

June 30, 2021



COMMUNITY ACCESS NATIONAL NETWORK COMMUNITY ROUNDTABLE

COVID-19's IMPACT ON HIV, VIRAL HEPATITIS, STI'S & SUBSTANCE USE-DISORDER



June 30, 2021



COVID-19'S IMPACT ON HIV, VIRAL HEPATITIS, STI'S & SUBSTANCE USE-DISORDER

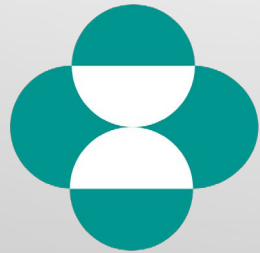
ON BEHALF OF THE
COMMUNITY ACCESS NATIONAL NETWORK (CANN) &
COMMUNITY EDUCATION GROUP (CEG) &
NATIONAL COALITION OF STD DIRECTORS (NCSD)

WELCOME TO OUR COMMUNITY ROUNDTABLE



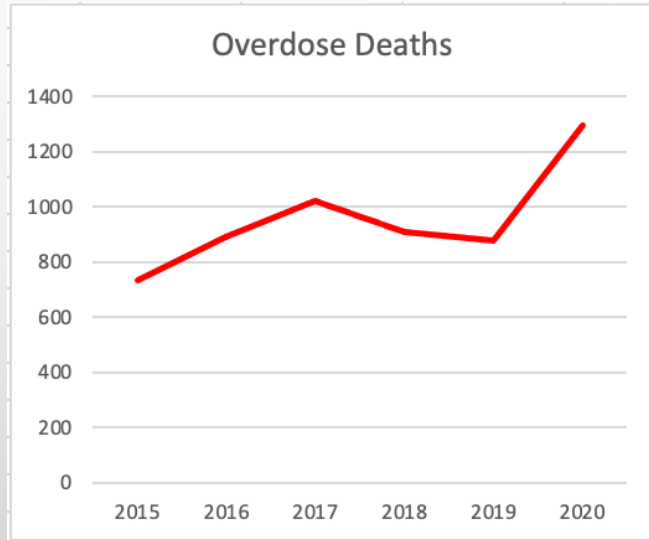
COVID-19'S IMPACT ON HIV, VIRAL HEPATITIS, STI'S & SUBSTANCE USE-DISORDER

THANK YOU TO OUR SPONSORS





PRE- AND POST-COVID WEST VIRGINIA DRUG OVERDOSE DEATHS



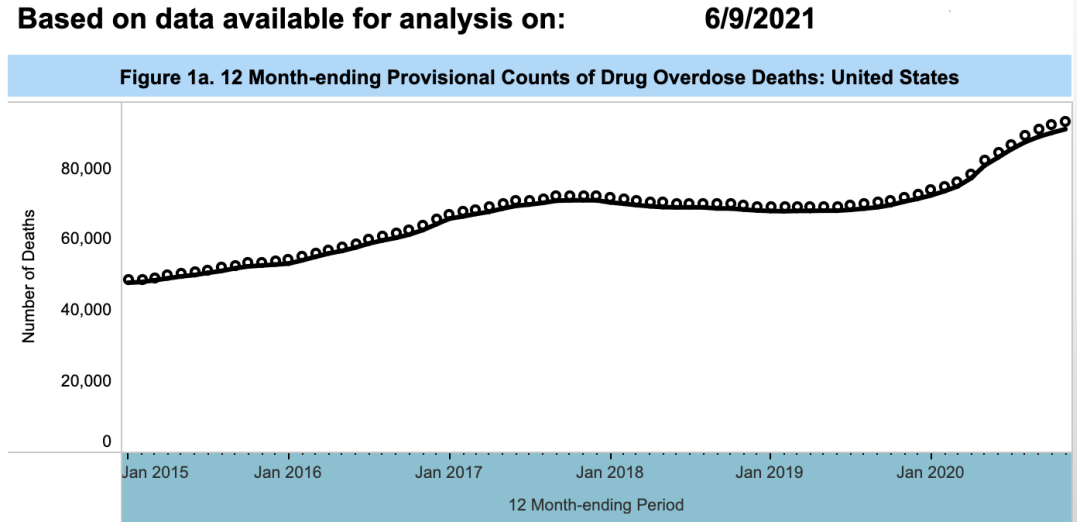
OVERDOSE DEATHS 2019

- 3.4% DECREASE IN OVERDOSE DEATHS FROM 2018

OVERDOSE DEATHS 2020

- 47.6% INCREASE IN OVERDOSE DEATHS FROM 2019

PRE- AND POST-COVID UNITED STATES DRUG OVERDOSE DEATHS



OVERDOSE DEATHS 2019

- 18.2% INCREASE IN OVERDOSE DEATHS FROM 2018

OVERDOSE DEATHS 2020

- 29.4% INCREASE IN OVERDOSE DEATHS FROM 6/2020-6/2021



PRE- AND POST-COVID WEST VIRGINIA VIRAL HEPATITIS SURVEILLANCE, TESTING, AND TREATMENT

- WEST VIRGINIA HAS NOT RELEASED NEW VIRAL HEPATITIS SURVEILLANCE DATA SINCE JULY 2018
- NATIONALLY, HCV TESTING HAS DECLINED BY ROUGHLY 6% IN JULY 2020 COMPARED TO JULY 2019
- NATIONALLY, HCV PRESCRIPTIONS DROPPED BETWEEN 37%-48% DURING THE BEGINNING MONTHS OF THE COVID-19 PANDEMIC
- WE PREDICT THAT BOTH HIV AND VIRAL HEPATITIS INCIDENCE AND RATES WILL SOAR ONCE PRE-COVID TESTING PRACTICES RESUME...IF THEY RESUME
- LOWER INCIDENCE RATES MAY BE INDICATIVE OF A LACK OF TESTING AND SURVEILLANCE IN RURAL AND UNDERFUNDED JURISDICTIONS

