

Virginia Community HIV Planning Group
Friday, April 17, 2026
Notes

Attendance:

Members: 17 members

VDH Staff: Ashley Yocum, Charlotte Ferguson, Marquetta Alston, Eric Mayes, Tinika, Jasmine Ford, Adyam Redae

Guests: Two guests

CHPG Business:

Previous Minutes- The group approved the February 2026 meeting minutes

Prevention and Care Updates:

Prevention:

- The Comprehensive Harm Reduction (CHR) program has 16 authorized sites with two additional sites pending approval.
- The CHR Pregnancy Pilot has three sites.
 - There are currently 16 participants enrolled.
 - Nine are connected to housing, 11 are connected to licensed mental health care, and two babies have been born.
- The PrEP program is developing a six-month pilot for nPEP blister packs that include five doses of nPEP for 33 local health departments.
 - There are a total of 39 sites offering PrEP with DDP funding 25.
- Previous and Upcoming Events:
 - March 24th-25th was the Viral Hepatitis Elimination Conference in Williamsburg. There were 70 attendees.
 - March 31st-April 1st was the Second Annual HIV and Hepatitis Prevention Conference in Richmond. There were 83 attendees.
 - April 17th-18th is the Living Beyond Our Status Gathering

HIV Care Services:

- Grant Year 2026
 - VDH received a partial Notice of Award from HRSA for the Ryan White Part B Grant Year 2026.
 - VDH received a partial Notice of Award for Emergency Relief Funds (ERF)

CHPG Demographics and Membership Needs: Presented by CHPG Planners

- Membership Balance: Seeking to reflect Virginia's epidemic demographics, aiming for 25-35 members.

- Current Gaps:
 - Black/African American: Need 4-9 more
 - White: Need 4-7 more
 - Hispanic: Need 3-4 (currently none)
 - People with HIV: Need 1-4 (currently 7)
 - By Region: All regions need more, especially Northwest (currently none)
- Gender: Historically more women, currently balanced; seeking more men and non-binary/transgender members.
- Recruitment Process:
 - Personal outreach encouraged (calls, emails).
 - Applications open year-round; main recruitment in summer for October retreat.
 - Applications from last 2 years are reviewed; former members can reapply after 2 years.
- Discussion Points:
 - Bilingual support for Hispanic/Latino members (interpreters possible, budget permitting).
 - Importance of intersectionality (people of color, women, youth, aging with HIV, foreign-born, people born with HIV, and people with disabilities).
 - Suggestions to include experts from related fields (Medicaid, insurance, viral hepatitis, STI).
 - Consideration for those with lived experience and those from underrepresented regions or populations.
- Action Plans:
 - Budget and plan for bilingual support and interpretation.
 - Outreach to agencies and advisory boards for representative candidates.
 - Upcoming membership subcommittee meeting to be scheduled.

Integrated Plan Updates: Presented by CHPG Planners

- Integrated Plan Development Process:
 - The planning team includes VDH staff, evaluators, leadership, and collaboration with Norfolk TTA.
 - Four main phases: foundational work (community engagement, needs assessments), drafting, review/feedback, and final submission.
 - Goals are based on the EHE (Ending the HIV Epidemic) pillars: Diagnose, Treat, Prevent, Respond.
 - Each goal will have at least three objectives, with associated strategies.
 - Plan sections: Introduction & Statement of Need, Community Engagement & Planning, Data & Assessments, Situational Analysis, Goals & Objectives, Monitoring & Evaluation.
- Community Engagement and Needs Assessment Highlights
 - Multiple listening sessions and town halls informed the plan.

