

Virginia Community HIV Planning Group

Meeting Summary

June 15, 2023

Members Present: 22 members present

Absent: 7 members

Others Present: Janaye Oliver, Ashley Yocum, Marquetta Alston, Felencia McGee

Greetings and Introductions- The group introduced themselves in a round-robin format.

CHPG Business: Shared by Elaine Martin

- Dr. Michael Bane has stepped down from CPG due to him taking a new job and not having the leave to accommodate him coming to the CPG meetings.
- Two members are hospitalized/out with medical issues. Please keep them in your prayers.
- Elaine is stepping down after being a CHPG member for the last 29 years. This will be her last meeting as a Co-Chair. Felencia McGee (Deputy Director of DDP) will be taking over her role come August 2023.

Approval of Previous Minutes (April 2023)- To be done through email before the next meeting.

CPG Logo- The group decided on a logo and it was presented.



Prevention/Care Updates

General Updates:

- June marks the state fiscal closeout, so don't be surprised if your travel reimbursements are a little delayed due to this closeout. We will push them through as soon and as fast as we can.
- **STD Program update-** Nationwide increase in Syphilis. According to the Food and Drug Administration (FDA). There is a shortage of Bicillin. At first, Central Office Pharmacy thought we would be okay, but now they are concerned that we too now have a shortage of the medication. They are looking at different measures to supply those in

need. An example of an intervention is to require local health departments (LHDs) to redistribute portions of the medications to areas in need. There are talks about whether Doxycycline may be able to be used as a backup plan except for pregnant women and children. The Virginia Department of Health (VDH) will update members on this as we gather information. If you/your agencies run into issues with being able to treat those with syphilis, please inform us immediately.

- **Naloxone** -VDH is working closely with the pharmacies to distribute naloxone across the state however, the demand is outpacing the supply.
- **MPOX**- DDP works closely with the Division of Immunization and Division of Pharmacy with communications and outreach.

HIV Prevention Updates- Felencia McGee

DDP Pharmacy Testing Launching in June

The pharmacy testing program will launch this month after the final training concludes and supplies are shipped to the remaining pharmacies.

There are 14 pharmacies partnering with the Division of Disease Prevention (DDP) and the Virginia Pharmacy Association to offer free HIV and hepatitis C testing. Program staff plan to update the pharmacy testing webpage by June 15. However, this may be delayed until all locations are verified to have all the supplies they need to test. Once the page is live, all pharmacies will be offering testing.

On the updated page, users can access all details of the pharmacy locations via a Google Map we have created. The map includes a drop pin for each pharmacy location, which you can click on for additional details. We have also added information specific to each location such as testing hours and any online appointment page they may have.

For questions, please contact Susan Carr, Pharmacy Testing/CHARLII/Special Projects Coordinator at susan.carr@vdh.virginia.gov

DDP Adds Google Map Feature to Webpages

We've added some interactive maps to some of our web pages to help the public find our community partners that offer DDP services. This new feature can be found on the Comprehensive Harm Reduction (CHR) page. It will be included on the Pharmacy Testing page when pharmacists launch their services. We are currently working on adding the feature to the PrEP page.

Feel free to explore this new feature and give us your thoughts. Send feedback or any incorrect information to Chris Barnett, Public Relations Coordinator, at christopher.barnett@vdh.virginia.gov.

Virginia Awarded Supplemental Funding for Hepatitis C Surveillance

Virginia was one of two states awarded supplemental funding for Hepatitis C surveillance from June 2023- April 2024. DDP will implement global health outbreak and surveillance technology (GHOST) testing for HCV. GHOST testing aims to increase the early detection of HCV clusters and interrupt disease transmission. This supplemental funding will focus on people who inject drugs and people experiencing incarceration in Southwest Virginia. DDP will partner with Franklin Biomedical Research Institute at Virginia Tech for GHOST testing and several key stakeholders for developing the framework for the GHOST program. For

questions about the GHOST program, please contact Tabatha Heaton, Viral Hepatitis Surveillance Coordinator, at tabatha.heaton@vdh.virginia.gov.

