**Attendees List:**

1. Kyla Loucks – ATC @ Albany Medical Center
2. Vanessa Gonzalez – In Our Own Voices
3. Diane DeGroat – Senior Attorney, Legal Aid Society of Northeastern NY
4. Lauren Stairs - Public Health Education Coordinator, Schenectady County Public Health Services
5. Scott Daly – PLWHIV, and Peer Advocate Ellis Family Health
6. Steve Sawicki – NY Links, NYS DOH
7. Sue Johnson – PrEP Specialist, Whitney Young Health
8. Grace Fay – Alliance for Positive Health
9. Karen Bovell - AIDS Institute
10. Lauren Quinn – Albany Med Specialized Care Center for Adolescents and Young Adults
11. Melissa Carbone – Hudson Headwaters Heath Network – Ryan White Program
12. Akeem Tyrell – Albany Damien Center, Employment Pathways
13. Brooke Strauss – Albany Med Specialized Care Center for Adolescents and Young Adults
14. Ashley Smith – ATC @ Albany Medical Center
15. Meghan Thompson – Retention Adherence Specialist, Ellis Medicine
16. Kate Thorpe - Albany Med Specialized Care Center for Adolescents and Young Adults
17. Lisa Currin – AIDS Institute
18. Melissa Puicon-Healey Schenectady County Public Health
19. Jada Harden- Alliance for Positive Health
20. John Hartigan- Initiative Director, Benefits Counseling and Medical Transportation (DOH)
21. Alexander DeSacia, AMC Dept. of HIV Medicine
22. Amy Palma – Unity House NY
23. Nathaniel Gray - Executive Director of the Pride Center of the Capital Region
24. Jill Broderick – wmyhealth.org

**Call to Order** – Co-chairs Vanessa Gonzalez welcomed everyone and called the meeting to order at 9:05 a.m.

1. Welcome & Introductions – Kyla Loucks & Vanessa Gonzalez, Committee Chairs
2. Minutes Review – Kyla Loucks

**Motion to approve the minutes from the 2/15/2022 meeting. Motion made by Lisa Currin; Grace Fay seconded the motion. All were in favor, and no one abstained from or opposed the motion.**

1. Legislative Updates – Perry Junjulas

The budget is out; the next step for each house to submit their house bills. We fared well. The ETE funding was leveled and it is funded again this year. HHS budget had a $7M increase. NY NY3 had a $6 million increase.

Every single person with HIV only pays 30% of their income for rent. The senate put it in their one house bill. Working with them to change the wording. Stay tuned, when we need you for the advocacy.

Open to comments.

Ashley – The experience was good. We talked with the legislative aides who know what we’re talking about. We need to go back to basics when talking to people when it comes to HIV and AIDS.

Perry – It’s about educating our legislators and the aides.

Regarding 340b – A letter was sent out to community-based leaders and I urge you to sign on. Unless it’s pushed, they’ll wait until next year to do this. We have had conversations with Dr. Bassett. She knows 340b and has fought for it.

340b is an avenue where we purchase medicines at cost. It funds our meals, transportation, health and medical service programs. The carveout will strip a lot of this savings away from people, so we’re looking to get this reversed. If you’d like to sign on to the letter, it is encouraged.

If you want to join us on our Thursday meetings, they are every other Thursday. We’d love to have you.

Agencies in NYC are supporting us in Upstate NY and Long Island.

Scott - AIDS Watch. They moved the event to April 4-6. The Legislative visits will be April 6. Go to AIDSUnited.Org to register. There is a mandatory training scheduled for March 28th.

1. Workspace –
   * 1. Collectively work to come up with 3 different messages that reflect the conversations we have had about HIV Stigma and how it impacts communities

We talked about working on something as a collective and came up with the idea that Stigma impacts our communities. We’ll pursue it as a campaign. Today we’ll come up with some messaging for that.

Let’s come up with 3 messages. We can also do sub-messaging.

Grace and Kyla talked about doing a best practices conference for all of us. It’s a way for providers in the field sit down and share what they do.

