



## CAN Board of Directors Meeting 6/12/20 Minutes

**Location:** Virtual Zoom Meeting

**Present:** **Tamara Atkinson**, Capital Area Workforce Solutions; **Marina Bhargava**, Greater Austin Asian Chamber of Commerce; **Eric Byrd**, Office of Council Member Natasha Harper-Madison; **Eric Bustos**, Capital Metro; **Tina Cannon**, Austin LGBT Chamber of Commerce; **Nora Comstock**, CAN Community Council; **David Escamilla**, Community Justice Council; **David Evans**, Integral Care; **Jimmy Flannigan**, Council Member, City of Austin; **Sherri Fleming**, (for Judge Sam Biscoe, Travis County Commissioner's Court); **Simone Talma-Flowers**, Interfaith Action of Central Texas; **Nancy Gilliam**, CAN Community Council; **Dr. Suchitra Gururaj**, University of Texas; **Patricia Hayes**, Greater Austin Black Chamber of Commerce; **Kenny Hill**, Goodwill Industries Central Texas; **Dan Leal**, One Voice Central Texas; **Jeremy Martin**, Greater Austin Chamber of Commerce; **Rudy Metayer**, Council Member, City of Pflugerville; **Katrina Montgomery**, (for Colette Pearce Burnette, Huston-Tillotson University); **David Smith**, United Way for Greater Austin; **Luanne Southern**, Integral Care; **Ingrid Taylor**, Ascension Seton; **Ann Teich**, Austin ISD ; **Jeffrey Travillion**, Precinct 1 Commissioner, Travis County.

**CAN staff in attendance:** Raul Alvarez, Carlos A Soto

**Other guests:** **Janis Bookout**; Community Resilience Trust; **Caitlin Brown**, Precinct One Commissioner's Office; **Ruben Cantu**, UT Austin & Community Resilience Trust; **Jaeson T. Fournier**, CommUnityCare **Dr. Jereka Thomas Hockaday**, Central Texas Allied Health Institute; **Louise Lynch**, Integral Care; **Ara Merjanian**, CAN Community Council; **Walter Muse**, Precinct One Commissioner's Office; **Brion Oakes** City of Austin; **Adrienne Sturupp**, Austin Public Health; **Dr. Stephanie Hawley**, Austin ISD.

**Call to order and Introduction:** Board Chair Jimmy Flannigan called the meeting to order at 1:02 pm and introduced the meeting.

**Minutes:** The April and May meeting minutes were approved, after a motion submitted by Commissioner Travillion which was seconded by Dr. Gururaj. The minutes were approved unanimously.

**Community Council Update:** Nora Comstock discussed the May presentation about the Criminal Justice system and COVID responses. Sharon Ricks from Dell Medical School discussed the state of the nursing homes in Austin during the pandemic. She indicated it was important to audit infection control, personal protective equipment, and ensuring nursing home workforce is protected. Resident mental health issues and support are another critical element of discussion. Sherry Blyth, representing Integral Care / Continuum of Care, presented on supports they are providing such as telehealth services, and access to communication devices such as wireless phones. Pete Valdez of the Austin Community Court presented on actions taken to protect the health of the people they serve. The Council also discussed issues that have been reported from jails, highlighting that many COVID-19 risk factors are compounded by the conditions of incarceration/confinement. On June 15, the Council will receive an update on local population statistics with presentations scheduled from Grassroots Leadership, El Buen Samaritano, and another possible guest.

**Executive director report:** Executive Director Raul Alvarez briefly reviewed the items CAN Staff has worked on during the past few weeks. The "We Can ATX" website came together as a response to conversations with partners and stakeholders who discussed needs in terms of sharing data to track the crisis, facilitating access to information in different languages, and engagement (how to get folks involved). The "We CAN ATX" website will have 3 main parts. The Get Informed section features key metrics on impact & basic needs. Detailed information on needs will

be available with data originating from 2-1-1 calls for assistance during the COVID-19 pandemic period. The Get Help section features information on accessing assistance with needs arising during the pandemic, with a special focus on language accessibility. The content will be available in a variety of languages starting with Spanish, Chinese, Vietnamese, and Arabic. Subsequent phases will introduce content in other languages of need including City of Austin priority languages, languages identified by Austin ISD's multilingual department, and demographic data analysis for Travis County. The Get Engaged section is centered on facilitating engagement with actions or initiatives addressing community needs arising from the pandemic. Special emphasis is placed on donations, volunteer opportunities, and dialogue opportunities.

Alvarez described a new engagement effort called, Community Advancement Advocates, an effort to recruit folks to help with outreach on census and on voting. This activity will be another one highlighted under the Get Engaged tab.

CAN is also working with the City who will launch a Give Pulse site to create a space for interested volunteers and donors to connect with serving organizations to address areas of greatest needs for community investments of time, money and expertise and create opportunity.