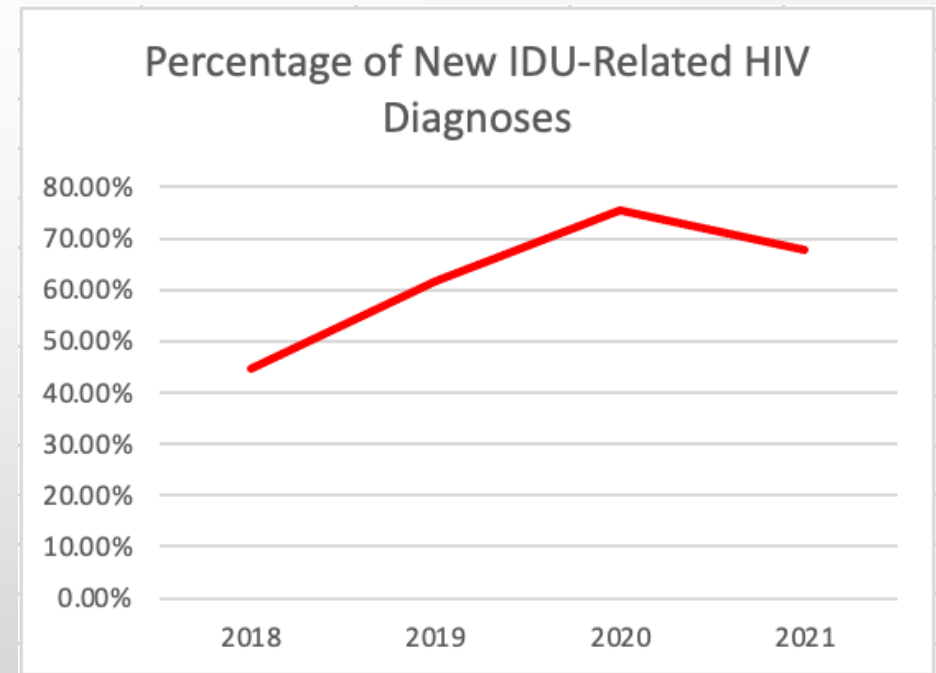




PRE- AND POST-COVID WEST VIRGINIA PERCENTAGE OF IDU-RELATED HIV TRANSMISSION

INJECTION DRUG USE AS A RISK FACTOR

- THE NATIONAL AVERAGE OF NEW IDU-RELATED HIV IS JUST 7%
- IN WEST VIRGINIA, THAT PERCENTAGE IS EXPONENTIALLY HIGHER:
 - 44.8% IN 2018
 - 61.6% IN 2019
 - 75.6% IN 2020
 - 67.6% IN 2021 (YEAR TO DATE)

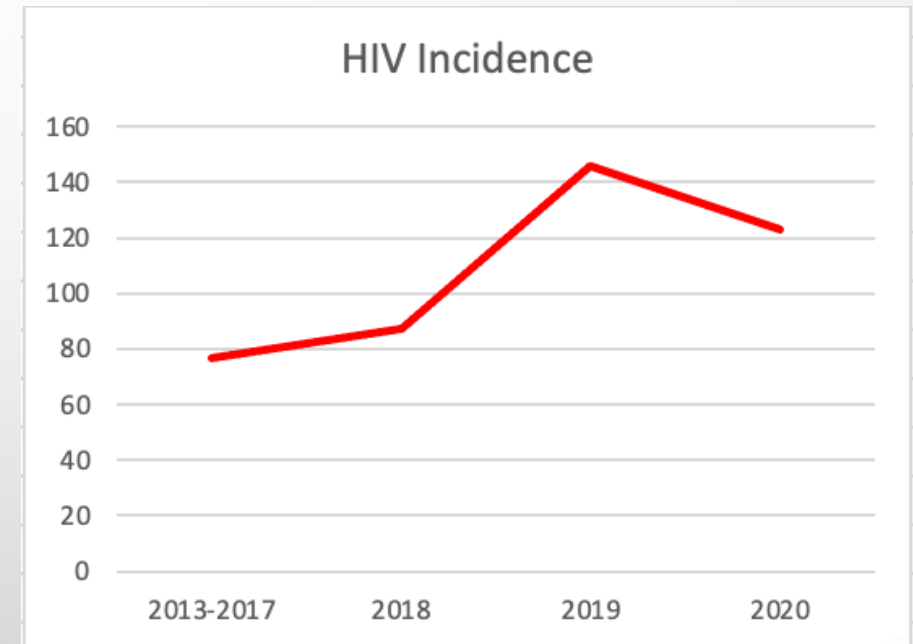




PRE- AND POST-COVID WEST VIRGINIA HIV INCIDENCE

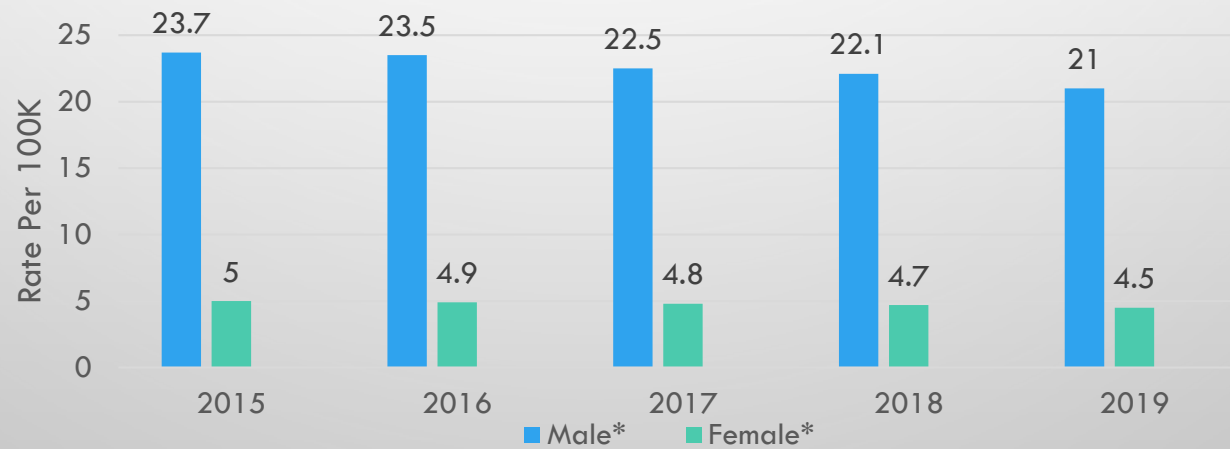
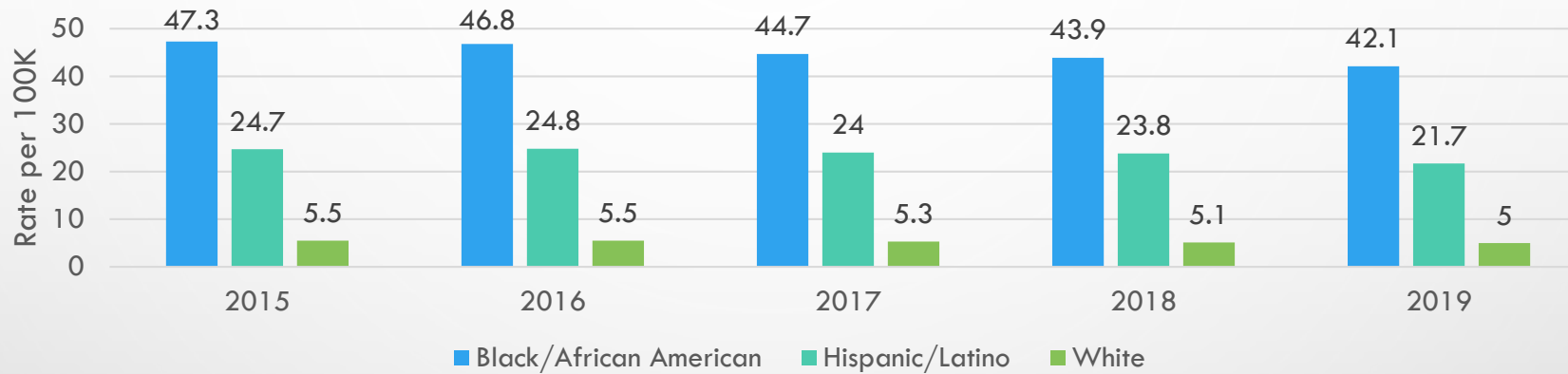
HIV INCIDENCE 2017-2020

