, acquisition of services, acquisition of drugs, and/or acquisition of sexual relations.

Mobile Community – Within the field of HIV prevention, a mobile community often refers to the injecting drug use or gay men's community who frequently move to a new locale due to a need for various services, be it economic, social or otherwise.

MSM – Men Who Have Sex With Men: behaviorally identified population which has been determined by the CDC as a high risk group for the spread of HIV.

MCSM – Men of Color Who Have Sex With Men: defined as a subset of MSM.

Needs Assessment – The process of obtaining and analyzing findings about community needs. Data collection may include personal interview, survey responses, community forums, and focus groups with specially defined populations.

NGI – A "Non governmental organization" is often a distinction made in federal and state grant information, referring to an organization that does not receive government funding.

PCRS – Partner Counseling and Referral Services.

PLWHA – Person Living With HIV/AIDS.

POL – Popular Opinion Leader

Priority Populations – CDC defined target populations which pose the greatest risk for the spread of HIV/AIDS & STDS; they include: MSM, IDU Mothers With/At Risk, Heterosexuals (those engaging in heterosexual relationships with multiple partners or with injecting drug users), the general population and HIV + persons.

Ryan White Care Act – The Ryan White Comprehensive Aids Resources Emergency (CARE) Act was passed by Congress in 1990; it provided the first federal funding levels for HIV/AIDS care. Part A/Part B/Part C/Part F.

SA- Substance Abuse

Seasonal Worker – An immigrant who locates to a community for reasons of work (most often in the farming community). Seasonal workers often remain within the new community for other work during the "off season".

SISTA – Sisters Informing Sisters on Topics about AIDS.

STD – Sexually Transmitted Disease: A disease that is spread through intimate sexual contact, including but not limited to HIV, herpes, syphilis, gonorrhea.

Sustained – A grant related term referring to how well a program can be continued, replicated, documented and evaluated.

TB – Tuberculosis

Technical Assistance – Training and skills development which allows people and groups to do their jobs better; it includes education and knowledge development.

YRBS – Youth Risk Behavior Survey.

WVCADV- West Virginia Coalition Against Domestic Violence

WVU- West Virginia University

Appendix B:
Resource Inventory

HIV/AIDS and STD
SERVICES & RESOURCES MANUAL

West Virginia Department of Health and Human Resources
Bureau of Public Health
Division of STD/HIV and HEP
350 Capitol Street, Room 125
Charleston, WV 25301
(304) 558-2950

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HIV Care Part B Regional Contacts

Health Related: Medical Doctor, Dental, Vision, Diagnostics, Prescriptions, Mental Health, Hospice, Medical Supplies.

Support Related: Housing, Utilities, Nutrition, Hygiene, Attendant, Transportation, Insurance, Day/Respite

Region 1 and 3	**Jay Adams (304) 242-9443 fax (740) 695-3252**
Region 2	**Brian Henry (304) 344-9901**
Region 4	**Sharon Smith (304) 763-5257**
Region 5	**Melanie Nace (304) 736-5652**
Region 6	**Carol Renner (304) 293 6526**
	fax (304) 293-6358

Clinical Health Care (Ryan White Part C Clinics)

CAMC
3200 MacCorkle Avenue

Charleston, WV 25304
(304) 388-9337

Phone:
Infectious Disease Clinic:
(304) 388-5590
Ryan White Care Coordinator:

Toll Free: 877-565-4423
Fax: (304) 388-8238

Services: Outpatient services, primary care for HIV positives under the Ryan White Title III grant.
Fee: Private insurance, Medicaid, Medicare, sliding scale, Ryan White C.A.R.E.

Shenandoah Community Health Center
99 Tavern Road
Martinsburg, WV 25402

Phone: (304) 263-4999
Fax: (304) 263-0984

Services: Community health center, contracted under WVU for the Ryan White Program. Offers ob/gyn, midwifery, internal medicine, pediatrics, family practice, migrant, WIC, and behavioral health psychiatric services.

Fee: Sliding scale. No one is turned away for inability to pay. Some services covered by the Ryan White Program.

WVU Ryan White/Part C Clinic **Phone: (304) 341-1500**
WVU Infectious Disease Clinic **(304) 293-3306**
P.O. Box 9163 **Fax: (304) 293-8677**
One Medical Center Drive
Morgantown, WV 26506

Services: Every Wednesday offers HIV Clinic with HIV Rapid Testing, nutrition services, social services, provides aid with obtaining medicines, offers psychiatric counseling, primary outpatient care for the underinsured and uninsured.
Fee: None.

HIV/AIDS Prevention Community-Based Organizations

All-AID International, Inc. **Phone: (304) 343-6202**
612 Virginia Street, East **Fax: (304) 343-8944**
Charleston, WV 25301

Services: Community and organizational presentations, HIV/AIDS educational/awareness outreach. Additional services include condom distribution, HIV/AIDS, STD and hepatitis literature distribution.
Fee: None.

Caritas House **Phone: (304) 598-5111**
PO Box 4066
Morgantown WV 26504

Services: Case management services, payment towards medication and supplies, rent, utilities, care giving, mileage reimbursement for travel related to medical care, link to support groups. Additional services include condom distribution, HIV/AIDS, STD and hepatitis literature distribution.
Education and Prevention
Caritas works to achieve these goals by teaching seminars and providing free condoms and educational materials to the community. Also, assisting Caritas in these efforts is a speakers bureau, a group of trained volunteer speakers living with HIV, who work with the Prevention and Education Specialists to make "Personal Perspectives" presentations in conjunction with the HIV facts and risk reduction seminars.
Volunteer Services:
Caritas recruits and trains volunteers who lend their time to support case-management and client services, the Education/Prevention Program and the community residence. Volunteer activities include client transportation, shopping assistance, respite care, meal preparation and delivery, light housekeeping, help with laundry, house maintenance,

lawn care and gardening, personal care, fund raising support, clerical assistance, and education and outreach support.
Fee: None

Community Networks, Inc. **Phone: (304) 263-3510**
216 East John Street **Fax: (304) 263-9734**
Martinsburg, WV 25401.

Services: Clients with HIV/AIDS may receive limited housing/rental assistance as well as utility, mortgage, budget and placement assistance. Additional supportive services include transportation, food vouchers, food pantry and medical assistance.
Fee: None

Covenant House **Phone: (304) 344-0530**
600 Shrewsberry Street
Charleston, WV 25301

Services: West Virginia Coalition for People with HIV/AIDS. Services offered include three residential homes in Charleston, rental payment assistance and utility assistance, medication assistance and co-pays, transportation as related to illness, counseling within our housing program, food pantry, clothing closet, education, drop-in center, AIDS Resource library with Internet access, Rural Health Outreach program with on-site nurse, volunteer services. Additional services include condom distribution, HIV/AIDS, STD and hepatitis literature distribution.
Fee: None

Ebenezer Medical Outreach **Phone: (304) 529-0753 or 529-4881**
1448 10th Avenue, Suite 100 **Fax: (304) 529-0951**
Huntington, WV 25701

Services: Community and organizational presentations, HIV/AIDS educational/awareness outreach, medical clinic, healthy cooking classes at Huntington's Kitchen, condom distribution, HIV/AIDS, STD and hepatitis literature distribution.
Fee: None.

HIV Testing Sites
AIDS Prevention Centers (APC)

Berkeley County Health Department **Phone: (304) 263-5131**
800 Emmett Rousch Drive **Fax: (304) 263-1067**
Martinsburg, WV 25401

Services: Prevention education, provides free, confidential HIV antibody counseling and testing. Risk reduction information, contact notification, condom distribution, STD testing.
Fee: None.