HIV Care Updates- Ashley Yocum

New Updates:

VDH Ryan White Program Part B Formulary Updates

- Over the course of the past year, the Virginia Department of Health (VDH), Division of Disease Prevention, and HIV Care Services Unit has worked with clinicians, pharmacists, and other health professionals to revise the Ryan White Program Part B (RWHAP B) Formulary.
- The revised formulary does away with the earlier classification of drugs as “Generic Name, Available Brand Name, and Class of Type of Drug”. Instead, it’s classified as “Class or Type of Drug, Generic Name, Available Brand Name, and Notes”.
- The revised formulary curtails the prescription of narcotics or opioid medications.
- New meds have been added to assist with anxiety, infections, blood thinning, chronic obstructive pulmonary disease (COPD), nausea, cardiac issues, and transgender-needed hormones to address health disparities.
- The RWHAP B service categories for assistance with medication from this formulary have been extended to Emergency Financial Assistance – Medications (EFA), Outpatient Ambulatory Health Services-Medications (OAHS) or Health Insurance Premium and Cost-Sharing Assistance (HIPCSA) Medication
- As of 2023, aspects of the Drug Addiction and Treatment Act of 2000 (also known as DATA 2000) have been amended, and a special DEA number is no longer required for buprenorphine-containing products, to improve access to addiction therapy.
- The revised formulary addresses any conflict with the Medical Treatment Guidelines. For example, in the event of a conflict between the formulary and the Medical Treatment Guidelines, the Medical Treatment Guidelines prevail.
- Updated formulary and associated policies located here:
<https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/ryan-white-part-b-formulary/>

Ryan White Part B Service Standards

- Over the course of the past year, the VDH, Division of Disease Prevention (DDP), and HIV Care Services unit (HCS) has worked to revise all Virginia Ryan White Program Part B (RWHAP B) Service Standards to fully align with Human Resources and Services Administration's (HRSA) Policy Clarification Notices (PCN) 16-02 and PCN 21-02.
- HCS staff worked alongside a committee of case managers from across the state, in addition to representatives from the HIV/AIDS Resource and Consultation Center, to address recent changes within the RWHAP B eligibility process.

- The purpose of these standards is to ensure the quality and consistency of funded Ryan White core medical and support services categories, statewide.
- The main changes to the Service Standards include:
 - Addition of HRSA service definitions from PCN #16-02 (Revised 10/22/18)
 - Addition of VDH service unit definitions
 - Updated eligibility section
 - Updated service components, where needed.
- VDH is cognizant of the importance of consumer access to these Service Standards in ensuring the ability of RWHAP services to meet their needs. The period from June 1, 2023, to March 31, 2024, will be used to transition clients receiving Ryan White Part B funded services from the current standards to the revised standards.
- VDH will fully implement the new standards on April 1, 2024, to coincide with the beginning of the Ryan White Part B grant year.
- The revised RWHAP B Service Standards, including Case Management Standards, are located at: <https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/ryan-white-part-b-standards/>.
- For any needs, technical assistance, and/or training, please direct your requests to your assigned contract monitors or HIV services coordinators to assure you are using these tools to help provide funded services; further, be sure to use them while reviewing any proposed allocations for funding when it involves a PCN #16-02 service category.
- If you have questions regarding these standards, you may contact Safere Diawara at Safere.diawara@vdh.virginia.gov, or Camellia Espinal at C.Espinal@vdh.virginia.gov.

Virginia Ryan White Part B Quality Management Plan

- VDH has released the GY2023 Ryan White Program Part B Quality Management Plan. The plan can be found at: <https://www.vdh.virginia.gov/content/uploads/sites/10/2023/06/2023-Comprehensive-Virginia-Ryan-White-Part-B-Quality-Management-Plan.pdf>

Ongoing-Updates:

Medicaid Unwinding

- Virginia Medicaid has returned to its normal enrollment processes as of April 1, 2023. They are working with healthcare advocates and other partners to make sure eligible Virginians keep getting high-quality healthcare coverage.
- Starting April 1, 2023, the Virginia Department of Medical Assistance Services (DMAS) began conducting eligibility determinations and renewals for all Medicaid and FAMIS members. DMAS has 12 months to initiate eligibility determinations and renewals for the more than 2.1 million Virginians who currently have Medicaid or FAMIS coverage.
- For more information about this process, including answers to frequently asked questions, member factsheet, FAQs, toolkits, and other materials are available in multiple languages at CoverVa.org.

