



DRAFT MINUTES
Hybrid Meeting of the Burlington Aging Council
Tuesday August 15th 2023 3:00pm – 4:30pm
Sharon Bushor Room, City Hall, 149 Church St, Burlington.

Present:

*Denotes Co-Chairs		
Member Status	Full Name	August 15 th
1 member representing an organization supporting New Americans in Vermont	Symphorien Sikyala	x
1 member representing a healthcare provider	Rick Neu	x
1 member representing a long-term care organization in Burlington		
1 member representing an affordable housing organization in Burlington	Molly Dugan	x
1 member representing an organization working to fight food insecurity in Vermont	Jane Catton	
1 member representing an organization providing advocacy and support for older adults in Burlington	Kelly Stoddard Poor	
1 member representing a senior center in Burlington	Andrea Viets	x
1 member representing an organization providing mental health services in Vermont	Alison Miley	x
1 member representing an organization providing transportation services in Vermont	Chris Damiani	
1 member representing the City's Community and Economic Development Office	Brian Pine*	x
3-5 older adults living in Burlington	Barbara Shaw-Dorso	
3-5 older adults living in Burlington	Glenn McRae*	x
3-5 older adults living in Burlington	Martha Molpus	
3-5 older adults living in Burlington	Charles J Messing	x
3-5 older adults living in Burlington	Lorna Kay	
UVM Center on Aging	Janet Nunziata	
Staff	CEDO Staff MG LT	xx
1 member representing an organization advocating for racial equity, inclusion, and belonging in Burlington		
Guests	Gary Rogers BPRW Tracey Shamberger AgeWell	

1. **Motion to approve agenda 08 15 23** – proposed by MD and second CM - Unanimous
2. **Motion to approve minutes 06 20 23** - proposed by CM and second GM - Unanimous
3. **Public Comment** – Comments on concerns around the increasing number of unhoused and housing insecure older adults. MG commented that John Fealy of CHCB has been invited to the BAC – will reissue invite.
4. **Welcome to Libby Tuttle – BAC Intern.** MG reviewed Libby's work plan for the next two months – meeting with key stakeholders and reviewing and strengthening the outputs of the work groups and prepare draft of Action Plan.
5. **Optimal Health and Wellness working group discussion** to complete this [template](#) - see below for draft
6. **Update/Review of work**

Age Friendly Burlington Goal	Objective/Strategies WG	Leads

<p>Financial Security – No further current action – LT to review with Glenn</p> <p>Older Residents should be able to receive an adequate income and maintain assets for a reasonable quality of life as they age. They should be able to seek and maintain employment without fear of discrimination and with any needed accommodations. Mechanisms should be in place to protect from consumer and financial fraud. Older Residents should also be able to retire after a lifetime of work, if they so choose, without fear of poverty and isolation.</p>	<ul style="list-style-type: none"> • Industry Support / Older Workers 	<p>Glenn</p>
<p>Optimal Health and Wellness – August meeting</p> <p>Older Residents should receive, without discrimination, optimal physical, dental, mental, emotional, and spiritual health through the end of their lives. Holistic options for health, exercise, counseling, and good nutrition should be both affordable and accessible. Access to coordinated, competent, and high-quality care should be provided at all levels and in all settings.</p>	<ul style="list-style-type: none"> • Health Prevention, Access & Quality; Nutrition & Physical Activity • Food Security • Healthcare Workforce 	<p>Marcella Jane Molly, Brian</p>
<p>Social Connection and Engagement - Requires an update from Andrea for Civic Engagement & Volunteerism and LT to review</p> <p>Older Residents should be free from isolation and loneliness, with affordable and accessible opportunities in their communities for social connectedness, including work, volunteering, lifelong learning, civic engagement, arts, culture, and broadband access and other technologies. Older Residents are critical to our local economies and their contributions should be valued by all.</p>	<ul style="list-style-type: none"> • Technology Accessibility • Civic Engagement & Volunteerism • Social Inclusion 	<p>Jane Andrea Glenn, Alison</p>
<p>Housing, Transportation, and Community Design - GM will assist with draft – LT to review</p> <p>Burlington should be designed, zoned, and built to support the health, safety, and independence of older residents, with affordable, accessible, appropriate, safe, and service-enriched housing, transportation, and community support options that allow them to age in a variety of settings along the continuum of care and that foster engagement in community life.</p>	<ul style="list-style-type: none"> • Housing: Affordability, Availability, & Accessibility • Multimodal Transportation • Accessible Outdoor & Indoor Public Spaces 	<p>Brian Chris Kelly</p>
<p>Family Caregiver Support – LT to review with Rick</p> <p>Family caregivers are fundamental to supporting the health and well-being of older Vermonters, and their hard work and contributions should be respected, valued, and supported. Family caregivers of all ages should have affordable access to education, training, counseling, respite, and support that is both coordinated and efficient.</p>	<ul style="list-style-type: none"> • Family Caregiver Support 	<p>Rick Janet</p>

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Upcoming activity: RN presented – Note November – Family Caregiver Month – proclamation and family caregiver awareness campaign – 2023 Create a footnote or website link to explain acronyms or eg memory café		
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7. Ongoing Discussion: What resources and support are needed for the ongoing work of BAC, to continue as an advocate, supporter of Program implementation, and evaluator of how Burlington is tracking to become more age friendly and inclusive – held over to next meeting

8. Any other business

Drafting the Burlington Action Plan for Aging Well **DRAFT OPTIMAL HEALTH AND WELLBEING**

Goal

Prioritizing optimal health and well-being among the aging population of Burlington involves developing strategies that address each facet of one’s health needs. This includes optimizing access to and quality of health care, exercise, and nutrition resources. Older residents should receive, without discrimination, optimal physical, dental, mental, emotional, and spiritual health through the end of their lives. Holistic options for health, exercise, counseling, and good nutrition should be both affordable and accessible. Access to coordinated, competent, and high-quality care should be provided at all levels and in all settings.