Cabell-Huntington Health Department **Phone: (304) 523-6483**
1336 Hal Greer Boulevard **Fax: (304) 534-6482**
Huntington, WV 25701

Services: Prevention education, condom distribution, free confidential HIV Rapid testing - antibody counseling and testing,. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

Fayette County Health Department **Phone: (304) 574-1617**
202 Church Street **Fax: (304) 574-1370**
Fayetteville, WV 25840

Services: Prevention education, condom distribution, free confidential HIV antibody counseling and testing. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

Greenbrier County Health Department **Phone: (304) 645-1787**
295 Seneca Trail **Fax: (304) 645-3630**
Fairlea, WV 24902

Services: Prevention education, condom distribution, free confidential HIV antibody counseling and testing. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

Harrison-Clarksburg Health Department **Phone: (304) 623-9308**
116 South 3rd Street **Fax: (304) 623-9364**
Clarksburg, WV 26301

Services: Prevention education, condom distribution, free confidential HIV antibody counseling and testing. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

Kanawha County Health Department **Phone: (304) 348-8069**
108 Lee Street, East **Fax: (304) 348-6821**
Charleston, WV 25301

Services: Prevention education, condom distribution, free confidential HIV Rapid Testing - antibody counseling and testing. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

Marshall County Health Department **Phone: (304) 845-7840**
Sixth Street and Court Avenue **Fax: (304) 843-9837**
Moundsville, WV 26041

Services: Prevention education, condom distribution, free confidential HIV antibody counseling and testing. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

McDowell County Health Department **Phone: (304) 448-2174**
Route 103 **Fax: (304) 448-3777**
Wilcoe, WV 24895

Services: Prevention education, condom distribution, free confidential HIV antibody counseling and testing. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

Mercer County Health Department **Phone: (304) 324-8367**
Route 2, Box 382 **Fax: (304) 324-8843**
Bluefield, WV 24701

Services: Prevention education, condom distribution, free confidential HIV antibody counseling and testing. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

Monongalia County Health Department **Phone: (304) 598-5100**
453 Van Voorhis Road **Fax: (304) 598-5198**
Morgantown, WV 26505-3408

Services: Prevention education, condom distribution, free confidential HIV antibody counseling and testing. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

Morgantown Health Right **Phone: (304) 292-8234**
341 Spruce Street **Fax: (304) 284-0133**
P.O. Box 1519
Morgantown, WV 26507

Services: Prevention education, condom distribution, free confidential HIV antibody counseling and testing. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

Portsmouth City Health Department **Phone: (740) 353-5153**
605 Washington Street **Fax: (740) 351-0694**
Portsmouth, OH 45662

Services: (Serves Cabell, Wayne, Mason counties) Ryan White Program.
Fee: None.

Putnam County Health Department **Phone: (304) 757-2541**
1401 Hospital Drive, Suite 304 **Fax: (304) 757-7287**
Hurricane, WV 25526

Services: Prevention education, condom distribution, free confidential HIV antibody counseling and testing. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

Raleigh County Health Department **Phone: (304) 252-8531**
Elinor-Hurt Memorial **Fax: (304) 252-0466**
1602 Harper Road
Beckley, WV 25801

Services: Prevention education, condom distribution, free confidential HIV antibody counseling and testing. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

Randolph County Health Department **Phone: (304) 636-0396**
201 Henry Avenue **Fax: (304) 637-5902**
Elkins, WV 26241

Services: Prevention education, condom distribution, free confidential HIV antibody counseling and testing. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

Wheeling-Ohio Health Department **Phone: (304) 234-3682**
1500 Chapline Street, Room 106 **Fax: (304) 234-6405**
Wheeling, WV 26003

Services: Prevention education, condom distribution, free confidential HIV antibody counseling and testing. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

Wood County Health Department **Phone: (304) 485-7374**
211 Sixth Street **Fax: (304) 485-2116**
Parkersburg, WV 26101

Services: Prevention education, condom distribution, free confidential HIV antibody counseling and testing. Risk reduction information, contact notification, STD testing and follow-up services.
Fee: None.

STD Clinics

Beckley **Phone: (304) 252-8531**
Raleigh County Health Department **Fax: (304) 252-0466**
1602 Harper Road
Beckley, WV 25801

Services: Testing and treatment of all STDs/HIV. By appointment.
Fee: None

Berkeley Springs **Phone: (304) 258-1513**
Morgan County Health Department **Fax: (304) 258-6148**
187 S. Green Street
Berkeley Springs, WV 25411

Services: Prevention education, testing and treatment of STDs. By appointment. No HIV counseling and testing at this time.
Fee: None.

Bluefield **Phone: (304) 324-8367**
Mercer County Health Department **Fax: (304) 324-8843**
Green Valley Road
Route 2, Box 382
Bluefield, WV 24701

Services: Prevention education, testing, counseling and treatment. All STDs/HIV. By appointment.
Fee: None.

Buckhannon **Phone: (304) 472-2810**
Upshur County Health Department **Fax: (304) 472-2945**
15 N. Locust Street
Buckhannon, WV 26201

Services: Prevention education, testing, counseling and treatment. All STDs. By appointment. No HIV counseling and testing at this time.
Fee: None.

Calhoun County Health Department **Phone: (304) 354-6101**
P.O. Box 33 **Fax: (304) 354-6654**
Grantsville, WV 26147

Services: Prevention education, testing, counseling and treatment. All STDs/HIV. By appointment.
Fee: None.

Charleston **Phone: (304) 348-8069**
Kanawha-Charleston Health Department **Fax: (304) 348-6821**
108 Lee Street, East
Charleston, WV 25323

Services: Prevention education, testing, counseling and treatment. All STDs/HIV Rapid Testing. By appointment.
Fee: None.

Clarksburg **Phone: (304) 623-9308**
Harrison-Clarksburg Health Department **Fax: (304) 623-9364**
330 West Main Street
Clarksburg, WV 26301

Services: Prevention education, testing, counseling and treatment. All STDs/HIV. By appointment.
Fee: None.

Clay **Phone: (304) 587-4269**
Clay County Health Department **Fax: (304) 587-7415**
452 Main Street
Clay, WV 25043

Services: Prevention education, testing, counseling and treatment. All STDs/HIV. By appointment.
Fee: None.

Elizabeth **Phone: (304) 275-3131**
Wirt County Health Department **Fax: (304) 275-6590**
Lower Washington Street
P.O. Box 670
Elizabeth, WV 26143

Services: Prevention education, testing and treatment. All STDs/HIV. By appointment.
Fee: None.

Elkins
Randolph/Elkins Health Department **Phone: (304) 636-0396**
201 Henry Avenue **Fax: (304) 637-5902**
Elkins, WV 26241

Services: Prevention education, testing, counseling and treatment. All STDs/HIV. By appointment.
Fee: None.

Fairmont **Phone: (304) 366-3360**
Marion County Health Department **Fax: (304) 363-8217**
300 Second Street
Fairmont, WV 26554

Services: Prevention education, testing, counseling and treatment. All STDs. By appointment. No HIV testing at this time.
Fee: None.

Fayetteville **Phone: (304) 574-1617**
Fayette County Health Department **Fax: (304) 574-1370**
202 Church Street
Fayetteville, WV 25840

Services: Prevention education, testing, counseling and treatment of all STDs/HIV. By appointment.
Fee: None.

Franklin **Phone: (304) 358-7565**
Pendleton County Health Department **Fax: (304) 358-2471**
223 Mill Road
Franklin, WV 26807

Services: Prevention education, testing, counseling and treatment of all STDs/HIV. By appointment.
Fee: None.

Glenville **Phone: (304) 462-7351**
Gilmer County Health Department **Fax: (304) 462-8956**
809 Mineral Road
Glenville, WV 26351

Services: Prevention education, testing, counseling and treatment of all STDs/HIV. By appointment.
Fee: None.

Grafton **Phone: (304) 265-1288**
Taylor-Grafton Health Department **Fax: (304) 265-6558**
718 West Main Street
Grafton, WV 26354

Services: Prevention education, testing, counseling and treatment of all STDs/HIV. By appointment.
Fee: None.

Hamlin **Phone: (304) 824-3330**
Lincoln County Health Department **Fax: (304) 824-3334**
8008 Court Street, Courthouse A
Hamlin, WV 25523

Services: Gives referrals for testing to Cabell or Kanawha Counties. No appointment necessary.
Fee: None.

Harrisville **Phone: (304) 643-2917**
Ritchie County Health Department **Fax: (304) 643-4092**
125 W. Main Street
Harrisville, WV 26362

Services: Prevention education, testing, treatment of all STDs/HIV. By appointment.
Fee: None.

Hinton **Phone: (304) 466-3388**
Summers County Health Department **Fax: (304) 466-1230**
151 Pleasant Street
P.O. Box 898
Hinton, WV 25951

Services: Prevention education, testing, counseling and treatment of all STDs/HIV. By appointment.
Fee: None.

Huntington **Phone: (304) 523-6483**
Cabell-Huntington Health Department **Fax: (304) 523-6482**
1336 Hal Greer Boulevard
Huntington, WV 25701

Services: Prevention education, testing, counseling and treatment for all STDs/HIV Rapid Testing. Appointment preferred.
Fee: None.

Hurricane **Phone: (304) 757-2541**
Putnam County Health Department **Fax: (304) 757-7287**
1401 Hospital Drive, Suite 104
Hurricane, WV 25526

Services: Services: Prevention education, testing and treatment of all STDs/HIV. By appointment.
Fee: None.

Kearneysville **Phone: (304) 728-8416**
Jefferson County Health Department **Fax: (304) 728-3319**
1948 Wiltshire Road, Suite 1
Kearneysville, WV 25430

Services: Prevention education, testing, counseling and treatment of all STDs/HIV. By appointment.
Fee: None.

Keyser **Phone: (304) 788-1321**
Mineral County Health Department **Fax: (304) 788-6023**
Route 3, Box 3045
Keyser, WV 26726

Services: Prevention education, testing, counseling and treatment for STDs/HIV. By appointment.
Fee: None.

Logan
Logan County Health Department **Phone: (304) 792-8630**
Courthouse Bldg, Room 203 **Fax: (304) 792-8635**
P.O. Box 1316
Logan, WV 25601

Services: Prevention education, testing, counseling and treatment for STDs/HIV. By appointment.
Fee: None.

Marlington **Phone: (304) 799-4154**
Pocohontas County Health Department **Fax: (304) 799-7490**
900 Tenth Avenue
Marlington, WV 24954

Services: Testing on request. By appointment. No HIV Testing/counseling at this present time.
Fee: None.

Martinsburg **Phone: (304) 263-5131**
Berkeley County Health Department **Fax: (304) 263-1067**
800 Emmett Rousch Drive
Martinsburg, WV 25401

Services: Prevention education, testing, counseling and treatment of all STDs/HIV. By appointment.
Fee: None.

Moorefield **Phone: (304) 530-6355**
Hardy County Health Department **Fax: (304) 530-7684**
411 Spring Avenue, Suite 101
Moorefield, WV 26836

Services: Prevention education, testing, counseling and treatment of all STDs/HIV. By appointment.
Fee: None.

Morgantown **Phone: (304) 598-5100**
Monongalia County Health Department **Fax: (304) 598-5799**
453 Van Voorhis Road
Morgantown, WV 26505

Services: Prevention education, testing, counseling and treatment of all STDs/HIV. By appointment.
Fee: None.

Moundsville **Phone: (304) 845-7840**
Marshall County Health Department **Fax: (304) 843-9837**
513 Sixth Street
P.O. Box 429
Moundsville, WV 26041

Services: Prevention education, testing and treatment of all STDs/HIV. By appointment.
Fee: None.

New Cumberland **Phone: (304) 564-3343**
Hancock County Health Department **Fax: (304) 564-3410**
102 Court Street
P.O. Box 578
New Cumberland, WV 26047

Services: Prevention education, testing and treatment. Two STD Clinics a month, usually held on Tuesday. All STDs/HIV. By appointment.
Fee: None.

New Martinsville **Phone: (304) 337-2001**
Wetzel County Health Department **Fax: (304) 337-2004**
425 South Fourth Avenue
Paden City, WV 26159

Services: Prevention education, testing and treatment of all STDs/HIV. By appointment.
Fee: None.

Parkersburg **Phone: (304) 485-7374**
Mid-Ohio Valley Health Department **Fax: (304) 485-2116**
211 6th Street
Parkersburg, WV 26101

Services: Prevention education, testing and treatment of all STDs/HIV. By appointment.
Fee: None.

Parsons **Phone: (304) 478-3572**
Tucker County Health Department **Fax: (304) 478-3864**
206 ½ Third Street
Parsons, WV 26287

Services: Prevention education, testing and treatment of all STDs/HIV testing By appointment.
Fee: None.

Petersburg **Phone: (304) 257-4922**
Grant County Health Department **Fax: (304) 257-2422**
Hospital Drive
P.O. Box 326
Petersburg, WV 26847

Services: Prevention education, testing and treatment of all STDs/HIV. STD clinic on Thursdays from 1-4 pm. Appointment preferred.
Fee: None.

Philippi **Phone: (304) 457-1670**
Barbour County Health Department **Fax: (304) 457-1296**
23 Wabash Avenue
Philippi, WV 26416

Services: Prevention education, testing and treatment of STDs. By appointment.
Fee: None.

Pineville **Phone: (304) 732-7941**
Wyoming County Health Department **Fax: (304) 732-6709**
P.O. Box 1679
Pineville, WV 24874

Services: Prevention education, testing and treatment of all STDs/HIV. No appointment necessary.
Fee: None.

Point Pleasant **Phone: (304) 657-3050**
Mason County Health Department **Fax: (304) 657-4801**
216 5th Street
Point Pleasant, WV 25550

Services: Prevention education, testing and treatment of STDs/HIV. By appointment.
Fee: None

Ripley **Phone: (304) 372-2634**
Jackson County Health Department **Fax: (304) 372-8039**
504 S. Church Street
Ripley, WV 25271

Services: Prevention education, testing and treatment of all STDs/HIV. By appointment.
Fee: None.

Ritchie County Health Department **Phone: (304) 643-2917**
125 West Main **Fax: (304) 643-4092**
Harrisville, WV 26362

Services: Prevention education, testing, counseling and treatment. All STDs/HIV. By appointment.
Fee: None.

Romney **Phone: (304) 496-9640**
Hampshire County Health Department **Fax: (304) 496-9650**

HC 71, Box 9
Augusta, WV 26704

Services: Prevention education, testing and treatment of STDs/HIV. By appointment.
Fee: None.

Ronceverte **Phone: (304) 645-2787**
Greenbrier County Health Department **Fax: (304) 645-3630**
295 Seneca Trail
Ronceverte, WV 24970

Services: Prevention education, testing and treatment for all STDs/HIV. By appointment.
Fee: None.

Sistersville **Phone: (304) 337-2001**
Tyler County Health Department **Fax: (304) 337-2004**
425 South 4th Avenue
Paden City, WV 26159

Services: Prevention education, testing and treatment for all STDs/HIV. By appointment.
Fee: None.

Spencer **Phone: (304) 927-1480**
Roane County Health Department **Fax: (304) 927-6043**
225 E. Main Street
P.O. Box 909
Spencer, WV 25276

Services: Prevention education, testing and treatment for all STDs/HIV. No appointment.
Fee: None.

St. Marys **Phone: (304) 684-2461**
Pleasants County Health Department **Fax: (304) 684-2845**
605 Cherry Street
St. Marys, WV 26170

Services: Prevention education, testing and treatment of STDs/HIV. By appointment.
Fee: None.

Summersville **Phone: (304) 872-5329**
Nicholas County Health Department **Fax: (304) 872-6128**
1 Stevens Road
Summersville, WV 26651

Services: Prevention education, testing and treatment of all STDs/HIV. By appointment.
Fee: None.

Sutton **Phone: (304) 765-2851**
Braxton County Health Department **Fax: (304) 765-2020**
495 Old Turnpike Road
Sutton, WV 26601

Services: Prevention education, testing and treatment of STDs. By appointment. No HIV counseling and testing at this time.
Fee: None.

Union **Phone: (304) 772-3064**
Monroe County Health Department **Fax: (304) 772-5677**
P.O. Box 590
200 Health Center Drive
Union, WV 24983

Services: Prevention education, testing and treatment of all STDs/HIV. Monday late clinic till 8 pm. No appointment necessary.
Fee: None.