**Community Collaboration Profile, Community Resilience Trust:** Raul introduced the Community Resilience Trust (CRT) with a brief account of his experience collaborating with the group. Presenters included: Ruben Cantu, Executive Director of the Office of Inclusive Innovation and Entrepreneurship at UT Austin; Janis Bookout, Executive Director of Earth Day Austin & CRT Co-Founder; and Dr. Jereka Thomas Hockaday, Central Texas Allied Health Institute Founder. As the pandemic began, CRT organizers asked themselves "How do we make Austin the most equitable city, starting with COVID-19?" The goals of the CRT are to provide a community-driven, holistic, strategic, and systemic response to this pandemic in the short term and develop resilience as a community in the long term. CRT has been meeting daily (Monday thru Friday) during the pandemic. From these daily meetings, participants continue working on projects that address issues that emerge. They have a research branch, a design team, and a Spanish website which is the most viewed Spanish language COVID site. Strategic Partnership is another key component of the trust, allowing participants to leverage the network to move initiatives forward into action. Some of the results of their work are: the creation of a culturally relevant website, an education support group, a health support group, etc. For equity to be at the center of the effort, every other aspect needs to be aligned to accomplish that end. Challenging assumptions is at the core of the CRT's strategic approach. Using lived experience and data, they work to identify: the nature of the problem or challenge; the factors that impact the issue at the source; the groups already working in that issue area; and the most impactful role for CRT. Currently the CRT is in the phase of formalizing developing workability, creating strategies, designing solutions, and strengthening collaborating. Next steps include: fundraising, building capacity, and expanding the model to other issues/groups. CRT would like to know where our needs overlap, where it makes sense to collaborate, and how we can amplify each other's efforts.

**Strategies for Addressing the Disparate Health Outcomes Relating to COVID-19 for Communities of Color and the Root Causes of Those Disparate Outcomes:** Brion Oaks introduced Adrienne Sturup and began with a brief overview of his experience as Chief Equity Officer for the City of Austin as the pandemic began and unfolded. Next, Oaks discussed how the Equity Office centers the City's efforts around equity beginning from a position defining racial equity as the condition when race no longer predicts a person's quality of life outcomes. This includes introducing a Racial Equity Framework to the Emergency Operations Center, based on one from the Government Alliance on Race and Equity. Oaks followed this with: an introduction to the racial history of disaster response, recovery, healthcare, and inequitable outcomes in plagues/pandemics of the past; and an explanation of commonalities regarding challenges faced in our community during the current pandemic. Healthcare history is also fraught with systemic racism, quoting the American Medical Association that said: "There is a well-known history that American health institutions were designed to discriminate against blacks, whether poor or not." An analysis of households receiving FEMA payouts also found numerous disparities and inequities in accessing disaster recovery

relief. Oaks stressed the importance of disaggregating data by race and recognizing what conditions were like for communities of color before the pandemic. He discussed a map from a [UT Health report](#) showing that most of the census tracts with the highest number of risk factors for COVID-19 were concentrated in or around the Eastern Crescent. Local testing data show how the community conditions have affected health outcomes. The Equity Office has focused on and advocated for City departments to focus on communities of color and other vulnerable populations as they respond to this crisis. A proactive plan to ensure that those most negatively impacted and at-risk can weather the crisis is necessary so that our entire community can be safeguarded. To these ends, the Equity Office has worked on several initiatives. They still need: support for racial equity across all levels of the Austin Travis County Emergency Operations Center; transportation to testing; after hour testing; capacity for in-home testing; a testing baseline that includes racial demographics; racial equity-centered economic recovery efforts; industry level interventions to protect essential workers; and more. They also need private industry to take leadership and help support these efforts. To conclude his presentation Oaks shared a slide listing the eight questions the Equity Office developed to help guide their work.

Adrienne Sturup of Austin Public Health, Jaeson Fournier of CommUnity Care and Louise Lynch of Integral Care were part of the final presentation. Preparations for COVID-19 began in mid-February with the assemblage of a Rapid Response Team to plan the response. Initially it was about PPE, and critical services. Using key shared metrics, their analysts identified 37 census tracts to focus their efforts.

Fournier then shared data for the vulnerable population tracts, eastern crescent tracts, and county, showing how much worse health outcomes were for vulnerable populations. Using this knowledge, CommUnityCare set up testing capacity and expanding upon that throughout the community including Del Valle, Hornsby Bend, Manor, and Pflugerville, with plans for more expansion. Community Care testing data shows a positivity rate average of 18.4% which is three times that of the State's average positivity rate of 6.85%. They also have a [dashboard on their website](#) with data on positivity rate with a focus on determining COVID prevalence in the community. Over the past 4 weeks, the positivity rate has increased across all races and ethnicities. They report a disproportionate number of positive tests coming back for Latinx population, a trend that has held for the past 10 weeks. By age, higher positivity is seen in pediatric range, especially over the past week. On the other hand, the highest risk group (over 65) is testing positive at the lowest rates. The dashboard also features a map showing the 20 zip codes with the highest overall positivity rates.

Louise Lynch from Integral Care mentioned how 36% of the population that Integral Care serves have comorbid medical conditions. In addition, 44% of those who report substance use also have complicated medical conditions. Recently Integral Care looked at the COVID-19 Vulnerability Index model, to determine risk factor for their clients, many who belong to vulnerable populations. For African Americans most of the concerns were around medical factors such as diabetes, hypertension, and mental health. With the American Indian population, mental health along with substance use were primary issues of concern. The individuals with greatest risk were found to live in 6 of the 10 zip codes with disparities in terms of income. Lynch also discussed the supports that homeless individuals need. Underserved populations that were identified include undocumented, refugees, and people with intellectual/developmental disabilities. To address gaps around social determinants of health, Integral Care has tried to provide wraparound support such as dietary/nutritional support.

**Adjournment:** Jimmy Flannigan adjourned the meeting at 3:15 pm.