Health and Human Services Committee Meeting Transcript – 08/03/2015

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>> Good afternoon. My name is Ora Houston, a quorum is present and we're glad to welcome back councilmember Garza who has been missing for a while, but for a good reason so we're glad to have her here today. The meeting of the health and human services committee of the Austin city council is called to order on Monday August the 3rd and the time is ... 4:04 P.M. What happened to the time? We're meeting in council chambers, Austin city hall, 301 west 2nd street, Austin, Texas. Thank you so much. I want to remind everyone that there is free parking underground. Please make sure that you get your parking tickets validated. The young lady right here on the front has the little doohickey that will validate your parking ticket. So the first item on the agenda is to approve the minutes of the last meeting. I have one correction on the second page, item no. 4. It says "Law department to find out if there is litigation between the establishment." So instead of legal mitigation that should be litigation. Any other corrections, additions or deletions? All in favor of the minutes being approved say aye. >> Aye. >> Houston: Opposed nay. The minutes are approved. Let me review the agenda for you, because there have been some changes. A citizens communication is -- I want to remind you that you will have three minutes to speak on a topic that is not posted on the agenda. At the end of the three minutes you will hear a

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buzzer from that direction and we're going to ask you to respect that buzzer and finish your thought as quickly as possible. Items for consideration are staff presentation and possible action on health disparities and accessibility to affordable quality fresh food in Austin, Texas, Travis county, and a health assessment regarding equity. Item no. 4 is the discussion and possible action to initiate a code amendment to mitigate the effects of smoke emissions from restaurants and mobile food vendors near residentially zoned areas. And number 5 is a -- was a staff briefing regarding unregulated, unlicensed homes. That's been postponed to the September 16th meeting, which will be held from 9:00 to noon in the boards and commissions room. Again, the staff briefing on unregulated, unlicensed homes will be held September 16th, 9:00 to noon in the boards and commissions room. This item will come up on the mayor's commission on people with disability on next Monday noon at the board and commissions room. Okay. So that's the only change and we'll have discussion for further, future agenda items. So last meeting we had the health department here and we ran out of time, so we've invited them back to do a presentation on health disparities in our community. So Mr. Jones, if you'll come up. >> Madam chair? >> Houston: Thank you so much. I just looked and saw that I completely skipped, I completely skipped citizens communications. Trying to get into health disparities very quickly, I'm sorry. Anne Howard with one voice.

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Welcome, Ms. Howard. >> Thank you. May I put my -- can I close this? Whose is it? You know what? I can do this. Thank you very much for having me. With the short time, I want to introduce myself as the chair elect of one voice, one voice represents 85 and growing health and human services agencies here in Austin. We are in every way the safety net for this community and the off agenda item that I want to address today is the proposed budget from the city manager. One voice is very committed to an increase in funding for health and human services. That increase that we're looking for is $6.7 million. And that figure was derived by months and months of work with stakeholders. To look at the unmet need, to look at a way to fund social services mathematically, if you will. To look at what we could do over the coming years to -- to reduce the shortfall. How die advance my slide? Could you advance to the next slide, please? This is whether we're getting that money. There's a shortfall of 15 million for social services and over 12 million for the health department. That's -- that's $28 million. Where we're getting the money. That's to be funded over about five years. So there was a memo to council and the mayor from Mr. Van Eno in April that suggested this could be done at 5.7 million starting in 2016. And there's an additional

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million added to make sure that we're keeping up with population growth and the consumer price index, so that ongoing services don't fall behind. Next slide, please. Could you go on to the next one? There was -- y'all have this cool website where you're posting information to questions that councilmembers have asked and councilmember Gallo asked for a report that looked at the amount of spending over the last 10 years. And the percentage of the general fund. I'm going to show you that slide. But this one let's us see what other cities are doing. To be able to take care of their safety net, to fund health and human services. And you see Austin is at the bottom. The next slide shows us where we are and -- in having addressed the increase in population and the increase in poverty. These other services in our community are obviously needed. But you see the tremendous growth and we would propose to you that if we could catch up with health and human services, we would not need such large increases in -- in other's public safety issues. When we can take care of our people better and allow them to get back on their feet -- [buzzer sounding] -- And strengthen, you won't see increases like that. Thank you. >> Houston: Thank you. Do you have your presentation on paper so that we could share? >> I'll copy it for you, thank you. >> Houston: If you have it on the website, we will be happy to get it off there. >> Thank you. >> Houston: Thank you. The next person is Walter morrow. Welcome, Mr. Morrow. >> Walter morrow, the director of foundation communities. We're a member of one voice. I want to support Anne's comments. We provide housing and services -- housing for about 5,000 residents and

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services for about 20,000 residents. We have never had waiting lists as long as we do now in 25 years. Anne is right that the budget over the last 10 years has not increased like other departments to keep up with the population and we're way behind other cities. I hope you'll look for ways to increase the health and human services budget as a whole to catch up. To help the families that we serve. Thanks. >> Houston: Thank you. Let's see. Andrew smiley. Mr. Smiley. Welcome. >> Hi. Andrew smiley, deputy director at sustainable food center. Thank you all for the opportunity to speak today. I wanted to -- to express, also, since sfc is a member of one voice, our support for that call for support of health and human services. I'm here specifically, though, to talk about access to healthy food. And a

recommendation from the sustainable food policy board. The sustainable food policy board healthy retail -- healthy food access working group, which is an exclusive or an inclusive, a very diverse group of folks, drafted a recommendation earlier in the year to support a wide range of strategies that would -- that would meet some of the -- some of the expectations of the community health assessment, community health improvement plan, as well as the -- the vision of imagine Austin. Specifically, this recommendation is for a $400,000 investment that would underwrite the cost of a healthy food retail anyone active, a community -- retail initiative, a communities and food based market, farmers markets, farm stands at schools or community sites, neighborhood food buying

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co-ops, healthy restaurant options and continued support for the double dollar incentive program that doubles the value of snap and W.I.C. Benefits spent on fresh, healthy, local food spent at farmers market. Again the sustainable food policy board, healthy food working group, presented this recommendation and I think the investment of $400,000 to cover this very wide range of programming would go a long way to improving food access in some of our communities that suffer from food end food insecurity and good access to fresh food. If I can provide any other information, I would be happy to. >> Houston: Thank you so much. Is Ms. Tonya Lyles here. You didn't sign up for a particular number. Ms. Lyles. >> I'm for 3 but I can speak now. >> Houston: No, if it's on the agenda you will have to wait until that item comes up. Thank you so much. Number 3. Okay. That concludes our citizens communications. And now we'll go to the staff presentation on health disparities. >> Good afternoon, I'm Shannon Jones, director of health and human services for the city of Austin and Travis county. And I really appreciate the opportunity to present to you today a profile of our community from our health perspective. First of all, I would like to thank you for this opportunity because it's been quite a while since we've had the opportunity to share with you this data. I think that you will see very clearly, it gives you a complete profile of what our community looks like. I would like to start off by also acknowledging our other staff that would be joining me here in the presentation, Dr. Phil Wong, Dr. Rose marillo and Ms. Stephanie Hayden. The presentation is a

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profile of our communities. As we go through this, imagine a picture of what Austin looks like. And it's important because we hear and we understand that Austin is one of the healthiest, among the fittest communities. This picture will give you a picture of not only where our disparities are, but also where our intervention is needed in terms of the overall community. I have a lot of information to share, so hopefully we can get through the -- the presentation and share the data with you without any questions until the end, but obviously if you have any, feel free to just join in. When -- we would like to start off by giving you a picture of overall poverty in our community. You will see from our information here, if I can get my cursor here to work right, overall the population in terms of poverty when we look at it by overall population, under age five, under 18 and age 65 and plus. Overall we see roughly 20% of our population. For African-Americans overall population almost 30%. When we look at the population under 18, and then we will look at population over 65. When we look at terms of poverty by race and ethnicity, the non-white population, we see overall roughly the population is under 10%. Living in poverty. When we look at the African-American population, and this is 2012, when we look at the African-American population, we see significant disparities between the African-American population and the other population. The non-white, we see that

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in all categories. We look at the hispanic population, we see similar patterns, significant disparities living in poverty. The Asian population, the Numbers are obviously not at large, but those Numbers are on the increase overall, under five, under 18 and over 65. Look at 2013, we see similar patterns, so we don't see the problem necessarily improving, but (indiscernible) The pattern upon all population. Let's look in our community at -- where we see poverty and low income living. When we look at the five-county areas, particularly we see in eastern parts of the county, both of Caldwell, Travis, Williamson and western part of bastrop county. But in Travis county and in Austin, we see these areas are primarily over on the eastern part of the city, southeast and northeast, both in the county and in the city. Both in our surrounding communities of pflugerville, manor, del valle, primarily on the eastern part of the city and the county. This is that crescent that we constantly refer to in austin-travis county, this part of the county, including the city of Austin and its surrounding communities. When we look at concentrations, we see similar patterns of low income in those same areas. That eastern crescent. But as we have the impact of growth outside of Austin, we're seeing it's going over into -- spilling over into other counties in and around our community. In Austin, we've seen the report from -- from Ryan Robinson, the demographer, that talks about the changing demographics of African-Americans. In 2000, roughly 15 years ago, African-Americans significantly were in the eastern quadrant of the county -- of the city. 10 years later, we see significant disparity in terms of moving out into

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these areas into further parts out in the county. When we look at the hispanic population, even though the Numbers and the concentration are not as significant as they are in African-Americans, we still see those disparities. Moving out we see the Numbers are smaller, still, in the hispanic population. Even larger than African-Americans from 20 -- from the year 2000 to 2010. Now, let's look at mortality rate. Look at the leading causes of death in austin/travis county. We see that African-Americans by far have the highest rates of mortality in our community. Followed by the hispanic non-white population. The non-white hispanic population. When we look in all of the mainly categories, cancer being the largest one, followed by heart disease, accidents, so forth, we see in each of those categories African-Americans have the highest rates, followed by hispanics and whites. When we look at cancer, the Numbers are significantly higher. When we look at heart disease, similar patterns. Accidents, the Numbers for African-Americans are less. But the whites, non-hispanic is larger. Stroke, we see African-American. So in each of these leading causes, even in the areas of diabetes, we see significant disparities. Even in Alzheimer's. We we see in all of these category disproportionately burdened by death and disease in our community. If we look over time from 1999 until 2011, what we have seen is some good news, is that the Numbers of mortality that are occurring overall are coming down for all population. For the African-American, for the white and the

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hispanic. All of these Numbers are heading downward. What we don't see, what is still negative, is the gap. The difference between this number, this number, and this number. We see that there are significant deaths continually based upon race in our community. That gap is the disparity we talk about. When we look at all causes, what we see here clearly is a map of Travis county. The black area obviously represents the city of Austin. The areas outside of Travis county. Obviously the darker the number, the highest the rates for all mortality. And so what we see is the eastern part of the county and the city and the southeastern part of the county and the city, we have higher rates. We do have pockets out in western part of the city and county that have higher rates overall and intervention is needed there. But

we look at the significant disparity in terms of race and ethnicity, they are on the eastern part. The red circles represent areas where there are no full service grocery stores in those particular communities and we put that because one of the factors that we'll talk about is the impact of food deserts and access to healthy food have on areas where we have high rights of mortality. There's scientific evidence that clearly indicates that access to healthy food has a significant impact on healthy outcomes. When we look at age adjusted mortality for cancer, we see similar patterns and as I go through these maps, I want you to note that the same areas we see are the same areas, regardless of disease. So whether it's cancer, diabetes, hypertension or the like, these areas of the city and the county are disproportionately impacted. The other thing is these are the same areas who have lack of access to healthy foods, lack of access to transportation and also lack