Webster Springs **Phone: (304) 847-5483**
Webster County Health Department **Fax: (304) 847-7692**
324 Miller Mountain Road
Webster Springs, WV 24288

Services: Prevention education and testing of STDs/HIV. No appointment necessary.
Fee: None.

Wellsburg **Phone: (304) 737-3665**
Brooke County Health Department **Fax: (304) 737-3687**
Courthouse
632 Main Street
Wellsburg, WV 26070

Services: Prevention education and testing of STDs/HIV. By appointment.
Fee: None.

West Union **Phone: (304) 873-1531**
Doddridge County Health Department **Fax: (304) 873-2994**
Route 2, Box 54
West Union, WV 26456

Services: Prevention education and testing of STDs/HIV. By appointment.
Fee: None.

Weston **Phone: (304) 269-8218**
Lewis County Health Department **Fax: (304) 269-8220**
125 Court Avenue
P.O. Box 1750
Weston, WV 26452

Services: Prevention education and testing of STDs/HIV. By appointment.
Fee: None.

Wheeling **Phone: (304) 234-3682**
Wheeling-Ohio County Health Department **Fax: (304) 234-6405**
1500 Chapline Street, Room 106
Wheeling, WV 26003

Services: Prevention education, testing and treatment of all STDs/HIV. STD clinic is on Tuesday mornings. HIV testing is done on an individual request basis.
Fee: None.

Wilcoe **Phone: (304) 448-2174**
McDowell County Health Department **Fax: (304) 448-3777**
P.O. Box 218
Route 103
Wilcoe, WV 24895

Services: Prevention education, testing and treatment of all STDs/HIV. By appointment.
Fee: None.

Williamson **Phone: (304) 235-3570**
Mingo County Health Department **Fax: (304) 235-2654**
First Avenue and Logan Street
P.O. Box 1096
Williamson, WV 25661

Services: Prevention education, testing and treatment of all STDs/HIV. STD Clinic held on Thursdays. No appointment necessary.
Fee: None.

Health Care Clinics

Ebenezer Medical Outreach **Phone: (304) 529-0753**
1448 10th Avenue, Suite 100 **Fax: (304) 529-0591**

Huntington, WV 25701

Services: Provides basic medical services.
Fee: None.

Familycare Services **Phone: (304) 414-4499**
1701 5th Avenue, Box 5 **Fax: (304) 414-4498**
Charleston, WV 25312

Services: Community healthcare practice, dental, midwifery, ob/gyn services.
Fee: Sliding scale (with proof of income), commercial insurance, private insurance, Medicaid.

Good Samaritan Clinic, Inc. **Phone: (304) 422-7374**
911 Emerson Avenue **Fax: (304) 422-7374**
Parkersburg, WV 26104

Services: Provides free healthcare to those meeting federal poverty guidelines.
Fee: None.

Health Access, Inc **Phone: (304) 622-2708**
916 West Pike Street **Fax: (304) 623-9302**
Clarksburg, WV 26301

Services: Primary care. All clients requesting STD/HIV testing are referred to the local health department.
Fee: None.

Mercer Health Right **Phone: (304) 327-2410**
Route 2, Box 378 **Fax: (304) 327-2410**
Bluefield, WV 24701

Services: Offers primary care services, STD screening/testing, on-site pharmacy. Is located in the same building as the Mercer County Health Department and as such will send those wishing to test for HIV to that section.
Fee: None.

Milan Puskar Health Right **Phone: (304) 292-8234**
341 Spruce Street **Fax: (304) 284-0133**
P.O. Box 1519
Morgantown, WV 26507-1519

Services: Multi-specialty clinic offering primary care to the underinsured/uninsured. Includes an on-site pharmacy. Condifential HIV testing is open to everyone. Appointment preferred, usually schedules an appointment within 24 to 48 hours of

request.

Fee: None, though requests $1.00 donation for prescriptions.

WV Health Right **Phone: (304) 343-7003**
1420 Washington Street, East **Fax: (304) 343-7009**
Charleston, WV 25311

Services: Provides free primary care to uninsured/underinsured, impoverished patients who meet the federal criteria for approval. The clinic includes a pharmacy as well as a dental and eye clinic.
Fee: None.

Women's Health Center **Phone: (304) 344-9834**
510 Washington Street, West **Fax: (304) 343-7009**
Charleston, WV 25311

Services: Some STD screening/testing (HIV testing is referred to the Ryan White Program, Kanawha County Health Department). Well-woman care program, breast/cervical cancer screening. Abortion services. Right from the Start Program, Family Planning Program, Parenting Program.
Fee: All insurance accepted.

Substance Abuse/Addiction Services

Beckley Treatment Center **Phone: (304) 254-9262**
174 Thiltot Lane **Fax: (304) 254-9263**
Beaver, WV 25813

Services: Outpatient opiod treatment.
Fee: Private pay.

CARES **Phone: (304) 344-0270**
1716 7th Avenue **Fax: (304) 344-0272**
Charleston, WV 25302

Services: Public shelter for inebriated individuals.
Fee: None.

Charleston Treatment Center (Methadone Program) **Phone: (304) 344-5924**
2157 Greenbrier Street **Fax: (304) 344-3503**
Charleston, WV 25311

Services: Medical assistance treatment, primarily with opiates.
Fee: None.

Clarksburg Treatment Center (Methadone Program) **Phone: (304) 622-7511**
706 Oakmound Road
Clarksburg, WV 26301

Services: Medical assisted treatment for victims of substance abuse.
Fee: Private pay, cash or money order.

Highland Hospital **Phone: (304) 926-1600**
300 56th Street, S.E. **1-800-250-3806**
Charleston, WV 25304 **Fax: (304) 926-1649**

Services: Provides inpatient and outpatient substance abuse therapy. Case management and follow-up. Medically assisted treatment available. Outpatient pharmacy on-site.
Fee: Medicare, Medicaid, private pay/insurance.

Huntington Treatment Center **Phone: (304) 525-5691**
135 4th Avenue **Fax: (304) 525-5693**
Huntington, WV 25701

Services: Opiate dependant treatment for those addicted to methadone.
Fee: Cash or money order.

Martinsburg Treatment Center **Phone: (304) 263-1101**
183 Monroe Street **Fax: (304) 263-0031**
Berkeley Plaza
Martinsburg, WV 25401

Services: Counseling/methadone treatment.
Fee: $11.00 a day with an initial fee of $111.00.

Olympic Center **Phone: (304) 329-2400**
P.O. Box 158 **Fax: (304) 329-2405**
Kingwood, WV 26537

Services: Inpatient substance abuse treatment for adolescents. Long-term 4 ½ to 6 months.
Fee: Medicaid.

Parkersburg Treatment Center (Methadone Program) **Phone: (304) 420-2400**
184 Holiday Hills Drive **1-800-891-6066**
Parkersburg, WV 26104 **Fax: (304) 420-9014**

Services: Methadone clinic, methadone maintenance therapy, short-term and long-term detox services. 12 step support program soon to be available. Lab testing, pregnancy testing.
Fee: Cash or money order. To dose - $12.50. To enter the program it's $57.50 the first day (Physician's fee and dosing). Other tests and services are separate fees.

Southway at Thomas Hospital **Phone: (304) 766-3553**
4605 MacCorkle Avenue, SW **Fax: (304) 766-4590**
South Charleston, WV 25309

Services: Substance abuse clinic (Monday, Tuesday and Thursday 5-8 pm and Monday through Friday 8-12), Methadone therapy and counseling. Mental health clinic 5 days a week, 3 to 6 week long program.
Fee: Private insurance, Medicaid, medicare. Some restrictions as to what type of private insurance accepted. Please call in advance to inquire.

Williamson Treatment Center **Phone: (304) 235-0026**
1609 West 3rd Avenue **Fax: (304) 235-0999**
Williamson, WV 25661

Services: Offers detoxification with the use of methadone therapy. Physical examinations, lab work.
Fee: Cash.