New Special Enrollment Period related to Medicaid Unwinding

- HHS announced a new marketplace special enrollment period (SEP) that will be available for people who lose Medicaid and Children's Health Insurance Program (CHIP) coverage any time between March 31, 2023 and July 31, 2024.
- People may face challenges transitioning from Medicaid/CHIP to the marketplace, and may not learn that they have lost coverage in time to act before the end of the current loss of coverage SEP. This new exceptional circumstances SEP will ensure that anyone who loses Medicaid/CHIP during unwinding can enroll in marketplace **coverage when they are able.**

Provide Data System:

- As a reminder, with the implementation of Unified Eligibility, VDH requires a Virginia RWHAP B-contracted agency to conduct all client eligibility assessments for all RWHAP B services, including ADAP. Non-RWHAP B contracted agencies must refer any clients that need an assessment completed for RWHAP B service, to a RWHAP B contracted agency. ii. To find a Ryan White Part B Provider, you can visit the Resource Connections webpage, which lists all agencies where Part B eligibility assessments can be done.
- All RWHAP B providers must conduct an eligibility assessment for a RWHAP B client that requests one, regardless of whether they receive services at your agency.

HIPAA Reminder: VDH has been receiving non-secure emails that contain PHI and PII. As a reminder, VDH cannot accept any client information through email unless it is encrypted and sent through secure email.

- This includes Client level data, Personal Health Information (PHI), and/or Personal Identifiable Information (PII)
- If you need to communicate information that includes any PHI or PII, please use SFTP to share that information or fax info to VDH. If fax, please inform VDH know so they can pick it up and it's not sitting on fax machine.
- If you are a client, please do not send your personal information through email to VDH. Please call VDH to discuss your needs.

CDC/HRSA Integrated Plan Feedback- Finally received feedback from CDC on these. Would like to share the feedback with the group.

Integrated Plan Review

- Statewide plan to address and make progress on ending the HIV epidemic in Virginia.
 - 2022 – 2026
- Serving as Virginia's Ending the Epidemic Plan
- Collaboration with CHPG and Norfolk TGA
- Submitted in Dec. 2022
- Joint review by HRSA & CDC

Plan strengths identified

- Plan is well organized and detailed in nature.
- Involved array of diverse entities
- Focus on transgender and gender non-conforming persons.
- Focus on persons with HIV over 65
- Extensive details on strengths and gaps for each component of resource inventory
- Outcomes linked to National HIV Strategic Plan indicators.
- Strategies/goals align with priority populations.

Plan areas of improvement

- Include examples of engagement/collaboration with surrounding states
- Explain how goals/objectives address the needs of priority populations.
- Provide more details on the involvement of each planning body engaged.

Next steps

- Participate in a call with CDC/HRSA to review joint feedback.
- Begin to address feedback and revise the plan as necessary.
- Continue implementation and monitoring plan.

HIV Marketing Presentation and Discussion- Robyn Kistler

Greater Than HIV is a leading public information response focused on the U.S. domestic HIV/AIDS epidemic, in particular communities and people most affected.

Through targeted media messages and community outreach, Greater Than HIV and its partners work to increase knowledge and understanding of HIV and confront the stigma surrounding the disease, while promoting actions to stem its spread. Campaigns are tailored to the needs of specific communities with local tags and referrals and provide the latest on testing, prevention, and treatment.

Their detailed website provides information and local referrals to testing, PrEP, and treatment services. With more than 500,000 followers and growing daily, Greater Than HIV on Facebook, Twitter, Instagram, and YouTube is one of the largest social media communities on the domestic epidemic and a go-to destination for those looking to find – and offer – advice and support.

Launched in 2009, Greater Than HIV works with a broad network of public and private sector partners – including federal, state, and local health agencies, national leadership groups, HIV service, and other community organizations, media, and corporate allies, among others – to reach those in need with health information.

[KFF](#) – a nonprofit leader in health policy analysis, journalism, and communications (not affiliated with Kaiser Permanente) – provides strategic direction and day-to-day oversight for Greater Than HIV, as well as produces and places the media campaigns.

Robyn came to CPG to give a little insight on what KFF is doing and to get ideas and feedback on things they can do better within their messaging and marketing. Robyn is a Social Impact Media Consultant for KFF, the company VDH contracting for marketing.

Questions/Discussion:

- Asked the audience what they thought about the videos and messaging content. Below are the responses of CHPG members:
 - It was nice to see a black woman instead of a man
 - Nice to see an everyday person that looked like us and that wasn't scripted.
 - Question- Are there any pushes for other safe sex protection methods such as condoms? According to the CDC, the people most affected by HIV (black women and men) have little access to PrEP or stay on it. That's why he feels like safe sex (condoms) need to be pushed more in messaging ads.
 - Answer- There are videos that are available, but there is not a BIG push because people are just not using them.