- 2019 WAS THE HIGHEST NUMBER OF NEW HIV DIAGNOSES IN WV HISTORY SINCE 1981
- 2020 WAS THE SECOND-HIGHEST DESPITE THE NUMBER OF TESTS DELIVERED DECREASING BY 2/3



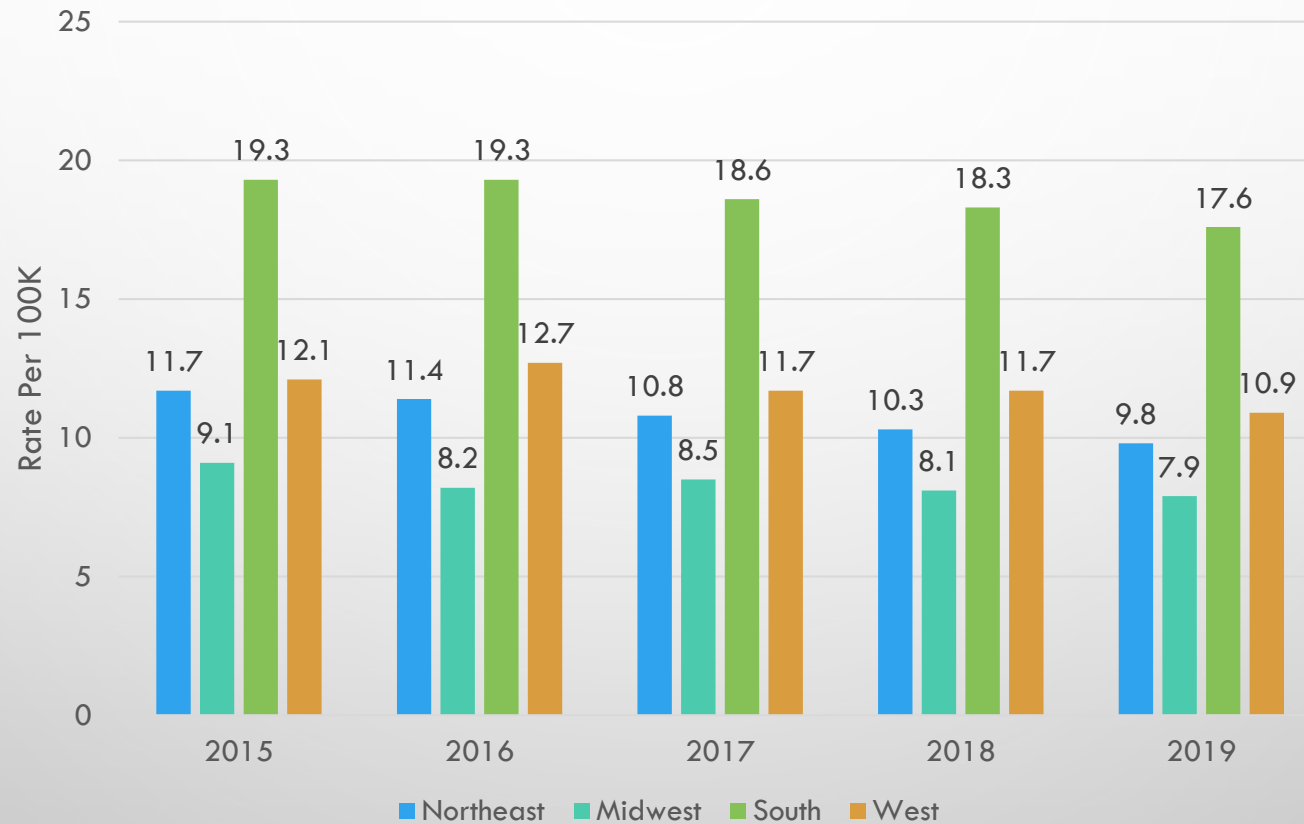


PRE-COVID: HIV INCIDENCE RATE 2015-2019



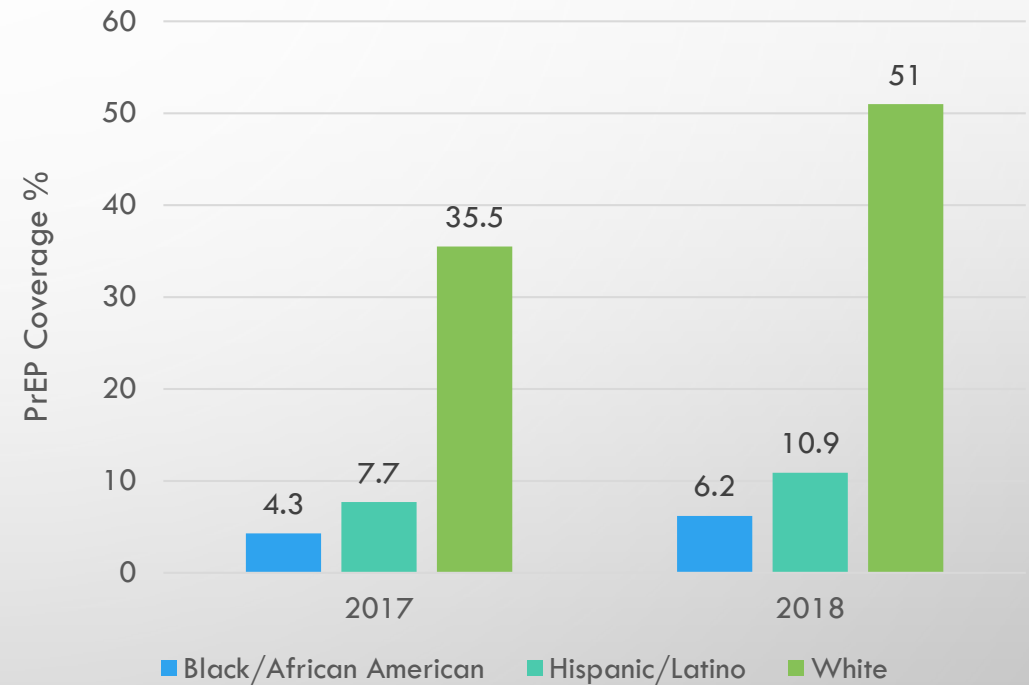
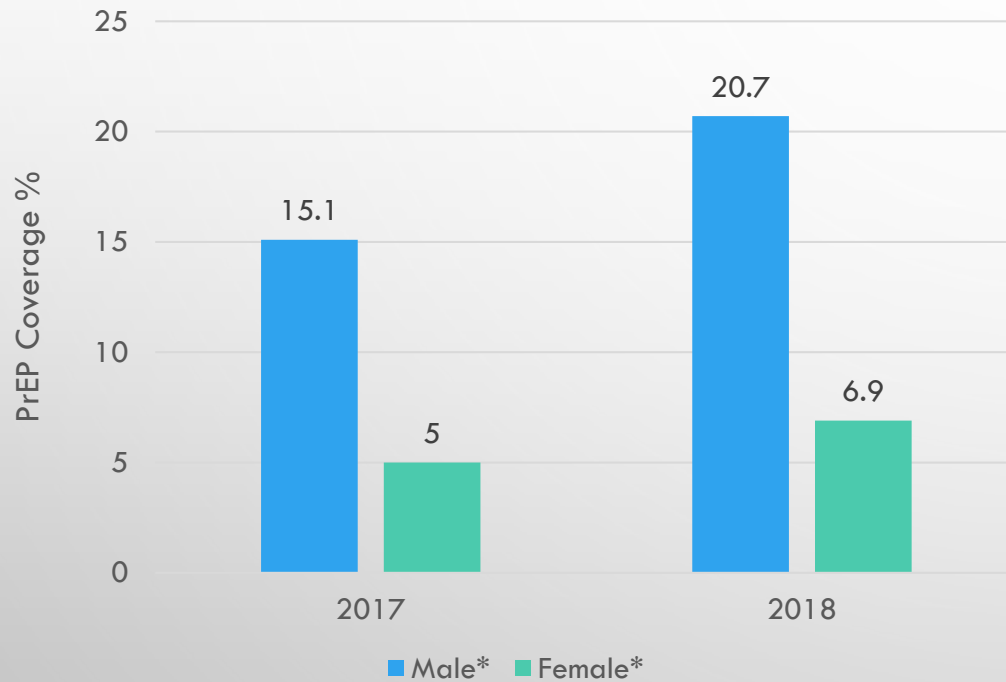