Substance Abuse/Treatment Residential Programs

ACT Unit **Phone: (304) 363-2228**
Valley Health Care **Fax: (304) 363-2282**
100 Crosswind Drive
Fairmont, WV 26554

Services: Provides drug and alcohol treatment for males and females in a residential setting.
Fee: Private insurance, Medicaid, medicare. There are programs funded by the State which offer financial aid to those who qualify.

Amity Center **Phone: (304) 485-1781**
Westbrook Health Services **Fax: (304) 485-1782**
1011 Mission Drive
Parkersburg, WV 26101

Services: Provides limited detoxification services; drug and alcohol treatment for males and females.
Fee: Insurance, Medicaid and charity care.

FMRS – Mother (females) **Phone: (304) 256-7146**
Women's Specialized Residential Program **Fax: (304) 256-7147**
101 South Eisenhour Drive
Beckley, WV 25801

Services: Meets federal guidelines for a women's specialized residential program. Provides substance abuse treatment for women with or without children for a period of six months. Dual diagnosis enhanced treatment program.
Fee: Private insurance, Medicaid, medicare, and a sliding scale for those who qualify.

Futures Residential Treatment Center (males) **Phone: (304) 792-7260**
118 Stratton Street **Fax: (304) 792-7262**
Logan, WV 25601

Services: Provides substance abuse treatment for males with a length of stay up to 90 days.
Fee: Insurance accepted. State funded facility.

Mirador West **Phone: (304) 295-5565**
(Long-term women's program) **Fax: (304) 295-9265**
1907 Grand Central Avenue
Vienna, WV 26105

Services: Meets federal guidelines for a women's specialized residential program. Provides substance abuse treatment for women with or without children for up to six months.
Fee: Private insurance, Medicaid, sliding scale.

Legends **Phone: (304) 425-9489**
(Long-term men's residential program) **Fax: (304) 487-3984**
327 Mercer Street
Princeton, WV 24740

Services: Provides substance abuse treatment for males with a length of stay up to 90 days.
Fee: Sliding scale based on income, private insurance/pay, Medicaid, medicare.

Mid-Ohio Valley Fellowship Home **Phone: (304) 485-3341**
1030 George Street **Fax: (304) 485-3396**
Parkersburg, WV 26101

Services: Meets federal guidelines for a women's specialized residential program. Provides substance abuse treatment for men and women with/without children.
Fee: None, though if working or receiving food stamps, one pays a percentage of their income.

New Beginnings | **Phone: (304) 363-2500 (ext 120, 121)**
(Women's Long-term residential) | **Fax: (304) 363-0263**
401 Guffy Street
Fairmont, WV 26554

Services: Provides substance abuse treatment for women without children.
Fee: Private/commercial insurance, Medicaid. If there is no income, the client is still treated so there is no payment actually necessary, through the State Health Department, office of Behavioral Services.

Parcway Prestera Center | **Phone: 1-800-642-3434**
3375 U.S. Route 60, East | **Fax: (304) 525-1504**
Huntington, WV 25705

Services: Provides medically monitored intensive inpatient detoxification treatment for males and females. One of the primary programs for Chapter 27 consumers. Information on the Parcer Program (Substance Abuse treatment for men) and the Parcweat Program (Substance abuse treatment for males and females), and the Renaissance Women and Children's Program (Substnace abuse treatment for women with or without children). Program meets the federal guidelines for a women's specialized residential program.
Fee: Private insurance, Medicaid, medicare (pays 50%), sliding scale.

John D. Good Recovery Center | **Phone: (304) 789-3142**
Route 3, Box 223 | **Fax: (304) 789-3146**
Terra Alta, WV 26764

Services: Provides medically monitored intensive inpatient detoxification, referrals and assessment for females and males 18 years and older. Primary program for involuntarily committed consumers in the northern part of the state, but will take referrals statewide. Twenty beds available for involuntarily committed, with an additional 6 beds soon to be available for voluntarily committed.
Fee: Operates on the OBHS Grant through the Department of Health and Human Resources. Bills patients' insurance for medications and prescriptions.

Mental Health/Counseling Services

National Alliance for the Mentally Ill (NAMI-WV) | **Phone: 1-800-598-5653**
910 Quarrier Street | **(304) 342-0497**
Suite 312 | **Fax: (304) 342-0499**
P.O. Box 2706

Charleston, WV 25330

Services: Family education, community family outreach. Provides referrals to families with mental illness. Services include, but are not limited to monetary assistance, medical equipment, respite care, transportation.
Fee: None.

Seneca Mental Health **Phone: (304) 872-2679**
1 Stevens Road **Fax: (304) 872-1685**
Summersville, WV 26651

Services: Offers case management, individual and group therapy under the guidance of psychiatrists, psychologists and supervised psychologists. Also provides children's therapy.
Fee: Accepts private insurance, Medicaid and medicare.

United Summit Center **Phone: (304) 624-5661**
6 Hospital Plaza **Fax: (304) 623-2989**
Clarksburg, WV 26301

Services: Individual counseling, group counseling, psychiatric/psychological services. Addictions/ substance counseling. Follow-up counseling programs.
Fee: Accepts private pay/insurance, Medicaid and medicare.

Valley Mental Health **Phone: (304) 296-1731**
301 Scott Avenue **Fax: (304) 225-2288**
Morgantown, WV 26508

Services: Mental and behavioral health/psychiatry services, chemical dependency and substance abuse therapy.
Fee: Medicare, Medicaid, private insurance accepted.

VET Center (Charleston) **Phone: (304) 343-3825**
521 Central Avenue **Fax: (304) 347-5303**
Charleston, WV 25301

Services: Readjustment counseling.
Fee: Private insurance, Medicaid, medicare.

WV Mental Health Consumer's Association **Phone: 1-800-598-8847**
910 Quarrier Street **Fax: (304) 414-2416**
Charleston, WV 25301 **(304) 345-7303**

Services: Peer support education and training. Support and training for substance abuse. Possesses a technical association center for Peer Education. Wellness Recovery Action Plan. (WRAP)
Fee: None.

Comprehensive Mental Health Centers

The following Health Centers cover behavioral health, substance abuse counseling, etc. Fees can be paid by private/commercial insurance, private pay, and there is a sliding scale available for those who qualify.

Appalachian Community Health Center, Inc.
Phone: (304) 636-3232
Fax: (304) 636-9243
725 Yokum Street
Elkins, West Virginia 26241

Regional Offices:	Phone	Fax
Randolph County	(304) 636-3232	(304) 636-9243
Barbour County	(304) 457-2580	(304) 457-5473
Tucker County	(304) 478-2764	(304) 478-1124
Upshur County	(304) 472-2002	(304) 472-2037

Eastern Panhandle Mental Health Center, Inc.
Phone: (304) 563-8954
Fax: (304) 264-0763
Eastridge Health Systems
235 South Water Street
Martinsburg, WV 25401-1306

Regional Offices:	Phone	Fax
Berkeley County	(304) 263-8954	(304) 263-0763
Jefferson County	(304) 725-7565	(304) 725-9058
Morgan County	(304) 258-2889	(304) 258-2903

FMRS Health Systems, Inc.
Phone: (304) 256-7100
Fax: (304) 256-7111
101 South Eisenhower Drive
Beckley, WV 25801-4995

Regional Offices:	Phone	Fax
Fayette County	(304) 574-2100	(304) 574-1251
Monroe County	(304) 772-5452	(304) 772-4252
Raleigh County	(304) 256-7100	(304) 256-7111
Summers County	(304) 466-3899	(304) 466-5548

Healthways, Inc.
Phone: (304) 723-5440
Fax: (304) 723-0665
501 Colliers Way
Weirton, WV 26062-5003

Regional Offices:	Phone	Fax
Brooke County	(304) 723-5440	(304) 723-0665

Hancock County: No physical office in Hancock County. Use the Brooke County Office.