Chris Barnett- Previously when we looked for marketing partners, we would go after specifics with or RFPs'. It was too specific, and we were having to go out and find other partners. This time he broadened it to an overall DDP marketing contract and tied it to the integrated plan and used it as a blanket contract for any DDP needs. A lot of people bid on this contract. KFF won the bid, and we are now partners with them.

Break

CHPG Membership Demographics- Janaye Oliver

Janaye went over the CHPG demographics collected so far and discussed the membership needs. Overall, the group could add about three new members.

PrEP Updates-

- In March 2023, VDH reported 64 nurse and nurse practitioner vacancies at 15 health departments that provide PrEP services. This has a major and ongoing impact on STI clinic operations and PrEP recruitment.
- All PrEP sites funded by DDP either froze or significantly reduced services during the pandemic. Most provided care for existing patients but new enrollments were significantly curtailed.
- The number of patients aged 55 and older dropped in 2021 but rebounded in 2022.

- The proportion of transgender patients has remained steady between 2% and 4%. During the COVID-19 emergency, the proportion of male patients dropped from 89% to 83% while the proportion of female patients rose from 8% to 12%. This shift was temporary.

There are about 27 sites across the state of Virginia that VDH funds for PrEP.

Central

- Richmond City HD
- Health Brigade
- Nationz

Eastern

- Hampton HD
- Norfolk HD
- Peninsula HD
- Three Rivers HD
- LGBT Life Center

Northern

- Inova – 4 sites

Northwest

- Charlottesville HD
- Fredericksburg HD – **coming soon!**

Southwest

- Community Access Network, Lynchburg Lenowisco/Cumberland Plateau HD – 6 sites
- Mount Rogers HD – 2 sites
- New River HD – 2 sites
- Roanoke/Alleghany HD – 2 sites

*Added new PrEP sites in the SW region of the state.

To increase PrEP access across Virginia, VDH added a central office PrEP navigator, Tony Anderson.

Tony will be able to assist with the following:

- Available to any site that needs assistance.
- Assists with the application process
- Assists with data entry
- Assists with enrolling clients in third-party programs
 - Patient assistance programs
 - Medicaid
 - Client navigation
 - Back up to sites

You can reach Tony at T.Anderson@vdh.virginia.gov or 804-864-7877.

CDC PrEP Guideline Updates:

- **Prep Indicators:**
 - Sexually Active Adults and Adolescents without HIV who have had anal or vaginal sex in the past six months AND have any of the following:
 - HIV-positive sexual partner
 - Bacterial STI in the past 6 months
 - History of inconsistent or no condom use with sexual partners.
 - Persons Who Inject Drugs who:
 - Have an HIV-positive injecting partner; or
 - Share injection equipment.
- **Recommendations:**
 - Inform all sexually active adults and adolescents about PrEP (≥ 15 and weigh at least 77 pounds).
 - People who request PrEP should be offered it, even if no specific sexual or injection risk is identified.

How does PrEP affect HIV Testing?

- PrEP medications can suppress early viral replication which can delay antibody development.
 - Average delay for oral PrEP user was 34 days.
 - Average delay for injectable PrEP user was 62 days.
- CDC recommends adding the HIV-1 RNA test to the HIV Ag/Ab 4th generation test for those who have used:
 - Oral PrEP or PEP within the past 3 months
 - Injectable PrEP within the past 12 months
- The HIV-1 RNA test detects HIV genetic material from the virus itself, not antibodies, so the results are not affected by taking PrEP medications.

Same-day PrEP:

- Initiate Prep doses on the same day as an initial evaluation
- Must do HIV and kidney function testing.
- Must be able to contact the patient if the test is positive for HIV or abnormal kidney function.
- Have a clinician available to prescribe PrEP medications.