PRE-COVID: HIV INCIDENCE RATE 2015-2019 (CON'T)





PREP COVERAGE IN 2017 AND 2018



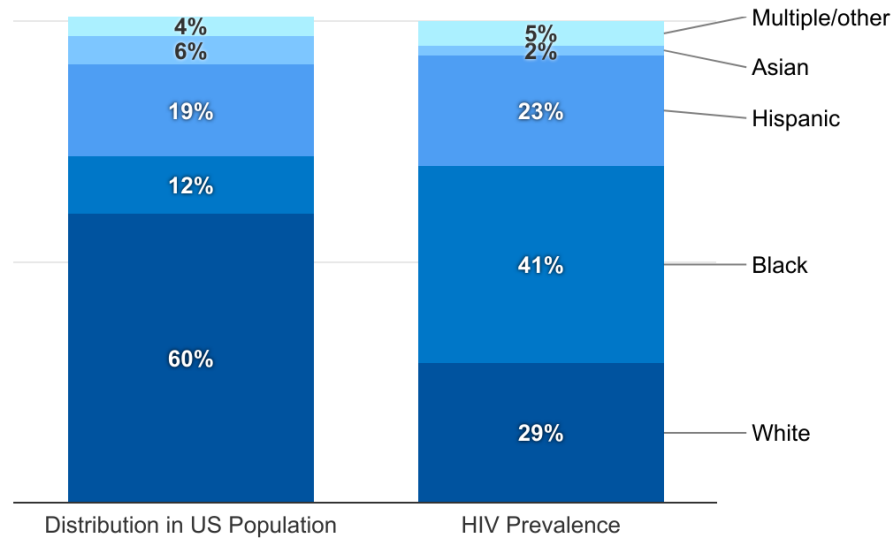
CENTERS FOR DISEASE CONTROL AND PREVENTION. MONITORING SELECTED NATIONAL HIV PREVENTION AND CARE OBJECTIVES BY USING HIV SURVEILLANCE DATA—UNITED STATES AND 6 DEPENDENT AREAS, 2019. *HIV SURVEILLANCE SUPPLEMENTAL REPORT 2021;26(No.2)*.



COVID INTERSECTIONS WITH HIV: RISK, IMPACTS

Figure 2

Black and Hispanic People Have Been Disproportionately Impacted by HIV



SOURCE: US Population Data: KFF. State Health Facts. Population Distribution by Race/Ethnicity, 2019. <https://www.kff.org/other/state-indicator/distribution-by-raceethnicity> HIV Prevalence: CDC. CDC Atlas Plus. <https://www.cdc.gov/nchhstp/atlas/index.htm>

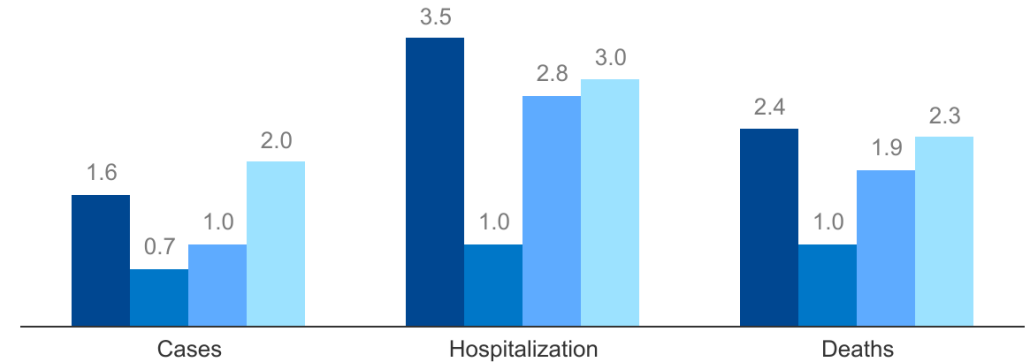


Figure 1

People of Color Face Higher Risk for COVID-19 Disease, Hospitalization, and Death Compared to White People