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of access to health care. Most of our health facilities are not in these areas. So when we look at cancer mortality, we see the same pattern. When we look at cardiovascular disease compared to in our county, we see the white non-hispanic population is doing fairer -- better than that than all of the rest of Texas compared to other whites. When we look at the black non-hispanic population in Travis county compared to other blacks in Texas, we see there's a significant disparity between blacks in Travis county and blacks in the rest of Texas. When we look at the hispanic for all races in Travis county compared to Texas, we see that that disparity is not as prevalent, particularly in cardiovascular disease we see in Travis county the African-American population has a disproportionate burden compare to the rest of blacks in Texas. When we look at heard disease, once again we see similar patterns. Eastern parts of the county, pockets out in western parts of the county in the same areas where we have food deserts we see the same patterns for heart disease, hypertension and hyper tensive renal disease, in the city, outside of the city, also in areas where there are limited or no healthy food access points. Diabetes. When we look at diabetes in terms of our comparison to other parts of Texas, we see the white, non-hispanic population is relatively doing better than that of whites in the rest of Texas. For blacks, in Travis county, we see a significant disparity compared to other blacks in Texas. And in Travis county, hispanic all races, we see faring a little better than

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the rest of hispanics in Texas. When we look at the mapping of diabetes in our county, what we clearly see is that the eastern crescent of the county is reflective of a significant diabetes effort or needs in our community. Both inside the city and in the county. Infant mortality. What we have seen over time is the infant mortality rate overall in this country and in this state and in our county are improving for the most part. What remains stable, going down, roughly 7 per thousand deaths overall. Both for the county and the nation and in Texas. But let's look at Travis county. When we look at the infant mortality rate for African-Americans Travis county, we see significant disparity. We'll see in a few moments those Numbers are almost twice that of other populations. We see this pattern across the country, not only in Travis county, no for African-Americans. It is historic, this situation has continued to exist and we need to address that but significant in Travis county, even though the Numbers are overall across the state are doing better or about the same, the disparity, this gap that we talk about still exists in our county. The difference between the life expectancy of a baby under age of a year -- that disparity is still there. The difference between here and here is significant. We will see that here. Infant mortality rates for whites in the U.S., Texas and Travis county are relatively similar. But both in the U.S. And in Texas and in Travis county we see those Numbers are

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significantly negative in terms of African-Americans. When you look at the causes of infant mortality, we can see clearly that conditions originating in the perinatal period are significant in the African-American community. So intervention efforts in those areas are definitely needed. When we look at congenital malformations, we see particularly in the hispanic population there are significant disparities. When we look at accidents and homicides, African-Americans are significant. We look at other causes particularly in African-American. When we look at all of the areas of infant mortality, all factors, there are many factors that's contributed to that and intervention in all of those areas are necessary to reduce these Numbers. Now, look at teen birth. We want to highlight particular because these are significant Numbers. In the hispanic population particularly. 2012, there were 14 births -- females under the age of 14. The mother's age was -- there were 322 between the ages of 15 and 17. And 546 between 18 and 19. There are significant issues in terms of addressing and working with that hispanic population to address the significant disparities. Compared to the other population. So intervention efforts, particularly in teen births, are needed if we're to turn those Numbers around. H.I.v. One -- what we want to emphasize here is the number of people living with H.I.V. By race and ethnicity. What this chart clearly says is that there are white non-hispanic larger Numbers in terms of living with H.I.V. Most of those are msm or men having sex with men that are contributing to that factor,

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followed by hispanics in terms of all races and African-Americans in third. Followed by others and unknown categories very small. These are actual Numbers of people living with H.I.V. When we look at the prevalence rate, that is that proportion of population with the disease to those who are in that population, we see the significant gap. And here is where the disparity exists. Once again when we look at the prevalent rates, these are the percentage of people in that population with the disease. We see that the African-American population is significantly greater than other populations. And so the disparity exists between the race, not -- rates, not necessarily the number. The reason you ask why that's important? Because the rates determine the impact on that population. If that population is disproportionately burdened then the likelihood of a healthy outcome from that population is significantly reduced. When we look at our comparison between blacks, whites, hispanics overall population, roughly 50.3% of the population in 2013 were white, roughly 45% of the cases were right. Roughly 8% of African-Americans are in Travis county and yet 22% of the population of those are HIV positive. Hispanics 33.5%, and 31% of the population are living with H.I.V. 8% for the other population and roughly 1% living with H.I.V.

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When we look at Travis county where actually the cases are occurring, what we've noticed is that over time zip code 78704 was the -- had the largest number. What we have seen over time the number of cases of HIV have moved from zip code 78704 to over to 78721 and this eastern crescent. So 54, in the eastern part of the county. We see the Numbers have moved and shifted to areas that are predominantly populations of color, so we can see this clearly in terms of changing demographics. Quickly, we will go through some of our other stis or sexually transmitted disease. We see the disparity here as well. In Travis county we have our higher rates compared to our counter parts in Texas. One of how a younger sexually active population contributes to that factor. When we look at Travis county particularly in terms of disparity, gonorrhea rates significant disparity between the population here. African-American, hispanic and whites. Chlamidia in Texas, once again we have higher rates in Travis

county than in Texas. The rates we see the same pattern here. Primary and secondary syphillis, patterns here as well. The issue of disparity is

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clear in terms of the Numbers particularly as we look at rates. Travis county, Texas. We will now call upon our medical director and health authority to talk about public and private gardens and food deserts that we have identified in our county. I emphasize the importance of remembering the maps that we've talked about, the areas where that occurred and look at the data as it reflects on those as well. Dr. Wong. >> Thanks, Shannon, I'm going to show you a few slides regarding access to healthy foods or food deserts. The population can have access to healthy fruits and vegetables or other healthy food options. These are some slides, graphics from the city of Austin office of sustainability report, the state of the food system which I hope that you have seen, it came out in April of this year. This first slide just shows community gardens, public and private. So thus far to date community gardens have been primarily located in the central Austin areas that you can see and so we are saying that by expanding to underserved more suburban areas, then we can have that access to fresh produce and what we talk about is that people can make the healthy choice the easy choice. This is another one. This shows areas of Austin with limited access to fresh food and so you can see that similar geographic sort of the eastern Austin area showing that those areas with fewer grocery stores and reduced access to fresh produce, that's the areas that people are more likely to go hungry, more prone to dietary disease. All of these maps overlaying, seeing the distribution of chronic disease that burden or are consistent saying where we can see the access to healthy foods and the limited access to healthy foods. Then this is farmers markets. The report on the state of the food system notes that Texas has the fewest farmers

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markets per capita in had in the country. If we could strategically increase these and put them in places where there are these food deserts, that would help increase that access, address food insecurity and, you know, there are considerations to making sure that the logistics so that people have access to these after work, on weekends, things like that are -- are actually making it more viable and available to these needed populations. Finally, just going to show one of the behavioral risk factor data points for prevalence of overweight and obesity in Travis county. If you look at the demographics, overall, you know, about 57, 58%, but that distribution males more than females, older population than the -- have more overweight and obesity than the younger population, but consistent with what Shannon was presenting, African-American, hispanics have higher rates of overweight and obesity, less education, less than high school graduate, high school graduate and some upper level education, have higher rates of obesity and then the lower income populations have higher rates of obesity. Next ... >> We're going to ask Dr. Rose maria to talk about the things that we are doing, we don't want to imply that there are no activities underway, so we'll talk a little bit about things that we are doing to try to address some of those efforts. >> Good afternoon, I'm the assistant director for maternal and child adolescent health. As you can see here is a list of grant funded initiatives focusing on improving birth outcomes and addressing the issue of teen

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pregnancy, we have a maternal infant outreach program in the healthy families program. Both of those programs are funded through the 1115 waiver funding that we currently have. Both of them are addressing the -- on improving birth outcomes and infant mortality. We also have W.I.C. Services

throughout Austin, Travis county and bastrop. We have 14 clinics. Throughout the area. We recently received a healthy Texas babies initiative funding which allows us to -- this is more at a policy systems level, intervention, where we work with different health care providers, health and social service providers to look at what they are doing and how we can come together to better strengthen our efforts. We also have the Austin healthy adolescent teen pregnancy prevention initiative. This one is an 1115 waiver funded initiative where we recruit youth, we train them at peer educators and then they in turn go and hold activities with -- with other youth. The youth adult council is also funded -- it's funded by the department of state health services. This one is specifically focusing on looking how can we provide support, emotional, academic and leadership development to youth in our county that are at high risk for HIV, STDs. I have -- we have funding to the Latino health care forum here. This one, somebody might be able to speak in more detail about it. >> Yeah. We have provided funding through the Latino health

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care forum by way of Huston Tillotson to actually go out and do forums and present data and they will be, over time, sharing with you some of the results of the findings they have. So there are a lot of efforts to look at these activities in and around our community. Additionally, we have another project that I would like to share, I will call Ms. Stephanie Hayden our assistant director for community services to talk about the initiative around addressing ethnic and racial disparities, particularly in the African-American community. She will talk about the African-American quality of life efforts. >> Good afternoon. As Shannon Jones stated, I am Stephanie Hayden, the assistant director for the health and human services department over the community services division. The African-American quality of life, we have a goal to prevent disease and promote health through education and health screenings in underserved community and we do that through several ways. We have a health van that goes out and in various areas and we're able to do some screenings and testing, so we do blood pressure checks, blood sugar. We also do pregnancy testing. We will team up with our HIV outreach team to do some testing as well and then we connect individuals to -- to medical providers so they will have then a medical home. In addition to that, we do educational workshops in the community. Which may focus on diabetes, healthy eating, as well as some community engagement processes that we do. One big thing that we are doing is looking to increase our partners so we've been working with community based

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organizations as well as faith based organizations to -- to provide that service in their church, so, for example, we'll do a program with heart 360, where -- where churches are able to have a program where they are taking a holistic approach to health and wellness. We are also -- we also have a component where we do job fairs. Because we know there is a direct connection to unemployment and poverty. And so -- so we work really hard to get individuals employed and/or to improve the current employment situation by connecting them to an employer that will provide them a better way of living. And then we leverage partner resources. So councilmembers, that's sort of an overview of the problem that we've identified here. Some of efforts that we have underway to address those. But I would emphasize to you that these efforts are far short of what's needed. As you've heard earlier in the presentation, there's a great need for resources to address the disparities that we see in our county. This is a healthy county. We have a lot of good things going on. But there's -- there's seriously parts of our county that are not doing as well. So we encourage you to use this as an opportunity to -- to address these issues. We now stand available to answer any questions that you may have about our presentations. After which we will have a follow-up discussion of the -- of the health equity report that was requested by council and the --

the members of the working group will come forth and present that. But at this point in time we will be happy to entertain any questions that you have regarding the presentation that we have done thus far. >> Houston: Thank you, Mr. Jones. Members, are there any --

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councilmember Garza? >> Garza: Not a question. I just wanted to thank you for all of the work that you have done on this, Mr. Jones. I think this presentation has just reinforced that we're at the top of that, one of those lists that we don't want to be at the top of, which, you know, is one of the most (indiscernible) Cities. I really appreciate, I like the mention of the food deserts. It's my understanding that this committee will delve more into food deserts at a later time. But this is definitely something that -- that we need to start -- we need to look at funding some of these programs that -- that teen pregnancy among hispanics is an extremely shocking number. How long have the programs that were mentioned, how long have they been in effect? >> Well, very vary. Depends on which program you're talking about. The African-American quality of life has been in existence since 2005. Some of the other ones I will ask them to speak to. Rose Marie can speak more to the teen pregnancy programs. >> Thank you for your question. The peer-to-peer program focusing on reducing the -- the Numbers of -- of births to teens has been in existence for about a year and a half. It is an 1115 waiver project. Yeah. And the -- and the one focusing on prevention of HIV is also a relatively new program. About a year and a half. >> Okay. Is there any -- is there any data on, you know -- has that number gone down since the implementation or is it too early to tell since it's only about been a year? >> It's too early to tell. Over all the teen pregnancy rates have been going down. However, as you can see by the Numbers, we still have a long ways to go. >> Okay. Thank you. Any further questions? Councilmember troxclair?