Logan-Mingo Area Mental Health, Inc.
Phone: (304) 792-7130
Fax: (304) 792-7146
P.O. Box 176 (for overnight mail: Rt. 10 3 Mile Curve)
Logan, WV 25601-0176

Regional Offices	Phone	Fax
Logan County	(304) 792-7130	(304) 792-7146
Mingo County	(304) 235-2954	(304) 235-2929

Mercer-McDowell-Wyoming Mental Health Council, Inc.
Phone: (304) 425-9541
Fax: (304) 425-1332
d.b.a. Southern Highlands
200 12th Street Extension
Princeton, WV 24740-2398

Regional Offices	Phone	Fax
Mercer County	(304) 425-9543	(304) 425-1332
McDowell County	(304) 436-2106	(304) 436-6362
Wyoming County	(304) 294-5353	(304) 294-8627

Northwood Health Systems, Inc.
Phone: (304) 234-3500
Fax: (304) 234-3556
111 19th Street
Wheeling, WV 26003-0807

Regional Offices:	Phone	Fax
Marshall County	(304) 845-3000	(304) 845-9977
Ohio County	(304) 235-3500	(304) 234-3511
Wetzel County	(304) 455-3622	(304) 455-1036

Potomac Highlands Guild, Inc.

Phone: (304) 257-4687
Fax: (304) 257-1945
P.O. Box 1119
Petersburg, WV 26847-1119

Regional Offices:	Phone	Fax
Grant County	(304) 257-4687	(304) 257-9543
Hampshire County	(304) 822-3897	(304) 822-3731
Hardy County	(304) 538-2302	(304) 538-2274
Mineral County	(304) 788-2241	(304) 788-4022
Pendleton County	(304) 358-2351	

Prestera Center for Mental Health Services
Phone: (304) 525-7851
Fax: (304) 525-1504
P.O. Box 8069
Huntington, WV 25705-0069

Regional Offices:	Phone	Fax
Cabell County	(304) 525-7851	(304) 525-1504
Lincoln County	(304) 824-5790	(304) 824-5790
Mason County	(304) 675-2361	(304) 675-2227
Wayne County	(304) 272-3466	(304) 272-6418

Seneca Health Services, Inc.
Phone: (304) 872-6503
Fax: (304) 872-5415
1305 Webster Road
Summersville, WV 26651

Regional Offices;	Phone	Fax
Greenbrier County	(304) 645-3319	(304) 645-6532
Nicholas County	(304) 872-6503	(304) 872-5415
Webster County	(304) 847-5425	(304) 847-5422
Pocahontas County	(304) 799-6865	(304) 799-6878

United Summit Center
Phone: (304) 623-5661
Fax: (304) 623-2180
Number 6 Hospital Plaza
Clarksburg, WV 26301-9318

Regional Offices:	Phone	Fax
Braxton County	(304) 765-2801	(304) 765-2634
Doddridge County	(304) 873-2233	(304) 873-2593
Gilmer County	(304) 462-5721	(304) 462-5736
Harrison County	(304) 623-5661	(304) 623-2989

Lewis County	**(304) 269-5220**	**(304) 269-5275**
Marion County	**(304) 367-9191**	**(304) 367-9199**

Valley Health Care
Phone: (304) 296-1731
Fax: (304) 225-2288
301 Scott Avenue
Morgantown, WV 26505-8804

Regional Offices:	**Phone**	**Fax**
Monongalia County	**(304) 296-1731**	**(304) 293-5322**
Marion County	**(304) 366-7174**	**(304) 366-7419**
Preston County	**(304) 329-1059**	**(304) 329-1091**
Taylor County	**(304) 265-3947**	**(304) 265-4877**

Westbrook Health Services, Inc.
Phone: (304) 485-1721
Fax: (304) 485-6710
2121 East Seventh Street
Parkersburg, WV 26101-1721

Regional Offices:	**Phone**	**Fax**
Calhoun County	**(304) 354-6991**	**(304) 354-0025**
Jackson County	**(304) 372-6833**	
Pleasant County: No physical Office. Use Tyler County		
Ritchie County	**(304) 643-2996**	**(304) 643-4087**
Roane county	**(304) 927-5200**	**(304) 927-5207**
Tyler County	**(304) 652-1319**	**(304) 652-1314**
Wirt County: No physical Office. Use Wood County.		
Wood County	**(304) 485-1721**	**(304) 485-6710**

Arc of Three Rivers
Phone: (304) 344-3403
Fax: (304) 344-3417
1021 Quarrier Street
Charleston, WV 25301

Autism Service Center
Phone: (304) 535-8014
Fax: (304) 525-8026
The Pritchard Building
605 9th Street
Huntington, WV 25710-0507

Green Acres Regional Center, Inc.
Phone: (304) 762-2521
Fax: (304) 762-2862
P.O. Box 240, Route 2
(Overnight 7830 Ohio River Road)
Lesage, WV 25537-0240

Potomac Comprehensive Diagnostic and Guidance Center Inc.
Phone: (304) 822-3861
Fax: (304) 822-4297
One Blue Street
Romney, WV 26757

Crisis Intervention

Rape/Sexual Assault Services **Phone: (304) 340-3676**
922 Quarrier Street, Suite 201 **Fax: (304) 340-3688**
Charleston, WV 25301

Services: Counseling (family, marriage, grief, parent/child, outpatient brief counseling). Will make referrals if possible high risk for STD/AIDS, etc.
Fee: Sliding scale with proof of income, private insurance, private pay.

Legal Services

American Civil Liberties Union (ACLU) **Phone: (304) 345-9262**
P.O. Box 3952 **Fax: Did not wish to publish**
Charleston, WV 25339

Services: Provides legal representation and education of constitutional rights.
Fee: None.

Legal Aid of West Virginia **Phone: (304) 343-4481**
922 Quarrier Street, 4th Floor **1-800-642-8279**
Charleston, WV 25301 **Fax: (304) 345-5934**

Services: Provides legal representation in civil cases to low-income clients across West Virginia. Family law, housing law, public benefits law, and other cases accepted.
Fee: None.

West Virginia Human Rights Commission **Phone:** **(304) 558-2616**
1321 Plaza East, Room 108A **1-888-676-5546**
Charleston, WV 25301-1400 **Fax:** **(304) 558-0085**

Services: The WV Human Rights Alliance is an interaction of human rights agencies and advocates. The Alliance networks throughout the State of West Virginia to ensure better communications and cooperation in order to further the causes of tolerance, understanding and equality among the citizens of West Virginia.
Fee: None.

Dental Services

CAMC Dental Center **Phone:** **(304) 388-9335**
3200 MacCorkle Avenue, SE **Fax:** **(304) 388-8882**
Charleston, WV 25304

Services: General dentistry by appointment.
Fee: Private insurance.

Donated Dental Services **Phone:** **(304) 296-9005**
165 Scott Avenue, Suite 101 **Fax:** **(304) 291-5649**
Morgantown, WV 26508

Services: National Foundation with at least 60 dentists statewide providing dental care for the elderly and disabled. There is a two to three year waiting list.
Fee: None.

Familycare Services **Phone:** **(304) 414-4499**
1701 5th Avenue, Box 5 **Fax:** **(304) 414-4498**
Charleston, WV 25312

Services: Community healthcare practice, dental, midwifery, ob/gyn services.
Fee: Sliding scale (with proof of income), commercial insurance, private insurance, Medicaid.

WV Health Right **Phone:** **(304) 343-7003**
1520 Washington Street, East **Fax:** **(304) 343-7009**
Charleston, WV 25311

Services: Provides free primary care to uninsured, underinsured, impoverished patients who meet the federal criteria for approval. The clinic includes a pharmacy as well as a dental and eye clinic.
Fee: None.

WVU Dental Clinic **Phone:** **(304) 293-6208**

P.O. Box 9425 **Fax: (304) 293-4882**
Morgantown, WV 26506

Services: General dental services.
Fee: Full payment due at time of service.

Housing

Bartlett House (Morgantown) **Phone: (304) 292-0101**
1110 University Avenue **Fax: (304) 292-0031**
Morgantown, WV 26505

Services: Homeless/transitional shelter. Some counseling available. Case management, referrals to DHHR for mental, medical needs. Other services as requested by the client.
Fee: None.