PrEP 2-1-1

- PrEP on demand times doses to sex events.
- Not FDA-approved but is an off-label option for MSM with F/TDF
- Instructions to take
 - 2 pills in the 2-24 hours before sex (closer to 24 hours preferred)
 - 1 pill 24 hours after initial dose
 - 1 pill 48 hours after initial dose

Cabotegravir (Apretude):

- FDA-approved 12/20/2021
- Intramuscular gluteal injection every two months after first two injections given one month apart.
- Clinical trials changed HIV testing guidance.
- Insurance and delivery logistics
- Educate about the “tail” period.
- Developed by ViiV Healthcare
- Limited availability at VDH sites
 - Available to those with Medicaid or uninsured
 - Commercial insurance – refer to another provider.
- VDH Client Snapshot – 8M, 7F, 1TG
 - 16 clients evaluated.
 - 3 receiving injections
 - 6 in progress
 - 7 withdrawn
- Reasons for withdrawal
 - Contraindicated medication or medical condition
 - Moved or lost to care
 - Doing well on pills

PrEP and the U.S. Supreme Court:

- Braidwood Management v. Becerra. O’Connor
 - Braidwood is challenging the component of the Affordable Care Act (ACA) that covers preventive care – specifically PrEP coverage.
 - The company says providing PrEP violates the owner’s religious freedom.
- Possible Consequences:
 - A Supreme Court ruling that eliminates mandated preventive services would have wide-ranging effects.
 - Among them, people who have gotten PrEP through their insurance plan would lose that coverage.
- VDH Planning a Response
 - The PrEP services Team, Community Health Services, and the Division of Pharmacy Services have begun formulating a response to this possibility. Among the ideas being considered is income eligibility for PrEP services.

Lunch

Energizer – Pictionary

MPOX Presentation- Eleanor N. Fiels, PhD, MS

About Mpox:

- Mpox is a contagious illness caused by the *Monkeypox virus* that is most often characterized by a rash.
- Virginia has had 572 reported cases of Mpox as of June 12, 2023.
 - Two reports of Mpox in the central region in April (Both with HIV).
- 94% have been in men and 6% in women.
- Many people who had Mpox **also had an HIV diagnosis** or have had another sexually transmitted infection diagnosed within the preceding year.
 - 38% had HIV
 - 41% had an STI in the past year
 - 61% had either HIV or an STI

CHI- Chicago Health Alert Network:

- Chicago Dept of Health has reported 32 cases of Mpox over the last 6 weeks. The majority of those have been vaccinated, most of which completed their 2nd dose. The onset of symptoms in these cases was about 7.5 months after the completion of the vaccine series.

Even with the recent outbreak in Chicago, the CDC is still pushing vaccination as the best preventative measure for Mpox.

- In those who have been vaccinated and still contracted Mpox their symptoms have been less severe and have prevented hospitalizations and reduced the number of lesions on the body.
- JYNNEOS is safe and effective at preventing Mpox.

What can you do?

- VDH and CDC have communication resources for educational outreach to promote vaccination and increase Mpox awareness.
- Increase awareness of where people can get vaccinated in your community.
 - Richmond City HD, Hampton HD, Lenowisco HD, Norfolk HD, and Alexandria HD, are all providing Mpox vaccinations.
 - Call your local health department to find Mpox vaccine locations or use the vaccine locator tool on Greaterthan.org/Mpox.
- Increase awareness of where eligible people can get tested in your community.
- Host or attend community events with your local health department or use mobile vans to reach underserved communities.

Break

HIV and Cancer Prevention- Cancer Action Coalition of Virginia (CACV)

The mission of CACV is to reduce the burden of cancer for all persons living in Virginia utilizing the Virginia Cancer Plan to provide a forum for collaboration, education, and advocacy.

Who we are:

Virginia's State Cancer Coalition

- Develop the Virginia Cancer Plan (VCP) every five years.
- Work with partners to implement the VCP.
- Evaluate our collective efforts to reduce the burden of cancer.

To develop, implement and evaluate the VCP, CACV fosters relationships between healthcare systems, nonprofits, community organizations and individuals throughout Virginia to achieve our vision of a Virginia without cancer.

2023-2027 Virginia Cancer Plan:

Why a Plan?

Fast Facts About the Burden of Cancer in Virginia

- 4 in 10 Virginians are likely to develop cancer in their lives.
- 408,060 cancer survivors are estimated to live in Virginia.
- 62% of Virginians live 5 years after a cancer diagnosis.
- The most common cancer diagnoses in Virginia:
 - Breast (32%)
 - Prostate (22%)
 - Lung (12- 14%)
 - Colon (8-9%)

*Rate of cancer deaths is declining

Our Progress 2018-2022

- Reduced smoking rates among adults.
- Increased diagnosis of lung cancer at the early stages
- Improved the number of those aged 13-17 who completed their HPV vaccine series.
- Secured dedicated state funding to support children with cancer.