Rate ratios compared to White, Non-Hispanic persons

■ American Indian/Alaska Native ■ Asian ■ Black ■ Hispanic



SOURCE: CDC. Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>



“KEY QUESTIONS: HIV AND COVID-19”, KAISER FAMILY FOUNDATION, ISSUE BRIEF, MAY, 2021

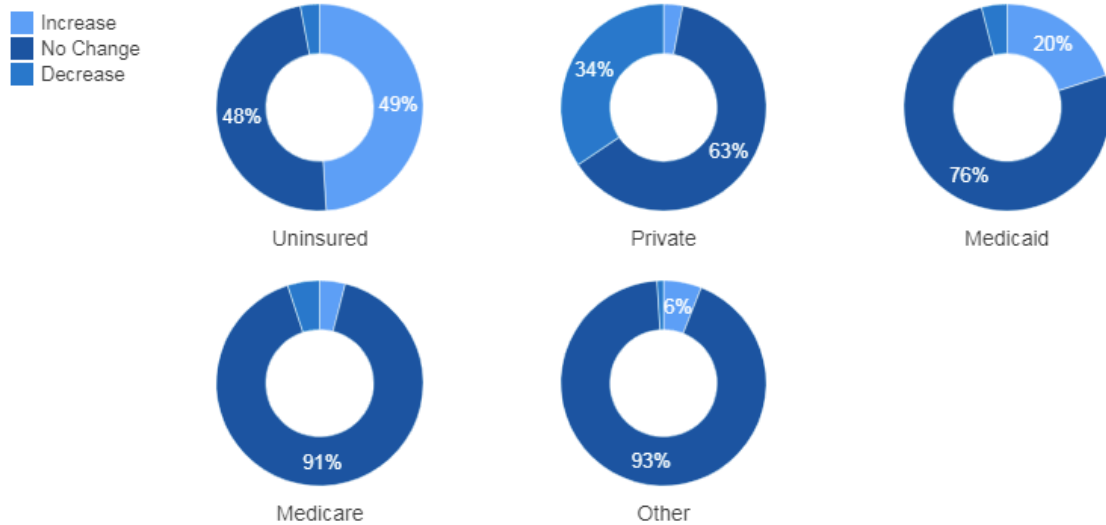


COVID INTERSECTIONS WITH HIV: RISK, IMPACTS (CON'T)

Figure 9

Half of respondents report an increase in uninsured clients since the pandemic began; 20% report increases in those with Medicaid

Have you seen an increase, decrease, or no change in the following coverage groups in the COVID-era:



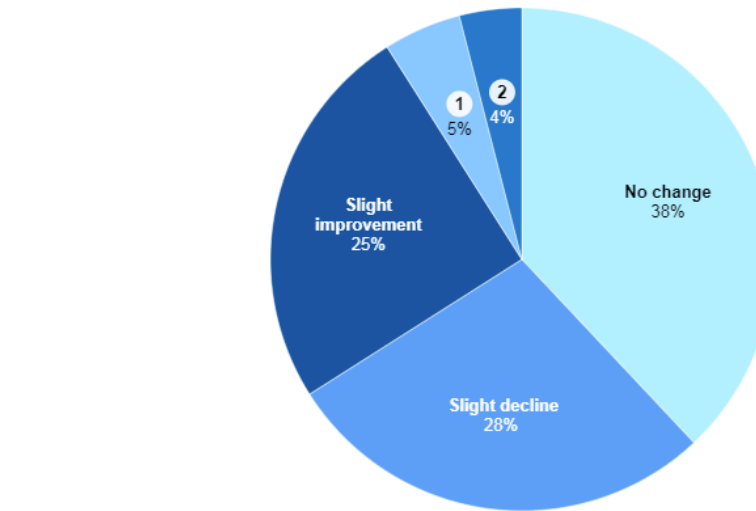
SOURCE: KFF Survey of Part C and Part D Ryan White Provider, 2020.



Figure 12

About equal shares of respondents report declines and improvements in retention in HIV care in the COVID era.

Since the beginning of the COVID-19 pandemic, has your program seen an increase, decrease, or no change in retaining clients in HIV care?



1 Significant improvement 2 Significant decline

SOURCE: KFF Survey of Part C and Part D Ryan White Provider, 2020.



“DELIVERING HIV CARE AND PREVENTION IN THE COVID ERA: A NATIONAL SURVEY OF RYAN WHITE PROVIDERS“, KEISER FAMILY FOUNDATION, DEC, 2020

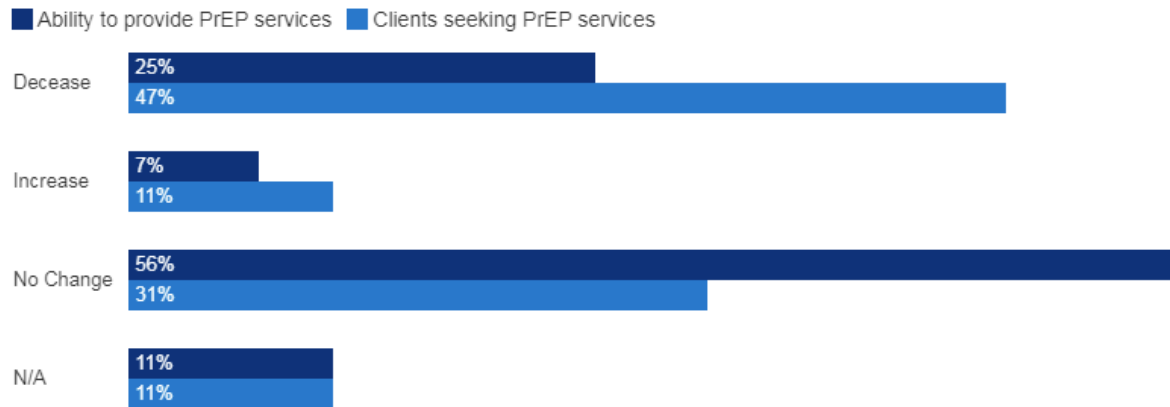


COVID INTERSECTIONS WITH HIV: RISK, IMPACTS (CON'T)

Figure 15

Demand for PrEP declined during the pandemic but most maintained or improved their ability to provide it

Since the beginning of the COVID-19 pandemic, has your program seen an increase, decrease, or no change in each of the following?



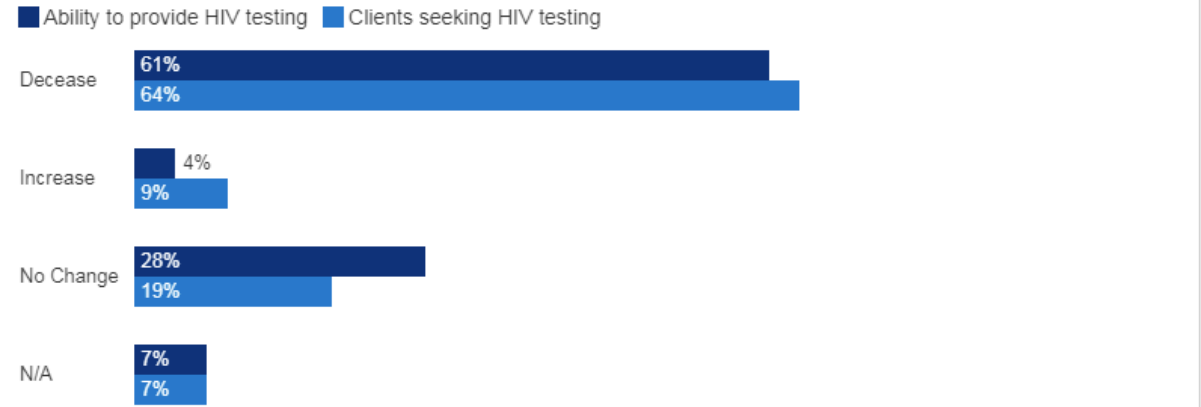
SOURCE: KFF Survey of Part C and Part D Ryan White Provider, 2020.