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>> Troxclair: I guess along the same lines as the question that councilmember Garza just asked, I would be curious to just better understand. So much information, I know a lot of these issues are a lot more complex than what we are going to solve in this committee today. I would be curious to better understand how long the programs have been in place and then what the results have been as those programs have been in place and, are if possible, the funding that has been tied to those programs so we can see what has really been effective, what has really made a difference, that way we can better know where to focus our money if possible. I know that's a lot of information to ask for. But I would like a better concept of how -- I mean, I'm feeling a little hopeless up here at the moment of how to then move forward or how to address some of the issues that were raised. >> Well, we'll be happy to provide you the specific response by program in terms of amount, money and how long. The goal of this was to identify our efforts. Many of these efforts, most of these efforts have been relatively short as rose Marie indicated within the last five years. The African-American quality of life initiative has been around primarily because it came out of a greater effort that the city took back in 2005 to address those efforts. At that point in time, those dollars that were allocated were very limited. It was for basically three staff, over that time the program has gradually grown. But since that time there's not been really any infusion of additional funding into that program. But more specifically, I would be happy to get back with you with each of those programs, the amount of money that they have and the length of time and impact that they have had in terms of disease-specific impact if indeed I'm understanding the question. >> Troxclair: Okay. I think that would be very helpful. Then on the food desert issue, you know, one of the suggestions that was made was to strategically locate farmers markets. What do we need to do in order to get more farmers markets into the places that are the biggest food deserts? >> Well, one of the things

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that we need to do is identify clearly where they are. They've started by doing that. The second part is to incentivize non-profits, cities, businesses and others who actually either operate or have funding for those efforts to go into those areas we've identified. Many of those areas are in what we call underserved areas that don't have a lot of infrastructure. So helping to incentivize incentivize grocers to come into these communities. If you take a line from dessau, Cameron road, down to 183, circle around 183 to the county line, anywhere east of that area, there's only one full service grocery store in that area, that's out in manor basically. There's -- so the area is investing in that. Farmers markets, particularly, we need to talk about, yes, we certainly have a large number of clustered in the center east Austin and center core as you saw in the maps. We have very few, I do mean very few, I could probably count them in one handers of that line. In terms of community gardens, the same things. We need to get partners and others in those areas in taking ownership to do that. Incentivizing, mobilizing non-profits to set up in in those areas are the types of things that we need to do to get them into those communities. >> Troxclair: I understand that grocery stores are a bit bigger process, you have to find a building, a company, attract them. But farmers market that seems like something that we could, between us or the city could host -- that we could -- you don't need the infrastructure. You just need, you know, an available space and -- >> Well -- [multiple voices] -- >> Troxclair: We could advertise, you know, on our own -- >> There's two parts to that question. One is, yes, getting them there. The other thing is getting the citizens to know that they are there and secondly utilize them. That's the education outreach in those communities, working with

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them to buy off and to encourage them. Those are -- all of that is necessary in farmers markets and community gardens, just putting them there will not occur. I will use an example. There was one set on 183 and 51st at the ymca a few years ago. It was a great effort in intent to get a farmers market. But if you know anything about the geography of that area, the people particularly who would benefit from that, would have had to walk through wooded areas on a freeway or other ways to get to them. So putting them there is not just the answer. It's also having them there, having people aware of them, getting community buy-in and support and supporting them. To all of that is part of setting up the farmers markets and community gardens as well. >> Troxclair: Okay, thanks. >> Houston: Mayor pro tem? >> Tovo: Thank you. I have two questions. I guess my first involves the extent to which you can fold in any information about our asian-american population and -- in the community and the extent to which these health disparities are reflected within that population. I know that when the asian-marijuana quality of life score card came forward, it focused a lot, as I recall, on health disparities and health services. So I wonder if you could just speak to that for a moment. >> Ye. Recently the asian-american health assessment identified significant disparities, particularly in the various Asian communities, particularly around cancer, diabetes and some of the other ones. The data that we have collected and presented here is data that we had available. We're in the process now of trying to dig down. Because when we look, particularly Asian communities, we have to collect it particularly in that area. And so, yes, there are significant disparities, particularly parts of -- particular parts of the country, primarily northern part of the county, north central and south part of the county, areas where there's impact on the asian-american community. That's not reflected in here

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because the data at the time we produced the report did not have all of that data. We're in the process of updating that. >> So the data that was collected during the asian-american quality of life health assessment, I have forgotten the exact name, that data was not broad enough to include within this report or -- >> It wasn't broken down all over the county the way we have done it here. We're in the process of trying to do that for our second update for you that we plan later in the year. >> Tovo: Okay. But it would be a fair statement then to say that we are seeing health disparities within the asian-american community as well? >> Absolutely. >> Tovo: Okay. I just think that's an important point to make as we're talking about -- >> In our data that presented, unfortunately because at the state level, the way data is collected, historically over time has been lumped into other categories, we are in the process of trying to deaggregate that. >> Tovo: I see. I'm glad that work is underway and that we'll have an opportunity to review that as well. In the meantime, I hope that we can consider that in terms of our deliberations. >> Exactly. >> Tovo: We don't want to overlook that. My next question, you ended the presentation by talking about the efforts, review of the efforts, talking about the efforts falling far short of what is needed. I know that's a much longer discussion. But what in your estimation is needed? >> Well, that's a great segue question, mayor pro tem. Because we have -- per your direction, council direction, have gone out into communities and began the process of looking at health inequities in our community and we will be presenting shortly a result of that. And clearly identifies some of the same areas that we've identified intervention efforts and strategies to address that. And so we talk about services that are culturally appropriate, non-traditional, and community based. Those are the types of things that we believe intervention efforts through

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both non-profits as well as through more city intervention, that can begin to address the types of issues and problems that we've identified. Disease specific as well as holistically as well as in terms of the population as a whole. We'll talk a little more detail in that -- the working group will talk specifically about their recommendations in that point. >> Tovo: Great. I appreciate that. I've had an opportunity to meet with a few members. I have a sense of what that conversation might look like. But I appreciate hearing from the staff perspective that it sounds like you're in agreement that our methods need to -- part of the strategy is going to be an adjustment of methods as well as potentially increased investment? >> Absolutely. We'll see in a few moments, we've identified the first short-term effort to begin that. This is a long-term process. We didn't get this way overnight, we won't solve this overnight. We'll talk about shortly some of those types of strategies to address this. As mentioned earlier. I'll use this as an opportunity that Mr. Howard said earlier. Many of the problems that we face can be impacted by investments in health, these strategies are ways to begin to too that. We hope, encourage you to consider those when you are looking at these efforts. >> Tovo: Thank you. >> Houston: Mr. Jones, I want to thank you and your staff for the presentation. I have a couple of quick questions. On the key activities that the slide that talks about maternal and infant outreach programs down to young adult counsel. How many of those are city funded and how many of those are as a result of grants? >> Yeah. >> The majority of that is funded by grants. So we have -- I would say about 95% is funded through grants that we receive, either through the 1115 waiver program or the department of state health services. >> Houston: Any federal, well the 1115 waiver is a federal program. >> Yes. >> Houston: Okay. So the majority of the work

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that you do now is not funded by the city, but by grants that you all write and receive? >> Yes, ma'am. >> Houston: Well, you've done a great job. But we need to make that more stable and get you a better

foundation. Of the -- the other questions well the other statement is that I have been in conversation with both sustainable foods and urban roots about the fact that we need to have more farmers markets and I have not been in touch with the private providers of farmers markets, I don't know who they are. But the fact that they need to look at moving some of those opportunities into areas where there is a -- where there are food deserts. Hopefully they are hearing me say that publicly now, even though I've said it to them privately. So that they begin in their next iteration to begin working on that. I want to give you kudos on providing health care in your health vans to the taxicab drivers out at the airport. I think that's a serious concern that we have healthy cab drivers and so the mobile van goes out there and makes sure, takes blood pressure, glucose tests, connects them with physicians so that they can follow up health care. Because if we are a tourist city, we need to ensure that the people who drive our cabs are as healthy as we can make them. So thank you all for doing that as well. Now, it's my understanding that's the first part the presentation. >> That's correct. >> We've asked questions. Now we'll go to the second part of the presentation and then we'll have time for questions. >> Yes. >> Houston: Thank you. As people are coming up from -- from the next group, there are about one, two, three, four, five, six, seven, eight -- nine people who have signed up to speak. That is how many minutes?

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Hmm? 27 minutes. I know that it's important that we hear from people in the community about their concerns. I would like to ask just to take just a minute to see if we could collapse that into -- it's 27 minutes of public testimony that we have on the sheet, and how long is your presentation? >> 10 to 15. >> Houston: 10 to 15 minutes. That will keep you close to the 20 minutes? [Laughter] >> Houston: Because there are such sweet smiles out there. Let's get rolling. Do you want me to call the people who have signed up first? The moms? Are you going to do your presentation first? >> Presentation first. >> Houston: Let's go. >> Okay. Tonight -- this afternoon we're about to give a presentation per your recommendation. On may 7, council passed a two-part resolution that requested the city manager to establish a working group to gather information for improving health outcomes from infants, mothers and other members of the community. We've already presented to you the negative health outcomes so this part of the presentation is to talk about strategy short-term to begin to address that. We were to provide a progress report, including the initial recommendations and potential items for budget consideration to the health and human services committee by August 3. And in our presentation today, we're doing that. We're to present a final report by December 7 to this committee. The second part of the resolution directed city manager to coordinate with the working group and other departments to evaluate the impact of existing cities and

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policies and practices have on health equity and evaluate best practices in other cities, to develop recommendations for addressing race and social economic-based inequities throughout the city, develop an equity assessment tool to be used by every city department doing, but not limited to the budget process. To provide a progress report including the initial recommendations in finding to the economic opportunity committee by September the 14. The final report by December the 14th. Hhsd and stakeholders met to discuss the second part of this resolution. Because of the significant nature of work involved, it will not be available by September 14 and we've asked for an extension for that time frame. Just quickly, a background. We put together stakeholder groups based upon the resolution we were directed. So we included representative amalgo, alliance for African-American health in central Texas, immigrants rights organization, formerly the Austin immigrant rights coalition, vibrant women, and the city of Austin health and human services department. The stakeholders met between may and

August. We had 6-plus meetings, both with the community and with the working group. We developed short-term goals, which you'll hear shortly and developed a community engagement process. So the presentation that will be presented now, I'll turn it over to the representatives who we have here, with alliance for African-American central Texas, Ms. Kelly Coleman, who is also with vibrant women, we have mama Santa vibrant women and Priscilla with algo. So we turned it over to them to give you the results of those efforts and the

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forthcoming recommendations. >> So thank you all for allowing us to be here today. So during the stakeholder meetings, the group agreed to initially focus on the following four issues with specific program requirements. And so the areas was -- were chronic disease for African-Americans and included within that were diabetes, cardiovascular disease, sickle cell disease and H.I.V. And AIDS and also mental health access for immigrant communities, as well as maternal and infant health for communities of color, and sexual handle and wellness, including H.I.V. And AIDS for the lgtgq communities of color. As part of the requirements what we suggested is the programs be community-based interventions culturally specific and nontraditional and innovative. What we mean by nontraditional is using traditions culturally specific, meaning from our historical perspective many of the ways in which we have addressed health disparities and issues related to our communities come from our traditions and our culture. So oftentimes we're like what do we mean by nontradition. What we mean is nontraditional in the sense that they often are presented in clinics and healthcare facilities. Despite the fact that Austin has -- is Austin is one of the fittest cities in the U.S. Is why we decided to focus on chronic disease around African-Americans as the disparities, as you saw in Mr. Jones' report, there were multiple areas in which African-Americans led deaths in many areas. And so it was four out of the seven leading causes of deaths reported. We also focused on mental health access for community -- for immigrant communities, as Austin has been recognized as

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one of the welcoming cities for immigrants and one of the issues that we see is many immigrants and families who fear deportation or interfacing with ice often have mental health issues related to being separated from their families. So that would be a system to provide connections. In addition to that, there's no clear indicator of health -- of the health of the community that -- of a community, sorry, than the health of its mothers and infants. In Travis county, birth outcomes continue to be characterized by stark disparities between rational groups and morality rates 2001 African-American and Latino are higher than average for the state of Texas or the U.S. As a whole. Access -- what we know is access to prenatal care is a key factor in determining such health outcomes in African-American and la Latino mothers. They're more than three times as likely as white women not to receive any prenatal care in the first trimester of pregnancy. We also focused on sexual health and wellness. As we know health disparities continue to be desist proportional in color. Lgbt are likely to struggle with comorbidities but not limited to H.I.V. And AIDS and chronic diseases such as cardiovascular and diabetes. Thank you. >> Hello? So as part of the process of the working group that we've developed as a result of the resolution, as Shannon mentioned, we've had multiple points of community engagement. So besides the community organizations involved, we've also -- vary intentionally involved residents, especially those directly impacted by these disparities. So before I go on to -- I want