CACV's Focus Areas:

- Prevention
- Early Detection
- Diagnosis and Cancer Directed Therapy
- Survivorship and Palliative Care
- Pediatric, adolescent, and young adult cancers
- Health Equity

Prevention:

Encouraging Virginians to adopt healthy behaviors and avoid unhealthy environments.

- Prevention Goals Include:
 - Reduction in use and exposure to tobacco products

- Increase adoption of dietary habits recommended to reduce cancer.
- Improve physical activity.
- Decrease underage and excessive alcohol consumption.
- Increase prevention and treatment of carcinogenic infectious diseases (HPV and Hepatitis)
- Reduce overexposure to UV radiation from the sun and indoor tanning services.
- Reduce exposure to radon and other environmental substances linked to cancer.

Goal 5: Increase prevention and treatment of carcinogenic infectious diseases among Virginians.

Objectives 5.5-11: Hepatitis focus including vaccination, screening, and treatment. Reduce the rate of liver cancer deaths.

Select strategies:

Provide viral hepatitis vaccination at broad range of clinical and nontraditional community-based settings including HIV, STI, refugee health clinics, organizations that serve people who use drugs and/or people experiencing homelessness, and correctional facilities.

Early Detection:

Promoting the benefits of screening tests to ensure early diagnosis.

- **Early Detection Goals Include:**
 - Increase high-quality cancer screening and early detection rates.
 - Mammograms
 - Pap Tests
 - HPV Tests
 - Colorectal Cancer Screening
 - Lung Cancer Screening
 - Prostate Screening/PSA Test
 - Melanoma Early Detection
 - Oral Cancer Early Detection
 - Ovarian Cancer Early Detection
 - Pancreatic Cancer Early Detection

Diagnosis & Cancer-Directed Therapy

Reducing the barriers to care, promoting evidence-based practices, and encouraging participation in clinical trials.

- **Diagnosis & Cancer Directed Therapy Goals Include:**
 - Increase availability and access to current evidence-based diagnosis and treatment options following national standards.
 - Reduce socioeconomic, structural, cultural, and workforce barriers to obtaining quality diagnosis and treatment.

- Increase the number and diversity of cancer patients enrolled in clinical research trials.
- Establish a system for regular collection of data regarding cancer care across the Commonwealth of Virginia.

Survivorship & Palliative Care

Ensuring resources to optimize quality of life for cancer survivors and their families.

Survivorship & Palliative Care Goals Include:

- Optimize the quality of life for patients and caregivers across the cancer continuum.

Pediatric, Adolescent & Young Adult (AYA) Cancers

Improving access to care for pediatric and AYA patients, improving long-term follow-up care, improving support systems, and increasing awareness of palliative strategies for pediatric and AYA patients.

- Pediatric and AYA Cancers Goals Include:
 - Improve long-term follow up care for childhood cancer survivors.
 - Improve support services for pediatric patients, survivors, and their families.
 - Increase awareness of palliative care strategies for children with cancer among healthcare providers, patients, and families.
 - Address financial burdens of pediatric patients, survivors, and their families.

Health Equity

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible.”

- The VCP addresses health equity throughout the plan and focuses on specific populations experiencing health disparities:
 - LGBTQIA+ community
 - Black and Hispanic/Latino populations
 - Rural Communities (including Southwest Virginia)

Where do we start?

Taskforces, Committees & Workgroups

- Virginia Colorectal Cancer Roundtable (VCCRT)
- Virginia HPV Immunization Taskforce (VHIT)
- Virginia Breast Cancer Taskforce (VBCT)
- Virginia Cancer Patient Navigator Network (VACPNN)

Coming Soon:

- Virginia Cancer Survivorship Taskforce
- Virginia Lung Cancer Roundtable
- CACV Advocacy Committee

How to get involved:

Ways to Get Involved in CACV:

- Become a member of the coalition.
- Engage with our task forces, committees, and workgroups.
- Tell your colleagues and community about the Virginia Cancer Plan
- Attend our events.
- Quarterly Meetings: March, June, September, and December
- Virginia Cancer Conference, September 28-29, 2023, Richmond, VA

Meeting Wrap up

Evaluation

New Member Orientation

Adjourn

NEXT MEETING: Friday, August 18, 2023