Figure 14

Client demand for and ability to provide HIV testing have decreased in the COVID-19 era

Since the beginning of the COVID-19 pandemic, has your program seen an increase, decrease, or no change in each of the following?



SOURCE: KFF Survey of Part C and Part D Ryan White Provider, 2020.

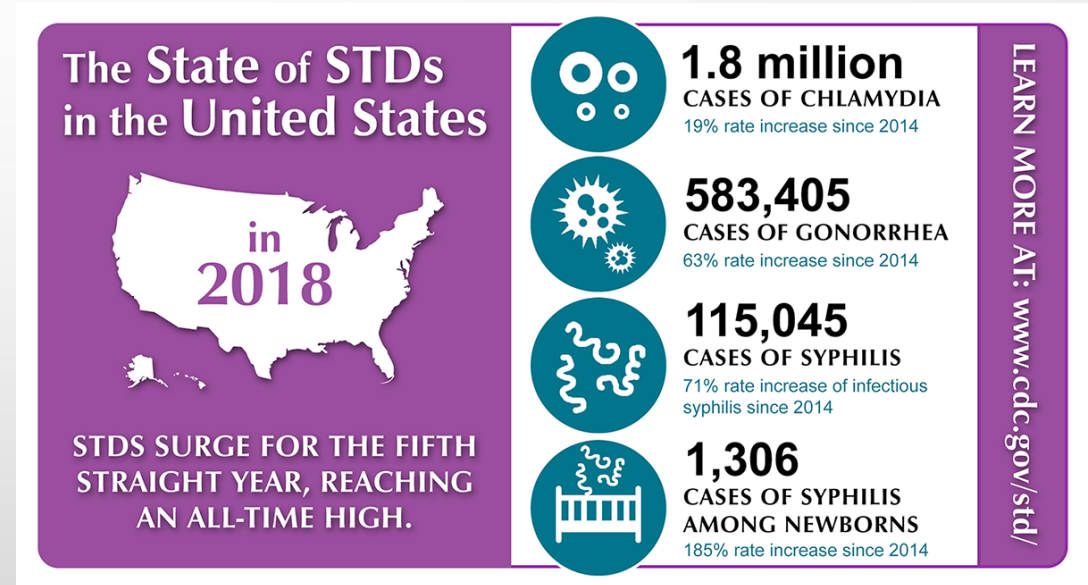


“DELIVERING HIV CARE AND PREVENTION IN THE COVID ERA: A NATIONAL SURVEY OF RYAN WHITE PROVIDERS“, KEISER FAMILY FOUNDATION, DEC, 2020



PRE-COVID: STDS CONTINUE TO RISE

- FROM 2017 TO 2018, THERE WERE INCREASES IN MOST-COMMONLY REPORTED STDS
- CONGENITAL SYPHILIS RESURGENCE
- NO SIGNIFICANT FUNDING INCREASE IN OVER 15 YEARS
- NEARLY 40% OF JURISDICTIONS CUT HOURS OR CLOSED STD CLINICS





COVID-19 IMPACT ON STD PROGRAMS

- NEARLY 80% REDEPLOYMENT OF STD/HIV HEALTH DEPARTMENT WORKFORCE
- LAGGING DIS FIELD SERVICE CAPACITY DUE TO TRANSITIONS TO VIRTUAL AND REMOTE WORK
- REDUCED STD CLINIC CAPACITY & CHALLENGES MAINTAINING STD / HIV CASELOADS
- FEWER STI TESTS
- SHORTAGE OF STI TESTING SUPPLIES

NCSD NATIONAL SURVEYS: COVID-19 & STATE OF THE STD FIELD

- PHASE I
 - 83% OF STD PROGRAMS DEFERRED STD SERVICES AND FIELD VISITS
 - 66% OF CLINICS REPORTED A DECREASE IN SEXUAL HEALTH SCREENING AND TESTING
- PHASE II
 - 78% OF STD HEALTH DEPARTMENT WORKFORCE REDEPLOYED TO EMERGENCY RESPONSE FOR SOME PERIOD
 - 20% OF STD DIRECTORS REPORT STD PROGRAM OPERATIONS COMPLETELY DISRUPTED AND PROGRAM UNABLE TO COMPLETE CORE FUNCTIONS
- PHASE III
 - 87% OF STD PROGRAMS ARE LEADING, STAFFING, ASSISTING, OR SUPPORTING THEIR JURISDICTION'S COVID-19 CONTACT TRACING EFFORTS



NEW ADMINISTRATION NEW COMMITMENTS

- EXECUTIVE ORDER ON PROTECTING THE FEDERAL WORKFORCE
- EXECUTIVE ORDER ON ECONOMIC RELIEF RELATED TO THE COVID-19 PANDEMIC
- **EXECUTIVE ORDER ON ESTABLISHING THE COVID-19 PANDEMIC TESTING BOARD AND ENSURING A SUSTAINABLE PUBLIC HEALTH WORKFORCE FOR COVID-19 AND OTHER BIOLOGICAL THREATS**
- EXECUTIVE ORDER ON PROTECTING WORKER HEALTH AND SAFETY
- EXECUTIVE ORDER ON SUPPORTING THE REOPENING AND CONTINUING OPERATION OF SCHOOLS AND EARLY CHILDHOOD EDUCATION PROVIDERS
- **EXECUTIVE ORDER AN EQUITABLE PANDEMIC RESPONSE & RECOVERY**
- **EXECUTIVE ORDER ON SUSTAINABLE PUBLIC HEALTH SUPPLY CHAIN**
- EXECUTIVE ORDER ON ENSURING A DATA-DRIVEN RESPONSE TO COVID-19 & FUTURE CONSEQUENTIAL PUBLIC HEALTH THREATS
- **EXECUTIVE ORDER ON IMPROVING AND EXPANDING ACCESS TO CARE AND TREATMENTS FOR COVID-19**
- EXECUTIVE ORDER ON PROMOTING COVID-19 SAFETY IN DOMESTIC AND INTERNATIONAL TRAVEL
- EXECUTIVE ORDER ON PREVENTING AND COMBATTING DISCRIMINATION ON THE BASIS OF GENDER IDENTITY OR SEXUAL ORIENTATION
- EXECUTIVE ORDER ON PROTECTING PUBLIC HEALTH AND THE ENVIRONMENT AND RESTORING SCIENCE TO TACKLE THE CLIMATE CRISIS
- EXECUTIVE ORDER ON ENSURING A LAWFUL AND ACCURATE ENUMERATION AND APPORTIONMENT PURSUANT TO THE DECENNIAL CENSUS
- EXECUTIVE ORDER ON REVOKING EXECUTIVE ORDERS CONCERNING FEDERAL REGULATION
- **EXECUTIVE ORDER ON ORGANIZING AND MOBILIZING THE U.S. GOVERNMENT TO PROVIDE A UNIFIED AND EFFECTIVE RESPONSE TO COMBAT COVID-19 AND TO PROVIDE GLOBAL LEADERSHIP**
- EXECUTIVE ORDER ADVANCING RACIAL EQUITY AND SUPPORT FOR UNDERSERVED COMMUNITIES
- EXECUTIVE ORDER REFORMING OUR INCARCERATION SYSTEM TO ELIMINATE PRIVATE CRIMINAL DETENTION CENTERS
- EXECUTIVE ORDER ENSURING THE FUTURE IS MADE IN ALL OF AMERICA BY ALL OF AMERICA'S WORKERS
- EXECUTIVE ORDER ENABLING ALL QUALIFIED AMERICANS TO SERVE THEIR COUNTRY IN UNIFORM ...

(as of Jan. 26, 2021)



NEW ADMINISTRATION NEW COMMITMENTS

ORGANIZED AROUND **SEVEN GOALS:**

1. RESTORE TRUST WITH THE AMERICAN PEOPLE.
2. MOUNT A SAFE, EFFECTIVE, AND COMPREHENSIVE VACCINATION CAMPAIGN.
3. **MITIGATE SPREAD THROUGH EXPANDING MASKING, TESTING, DATA, TREATMENTS, HEALTH CARE WORKFORCE, AND CLEAR PUBLIC HEALTH STANDARDS.**
4. IMMEDIATELY EXPAND EMERGENCY RELIEF AND EXERCISE THE DEFENSE PRODUCTION ACT.
5. SAFELY REOPEN SCHOOLS, BUSINESSES, AND TRAVEL WHILE PROTECTING WORKERS.
6. PROTECT THOSE MOST AT RISK AND ADVANCE EQUITY, INCLUDING ACROSS RACIAL, ETHNIC AND RURAL/URBAN LINES.
7. RESTORE U.S. LEADERSHIP GLOBALLY AND BUILD BETTER PREPAREDNESS FOR FUTURE THREATS.

NATIONAL STRATEGY FOR COVID RESPONSE: GOAL 3

EXPAND U.S. PUBLIC HEALTH WORKFORCE AND INCREASE CLINICAL CARE CAPACITY

- PROPOSES PH WORKFORCE 100,000-PERSON EXPANSION
- ANNOUNCES ESTABLISHMENT OF A U.S. PUBLIC HEALTH JOBS CORPS AND HEALTH WORKFORCE AND PLEDGES GREAT SUPPORT FOR COMMUNITIES MOST AT-RISK

“IN ADDITION TO SUPPORTING THE SURGE IN HEALTH CARE WORKERS FOR VACCINATION EFFORTS ... THE FEDERAL GOVERNMENT WILL ALSO BUILD AND SUPPORT AN EFFECTIVE PUBLIC HEALTH WORKFORCE TO FIGHT COVID-19 AND THE NEXT PUBLIC HEALTH THREAT. **AS PART OF THE PRESIDENT’S COMMITMENT TO PROVIDE 100,000 COVID-19 CONTACT TRACERS, COMMUNITY HEALTH WORKERS, AND PUBLIC HEALTH NURSES, THE ADMINISTRATION WILL ESTABLISH A U.S. PUBLIC HEALTH JOBS CORPS, PROVIDE SUPPORT FOR COMMUNITY HEALTH WORKERS, AND MOBILIZE AMERICANS TO SUPPORT COMMUNITIES MOST AT-RISK.**

THE UNITED STATES WILL ALSO PROVIDE TECHNICAL SUPPORT FOR TESTING, CONTACT TRACING, AND OTHER URGENT PUBLIC HEALTH WORKFORCE NEEDS TO BETTER PREPARE FOR PUBLIC HEALTH CRISES.



NCS D FEDERAL ADVOCACY:

SUCCESSFUL EXPRESS INCLUSION of “Disease Intervention Specialists” in the Biden Administration’s COVID relief bill

H.R. 1319

THE AMERICAN RESCUE PLAN ACT

HEALTH CARE: THE AMERICAN RESCUE PLAN ACT PROVIDES \$49 BILLION FOR COVID-19 TESTING, TRACING, AND GENOMIC SEQUENCING; \$8 BILLION TO STRENGTHEN THE PUBLIC HEALTH WORKFORCE; \$11 BILLION FOR PUBLIC HEALTH INVESTMENTS, INCLUDING EXPANSIONS OF COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS; \$6 BILLION FOR THE INDIAN HEALTH SERVICE; AND \$35 BILLION TO MAKE THE AFFORDABLE CARE ACT’S EXCHANGES MORE AFFORDABLE FOR WORKING- AND MIDDLE-CLASS AMERICANS. THE AMERICAN RESCUE PLAN ACT ALSO INCREASES MEDICAID’S FEDERAL MATCH TO STATES AND EXPANDS THE PROGRAM FOR PREGNANT AND POSTPARTUM WOMEN.

CHAPTER 3 – PUBLIC HEALTH WORKFORCE

SEC. 3021 FUNDING FOR PUBLIC HEALTH WORKFORCE:

“AMOUNTS AVAILABLE...SHALL BE USED FOR... (1) COSTS, INCLUDING WAGES AND BENEFITS, RELATED TO THE RECRUITING, HIRING, AND TRAINING OF INDIVIDUALS TO SERVE AS CASE INVESTIGATORS, CONTACT TRACERS, SOCIAL SUPPORT SPECIALISTS, COMMUNITY HEALTH WORKERS, PUBLIC HEALTH NURSES, DISEASE INTERVENTION SPECIALISTS, EPIDEMIOLOGISTS, PROGRAM MANAGERS, LABORATORY PERSONNEL, INFORMATICIANS, COMMUNICATION AND POLICY EXPERTS, AND ANY OTHER POSITION AS MAY BE REQUIRED TO PREVENT, PREPARE FOR, AND RESPOND TO COVID-19...”



INVESTMENTS IN U.S. PUBLIC HEALTH INFRASTRUCTURE & STD DIS WORKFORCE

- SINCE THE 1930S, DIS HAVE BEEN ON THE FRONT LINES FIGHTING DISEASES LIKE STDS, HIV, TB, EBOLA, AND ZIKA AND HAVE BEEN DEPLOYED TO SUPPORT CONTACT TRACING DURING THE COVID PANDEMIC.
- DIS PROVIDE TRUSTED, SUSTAINABLE PANDEMIC MITIGATION AND FUTURE PREPAREDNESS CAPACITIES FOR THEIR COMMUNITIES.