Sue – Melody Harkness and I talked about women being the source of new HIV infections in NY State. We were brainstorming about having art or workshops to talk to people about their sexual health. This is for anyone who is Cisgendered and women with AIDS. Melody is trying to find a venue. The timeframe for this would be the end of May.

Folks can come and table and do workshops.

Nate – Melody is amazing at doing community workshops. I co-presented with her last week and wanted to say she is fantastic and I wanted to support her in any way. The Pride center would like to have someone table there.

Kyla – The workshop idea is awesome and will tie in all the work we have on stigma. We’ll wait for you and Melody to give us more details.

Sue – Securing a venue is the first thing that needs to happen and making sure it’s handicap accessible. I’ll lean on her for promotional ideas. I’ll have a better plan after I speak with her.

Kyla – Create a small pamphlet card to recruit new people because we could use their voices and ideas. If you know any consumers or anyone in the community, that’d be great.

Grace – I want to introduce Jada Harden. She observed the call to see what we’re all about.

Let’s take a day with providers and let’s take an hour and discuss what the needs are and what folks need from their providers. How can we navigate all the different services so folks can live their best life?

1. Think tank session for ETE Stigma Campaign messaging

Focus on how we want to present to providers in our community.

Sue – Start with providers so they can stay informed with regard to folks who have HIV/AIDS. Also, if patients have questions, how can they learn more to help patients. There’s also the judgmental side of it.

Ashley – It’s probably the most immediate place. There’s a concern to get providers to be available and ready to receive the messages that we want to get out.

Most patients are saying no when asked about whether they were offered an HIV test, so that’s a great start.

There’s a lot of work that needs to be done, so I think we need to strategize about it.

Sue- If it comes from one provider, other providers are going to follow suit. If you get a hard start and stop time that’s how we get them in.

Lisa – It has to be convenient; it can’t be an all-day thing.

Kyla – Overall message we want to tell providers? Choose language as one of our focal points. Know how to ask the right questions. Offer HIV tests. Talking about **stigma-free language**.

Grace – Some topics - Pep and PrEP, pronouns, HIV prep, judgement on patients, HIV testing regularly.

Nathaniel – Providers are often at a loss for what language to use. It’s about breaking down simple things and stigma. Providers shy away from the things that folks don’t want to talk about. Not enough health care providers are talking about it.

Diane – I think we’re really talking about medical providers. Hearing from medical providers and the best way to reach them. Where are they accessing their information? The message will be most effective the most tailored it is. They’re busy and it’s going to need to be short and sweet.

Kyla – how do we tailor the over-reaching message to different providers in different communities? We also need to think about scope and time. We want to make sure we can do the work. Focusing on medical care providers is a great start.

Alexander – We could have an anonymous survey that we can have patients take.

Grace – “The ability to be yourself with your doctor”.

Melissa P – If we standardize offering testing for everyone than there’s less of a chance of offending anyone. Have it be more of a standard of care.

Perry – One of the things that have brought the stigma down is having an undetectable viral load; they cannot pass on the disease to anyone. Bring this into the message as well. The meds do not come with the side effects they used to. Bring forward some of this relevant information. **Bring in U=U as well.**

Karen – the AIDS Institute is working with some of the great ideas that have been discussed here. Our CEI experience may be of interest, and share information.

Perry – This is how change happens – we need to make people feel uncomfortable so they can feel comfortable with this. When are we going to stop having this stigma around HIV?

Diane – I want to add Albany medical staff and medical students should be included. How can we escalate the message?

For the next meeting we’ll think of some catch phrases or titles we could use for this project.

Kyla and Vanessa will not be able to make the next meeting – If anyone is interested let Kyla know.

1. Closing Comments

No closing comments

Meeting adjourned early at 10:10 am

**ETE Capital Region Meetings are from 9 AM to 10:30 AM on the 3rd Tues of each month**

Next ETE Meeting is Tuesday, April 19, 2022

**Co-Chair Contact information**

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