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to pause and say and part of that community-engagement process is continuing here today and throughout. So I wanted -- I know that only a handful of people will get to speak, but I wanted to ask that those who are here to support these efforts and who have been involved in this to please stand up. [Saying names] [Speaking non-english language] I just wanted to take a moment, and there's -- for everyone to be acknowledged who is part of this effort and we have all the kids out in the lobby with some child care volunteers. So this is part of our community engagement, is to be involved in every step of the process. Today was particularly hard because of the time, but we still were able to get people -- people really want to be part of the process and I wanted y'all to know that. So throughout the working group meetings, we held two communitywide forums. One in south Austin at the southeast community health and wellness center on the ninth and one on the north side at the ymca, rundberg ymca. We had a great turnout. 63 people signed up at one, 38 in the other. In these community health forums, where we actually had more people than expected, the rooms were packed. We have a picture coming up soon. We thought that people might want to speak a -- a few people might want to speak and then we'd break into small groups. But it turned out that we had everybody that wanted to speak and share their stories, and so it's not just a quantity of community engagement, I think, that we've had, but it's also the quality, that people want to share their experiences. Both of -- struggling with the current health system, having experiences of not having access or being treated with

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discrimination or not being welcome or not having relevant care. We heard many, many stories like that. But we also heard stories of people who found positive experiences in community-based kind of not -- nontraditional in the sense of not mainstream services that shared really beautiful stories as well. So all of that we have for you to read through everyone, if you'd like, but we compiled the themes that came out of these meetings. And what we heard was that people were interested in healthcare services that are based in communities, both geographically and culturally is that the services are culturally specific and culturally relevant, and that is not the same thing as culturally competent. Culturally competent is when people get trained to work with other people. But people are asking for more than that. People, we know through research, that when your provider looks like you, speaks your language, and can relate to you, that -- you're more likely to participate in your healthcare and to have a higher satisfaction of care. So we heard that. We also heard people saying that holistic approaches were what they wanted, and it shouldn't just be people who can pay a lot of money to have access to acupuncture and message and other modalities. We heard a lot of people saying they wished everyone could have access to midwifery care and it shouldn't be if you're on medicaid or low income that you only have the option of going to the hospital. We heard a lot of examples of people wanting experiences with peer supporters, educators, or practitioners, and all kinds of accessibility issues, such as language, transportation, timing, scheduling, et cetera. Those were the main things that came out. Thank you. >> So as Paula mentioned we

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had great participation in both of our community forums and we asked three questions of the attendees. The first question was what do you think about the four issue areas discussed? And when we presented the issues, we got overwhelming response that they thought that those issues were ones that need to be addressed. We had two ways in which participants could provide their feedback. One was in written form, and then also through the opportunity to speak to the entire group or also in the Saturday session they broke off into small groups and we presented these questions as well. As Paula said, many attendees shared their personal experience, some very positive, about some of the approaches that we

presented, like the midwifery services. Is and then some talked about not so positive experiences with some of the healthcare systems that they have encountered. So it was very dynamic and very fruitful conversation that took place in both of these forums. Our second question was, in your opinion, what are the areas -- other areas should be included? So we knew going in what we had was not an exhaustive list but, again, a starting point. And some of the other areas that came up in the sessions, one was crisis intervention and basic needs. So basically before you can even think about, you know, health from a preventive standpoint, if you're in a domestic abuse situation, don't have basic needs such as shelter, food, it's hard to think about other things. So crisis intervention was important. The elderly. That came out loud and clear as being an area that there definitely needs to be attention. There was mention of social isolation that sometimes takes place with our elderly. They still want to get out and get some type of physical activity and just have those social connections that sometimes doesn't happen as you age. Mental health, and we all know in this community that there's

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a shortage of mental health services, and that came out loud and clear as well. This network of community health workers is important. Again, when you talk about community-based work and intervention, having people who are in the community actually being the ones that are doing the planning and are doing the execution is critical. And so the need for having persons who are in that type of roll is very important. Social and emotional development, particularly around our youth, recognizing the need to identify early issues that youth may have and taking care of those and having the ability to address those at an early age so as they move into adulthood those problems won't fester. Then, again, youth was another area like the elderly that was stated as being an area that they felt needed to be addressed as well. Our third question was, are there health programs that you have participated in that you felt were effective? And we did have a number of programs that were mentioned, and those will be included in the report that you will receive. But, again, the basic characteristics of those programs that they thought, again, were that they needed to be community-based, peer. Supported, have accountability. So there needed to be a way to certainly make sure that those programs are working and meeting the needs that they say they will meet and then having accessible services. So while it's important to have, you know, centers and clinics where people can go, there also needs to be other means in which people can access services, either, you know, coming to their locations, also, you know, the phone, and then making sure that the language is appropriate for all those in the community so that they can get the services they need in the appropriate language. >> Hi. And so after compiling all that information and kind of going through it and analyzing

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everything, the recommendations that we want to set forth to the council, to the city, are that the program requirements be community-based interventions. And what we mean by that is it be programs led by organizations in the community that have people a part of them that are most directly affected. Not just any old nonprofit out there floating around. I wanted to -- because there are all kinds of different definitions of community. Culturally specific programs, nontraditional and innovative and focuses on individuals or groups disproportionately impacted, so people of color, elderly immigrants, lgbt Q folks and youth, and the issue areas, again, are chronic disease for African-American communities, so diabetes, cardiovascular disease, sickle cell, H.I.V. And AIDS, mental health access for immigrant communities, particularly those facing deportation, maternal and infant health for communities of color, y'all saw the slides and the information earlier around infant and maternal health here in Travis county. We need that. Sexual health and wellness, including H.I.V. And AIDS for lgbtq

communities of color. So what we're asking for -- and we'd like to lien on the -- lean on the memo spoken about earlier in the memo. We're going to ask for $1,050,000, which isn't that much. But we think that it's a starting point for something -- for a longer process that we'd like to see implemented in the long-term in order to close the gap that we've been seeing. These are longstanding health disparities that we'd like to see a change in. So thank you very much for your time this evening.

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Questions? >> Houston: Thank you so much. Members, are there any questions? Councilmember Garza? >> Garza: Thanks for the work you did on this. Was that a picture from one of the community centers? >> Yes. >> Garza: That's amazing. Wish I could get some of that in my town halls. [Laughter] >> Garza: How did y'all come up with the specific Numbers, like the $100,000 for the mental health access and did y'all work with staff, city staff, to determine? >> We did. We worked with city staff, we had several meetings around just that. And we kind of put together a baseline of what we thought needed to happen to get started. And something that made sense to ask for. We couldn't come in here and ask y'all for, you know, $10 million. We also know that throwing -- throwing a lot of money at programs doesn't make sense, but to have a really kind of intentional way of spending those dollars. So that's how we came up with it. Does anybody else want to speak to that too? Okay. >> Garza: And -- >> In the report -- I'm sorry. >> Garza: No. >> In the report, there will be kind of a breakdown of how that looks. >> Garza: Okay. >> But that's why we've -- we're up here together and really tried to make this a collective effort, was so that we didn't prioritize one over the other. Because we think that these programs are needed kind of as the catch, right, for folks who aren't -- who aren't getting services or who need services. These are, like, the marginallized of the marginallized, if that makes sense. >> Garza: And the emphasis on community-based, I believe that would be effective, but, for example, dove springs is in my district. >> I'm from dove springs. >> Garza: I know, we've had a conversation outside of the

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rec center. Are you -- what would be an example of -- you said you don't want to get -- what would be an example, for example, of the maternal funding? Is there a community-based organization right now in that area that could take that funding and use it for these programs that you want? [Laughter] >> Garza: And if not, what would we do with those communities that don't have that already? Would the city be -- basically I'm asking would the city have to have more staff to provide these services? >> I think that what we're asking for is that there be a process -- if the funding is approved, that then it would be a vetting process of the department of health to figure out which are community-based organizations that are embedded in communities that can do this. And that is something that we're not at the point of asking. We're asking for the money to be allocated and that then we know that the health department would go through a process of R -- rfp process to vet for which organizations have the capacity, the track record. We have criteria of what would the organizations have to -- what track record, what leadership composition, what membership composition would organizations have to have in order to apply for the funding. >> Garza: And the number that was allotted to the maternal and infant health, does that encompass the midwifery, or is that outside of this? >> Yes, it does. >> Garza: And so there's nothing -- I didn't know that medicaid wouldn't allow folks to not take a midwife option, which is interesting because it's less. >> It's cheaper, yes. >> Garza: Yes. And we obviously can't change medicaid requirements because that's a federal program, but so would this $300,000 -- $390,000 fund, like, say a mother on medicaid? It would allow her -- >> To go get a private

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midwife? >> Garza: Yes. >> No. I think that -- no. That's not a cost-effective way of doing it. What the proposal speaks to is community-based organizations working with a number of midwives to do community-based group prenatal care with a team of midwives working together. If we were to allocate that money to pay individual women to get a private midwife we wouldn't be able to care for as many women. Does that make sense? >> Garza: Yeah. All right, thank you. I don't have any more questions but I do want to make a motion. >> Houston: Can you hold on just a moment? We still have speakers. Do you have -- mayor pro tem? >> Tovo: I don't really have a question either. I want to thank you for the great work you've done in a very short period of time and really have been so successful at engaging lots of members of the community and thanks to all of those of you who took time out of your afternoon and brought your kids down here to participate in this process. I sure appreciate it. I would encourage you, as I mentioned in our meeting and indicated before, you know, in looking at the asian-american health assessment done and supported in part by -- you know, it was a city partnership, I mean, there are very alarming trends within our asian-american population too with regard to mental health and other things. I was just looking at some of the stats older asian-american women have the highest suicide of all women aged 65 or older with elder Chinese ten times higher than those of white women. I want to see all of the initiatives we're doing at the city working together so I would encourage this process, as it moves forward, to really work closely with the work that we're doing as part of the asian-american quality of life initiative. And likewise, we do have a commission on seniors, and I think they would benefit from hearing some of the feedback you received in your community engagement discussions about -- that was particular to the needs of seniors. So, again, if we could kind of

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connect all of this great work with some of the other initiatives, I think that we would get more leverage out of these discussions. >> And I think what Shannon -- what Mr. Jones said earlier, I just wanted to reiterate, is that we did a lot of work in a very short a time to kick start this effort, but that this would be the first year of a health assessment with proposals to the city. But we would hope that the resolution now is institutionalizing such a thing that would grow and broaden and include other communities in a meaningful community-engagement process. That will take time to have all the communities represented that you're mentioning that make complete sense, and we will take that into consideration. Thank you. >> Tovo: Thanks, again, really great body of work. >> Houston: Thank you so much. Mr. Jones, before -- because I believe in capacity building and part of that is having young people who have -- young women who have participated in this process to come forward and share their stories, let me ask you a quick question. There was a resolution passed in December 2014 that the council passed that formally adopted a policy goal of investing $15 million and some change, and so -- in social service contracting and investing $12 million in the health and human services department, within that three to five-year period. Is that in city manager's proposed budget? >> That is not. That was adopted by council, and it's up obviously to council to move forth with that recommendation, if they so choose. A couple of quick caveats before you call upon them. One is that those resources would certainly go a long ways towards addressing the issues that you've heard presented here today. That kind of investment spoken

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to earlier by others would certainly go a long way to addressing those. The second thing is that the report that was alluded to, as I said earlier, will be submitted to you by -- this week. So you will have the details specifically of what's been asked resulting in the amount of dollars that the working group has asked for. We stand available after that to answer any questions you had regarding that report, but it

does speak, councilmember Garza, to some of the specifics you asked for and the allocation there to. Remember, as Paula has said earlier, you asked to us do this in a very short period of time. We've done the best we can given the short period of time. We think we've given you an overview of the first phase. Part two, however is to begin to look at the bigger picture of not only the health piece but also the socioeconomic piece that impacts that. We've been in contact with other city departments and are look agent other players within the community to begin to address the whole aspects of the social determine intense so all the citizens can have healthy outcomes and not just parts of it. >> Houston: Thank you so much. >> Thank you. >> Houston: We will ask Sarah zavalata to please come forward. Is she here? Is she coming? She left, okay. So let's go down to Ann tishe. >> Good afternoon, members of city council and health and human services. I'm the district 3 trustee for the Austin independent school district, active member of the north Austin civic association, an area in the rundberg area, a neighborhood in the rundberg area, and I'm