Recommended Objectives:

- 1. Exercise-related goal:** All aging residents in Burlington can safely access a variety of opportunities for exercise within an inclusive environment.
- 2. Mental health related goal:** All aging residents in Burlington can access comprehensive mental health care from qualified providers, including trauma-informed mental health professionals, without fear of stigma or discrimination.
- 3. Food security/nutrition-related goal:** The percentage of aging individuals experiencing food insecurity or at-risk of experiencing food insecurity will be reduced by x%.
- 4. Access to care related goal:** All aging individuals can have access to resources necessary to increase the provision of preventative health care, such as health care system navigators

Recommended Strategies: These may include a mixture of initiatives already underway, easily implementable ideas, and those that would be impactful but would need policy change or funding allocated. Note if the strategy is likely short-term (1-3 years), medium-term (3-6 years) or long-term (7-10 years).

1. Expanding the provision of resources and educational materials related to keeping aging Burlington residents safely in their homes, such as in-home assessments and adaptations to prevent falls offered by AgeWell.
2. Improving accessibility of Burlington-area public transportation to ease ability of aging Burlington residents to attend exercise opportunities and get to medical appointments. This includes making sidewalks safer, especially for those with limited mobility, increasing frequency of busing routes to UVMHC satellite locations, and maintaining low-cost fare options (free?) for older populations.
3. Expansion of Burlington senior housing sites that provide on-site mental health services, with an emphasis on increasing the number of trauma-informed mental health providers.
4. Working with local community groups, especially in BIPOC and New American communities, to provide resources that work to dismantle the stigma against accessing and receiving mental health support.

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5. Increasing accessibility of pre-existing educational materials and resources relating to health and wellness by requiring the provision of translated and in-print options. Developing media kits to provide to community partner organizations with information on services and educational materials.
6. Working with local community organizations and institutions, such as the Burlington Police Department, to identify older individuals at risk of experiencing homelessness or food insecurity so that they can more efficiently be connected with resources. This can also help to reduce emergency calls.
7. Creating a centralized and comprehensive dashboard of Burlington-based exercise and wellness related services being provided by Senior Centers
8. Developing an Adult Day Center in Burlington to assist older adults that need more intensive care and provide respite to family caregivers

Summary Chart

Strategy	Short-term (1-3 years)	Medium-term (3-6 years)	Long-term (7-10 years)
1. Resources to keep aging residents in their homes	X		
2. Increasing transportation accessibility	X		
3. Expansion of MH services in Senior housing		X	
4. Education on dismantling MH stigma	X		
5. Expanded accessibility of existing material	X		
6. Services to identify at-risk individuals	X		
7. Dashboard of health and wellness services	X		
8. Creation of Adult Day Center			X

Additional Questions

How do the above objectives and strategies advance equity and inclusion? Please list any specific groups who are left out of these strategies?

- While these strategies attempt to be all-encompassing, additional resources should be made to account for groups that may have reduced access, including:
 - Non-native English speakers
 - Those with disabilities
 - Community members from the global majority
 - Low or very low income residents
 - Those experiencing and at-risk of homelessness
 - Those experiencing dementia, Alzheimer's, or cognitive decline

Who are the key partners to accomplish these strategies?

- Vermont Health Equity Initiative, AgeWell, Senior Day Centers, UVMHC/CHCB, Housing Providers, BIPOC and New American associations (AALV/USCRI/Somali/Bhutanese/Congolese associations etc) (TS has list), Feeding Chittenden

What funding or resources will be needed to accomplish these strategies?

- Funding from the City of Burlington for staff time
- Funding from the City of Burlington for communication materials (postage for mass mailing, bulletin board prints, etc.)

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- Funding from the City of Burlington for website and other coordinated electronic methods
- Funding for Senior pass on public transport
- Funding for development of Adult Day Center

What legislation or policy change (local or state) will be needed to accomplish these strategies?

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What data could be used to measure success of these strategies?

- Usage numbers of specific services, programs, senior centers
- Number of in-print resources/materials used
- Number of visits to resource webpage

What existing programs or initiatives support these strategies?

- Senior centers, AgeWell, and other community organizations have older adult exercise classes and programs
- AgeWell has a program for providing assistance and volunteer services to aging adults in assessing and modifying their homes to reduce risk factors for falls
- Meals on Wheels via AgeWell provides culturally-appropriate, weekly meal deliveries from a consistent and singular delivery volunteer, with brief home check upon visits

How do these strategies reflect the input and priorities of Older Vermonters?

- Older Vermonters and related stakeholders in their health and wellbeing have been consulted in the drafting, development, and implementation of such programs.

Additional Suggestions and Comments: