

CAN Community Council Meeting Notes

Monday, September 18, 2023

Zoom Video Conference

Present: Kelly Crook, Nancy Gilliam, Rachel Hampton, Batool Abbasi, Craig McNary, Donovan DePriest, Sona Shah, Caroline Reynolds, Patricia Longoria Camacho

Staff Present: Jelina Tunstill, Raul Alvarez, Carlos Soto

Guests: Kara Hedlund, Rob Faubion

Call to Order and Announcements	Donovon called the meeting to order at 6:05 pm. A quorum was present.
Approval of March 20, 2023, April 17, 2023, May 15, 2023, June 26, 2023, and August 21, 2023 Meeting Notes	The March 20, 2023, April 17, 2023, May 15, 2023, June 26, 2023, and August 21, 2023 notes were approved unanimously on a motion by Kelly and a second by Rachel.
Community Council Chairs Report	Summary: Donovon stated that we will be hearing from our first presenter to learn about the person-centered care strategies they utilize with their service population, starting with a focus on aging. We will ask the same questions to each presenter to simplify the report writing process when we get to that point. He invited Community Council members to invite people who may be interested in joining the Community Council to observe a meeting to help with recruitment of new members for 2024.
Executive Director's Report	Summary: Raul explained that CAN is in the middle of a few mental health initiatives. The CAN Board is challenging itself to train 1000 staff from member organizations in Mental Health First Aid before April 2024. At the end of August, we got to 620 and we are on pace to reach the goal. He stated that CAN CC members can participate in those trainings. The other mental health project we have been working on is the Language Access Project for Mental Health and Wellness. We are in the process of identifying resources for mental health and wellness in Spanish, Arabic, and Vietnamese with specific stakeholder groups for each language community. He stated we will officially launch the Spanish toolkit in October. We are thinking about how to engage around the toolkit and there will also be a social media campaign in partnership with Contigo Wellness. We have also started work on economic opportunity. The next Board meeting will be focused on earn-and-

	<p>learn opportunities. The regional summit has been moved from November to February. The CAN Dashboard press event will be November 1st.</p> <p>Comments and Suggestions: Donovan asked if the CAN Retreat will still be in November. Raul stated we may have to delay the retreat because it is currently scheduled on Veteran’s Day. He stated he will keep everyone updated on the new date for the retreat. Donovan stated that the retreat is an opportunity to meet the CAN partners and that’s why we’ve planned for the Community Council members to attend the retreat.</p> <p>Follow-up: Jelina will send the retreat calendar invite with the new date to the Community Council</p>
<p>AGE Presentation</p>	<p>Summary: Rob Faubion, AGE of Central Texas – Rob stated that AGE is a nonprofit in Austin that has been around for almost 40 years, and they serve older adults and family caregivers. Their goal is to help older adults age in place successfully and they do that with 6 programs over their 4-county region that helps older adults stay connected and active in the community, specifically those living with cognitive conditions. In order to be successful we have to support family caregivers that are supporting their older loved ones.</p> <p>1. How has your organization/ program utilized the strategies from the PCC framework? Rob stated that the founders of AGE wrote about caregiving in the 60s and in one of her books there is a statement that says “I see you old woman, but I see you and not the old” and that is something the organization took to heart. One of their main programs is the Thrive Social and Wellness Centers, the only licensed adult day care program in central Texas serving older adults with memory loss, is open Monday through Friday during the day allowing caregivers to do other things during the week. The centers operate under a medical model and have a full-time nurse and activity director on site. The center is set up like a social club. At the club, they have people of different abilities and they are all treated as people, not their condition.</p> <p>People with cognitive conditions can’t fill out surveys to give feedback on their care, but they survey the caregivers to see where more support is needed to meet people where they are. They never want to assume what the person needs, because everyone’s journey is different.</p>

2. Of the strategies listed in the framework, which one could we help your organization/ program implement?

Rob stated that one of the biggest issues is the way we talk about aging in central Texas. 92% of respondents on a survey said that ageism exists and it's due to the way aging is portrayed in media and employers don't recognize the value of their older employees. Older employees have more experience and the historical knowledge of their companies. There are more older adults in central Texas than there are children. Growing older isn't a bad thing. The other issue is to put a spotlight on caregivers. 40% of the central Texas population are caregivers and 70% of those caregivers are working caregivers. That is difficult to do if your company doesn't give you a lot of support. There is support for pregnant and parenting caregivers, but not for people taking care of older loved ones. One great thing that came from COVID is hybrid work. 2 out of 3 caregivers quit their job this year because they aren't getting the support from work to be a caregiver.