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a member of the restore rundberg revitalization team. And I am coming to, number 1, voice support for one voice central Texas. I think their ask is very important if we're going to create a safe, secure human infrastructure here in Austin. I also regret that you were not able to hear the presentation of the Latino healthcare forum on its runt berg community innovation zone so I'd urge you to have that presentation at some point because I think it fits in with everything that was discussed prior to this. I am coming here to urge your support for the rundberg community innovation zone proposal, specifically the hiring and training of community healthcare workers because I think that will make a great difference not only in the rundberg area but will serve as a model for the rest of the city in the areas discussed by previous groups. We have already had the research done, community health assessment done by the Latino healthcare forum. It's thorough and once again that's part of the presentation we hope you'd be able to see today but it was not possible. And the rundberg revitalization team has provided a letter of support for the rundberg community innovation zone so we have that group of people, community stakeholders, supporting that proposal. So I would call that to your attention. I would also let you know or remind you that the rundberg area contains large asian-american populations and we are quite aware of their needs, as well as the needs of our Latino community and our African-American community. All of those communities have been involved in community engagement activities which have been going on for six or seven months, once again, those figures are in the presentation by the Latino healthcare forum. So I'd urge you to have that presentation at some point so you have that information. Finally, I would say that rundberg has been historically -- that the

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rundberg area has been historically ignored by the city and is in great need of the kind of services that have been mentioned already in various presentations. The community innovation zone that's being provided and particularly the community healthcare workers, would be a first step in addressing some of those needs and those involve safety, health, affordable -- or housing affordability, and transportation issues. So I urge you to look at that presentation at some point and to hear the data that has been already assembled. And I would urge you to consider the rundberg area, particularly the restore rundberg grant zone, as a pilot for all of the initiatives that have been already mentioned today. And I appreciate your attention. >> Houston: Thank you. And you've got a lot of extra time because they didn't set the timer. [Laughter] >> Okay. >> Houston: Thank you so much. >> You bet. Thank you very much. >> Houston: Please set three minutes on the timer for the next speakers. Monica Guzman. >> Good evening. Thank you for this opportunity to speak. Like Ann, I am also a member of the restore

rundberg team. I support pretty much everybody that's presented, one voice, the group of community activists over here, I've known a lot of them for several years. So I support what they do. I went to their forums, and hopefully successfully demonstrated how what they're trying to do does work with restore rundberg. Perhaps we can somehow work together, partner together. I invite them to our meetings. But regarding the Latino healthcare forum, as Ann said, I do hope you get to see that report soon. They've already completed phase one. They're ready to go to phase two. You know, being shovel ready. I support their proposal. They have already received

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support from the asian-american quality of life, as well as the Latino hispanic qualify of life and restore rundberg team, as well. Our grant zone includes an immigrant community, refugees, documented, as well as undocumented, and not all of them would want mainstream healthcare. That's part of the reason I'm speaking also regarding the disparity group that was part of Mr. Jones' presentation. We also have, my goodness, we do have an lgbtq community in the rundberg area. I don't know the percentage but I do know they are there. Pretty much everything that Ann said is a ditto for me. >> Houston: Thank you so much. >> All right. Is the timer working? Okay, good. [Laughter] I'm going to have a -- difficulty with this last name so please forgive me, it's Christy, Tashjian. Thank you. >> Good afternoon. My name is Christy Tashjian. >> Houston: Tashjian. >> I've been a home birth midwife here in Austin for 15 years, and I've recently started working as a nurse practitioner as well. Over the years, I have become increasingly concerned about the quality of healthcare for women of color in Austin, especially relating to pregnancy care. There's a strong need for culturally appropriate care for people of color in both the black and Latino communities. Many women and families choose no care over the types of prenatal care currently available to them. This proposal by the health department and community organizations provides an excellent example of the midwifery model of care geared towards the specific needs of diverse groups of people to ensure cultural appropriateness. This will, in my opinion, help provide women and families with the best maternity care to address health inequities. Pregnancy and birth services that have an element of

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continuity of care provide pregnancy education and allow women to be in groups with others who look like them will help women feel for confident -- more confident in their innate abilities to birth and care gore their babies. The midwives of Austin have tried to figure a way to make the midwifery care financially accessible to low income women of color for many years, both within and outside the hospital system. Midwife care has been proven over and over again to lead to fewer interventions, including lower cesarean rates, higher satisfaction rates among families and lower infant morbidity and morality. It is the time for all women to be able to choose this model of care if they desire it. As it has been pointed out several times today, periods a well-known fact there's a higher morbidity and morality rate for women and babies of color. It's past time for us to do something about this statistic here in Austin. The midwives of Austin fully support the proposal to increase action to high quality, for midwifery model care for women in Austin. Thank you. >> Houston: Thank you so much. The next person is lenari. I'm not sure I pronounced that correctly, la -- >> [Off mic] >> Houston: Huh? That one right there. >> Hello, my name is larnya former, my children are outside. I'll try to make this as quick as possible. I am filipino-american, I came here as a teenager so I am an immigrant. We're a blended family of mixed cultures so that's what I bring to the table. I'm a healer by trade and by calling. The things that I have been -- afflicted me are the holistic way of healing, and maternity care and healthcare, things that are not under any kind of

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insurance or medicaid. Lately there have been some approval but it's not enough. My acupuncturist is actually here and I'm getting prenatal care from her. So it's not insured through anything. I have not checked medicaid, if they have anything, but I will check that out. Right now, I know the focus is disparity between the community of color and we've seen the slides and we can see the huge difference and if we're not really there, we miss out on what that means. It's too much information, and it's too heavy. For us to look past that. We don't get to seat people who are suffering from that. Because I am also a healer, I work with different kinds of people. It's just because it's a community and whoever comes to me. I feel lucky to be served by this group of women. I am filipino manufacture American and just because they do serve mostly black and Latino communities it doesn't mean I'm excollided so that's the power of coming together. So I wanted my son to be here because I actually work with tadulas and just their presence gave me support. Not the partners because the partner is also stressed out during the birth, but the women was there, and I felt -- I felt okay. And that's through the birth. We don't want to discuss the birth. But I'm here to give voice, and I'm one of those people who do not like being here, and I'm shake, my voice, because we're used to being represented. But when you feel that you're not being represented, you feel the need to speak up. We hear this everyday. We go through this everyday. But because we have each other, we get to help each other and it does not mean it's only inclusive to us. It's not exclusive to us. It is for everybody. When we raise one or we raise

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offerings we raise one another. So that's why we come. That four to five was really hard and I don't see the folks that usually are here, but I also know how lucky I am because I do work for myself and I've had that. But at the same time, we're under low income, if you want to look at it in that frame, but we're rich this way. So we come together to put this out there. Because, as -- we're still progressing, it's hard to understand what. [Buzzer sounding] -- It all means but the shift is here and the progress is here and we are here. Thank you. >> Houston: Thank you so much. Let's see. The next person on the list is Melissa Smith. Is Melissa Smith present? You have three minutes. >> Good afternoon. I'm Melissa Smith. A family medicine physician and the senior lecturer at the school of social work at the university of Texas at Austin. I've worked in east Austin for almost two decades, not only as a clinician, but also in collaboration with community-based efforts to understand and address the root causes of health inequities. I commend the city of Austin for recently passing a resolution to establish inequity assessment tool. Given the chronic social inequality we have we have a prime opportunity to promote equity in education, housing, employment, and other social policies, each of which are important in their own right. These are all closely interconnected, such that each is also a powerful social determinant of health. Although physicians play an important role in improving people's health, I'm painfully aware of the limitations we face in narrowing the gap of health inequities in our

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community. I believe our efforts are far more successful when people directly impacted by these health inequities take control of their health through political empowerment, both as individuals and as a community. Today we have heard about precisely these kinds of grassroots initiatives, grounded in the capacity of communities to work for change. These efforts have great importance as we work together to find sustainable strategies to promote health equity in our beloved city. I strongly encourage you to support these innovative proposals which will help make Austin a model for health and social justice.

Thank you. >> Houston: Thank you so much. The next person is Tanya Lyles. >> It's an honor to have time to speak. I'll try not to do dittos because a lot of information that's come forward. I wear many hats in Austin. I'm a teaching artist, also an adjunct professor at ACC, teach language as a second language, as well as adult education, reading, writing, life skills and academic skills. And I'm also a licensed acupuncturist. So in those hats I get to see Austin through a lot of different lenses, and it's interesting to wash how all the statistics come together and a lot of yeses. Yes, food impacts people. So we need to work on the food deserts. And often in Chinese medicine we try to limit the greasy, cheesy, spicy foods, right? And what do you get in most dismounts folks are shopping at convenience stores and they're getting the greasy, cheesy, spicy, all of the things that contribute to things like cancer, stroke, heart disease, diabetes and so

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on. And so, yes, we need food, foods that are organic and healthy, that haven't been sitting on shelves for a long time or taken a lot of time to travel, right, to those communities as well. Also I want to speak to my clientele mostly do look like me and reflect me, and that's who I attract in spaces. >> So I see folks from ferret early all the way to senior citizens, and so I see a lot of the issues and the Numbers and statistics you see, those bodies are walking into my office. The difference often is that they've fallen through the cracks of western medicine or western medicine has done all they can do for them so I get quite complicated cases when I work with people. In addition to that, I have to speak on cultural competency. I often find in the lgbtia community, which I'm also a part of, that folks who enter -- who are -- who go into western medicine often find it very traumatizing, to say the least, in the sense that, for example, my trans clients that come in often say when they go see a western doctor they're more concerned about what their gender assignment is than treating what's actually going on or the reason why their labs come back with Numbers that may not reflect the gender assignments they have. And so it's concerning that people aren't getting the need -- getting their needs met in that way. And, again, all folks come to me also can't afford healthcare so that's an issue as well. The other thing I wanted to talk about is alternative

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medicine and how it -- [buzzer sounding] >> -- Austin is Progressive, but the way we interact in health we also need to include alternative medicine because we can address a lot of the issues that were listed on the statistics on the screen. Thank you. >> Houston: Thank you for sharing. Kelsey Bernstein. If you don't have three minutes, that's okay. We'll take it. >> I'll be real quick. >> Houston: Okay, you. >> I also have a packet for you guys too, of information. >> Houston: Thank you. >> Good afternoon, thank you so much, madam chair and the rest of the committee. My name is Kelsey Bernstein and I'm hear representing the American heart association, a local policy manager for the Austin community. I'm fortunate enough to be from Austin, raised in Austin and blessed to get to work in Austin. I'm here today representing 2,400 volunteers for the American heart association here in Austin, which includes parts of del valle and east Austin. These volunteers are very passionate about healthy food food and food access. 14% of Texas families which represents 3.4 million people here in Texas live in neighborhoods that lack healthy food options. As you heard from Dr. Wong and Mr. Jones, a lot of those areas are here in Austin. Our mission at the American heart association is to reduce heart disease and stroke, which is the number 1 and number 5 killer here in Texas. Youth here in central Texas have a higher rate of obesity than the average Texas child. Our children have an obesity rate of 24% for fourth graders, 19% for age eighth grader and 21% for 11th graders. 30% of greater Austin residents meet the recommended daily dosage of vegetables and fruit. An astonishing 400,000 Travis county residents are

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considered overweight. We believe that making an investment in corner stores, which provides access to healthy foods, will be a huge step forward in solving the obesity especially digital. We want to make the healthy choice the easy choice. Corner stores are often a primary grocery destination for many austinites that lack the ability to have transportation. Additionally, they're frequently used by students that are coming to and from school, as well as those who are stuck in Austin traffic to make it easier for them to provide food for their families. Unfortunately, the choice of -- choices at these stores are often limited to highly processed packaged foods that offer very little, if any, fresh produce. One of the direct results of this lack of healthy food options is higher rates of obesity. A key theme that has helped in the scuffs a corner store initiative in places like Seattle, Philadelphia, Louisville is community engagement. Austin has a very strong sense of community engagement with educational programs underway, teaching people how to shop and prepare these healthy foods. Residents just need the opportunity to shop in the neighborhoods with these options. We look forward to sharing with you more information on how an investment in a corner store initiative would impact this community. We believe that a small investment would result in the city of Austin creating a positive health impact by providing healthy food access for every single resident. This type of impact would directly result in reduction of heart disease and stroke. The American heart -- [buzzer sounding] >> If you need more information, please let us know. The information is in your packet. Thank you so much. >> Houston: Thank you. Lisa sherengood. Did I butch they are? >> Shergin, close enough. Hi, good afternoon, thank you for allowing me to speak. I'm here in two capacities, one as a concerned austinite and two as a public health professional. So I'll first say as a