Caritas House **Phone: (304) 985-0021**
391 Scott Ave **Toll free: 1-800-796-5699**
Morgantown, WV 26508 **Fax: (304) 598-5106**

Services: Provides case management for HIV positive patients, financial assistance (rent, utilities, etc). Has a prevention educator who holds seminars and classes to educate the public about HIV. Volunteer program offered which trains volunteers to give assistance with transportation and other needs. Partnership with the Ryan White HIV Care Consortia with an on-site nurse.
Fee: None.

Community Networks, Inc. **Phone: (304) 263-3510**
216 East John Street **Fax: (304) 263-9734**
Martinsburg, WV 25401.

Services: Clients with HIV/AIDS may receive limited housing/ rental assistance as well as utility, mortgage, budget and placement assistance. Additional supportive services include transportation, food vouchers, food pantry and medical assistance.
Fee: None

Covenant House **Phone: (304) 344-0530**
600 Shrewsbury Street **Fax: (304) 344-9259**
Charleston, WV 25301

Services: Serves HIV positives in 22 counties of southern WV. Offers financial aid with rent, utilities, etc and co-pays on medications. Also has a nutrition supplemental program.
Fee: None.

Harmony House **Phone: (304) 523-2764**
627 4th Avenue **Fax: (304) 523-3368**
Huntington, WV 25701

Services: Day shelter for the homeless, providing storage lockers, laundry facilities, personal hygiene products, showers, transportation to appointments, phone privileges and mail address, case management, personal and group therapy and counseling. Practical nurse on staff, dentist on site twice a week.
Fee: None.

Moses House **Phone: (304) 260-9334 (5)**
P.O. Box 5064 **Fax: (304) 260-9336**
Martinsburg, WV 25401

Services: Drop in center. Originally a collaborative between ANTS and CNI.
Fee: None.

Randolph County Homeless Shelter **Phone: (304) 636-5193**
938 South Davis Avenue **Fax: (304) 637-4718**
Elkins, WV 26241

Services: Temporary shelter for the homeless, providing case management with aid in obtaining employment. Three meals and snacks a day.
Fee: None.

West Virginia Housing Association **Phone: (304) 345-6475**
814 Virginia Street, East **Fax: (304) 340-9996**
Charleston, WV 25301

Services: Section 8 Housing/HUD services for qualified individuals/families.
Fee: No. Rent based on income.

Homeless Shelters

Bartlett House **Phone: (304) 292-0101**
Monongalia County **Fax: (304) 292-0031**
1110 University Avenue
Morgantown, WV 26505

Bethany House **Phone: (304) 292-0101**
Community Networks, Inc. **Fax: (304) 263-9734**
Berkeley, Jefferson, and Morgan Counties
216 East John Street
Martinsburg, WV 25401

Greater Wheeling Coalition for the Homeless, Inc. **Phone: (304) 232-6105**
Ohio County **Fax: (304) 233-6609**
84 Fifteenth Street
Wheeling, WV 26003

Harmony House **Phone: (304) 523-2764**
Cabell and Wayne Counties

627 4th Avenue
Huntington, WV 25701

Pin Haven – Stone Haven Shelter **Phone: (304) 252-6396**
Raleigh and Wyoming Counties

Randolph County Homeless Shelter **Phone: (304) 636-5193**
938 South Davis Avenue **Fax: (304) 637-4718**
Elkins, WV 26241

Roark-Sullivan Center **Phone: (304) 340-3616**
Kanawha County
195 Smith Street
Charleston, WV 25301

Scott Place Shelter **Phone: (304) 366-6543**
Marion County
215 Scott Place
Fairmont, WV 26554

Southwestern Community Action Council **Phone: (304) 675-1124**
Mason County
540 5th Avenue
Huntington, WV 25701

YWCA Sojourner's Shelter for **Phone: (304) 366-6543**
Women, Children, and Families
Kanawha County
1418 Washington Street East
Charleston, WV 25301

Nutrition

Christ's Kitchen **Phone: (304) 722-4284**
405 B Street **Fax: (304) 722-4913**
Saint Albans, WV 25177

Services: Soup kitchen, serving meals 5 days a week.
Fee: None.

Community Kitchen **Phone: (304) 292-3785**
247 Willow Street **Fax: None**
Morgantown, WV 26505

Services: Soup Kitchen.
Fee: None.

Ebenezer Medical Outreach **Phone: (304) 529-0753 or 529-4881**
1448 10th Avenue, Suite 100 **Fax: (304) 529-0951**
Huntington, WV 25701

Services: Healthy cooking classes at Huntington's Kitchen
Fee: None.

Manna Meal **Phone: (304) 345-7121**
1105 Quarrier Street **Fax: None**
Charleston, WV 25301

Services: Soup kitchen.
Fee: None.
Covenant House **Phone: (304) 344-0530**
600 Shrewsberry Street
Charleston, WV 25301

Services: West Virginia Coalition for People with HIV/AIDS food pantry.

WIC **Phone: (304) 746-7880**
4188 W. Washington Street **Fax: (304) 746-7884**
Charleston, WV 25313

Services: Nutrition counseling and education, breast feeding promotion and support, health screening, medical and social service referrals, monthly food packages.
Fee: None.

Nutrition Hotlines

Food Pantry Referrals	**(304) 414-4405**
Food Stamps Hotline	**1-800-642-8589**
Mountaineer Food Bank	**1-800-feedwva (333-3982)**

WVCADV
Licensed Local Domestic Violence Programs in West Virginia

County	**Program Telephone**
BARBOUR	**Women's Aid in Crisis (304) 457-5020**

BERKELEY **Shenandoah Women's Center**
(304) 263-8292 (or 8522)

BOONE **YWCA Resolve Family Abuse**
Program **(304) 369-4189**
BRAXTON **Women's Aid in Crisis**
(304) 765-2848

BROOKE **Lighthouse, Inc.**
(304) 797-1489

CABELL **Branches Domestic Violence**
Shelter **1-888-538-9838**
CALHOUN **Family Crisis Intervention Center**
(304) 354-9254

CLAY **YWCA Resolve Family Abuse**
Program **(304) 587-7243**
DODDRIDGE **HOPE, Inc. (304)**
873-1416
FAYETTE **Women's Resource Center**
(304) 574-0500

GILMER **HOPE, Inc. (304)**
462-5352
GRANT **Family Crisis Center (304)**
257-4606
GREENBRIER **Family Refuge Center**
(304) 1-866-645-6334

HAMPSHIRE **Family Crisis Center (304)**
788-6061
HANCOCK **Lighthouse, Inc.**
(304) 797-1489

HARDY **Family Crisis Center (304)**
1-800-698-1240
HARRISON **HOPE, Inc. (304)**
624-9835
JACKSON **Family Crisis Intervention Center**
(304) 372-7515

JEFFERSON **Shenandoah Women's Center**
(304) 725-7080

KANAWHA **YWCA Resolve Family Abuse**
Program **1-800-681-8663**
LEWIS **HOPE, Inc. (304)**
269-8233
LINCOLN **Branches Domestic Violence**
Shelter **(304) 824-2600**
LOGAN **Tug Valley Recovery Shelter**
(304) 752-7174

MARION **HOPE, Inc. (304)**
367-1100
MARSHALL **YWCA Family Violence Prevention**
Pgm **(304) 845-9150**
MASON **Branches Domestic Violence**
Shelter **(304) 675-4968**