- Key community concerns: increased HIV stigma, misinformation, need for routine HIV testing, youth engagement, rural access to PrEP, provider education, travel barriers, support services access, focus on aging and housing challenges.
 - Plan priorities include expanding prevention/testing, addressing youth needs, and improving support services.
- Resource Inventory & Funding
 - Internal and external funding sources reviewed (CDC, HRSA, Opioid Abatement, state funds, Medicaid/Medicare, HOPWA, Ryan White crossparts).
 - Need for more detailed data on non-federal/community-based funding.
 - Overview of available services: HIV/hepatitis testing, harm reduction (including new pregnancy pilot), PrEP/nPEP, condom distribution, care/support services, mental health, substance use disorder treatment.
 - Service gaps noted, especially in rural areas and support services.
- Situational Analysis: Strengths and Challenges
 - **Strengths:** Multiple testing avenues, harm reduction expansion, Medicaid expansion, decriminalization, consumer involvement, integrated testing at CBOs, expanded ADAP formulary.
 - **Challenges:** Funding for PrEP and support services, reduced Part B funding/workforce, rural service access, loss of service capacity post-CHARLIE, increased stigma and fear of accessing services, especially among marginalized groups.
- Addressing Stigma and Messaging
 - Community feedback highlighted persistent and increasing HIV stigma, fear of data misuse (especially among immigrants and LGBTQ+), and reluctance to seek services.
 - Suggestions to improve messaging: more positive, diverse representation in communications, targeting all demographics, not just traditional high-risk groups.
 - Discussed the impact of policy limitations on how populations can be represented in the public plan versus internal planning.
 - Debate around the risks and necessity of maintaining internal data/targeting plans that aren't public due to political/funding constraints.
 - Recommendation to annex community feedback and qualitative insights to the plan for context.
- Data, Surveillance, and Narrative
 - Requests to use surveillance/network data to show HIV impacts diverse populations, not just traditional risk groups.
 - Need for more nuanced analysis and communication around testing rates and demographics to avoid reinforcing stereotypes.
 - Desire to contextualize data with narratives that highlight broader risk and encourage wider testing.
- Collaboration and Next Steps
 - Suggestions for greater inter-agency networking to improve PrEP access (e.g., Q Care, peer referrals).
 - Request to map care/prevention sites for better visualization of rural gaps.

- Upcoming Norfolk TGA triennial needs assessment to inform the plan.
- Next steps: finalize goals/objectives, complete monitoring/evaluation section, circulate draft for feedback in early May, next CPG meeting on May 14th.
- Key Questions/Discussion Points
 - How to balance transparency about structural/systemic barriers without risking compliance or funding?
 - How to maintain focus on marginalized groups without explicit public statements in the plan?
 - How to counteract stigma and misinformation in the current sociopolitical climate?

Minority Health Consortium Agency Spotlight: Presented by Juan Pierce and Carnelle Adkins; Minority Health Consortium

- Main Topic: Adapting to Change in Community Health Organizations
 - The presentation, "Moving the Cheese, Changing the Water, and "Transforming Communities," used metaphors (egg, carrot, coffee bean) to illustrate responses to change by being changed by the environment or transforming it.
 - Significant funding cuts have led to agency closures, workforce reductions, and increased pressure on remaining organizations.
 - Minority Health chose to innovate and expand rather than shrink, focusing on workforce development to maintain the care continuum.
- Strategies & Initiatives:
 - **Workforce Partnerships:** Collaborated with Virginia CareerWorks for paid internships and work experience, creating pathways for community health worker (CHW) careers.
 - Capacity Building: Two-year partnership with Healthcare Career Advancement Program to become a registered apprenticeship site with the Department of Labor.
 - Academic Pipeline: 20+ years of partnerships with universities (VCU, Virginia State, Capella, etc.) to host interns from various health disciplines, building a robust workforce pipeline before the current workforce crisis.
 - Mentorship Philosophy: Emphasis on the value of networking, continuous learning, and negotiation for organizational resilience.
- Technology & Process Improvements:
 - Use of QR codes and JotForm to streamline event registration and data collection for HIV/STI testing, reducing paperwork and improving client experience.
 - Creation of a digital volunteer portal, attracting volunteers locally and internationally, and enabling flexible scheduling for staff and volunteers.
- Key Partnerships:
 - VCU HIV/AIDS Education Center for training and certification.
 - Henrico Area Mental Health for integrated mental health and HIV testing events, reducing stigma through education.
 - Riverside Regional Jail for long-term HIV and Hepatitis C testing, supporting vulnerable populations during incarceration and reentry.