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concerned austinite when I see Austin come out on top of all of the lists as the best, most welcoming, healthiest, most fit cities, it's very, very clear to me that the people writing those lists are not talking to the communities this working group has talked to. We're talking about two different Austins, if you will. And so I don't want to live in a city where the city government or any part of the city is complicit in perpetuating this type of inequity, where we can be lauded as being the most, best, top, and yet so many of our residents are experiencing these disparities that we're talking about. So as a resident, and a citizen of Austin, I don't want to live in that kind of city. Second, as a public health professional and health educator, it is -- as a part of my job I help plan, implement, evaluate and adopt different health programs, programs targeted at unintended pregnancy, H.I.V., prevention and other types of health promotion and prevention. All of the programs and interventions that we see, the ones that are most successful are the ones that are community-based, linguistically appropriate, culturally specific, traditional, and holistic. These are the most successful interventions. Any intervention that is ever written and -- that needs adoptions, usually the adoptions are to make it more culturally specific, relevant, appropriate. These are best practices when it comes to public health. This is accepted knowledge in the public health field that you're -- you will have more success when your programs are community-based and culturally specific and appropriate. And I also think that communities need to be involved in every step of the programs so also in terms of research, planning, implementation, and evaluation, and that those communities should be compensated for that work. I think Austin is already leading a lot of cities in the fact that they have a peer program for sex education and pregnancy prevention and H.I.V. Prevention, and I think we could also have community peers implementing a lot of these programs, but they need to be compensated for their

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expertise. So I'm asking you to recognize community expertise a little bit more so than we have. That's a waive investing in communities, of implementing the programs they say they want and compensating them for making that happen, for delivering that floodplain was questions about where we start, how do we get -- how do we get farmers markets in the right places, who do we contact to set that in motion. Your number 1 step should be consulting communities. They already know. We may be scratching our heads, how do we implement this, address the problems? The first step is consulting those communities. That's where the solutions are, where they've always been. So giving money to allow those communities to implement their own programs and own interventions is going to be the way that we see success. It does get tiring to hear about disparities over and over and over again, but not have the causes of those disparities explicitly names, saying African-Americans have higher rates of this, without naming races and classicism, ableism, those are the systems allowing these disparities to come through. I urge you to give them their money and to let the communities implement the programs. >> Houston: Thank you so much. We've got three more speakers who have signed up. Alva, cannot read the last name, starts with an a. Alvan? All right. How about -- oh, please come down. And then the next person is linze sherbal. Please get ready to come down. And the last person to speak is Sheryl R -- shell, I don't see her here -- there you are. I missed you. I was looking out that way. Alvan, are you there? Please come forward. >> I'm not alvan. >> Houston: Then you can't speak. Is your name linze. >> That's me.

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>> Houston: Would you like to speak? >> Sure. >> Houston: Okay. And then shell, you're next. >> My name is linze [indiscernible], I'm 21 years old, second year law student at the university of Texas at Austin and six weeks postpartum. I've had two kids in the last two years and it's nearly killed me. I had my first kid a year ago during the summer between graduating from college and entering law school. I planned to have this baby. I wanted this baby so badly. But when they finally came, I hated her. I wanted to get rid of her. I wanted to die so that I wouldn't have to look at her anymore. I didn't tell anybody this because who could I tell? I had used a birthing center where the midwives and the patients were almost always white and upper class ladies. I attended group events to try to make mom friends but I just felt like I didn't belong because I'm a young Mexican girl who grew up on the southwest side of Houston and I was the subject of a cps investigation when I was seven and taken out of my home because my parents were into drugs so the white ladies at the birthing center did not understand me. And I feared that if I said anything about my feelings, cps would take away my dear. How could a white upper last person understand that fear? So I said nothing. I didn't even tell my husband. I just cried and cried and wished I would die. But I did not kill myself and three months later I felt better. And for my second kid, I got a better midwife. Her name was Paula and I chose her because I wanted somebody who understood me, wanted someone who would not look down her nose at me if I had trouble affording her services. I wanted somebody who would give me an hour appointment instead of ten minutes, I wanted someone who would share my concerns as a Latino women in Texas. Your midwife has to be able to ask you what is stressing you out and racism stresses me out all the time. With my white midwives I told

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them everything was fine. When my second baby was born I started to get depressed again and this close to killing myself. But I decided to mention how I was feeling to Paula because I trust her and she didn't let me down. She recommended a psychologist she knew personally, a Latino lady, radical, cool,

who would understand me ask I hate shrinks so if Paula had not recommended her I never would have gone but I went. Because I got help, I feel better. My two babies are happy and healthy. I no longer want to die, my husband doesn't have to watch my every move and I'm entering my second year in law school. My only two differences in birth experiences were the cultural difference. I trust midhealthcare provider which makes an incredible difference. If you want poor people and people of color to get healthcare please fund the culturally specific programs that will help them. Thank you. >> Houston: Thanks so much for sharing your story. Shell? >> Hello. My name is shell, and I work as the executive director of student diversity initiatives at the university of Texas at Austin. In this role, I work with students to identify the resources they need to be academically successful. Sometimes the resources identified are related to health concerns. And often when I make recommendations to university or community health facilities, the students report back that they don't feel comfortable in those facilities. These students are mostly students of color, who don't feel that the health practitioners they encounter in Austin are culturally competent. What they seek are healthcare practitioners who look like them, who understand where they come from, who speak their language, and who understand the community and familial constructs that shape their perspective in the world. When those things are in place, the students are able to connect with their health providers, hear the information being given to

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them, follow a regiment to improve their health, and see progress in their health status. Clearly, building health promoting infrastructures in Austin that reflect the values, cultural norms and sensibilities of the communities they serve will better position the city to improve the health of all its citizens and not just a select class or category of austinite. Thank you. >> Houston: Thank you. Thank you so much for being with us tonight, for bringing your children and your stories and your history with us. And I'd like to ask Shannon, are you finished or do you want to wrap up? Because I'm ready to have a motion. >> No, madam chair. We await your directions. >> Houston: Thank you so much. I'll entertain a motion to close the public hearing and go to discussion. It's been moved and seconded. We close the public hearing. And all in favor say aye. Public hearing is closed. Now I'm open for discussion. >> Garza: I have a question for Mr. Jones. If the council implements or includes this budget request in this upcoming budget, can your department handle that with the current staff, or would you need more staff to -- >> For this initiative, we would need at least one staff to be able to manage, depending on what it is that is put forth. But we would need at least one staff to both monitor and manage the program itself, because presently we don't have anyone to do that exactly. So we would need at least one staff. >> Garza: Okay. Thank you. >> Houston: One more question, Mr. Jones. And what about -- what is the fiscal impact of that one full-time equivalent? >> Well, it depends on what position would be identified. But most likely we're just --

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coordinateinate -- someone to coordinateinate and manage the program. And so that would be -- it would -- I could get back with you on the amount but we're looking at probably about somewhere between 50 and $75,000, fte, full typically to manage that. >> Houston: That's with benefits? >> That would be with -- well, I would not speak to that exactly. Let me get the exact amount from them. >> Houston: Okay. >> That's the range we're talking about. I don't want to commit to any 1 dollar amount without checking with our budget office. >> Houston: Okay. Thank you. Councilmember Garza, did you have a motion? >> Garza: I do. I wanted to -- well, I guess I'll see in my motion gets seconded. I wanted to include the full amounts that been requested, to send a recommendation to the council that we include this amount in our upcoming budget discussions, as an amendment to the upcoming budget. >> Houston: There's a motion on the floor. Is there a second? >> Tovo: I'm going to second that. Both for

purposes of discussion and both -- and also because I believe it's important. I guess my comment would be that we'll have to work to find that funding, and there are other health and human services needs we have as well. So but I'm certainly supportive of moving forward and considering it during your budget discussions. >> Houston: Councilmember troxclair? >> Troxclair: Considering that we're, I guess, still awaiting the report that this presentation was based on, I don't think it's appropriate to take that kind of vote before we have all of the information that would give us the background that we would need to make a decision moving forward. I would also want to know, you

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know, as mayor pro tem tovo said, where the money would come from, what kind of increase in our tax rate we would be looking at, and I would really like to see the information that we -- I requested from staff earlier regarding the current programs that we have in place, how much money we're spending on those, and which of those have been most effective before I can make any decisions about how to move forward. >> Houston: Is there any -- if I may say something? I'm going to -- as the chair. I'm extremely supportive of this presentation and the effort that people have put into make this very holistic and, as I said initially, when you came, it seemed very focused on equity for certain parts, and you went immediately out and started gathering people who could support from all over our communities, the need for an equity tool and a disparity -- and the disparities have been there for years. This is not the first time that health and human services has come to the city to talk about the healthcare disparities in our city. And we have not taken any action up to this point. I understand both the concerns and wonder if we could move that this concept -- this concept forward, pending the information that we've discussed. There are many contracts that we will be looking at during this budget process that lack both the cultural-specificness and relevancy and community engagement that we've talked about here today. This, I think, is one of the few that have all of those components in that, and so I'd be willing to move it forward to the council, understanding that there are a lot of hurdles that we'll have to jump through to be able to find $1,050,000 to put in into this particular program. But I am supportive of finding that money.

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>> To councilmember troxclair's question, we are -- we anticipate having the report, final report, by Wednesday. I've asked that we have it so that we can get it to you. We've asked for an extension until the 12th, but given the time frame and the budget process, we'll have the report certainly by then. We'll do our best to make sure we have those specific questions you've asked and have them answered in the report as well. Be mindful we've done this given the short time frame we have. Obviously, council, this is -- the presentation today is sort of a summary of what you will be getting from the reports. It speaks more to the specifics it it's up to you, obviously, to -- it's up to you to determine how much if any of this you choose to go forth with. That will be, of course, in your deliberative processes. We will be having that final report to you by Wednesday, so ... >> Houston: Thank you. >> Garza: For discussion can I -- if I could make the motion today to fund the $6.7 million gap, I would, but we're not posted for that. Because I absolutely believe that an ounce of prevention is worth a pound of cure in this case. As a former firefighter, I've said it before, when we're sending million dollar fire trucks to mental health calls, to calls for mothers who did not get prenatal care, we're moving in the wrong direction and we're spending money the wrong way. And the city does not invest in its health and human services, the way that it should. And we -- you know, we're supposed to be this -- this Progressive and liberal city that does it, we see the Numbers, that's not in fact the case. And so this is just one -- my priority is to fill that $6.7 million gap, my first budget process and this is just one tiny step getting us there and so -- so I think

this -- that this is a -- a -- I appreciate the

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stakeholders process, the young lady who told that story, it takes -- it takes a lot to come stand up at that podium and speak. And so -- so that's -- this is -- this would just be a recommendation to the council, they don't have -- we can, you know, deny it or the council could vote at this point and decide they don't want to fund this. But that's why I've made this motion. I think this is a step in the right direction to get us to where we need to be to help our most vulnerable citizens here in Austin. >> Houston: Any more discussion? We've been joined on the dais by councilmember Renteria, do you have anything that you want to add? >> Renteria: Not right now. >> Houston: Not right now. Okay. >> Troxclair: I want to make a couple -- >> Houston: Councilmember troxclair. >> Troxclair: I do agree with councilmember Garza when she says that prevention in the long run it's a lot better for our community, it's the fiscally responsible to do. I think we're on the same page as far as making sure that we're investing in a healthy community and giving people the resources that they need so that they don't get into situations that they -- that they end up, you know, needing emergency services or in critical situations. But I just -- I mean, I have the -- I have the constant comments from all over Austin who -- who write or call my office every day talking about affordability, talking about their inability to pay their property taxes, talking about how they might not be able to afford to live in Austin anymore. I know affordability means, you know, a lot of different things to a lot of different people, including all of the councilmembers who serve on this council and so -- so, you know, my -- my goal is that -- is that any time that I've brought forward or when we consider proposals, I -- I want to make sure that we know how we're going to pay for them. So -- so I would like to see if we are going to increase