MERCER	**Stop Abusive Family**
Environments	**(304) 324-7820**
MINERAL	**Family Crisis Center 1-800-**
698-1240	
MINGO	**Tug Valley Recovery Center**
	1-800-478-2211
MONONGALIA	**Rape & Domestic Violence Info.**
Center	**(304) 292-5100**
MONROE	**Family Refuge Center**
	(304) 722-5005
MORGAN	**Shenandoah Women's Center**
	(304) 258-1078
MCDOWELL	**Stop Abusive Family**
Environments	**(304) 436-8117**
NICHOLAS	**Women's Resource Center**
	(304) 872-7875
OHIO	**YWCA Family Violence Prevention**
Pgm	**1-800-698-1247**
PENDLETON	**Family Crisis Center 1-800-**
698-1240	
PLEASANTS	**Family Crisis Intervention Center**
	(304) 684-3961
POCAHONTAS	**Family Refuge Center**
	(304) 799-4400
PRESTON	**Rape & Domestic Violence Info.**
Center	**(304) 329-1687**
PUTNAM	**Branches Domestic Violence**
Shelter	**(304) 586-3865**
RALEIGH	**Women's Resource Center**
	1-888-825-7836
RANDOLPH	**Women's Aid in Crisis**
	(304) 636-8433
RITCHIE	**Family Crisis Intervention Center**
	(304) 643-2407
ROANE	**Family Crisis Intervention Center**
	(304) 927-3707
SUMMERS	**Women's Resource Center**
	(304) 466-4659
TAYLOR	**Rape & Domestic Violence Info.**
Center	**(304) 265-6534**
TUCKER	**Women's Aid in Crisis**
	(304) 478-4552
TYLER	**Family Crisis Intervention Center**
	1-800-794-2335
UPSHUR	**Women's Aid in Crisis**
	(304) 473-0106
WAYNE	**Branches Domestic Violence**
Shelter	**(304) 272-9035**
WEBSTER	**Women's Aid in Crisis**
	(304) 847-2211

WETZEL
Pgm
WIRT

WOOD

WYOMING
Environments

YWCA Family Violence Prevention
(304) 455-6400
Family Crisis Intervention Center
1-800-794-2335
Family Crisis Intervention Center
1-800-794-2335
Stop Abusive Family
(304) 732-8176

Licensed Batterer Intervention Prevention Programs

Common Purpose of the Panhandle
(Jefferson, Berkeley, Morgan)
Summers)
115 Akens Center, Suite 12
Martinsburg, WV 25402
Phone: 262-4424

Family Refuge Center
(Pocahontas, Greenbrier, Monroe)
P.O. Box 249
Lewisburg, WV 24901
Phone: 645-6334

YWCA-RFAP
(Kanawha, Boone, Clay)
1114 Quarrier Street
Charleston, WV 25301
Phone: 340-3554

HOPE, Inc.
(Marion, Harrison, Doddridge
Lewis, Gilmer)
P.O. Box 626
Fairmont, WV 26554
Phone: 367-1100

Division of Corrections
Central Office
112 California Ave.
Charleston, WV 25305

Women's Resource Center
(Fayette, Raleigh, Nicholas,

P.O. Box 1476
Beckley, WV 25802
Phone: 255-1406/2559

YWCA-FVPP
(Hancock, Brooke, Ohio,
Marshall, Wetzell)
1100 Chapline Street.
Wheeling, WV 26003
Phone: 232-2350

RDVIC
(Monongalia, Preston, Taylor)
P.O. Box 4228
Morgantown, WV 26505
Phone: 292-5100

Family Crisis Center
(Grant, Hampshire, Hardy
Mineral, and Pendleton)
P.O. Box 207
Keyser, WV 26726
Phone: 788-6061

Women's Aid in Crisis
(Barbour, Braxton, Tucker,
Randolph, Upshur, and Webster)
P.O. Box 2062

Phone: (304) 558-2036

Elkins, WV 26241
Phone: 636-8433

Goodwill Industries
(Cabell, Lincoln, Mason, Putnam, Wayne)
1005 Virginia Avenue
Huntington, WV 25704

Hotlines

Adult/Child Abuse Hotline	**1-800-352-6513**
AIDS Hotline for Teens (M-S 4-8 pm CST)	**1-800-235-TEEN (8336)**
AIDS Treatment Information Service	**1-800-448-0440**
	TTD 1-800-243-7012
Alcoholics Anonymous	**1-800-333-5051**
American Social Health Association (ASHA)	**1-800-783-9877**
CDC National Hepatitis Hotline	**1-888-4HEPCDC (888-443-7232)**
CDC National HIV/AIDS Hotline	**English 1-800-342-AIDS (2437)**
	Spanish 1-800-344-SIDA (7432)
	TTY: 1-800-243-7889
CDC National Prevention Information Network	**1-800-458-5231**
CDC National STD Hotline	**1-800-227-8922**
CDC-INFO	**1-800-CDC-INFO (1-800-232-4636)**
(formerly known as the CDC National AIDS Hotline)	**TTY 1-888-232-6348**
	In English and Espanol 24 Hours/Day
National Clinitians' Post-Exposure Prophylaxis Hotline (PEPline)	**1-888-448-4911**
National Cryptosporidiosis Information Line	**(404) 330-1242**
National Drug Abuse Hotline	**1-800-662-HELP (4357)**
National Herpes Hotline	**(919) 361-8488**
National HIV Telephone Consultation Service (Warmline 7am to 7pm CST)	**1-800-933-3413**
National Office of Minority Health Resource Center	**1-800-444-MHRC (6472)**
Perinatal Hotline (24 Hour/HIV infected women and children)	**1-888-448-8765**
Rape and Domestic Violence Information Center	**1-800-353-6513**
Statewide AIDS Hotline	**1-800-642-8244**
Statewide STD Hotline	**1-800-227-8922**
WV Children's Health Insurance (CHIP)	**1-877-982-2447**
WV Family Planning Hotline	**1-800-642-8522**
WV Child and Adult Abuse Hotline	**1-800-352-6513**

Other Resources

WV Coalition Against Domestic Violence	**(304) 965-3552**
Tri-State AIDS Task Force	**(304) 522-4357**
A.D. Lewis Community Center (Huntington)	**(304) 696-5908**
Boys & Girls Club of Huntington	**(304) 523-5120**
Branches Domestic Violence Shelter	**(304) 529-2382**
Cammack Children's Center	**(304) 523-3497**
Pressley Ridge	**(304) 743-2345**
Huntington Child Shelter	**(304) 743-2345**
Big Brothers, Big Sisters of Huntington	**(304) 522-2191**
Contact Hunting (rape crisis line)	**(304) 399-1111**
Huntington Housing Authority	**(304) 526-4400**
NAACP (Huntington)	**(304) 529-4692**
Medical Access & Referral System	**1-800-WVA-MARS**

Internet Resources

U.S. Department of Health & Human Services Agency for Healthcare Research & Quality	**http://www.ahcpr.gov/**
AIDS Clinical Trials Information Service (ACTIS)	**http://aidsinfo.nih.gov/**
AIDS Treatment Information Services (ATIS)	**http://www.aidsinfo.nih.gov/**
CDC Division of HIV/AIDS Prevention (DHAP)	**http://www.cdc.gov/hiv/dhap.htm**
CDC National Prevention Information Network (NPIN)	**http://www.cdcnpin.org/scripts/index.asp**
Center for AIDS Intervention Research	**http://www.mcw.edu/display/router.asp?DocID=215**
Food and Drug Administration AIDS Page	**http://www.fda.gov/oashi/aids/hiv.html**
Health Resources & Services Administration (HRSA)	**http://hab.hrsa.gov/**
International Association of Physicians in AIDS Care (IAPAC)	**http://www.iapac.org/**
Immunization Action Coalition & Hepatitis B Coalition	**http://www.immunize.org/**
John Hopkins AIDS Service	**http://www.hopkins-aids.edu/**

Morbidity & Mortality Weekly Reports (HIV-related)	**http://www.cdc.gov/hiv/pubs/mmwr.htm**
National Institute of Allergy & Infectious Diseases (NIAID)	**http://www.niaid.nih.gov/default.htm**
National Institutes of Health (NIH)	**http://www.nih.gov/**
National Library of Medicine (NLM)	**http://www.nlm.nih.gov/**
National Pediatric & Family HIV Resource Center (NPFHRC)	**http://www.pedhivaids.org/**
NIH HIV-AIDS Information Services	**http://sis.nlm.nih.gov/**
Occupational Safety & Health Administration (OSHA)	**http://www.osha.gov/**
World Health Organization (WHO)	**http://www.who.int/**