PASSAGE OF THE AMERICAN RESCUE PLAN ACT, H.R. 1319

1. EXPANDS THE PUBLIC HEALTH WORKFORCE, AS AS PROVIDED IN THE ARP SUPPLEMENTAL APPROPRIATIONS (SEC. 3021, SEC. 2501)
2. THE DIS WORKFORCE RECEIVES \$1.13 BILLION OF \$7.6 BILLION TO SUSTAIN AND EXPAND THE PUBLIC HEALTH WORKFORCE

"Disease intervention specialists have helped halt infectious disease outbreaks in America for decades, and this funding builds upon that expertise for a stronger, healthier America...[t]his critical investment to recruit and train the experts needed to end this pandemic and prevent the next one is part of our larger effort to rebuild public health infrastructure in the United States to ensure it can protect the health of all Americans for generations to come."

- CDC Director Rochelle P. Walensky, MD, MPH



PRESIDENT'S FY'22 BUDGET: NO INCREASE FOR STD BASE

CDC FY 2022 Congressional Justification

HIV/AIDS, VIRAL HEPATITIS, SEXUALLY TRANSMITTED INFECTIONS AND TUBERCULOSIS

(dollars in millions)	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Budget Authority	\$1,273.556	\$1,314.056	\$1,420.556	+\$106.500
Total Request	\$1,273.556	\$1,314.056	\$1,420.556	+\$106.500
FTEs	1,091	1,116	1,116	\$0
-- Domestic HIV/AIDS Prevention and Research	\$928.712	\$964.712	\$1,064.712	+\$100.000
-- <i>Ending HIV/AIDS Initiative (non-add)</i>	\$140.000	\$175.000	\$275.000	+\$100.000
-- <i>School Health – HIV (non-add)</i>	\$33.081	\$34.081	\$34.081	\$0
-- Viral Hepatitis	\$39.000	\$39.500	\$39.500	\$0
-- Sexually Transmitted Infections (STIs)	\$160.810	\$161.810	\$161.810	\$0
-- Tuberculosis (TB)	\$135.034	\$135.034	\$135.034	\$0
-- Infectious Diseases and the Opioid Epidemic	\$10.000	\$13.000	\$19.500	+\$6.500

PRESIDENT'S SEXUALLY TRANSMITTED INFECTIONS BUDGET REQUEST

“CDC’S FY 2022 REQUEST OF \$161,810,000 FOR SEXUALLY TRANSMITTED INFECTIONS IS LEVEL WITH FY 2021 ENACTED. TO ADDRESS THE SUBSTANTIAL INCREASES IN THE RATES OF STIS OBSERVED IN 2019, CDC WILL CONTINUE TO CONDUCT STI SURVEILLANCE AND SUPPORT STATES TO CONDUCT STI PREVENTION AND CONTROL ACTIVITIES, SUCH AS CONTACT TRACING. AT THE FY 2022 REQUESTED LEVEL, PUBLIC HEALTH PROGRAMS WILL CONTINUE TO SUPPORT DISEASE INTERVENTION SPECIALISTS AS THEY FOLLOW-UP AND RESPOND TO OUTBREAKS. THIS FUNDING LEVEL WILL ALSO SUPPORT TRAINING AND EDUCATIONAL MATERIALS FOR HEALTHCARE PROFESSIONALS, AND STUDIES TO TRANSLATE STI RESEARCH TO PRACTICE AND TO IMPROVE PROGRAM DELIVERY. CDC WILL ALSO CONTINUE TO WORK WITH STATE AND LOCAL GRANTEES TO ADDRESS RISING NUMBERS OF CONGENITAL SYPHILIS CASES.”

Enabling Legislation Citation: PHS A § 301, PHS A § 306(a-l), PHS A § 306(n)*, PHS A § 307, PHS A § 308, PHS A § 310, PHS A § 311, PHS A § 317, PHS A § 317E*, PHS A § 317N*, PHS A § 317P(a-c), PHS A § 318*, PHS A § 318A*, PHS A § 318B*, PHS A § 322, PHS A § 325, PHS A § 327, PHS A § 352, PHS A § 2315, PHS A § 2320, PHS A § 2341, PHS A § 2521, PHS A § 2522, PHS A § 2524*, Title II of Pub. L. 103-333.

<https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf>



DISCUSSION AND Q&A

- PLEASE MUTE YOURSELF IF YOU ARE NOT SPEAKING
- FEEL FREE TO ASK QUESTIONS IN THE CHAT BOX, FACILITATOR WILL ASK YOUR QUESTION FOR YOU
 - YOU MAY ALSO SEND QUESTIONS PRIVATELY
- PLEASE FEEL FREE TO UNMUTE YOURSELF, IF YOU WISH TO SPEAK
 - INTRODUCE YOURSELF
 - KEEP COMMENTS BRIEF, IN ORDER TO ALLOW FOR ANY ADDITIONAL QUESTIONS



RESOURCES

- HIV/HCV CO-INFECTION WATCH REPORT
[HTTPS://WWW.HIV-HCV-WATCH.COM](https://www.hiv-hcv-watch.com)
- HEPATITIS EDUCATION, ADVOCACY, AND LEADERSHIP BLOG
[HTTPS://WWW.HIV-HCV-WATCH.COM/BLOG](https://www.hiv-hcv-watch.com/blog)
- RURAL HEALTH SERVICE PROVIDERS NETWORK
[HTTPS://RURALHEALTHSERVICEPROVIDERS.ORG](https://ruralhealthserviceproviders.org)
- UPCOMING EVENT: THE GROWING SYNDEMIC IN APPALACHIA - JULY 13, 2021 | 2-3 PM, EASTERN
 - REGISTRATION: [HTTPS://FORM.JOTFORM.COM/211735875292160](https://form.jotform.com/211735875292160)
- DISEASE INTERVENTION SPECIALISTS (DIS) WORKFORCE DEVELOPMENT FUNDING RESOURCE LIBRARY
[HTTPS://WWW.NCSDDC.ORG/RESOURCE/DIS-WORKFORCE-NOFO-RESOURCE-LIBRARY/](https://www.ncsddc.org/resource/dis-workforce-nofo-resource-library/)
- UPCOMING EVENT: CLINIC & CONNECT COMMUNITY CONFERENCE - JULY 7, 2021
 - REGISTRATION: [NCSDDC.ORG/EVENT/CLINIC-CONNECT-COMMUNITY-CONFERENCE/](https://www.ncsddc.org/event/clinic-connect-community-conference/)
- CDC *LET'S STOP HIV TOGETHER*
[HTTPS://WWW.CDC.GOV/STOPHIVTOGETHER/](https://www.cdc.gov/stophivtogether/)



THANK YOU AND CONTACT INFO

- COMMUNITY EDUCATION GROUP, WV
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 - CONTACT: A. TONI YOUNG
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