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the -- the money that we're spending in preventive areas, then I want to see the corresponding decrease in other areas. And I just -- I again I can't -- I really think that we need to have that conversation before we -- we're already faced with the budget that's increasing the tax rate for the first time in three years. We're doubling the amount of city staff from our budget from last year, the number of full-time positions that we're adding, we just heard that we would need another full-time staffer, so I'm we're faced with really difficult decisions, but I really think we need to weigh the fiscal implications of all of the decisions that we make, make sure that we're prioritizing. If this is truly the biggest issue that the city of Austin is facing, then by all means we should make sure we're spending our money there. But then we need to look at other areas that don't rise to this importance. >> Houston: And I agree with all of the things that you've said. I think if we make a motion, if we adopt this motion, then we move it forward. That's all that we're doing, we're saying we want to move it forward. We all know that the budget process has just started and that we all are going to have some difficult decisions to make and try to find moneys from someplace. Someplaces may not get what they're requesting because of different metrics that we talked about today about making sure that the services are culturally relevant, there's a capacity there on the people of the staff, the board, communities that don't necessarily look like a lot of people in this room. So I think we have some opportunity to try to figure out how to make that work. But I think it's important to say to the full council that this is something very unique, they've done a great job, they've got the data to -- to substantiate this and the testimony from -- from so many people, indicate that this is the

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way that health services needs to go. I think we need to go ahead and take that leap of faith and go ahead and vote and then see where we can whittle a million-50, right? 150,000 somewhere in the -- 1,050,000. This is not saying anything, just that we will try to find that money for this particular initiative, if there's no more conversation, one more? >> Troxclair: I'm sorry, I have to make one more comment. I understand the importance of all of these things. For me, making the decision that we're going to move forward or make a recommendation to move forward with the program before we have identified how we're going to pay for it is -- I mean that's the same struggle that I have faced with a lot of the other conversations that we've had on this committee. It's putting the cart before the horse, in my opinion. So I'm not going to be able to support the motion. It's not because I don't think that these are valuable programs to pursue or that we can -- involving a community in this way might -- maybe is the better way to look at health and human services going forward, but I -- we just -- we don't even have the report yet of -- of the money that we're talking about. So I -- so my vote against this is not because I -- I don't think there's value in the work that has been done. I just think that we need to understand the full picture and have all of the information before I'm comfortable making a recommendation. Muse thank you, councilmember. >> Troxclair: Claire, no further discussion? Somebody want to call the question? Okay. All in favor of moving this forward to the full council for consideration, let it be known by saying aye. >> Aye. >> All opposed? There's one nay, three ayes, the motion -- the program moves forward and so as

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he -- I'm going to restate, this is a promise to help work toward finding money for this -- for this program implementation opportunity. This is not a guarantee that we will be able to do that. I just want to make sure that everybody is clear. Thank you. Thank you for staying here so much all of this time, I'm sure that we'll see you at the public hearings that will be coming up at the end of August and in September. Okay. Thank you so much. Now we have on the agenda the discussion and possible action on the initiation of a code amendment to mitigate the effects of smoke emissions. We've closed the public hearing. We do have some comments from -- from the restaurant association that I will pass that way and -- two that way, three this way. Councilmember Renteria do you want me to lay it out or do you want to stay how we started this journey? >> Reporter: I can make -- >> Renteria: I can make a statement real quickly on this. We basically started on the word burning process that's required through cooking barbecue and when you barbecue with wood, it creates a lot of smoke. Basically, my intention was never to go out and have -- have any of this affect any of the -- of the businesses that have been in good standing with the community. There's -- there have been some violator that's have moved in, especially some of these businesses and food trailers that are moving into -- especially in my neighborhood for -- for

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commercial, cs 1 that's right across the alley, to single family housing. These people were basically burning wood for 18 hours a day, seven days a week. So they came and were saying that was no -- it was affecting their quality of life. They couldn't go outside and play with their kids. They were afraid that the young children were going to get sick having to breathe all of this wood-burning smoke. So that's why I brought this basically to say, hey, we need for the businesses and the neighbors to get-together and find a solution to this problem because as we have seen here recently, with all of the, you know, the lawsuits that have -- that's came on with one of the businesses there on Barton springs, we was trying to come to a solution so that it didn't have to get to that point. So that's basically that was my intention of the whole thing was just at first I was just going to concentrate on the food trailers because they were the ones that are more mobile and trying to convince them to cook somewhere else and bring the meat to

the -- the food back to the location where they are selling it. So that was basically I was trying to find a solution where both parties could get-together and come up with a solution to the smoking problem and that's how the resolution got started. >> Houston: Thank you, so much, councilmember Renteria, for sharing that. So on April the 2nd of 2015, the city manager directed both the economic opportunities committee and the health and human services to give recommendations regarding the smoke ordinance. And may the 11th, the economic development commission -- council

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committee recommended that a city-wide ordinance not be established, on smoke devices not be established. That the code department, in conjunction with the Texas commission on environmental quality, can review concerns on a case-by-case basis. So that was forwarded to the council for consideration. Now we've had conversations -- we've had multiple public hearings from both the community and the people from the restaurant association. And so I'm now ready to have conversation or discussion about what this committee will send forth to the full council. Mayor pro tem tovo. >> Tovo: I'm not sure that I have an action to suggest. But I did want to follow up on a couple of points that were discussed at our last meeting. At our last discussion, I know there were comments about the tceq perhaps being an avenue for pursuing these kinds of questions. We also talked about 311 and possibly what was an appropriate course of action would be to monitor the 311 calls. After that meeting, I did receive some correspondence from some neighbors in Bouldin creek area, which is in close proximity to one of the restaurants that's been discussed. And they said they had made calls to 311 and they were told by the 311 operators that they were not permitted to take complaints because no laws were being broken on the city level. So getting information from 311 about the number of smoke complaints, it seems to me is kind of a meaningless exercise, but in at least -- at least in this example, the person who called was told that 311 could not take that complaint. Secondly, with regard to tceq, this same individual reported that they had tceq come out and tceq acknowledged that while there was a lot of smoke, they only deal with larger

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scale and industrial pollutants like chemical pollutants. Again, I'm not sure that's an avenue for our residents as well. So I appreciate all of the discussion. I'm not sure -- again, I'm not sure what path we need to take forward. I agree with my colleague, it -- I believe the majority of the barbecue establishments in this town are great neighbors and have proven to be over decades. When we have -- when we have a restaurant that is not a good neighbor, I believe we still have the question before us of how the city should respond. Or whether the city should respond. I know in the particular instance that we were just talking about on Barton springs, that restaurants has made some improvements. In conversations my staff had with the owner, they have made some improvements on site to address the smoke issue. How far, as we all know from the newspaper, that has now proceeded on to a lawsuit. So again I think that's where we are. I'm not sure what path to move forward, but I don't believe that we have come up with any kind of city response in the instances where there may be a restaurant that is producing a lot of smoke and it is having an impact on adjacent neighbors. >> Houston: Councilmember troxclair? >> Troxclair: Councilmember Renteria? Did you have any -- based on the testimony and the discussions that we've had at the committee and the information that we've all gained since the beginning of the discussion, did you have any recommendations or suggestions on maybe how we could move forward on a case-by-case basis that would satisfy your neighbors concerns and the concerns of those in Austin who are being negatively affected by smoke? >> Renteria: Well, you know, I did have some conversations with some of the contact teams that I've worked with. And my understanding is that

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food trailers are an opt in/opt out option. So we're going to start looking into that because if -- if these food trailers are becoming a nuisance in a neighborhood, then -- then the contact teams, planning teams, will have an option to go ahead and -- when they rewrite their new rules, at the end of the year, they might be able to say, hey, we're just going to outlaw these type of food trailers from operating in the neighborhood. Especially generating a lot of smoke. That -- but I also know that we have worked with some of the food trailers and they agreed that they were going to cook off-site and bring their food back on site. So there's -- there's solutions to these problems and it's -- it doesn't -- it doesn't have to be a very, very expensive process of doing it. It's just basically just working with -- with these business establishments telling them hey, you know, let's -- this smoke is becoming a problem and can you -- can you, you know, move or cook it somewhere else, where it's not impacting the neighborhood and bringing your food back in. So these are the things that I'm going to -- I'll be looking into and -- but, you know, the way that -- that we wrote this, and -- you know, I was thinking of going that avenue from the beginning. But when the -- when the one that's on Barton springs came up, you know, it kind of threw things out of line. So -- but that's basically my solution is they should be able to work together where these businesses can cook some of this -- their food off-site and bring it in. And that's what -- that's what I hope that we can find a solution, you know, and in that manner because those are basically the biggest problems are -- are the food trailers because they are pits that are so small and they don't have the added

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length of smoke stacks on it that could blow the smoke over people's home. I mean it would be affecting them. But that's -- that's something that, you know, if -- if nothing comes out of this one, it's something that I might -- might offer if they're going to be looking at working with the contact teams and seeing what they would like to see happen. >> If you don't mind, I see staff here and the restaurant association has put together a packet about some of the things that they have found. Could you come -- come up just a minute so I can ask you a question or so? You heard mayor pro tem tovo's comments about what some experiences had been in parts of her district about 311 not being responsible, about saying that there are no ordinances there so that they can't report and also about -- T -- the Texas, what is it? The Texas commission on environmental quality. Saying that that's not their issue, either. Which is very different from what the restaurant association is saying. So could you help us understand what is 311's obligation to take these calls as they come in? >> Thank you, madam chair, councilmembers. My name is Ben stalisey, assistant division manager with the environmental health services division within the health and human services department. The -- the Texas commission on environmental quality does have the obligation to investigate complaints of this type. They are the regulatory agency for air emissions, air pollutants. Will and we do -- I did submit a public information request to that agency in June and have received a report, which was included in your backup materials. That report was a little bit

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disappointing. It actually -- it actually had a lot of line items, but -- but summarizing it included a -- three separate complaints that were under investigation. The dates of those complaints were August 11th of 2014, September 19th 2014, and March 30th of 2015. On two separate locations -- three complaints on two locations. One was the L.A. Barbecue mobile vending unit at 900 Cesar Chavez the other one was

Frescas Al carbon, located at 909 north Lamar. Now, all of those complaints that were -- there were multiple entries into their system regarding the complaints that the investigations that took place, those three complaints resulted in no nuisance found. So no violations were I issued. One of the reports it talks about specific about what's called a fido chart, that stands for frequency, intensity, duration and offensiveness. And what tceq, excuse me, Texas commission on environmental quality does is they will provide a complainant this chart for them to document over time the, again, frequency and intensity, duration and offensiveness of the conditions. And advise them at that point if they are -- if the agency itself and the investigators are unable to determine or observe a nuisance violation condition, and issue notice themselves, they -- they can -- the complainant has an opportunity to document these conditions and submit a complaint of their own. To create a nuisance violation of their own

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through citizen ordinance type. >> Houston: And what about the 311. Are this they not taking -- are they not taking citizen complaints. >> We are, just recently converted our -- our complaint request also to 311. It is -- they will take complaints. I was a little concerned with that. I think it sounds like there may have been a 311 call taker or two that didn't have the proper information or responded in basically a poor customer service manner and didn't provide the proper response. The proper response would be to refer that type of complaint to the Texas commission on environmental quality for investigation. >> Houston: Okay. So is there an opportunity for -- for them to make a referral to the Texas commission on environmental quality and also let your office know so that we have a double -- a duplicate way of counting? Because sometimes we tell people to go to someplace else and they just don't go there. But is there any way that we, as the city, can keep track? So if we look at this a year from now to see how many complaints have been received by 311 and how many were referred to the Texas environmental quality agency; is that a possibility? >> Yes, we have done records we did records search with 311 previously as you might remember. Unfortunately their database was unable to pull complaint information specific to show the number of complaints or calls received that were related to barbecue smoke. For example, the categorization of their calls didn't allow that. Similar within our own environmental health complaint database, the Amanda database system as well, there was not specific to that. However, what we would recommend would be that -- that calls coming into 311 could either be directly -- referred to -- referred to the Texas commission on

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environmental quality, the complainant would have to make that call themselves because 311 would not be able to transfer them. They could also contact the health department and we could make that referral for them. We would take their information and make that referral or refer them to the commission as well. When we received a complaint, we will have made some changes. We will be able to track that. We have now a way of -- of marking that complaint request that we would receive in our Amanda system as an air pollution complaint that we would be able to then track. >> Houston: I think that would make at least me feel a lot better if we were able to, also, keep a track of who contacts us about that and also then we refer them to the appropriate agency to come out and do field testing or whatever they do. At least we would know what the need for an ordinance would be after a certain point. You see what I'm saying? Because right now we've got some two that we know of, one is in litigation, one has moved. But we don't know what the others that mayor pro tem tovo mentioned with, he don't know who they are because they didn't track to us. They might have called 311 and they told them to call the state agency and they may have said we can't handle that, which is different from what I'm hearing you say and what's in this report from the restaurant association. So if we could work

together to make sure that if somebody calls in about air pollution, they at least go to your office so that we can put it in the Amanda system, whatever that is. And then make the referral to the state agency. >> We can instruct 311 to forward those types of complaints to our department and make the referral from our department. Rather than sending the citizen to an outside agency. >> Houston: That would make me very happy.