3. How did COVID impact how you can focus on your service population? What kind of innovative strategies did you develop that you can continue using?

Rob stated that when COVID19 hit and everything had to close, the state didn't provide direction. Adult day programs fall in a weird place between nursing home and home care. They self-regulated based on CDC regulations. He explained that their centers serve older adults with cognitive conditions that didn't understand the shift in ability to meet at the centers. AGE shifted all their programs to be able to meet virtually and sent materials for activities to caregivers. Virtual has allowed AGE to expand their programming in many ways. Due to meeting virtually, the program "Memory Connections" designed for people in the early stages of memory loss could meet daily, separate the meetings by level of memory loss, and could reach people outside the 4-county service region. Their programming has 20% more participants than it did pre-COVID.

Comments and Suggestions: Caroline asked if AGE advocates to CapMetro about people who are blind or get around easily. Rob stated that due to COVID they lost a lot of transportation options. He stated they have been using vans that are wheelchair accessible to transport people to and from the Thrive center. When they aren't in use, they "donate" the van use to CapMetro to better help the community. They don't just drop people off, they will help

	<p>with whatever is needed when a person gets to their destination.</p> <p>Kelly asked if Rob had noticed a change in the personal finances of the aging population and if they have fewer resources to take care of themselves. Rob stated that 60% of respondents stated that their main concern is money.</p> <p>Nancy asked what the impact of aging is on medical care. Rob stated that Medicare would help assist them for 5 years, but people are living longer than in the past. Medicare has lost a lot of the benefits it use to have.</p> <p>Follow-up: Rob will send Jelina the study that validates their programming.</p>
<p>Recruitment Discussion</p>	<p>Summary: Donovan asked what ideas people had about recruitment. Donovan stated one of his priorities with recruitment is to add more diversity.</p> <p>Comments and Suggestions: Caroline stated we should recruit from PTAs, neighborhood associations, churches, and social workers. Batool suggested messaging through LinkedIn to reach advocate professionals in Austin. Rachel suggested getting clear about what we want to accomplish in the next year and recruiting based on the goals of the CAN CC. Craig suggested reaching out to advocacy groups. Nancy suggested looking at people who have presented to CAN in the past. Donovan stated that he's been looking through the his organization and organizations he is involved in to see who may be a good fit. Donovan stated that age and gender would be great to diversify. Kelly stated we should take advantage of the zoom format to recruit people on the outskirts of the city. Donovan stated the goal is up to 30 members. Donovan stated he wants to look at the timing of the meetings and the messaging/ talking points to recruit. Sona added that she wasn't sure of what she was getting into and a one-pager would be helpful that lists commitment, major work highlights, and what people can gain from being a member. Nancy suggested adding short summaries on the website. Batool suggested having a set number of meetings a person can miss before they are in suspension.</p> <p>Follow-up: Jelina will create a recruitment flyer.</p>
<p>Mental Health First Aid Logistics Conversation</p>	<p>Summary: Jelina stated that this is a follow-up discussion from our last meeting. There was interest in having a MHFA training for the Community Council, but we needed to discuss the logistics. Raul added that this isn't something that could replace a CAN CC</p>

	<p>meeting because the training takes 6-8 hours.</p> <p>Comments and Suggestions: Kelly suggested inviting parent coordinators or community liaisons for the school districts. Raul stated that there is an opportunity to train the schools in how to train the community. Donovan stated that inviting members of advocacy groups and messaging on LinkedIn. Raul suggested considering a weekend so people of the Community Council and the community could attend. He stated that 25-30 people are needed to fill the class. Donovan suggested bringing this conversation back and discussing what a Saturday meeting would look like. Raul suggested coming up with a poll to poll the membership.</p>
Adjournment	The meeting was adjourned at 8:04 pm.