- Creative Health District for the men's sexual health clinic, providing afterhours, stigma-reducing services for men.
- Bath and Body Works donation to support client dignity and wellness through self-care kits.
- Additional Discussion Topics
 - **Stories of Impact:**
 - Real-world example shared of a young man diagnosed with HIV while incarcerated, highlighting the urgent need for accessible testing and rapid linkage to care.
 - Success stories of interns and volunteers advancing healthcare careers, showing the long-term impact of workforce development.

HCS Website Discussion by Tinika McIntosh and Lydia Legan

- Discussion Key Points:
 - On the clients' landing page there are links for VA MAP, enrolling in health benefits, and third-party resources.
 - On the providers' landing page there are resources and tools for Part B providers.
 - There will now be a revamped VA MAP page.
 - There was a suggestion to make the "Looking for Another Page" button in the uniform across the various landing pages. The suggestion was for it to be located at the top right.
 - There is a resource page on which clients and providers have access to resources for Part B and VA MAP.
 - There was a suggestion for the landing page to list funded Ryan White providers and include what services they are funded for.
 - There was another suggestion to link Resource Connections.
 - The last suggestion was to ensure that it is clear that providers and funded sites are Part B providers.
- Questions:
 - On the new landing page where does the contact us button link to?
 - To the VA MAP hotline.
 - Are there translations of the webpage for non-English speakers?
 - They use WordPress for translation of the webpage but can't guarantee the accuracy.
 - Is it possible to make the webpage audible?
 - They're not sure if WordPress has that available but various browsers do have that option.

Red Ribbon Activity

There were posters placed around the room labeled with the four EHE pillars: Diagnose, Treat, Prevent, Respond. Under each pillar there were three related activities. Members were asked to put a red ribbon sticker near the activity they thought was most important to focus on. They were also asked to write about any additional activities they thought were important to include.

Diagnoses

1. Mobile testing: 5 ribbons
2. “One, stop, shop” for HIV, Hepatitis, and STI testing: 14 ribbons
3. Clinical testing: 6 ribbons
4. Additional Services
 - a. Support for loved ones after diagnosis: 2 ribbons
 - b. Finding the unknowns: 2 ribbons
 - c. Community engagement: 1 ribbon

Treat

1. Services for HIV and aging: **6 ribbons**
2. Ensure access to support services: **4 ribbons**
3. Expand access for services in rural areas: **10 ribbons**
4. Additional services:
 - a. Immediate linkage to medical case management: **4 ribbons**
 - b. Access to medication program: **3 ribbons**
 - c. Direct MAP
 - d. HI MAP
 - e. Re-engaging lost to care: **3 ribbons**
 - f. Community engagement: **1 ribbon**

Prevent

1. Continue expansion of CHR: **9 ribbons**
2. PrEP/nPEP education: **9 ribbons**
3. Condom distribution: **5 ribbons**
4. Additional services:
 - a. Community engagement: **1 ribbon**
 - b. SN EBIs and services: **5 ribbons**

Respond

1. Cluster Detection and Response: **3 ribbons**
2. Ryan White cross-parts collaboration: **4 ribbons**
3. Community collaboration: **12 ribbons**

- **Red Ribbon Activity Key Points:**

- Under the prevent pillar, testing wasn’t there. People felt as though it belonged in both diagnose and prevent.
- With having at least 12 activities overall and seven ribbons for each person, it was hard to divide up the ribbons and choose which activities are most important. It was a good representation that resources are sparse.
- Under diagnose someone put “Finding the unknowns”. They shared that there are a lot of communities in which sex is not talked about. People from these communities will be less likely to go to a “One, stop, shop” or mobile testing. They might not know what to ask for. We need to think of creative ways to engage these communities to ensure they are receiving services.
- In D.C. they include a fifth pillar which is community engagement. It was noted that community engagement was added in to every pillar as an important activity to think about when doing this work.

Meeting Wrap Up and Evaluation

- Cecilia Dennis wrote an article for TPAN-Positively Aware about the rural HIV crisis.

Adjourn:

NEXT MEETING: Thursday, May 14th from 9am-11am virtual.