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Councilmember -- any more discussion? >> Houston: I'm sorry, yes. >> Tovo: Thanks very much, just to be clear, in looking back, 311 did say while they couldn't take the complaint, they referred them to tceq. So they did provide them with that referral. But again, when tceq came out, they did not, they had the response. But I think what you've just discussed making sure at least that gets logged and then you potentially have that referral to tceq is helpful. But can you help me understand what the process is for an ordinary citizen once tceq has come out, if they have surveyed the situation and declared that it doesn't meet the standards, then the citizen himself or herself has to conduct a log on a regular basis over a period of time. >> Yes. I'm not fully versed in that agency's process for a citizen to submit an affidavit or create an offense. But in the city of Austin, for example, citizens do have the right to document what they believe to be violations of law and create a citizens affidavit submitted to, say, municipal court, where a case would be created through that process. But that tceq, the Texas commission on environmental quality, has the obligation to investigate and determine at their investigation whether a nuisance conditions do exist. If the nuisance conditions did exist, then that agency would take enforcement action. If they are unable to establish a nuisance condition, they are giving the complainant an opportunity with this frequency and the fido chart

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to establish a nuisance conditions over time on their own. >> Tovo: That nuisance condition established over time would then go back to tceq or then the citizen has to take that document into the legal system? >> Houston: I see a young lady standing there. Looks like she wants to say something. >> Janet (indiscernible) Chief epidemiologist with the health department. What I can tell you as far as from nuisance odor, experience related to tceq is that the information I think you may have gotten, mayor pro tem, is a little bit inaccurate. Usually tceq is required to go out for any kind of nuisance complaint. Whether it's industrial or not because they do burn bans and this is something that is regulated by them. But under a permit by rule. So they are obligated by law to -- to follow-up on those types of -- >> Tovo: The email that I received, again it is a neighbor sending another email from a neighbor, so it's a few levels removed. But according to the person who had the experience, tceq did come out, did acknowledge there was a lot of smoke, but said that they really only deal with larger scale industrial pollutants. So I take your point that that may not have necessarily been exactly accurate. But I want to be clear, they did go out to the site. >> They will go out. One thing they do do in addition to this fido score they will on a smoke situation look at opacity, look at how thick and how opaque it might be. Again, that's something that's very subjective as far as a person who is reading opacity readings. That may be some things a lot of times in a smoke stack where you can see a clear smoke coming out of a stack, it's different than

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what might be coming out of like what I call a barbecue pit, for example. But you do have, as we saw in the videos that were here, a lot of smoke generated, especially for those folks that were up on the hill

right there behind the one restaurant on Barton springs. But again, part of it is, the frequency of the documentation, making sure that they are reaching out to tceq, making those formal complaints and then having tceq come out and do the investigation. Even if it is a repeated process, I think they kind of get the message that way. But it does have to be something documented as far as under their regulatory purview. >> Tovo: Well, I guess my concern is that in this particular instance, having seen the smoke myself and knowing that the citizen is providing -- providing, you know, a legitimate and -- description of the process, I'm a little concerned that it sounds like the process is rather cumbersome for them to get a response. Back to the original question that I asked, sounds like you can call tceq, make multiple reports, have tceq come out multiple times that's warranted. How about the fido. Back to the report. Does that go then to the tceq [multiple voices] That just a tool -- >> We can double check back with them. Unfortunately, we have on numerous occasions asked tceq to be present at most of these hearings so they could give their process, you know, more clarity to you. Unfortunately that's not happened. >> Tovo: Anyway, I appreciate the additional information and I will try to seek out some, maybe talk to tceq directly. >> I mean, you know, to have a citizen complaint and then back it up with a complaint from the city if we were to follow up with them might be of importance as well.

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[Multiple voices] Show a little weight to it, I guess. >> Tovo: Thanks so very much while you work on it. >> Houston: Any other questions regarding -- from staff? Have you had a chance to look at the information from the restaurant association? Okay. I recognize councilmember troxclair for a motion. >> Troxclair: First I want to thank everybody who has been involved in this process. I know it's been many months of having these conversations especially to the small business owners who have come to many city council meetings and given their input, as well as the neighbors who have helped us understand what policies and processes are in place. You are helping us make informed decisions going forward and I really appreciate your time. I would like to make a motion to not pursue any city-wide blanket policy regarding smoke mitigation or nuisance ordinances, but rather to have our staff take this information, have 311 start to track the complaints that we do receive. Hopefully these are isolated incidents. I know the ones that have been before us, as chair Houston said. One business has moved and the other is involved in mitigation -- in litigation. So hopefully that's -- those -- that's the end to the bad neighbors that we're dealing with, but if this does continue to be a problem going forward, we will at least have the information that we need in order to track where the problems are and to take necessary action then. It is also really good to know that councilmember Renteria has made some progress with the contact teams and to know that there is more of even more local option for some of these neighborhoods to control what is and isn't permitted in their own communities.

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So my motion is just to not take any city-wide action on barbecue smoke at this time. But to continue monitoring the process going forward and collect information on any continued nuisances. >> Houston: Is there a second? It's been moved and seconded that there be no smoke, city-wide smoke ordinance generated and that we will continue to collect data. That staff will be asked to go out back and make sure that we do have those data points available so that people can call in and then you refer them and then so we'll have that information if it should come up again. Are you ready for the question? >> I want to make a couple of comments. I do think that moving forward with the city-wide policy is not prudent now. I feel like the problem in essence resolved itself. It hasn't obviously with the lawsuit that's in effect. But going forward, there's a couple of ways we could -- councilmember Renteria can bring forward a different ifc with, you know, a different policy. It sounds like it's turned more into a 311's effort and how

they take calls and report those, report those nuisance efforts. So that's always a policy -- policy issue that can be brought forward through an ifc. So I think -- I don't think it's necessary to move forward with the city-wide policy on smoke emissions. >> Houston: For those of you who may not know, that's item from council. Ifc. Item from council. Mayor pro tem tovo. >> Tovo: Yeah, I appreciate the conversation as well and the stakeholder participation. I would say that I'm happy to support the motion today, not to move forward with the city-wide ordinance. I will say that I do not want to see communities be in a position of having to take things through the legal system if it's a nuisance that the city

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should be regulating. So I certainly leave it open to consideration that there may be an opportunity, there may be a need to come back and revisit this issue and see if we need to tweak our city's nuisance ordinance to -- to provide citizens some relief from situations where the only path of responsiveness, it sounds like, is through a state agency and it's not very clear what that process looks like at this point. So I -- so I look forward to working with our staff and perhaps directly with tceq to get a better understanding of how an ordinary austinite would -- would go through that process of getting some relief to a repeated smoke situation. And seeing if that's -- if that's a workable -- a workable process and one that we can expect regular austinites to be able to navigate or whether there is a need for -- for potential city action, but I certainly agree with all of the -- all of those of you who have commented that, you know, a city-wide ordinance, a blanket city-wide ordinance regarding smoke emissions would in essence place an undue burden on all of our restaurants, the huge majority of which are complying and being good neighbors. So -- again, happy to support this today with that provision. Proviso. >> Houston: I'll be supporting this ordinance and I will call the question, all in favor let it be known by raising your left hand. [Laughter]. >> Uh-oh. >> All opposed. Motion carries unanimously. Thank you so much for all of your work. You all have been faithful, the community has been here, we've had big -- great public discussion about this ordinance and -- and how we -- how new people sometimes create nuisances for neighborhoods that have been established and I think you all want to work with us, the restaurant association and with councilmember Renteria to

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ensure that people are following the codes and understanding that they live in a neighborhood. So we really appreciate your participation in this for these many months. Let's talk just briefly about future agenda items. There are several things that we need to -- that can have come up for the sent 16th meeting, nine to noon in the boards and commissions. Having the health and human services department get accreditation at the federal level. There's a public health accreditation board and they are trying to think about is this something that they should do as an agency. Also maybe have -- think about there's going to be a vacancy on the central health board and we have an opportunity to vet any potential applicants for that -- for that position. So -- so I think that board position comes available in December. Is it December? So between now and then we need to be looking at and vetting possible people who would be willing to serve on the central health board. Austin Travis county integral care has asked us to report on their substance abuse plan. There's -- there's a request to -- to talk about the 1115 waiver programs that the city has about 10 of them. So if we want to know more about the 1115 waiver and then there was a -- an ordinance that said that we were supposed to adopt the coyote ordinance by may. We didn't have that happen. So if we need to go ahead and put the coyote ordinance on the September agenda, that will be -- we will do that. And as I stated earlier, the -- the unregulated homes that we've been talking about for months and months and months and years and years and years has been

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postponed to that September 16th meeting because they are going to the mayor's commission on people with disabilities next Monday at noon to talk about a possibility and a resolution. So that's going to be postponed until the 16th. So are there any priorities that you would like to make regarding the meeting on the 16th? You don't have any? Okay. >> Tovo: Actually, I really have just a question about that first item on your list. With regard to the nominations, I missed what you said about the time frame. We need to make the nominations by December. I have already had at least one person contact me. Should -- how would you like that process to go on the 16th? Should we be prepared to talk about individual candidates? What -- >> Houston: Can you tell me -- >> Tovo: Provide materials by then. >> Health and human services, typically we get a couple of months ahead of the expiration date of the board member. This one expires December 2015. We will work with central health to find a timeline in the city clerk's office to find a timeline for y'all. I would imagine they would want to get started no later than the October meeting where the health committee typically that's the nominees and applications that have been submitted with the help and assistance of central health and the city clerk's office. You may want to get started in September, I think no later than October for this committee. >> Houston: Thank you for sharing that. Thank you. Any other questions? Are you fine with -- with -- let's think about it. Because I've been approached by several people already. So we need to know, do they send the applications to the central health or do they send them to the committee? >> Well, this would be the city clerk's office, I believe. We will get with central health, the person there to -- to discuss it further and share that with you and the committee. >> Houston: Okay. So if you would let us what that process would look like, as quickly as you

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could, we would appreciate that. >> Absolutely, certainly. So let's see. 1154 waivers, we heard today that many of the programs that the health department is implementing is using the 1154 waiver. So that might be one. Do we want to tackle the coyote management plan? In September? Or -- I don't know where we are in that process. >> Troxclair: Has there been a recommendation to us? >> Houston: Yeah. Let me see if I have it here. It's -- it here someplace, I promise you. It's June 23rd, assistant city manager Burt Lumbreras is giving us the update on that. So we can -- we can do that. >> Sure. >> Houston: So we'll do the coyote management plan, we'll hear the 1115 behavior. We will have the -- we'll hear the 1115 waiver. We will hear the report back from the code department on unregulated homes. How long would it take to talk about the credentialing of the department from the federal agency? >> It would be no more than 10 or 15 minutes. It's a presentation on the public health accreditation board. It not a federal agency but the agency responsible with accurating public health departments across the country. We're about to go through accreditation and we want to make sure that council is aware of that process that we're going through. It would be no more than 10 or 15 minutes at the most. >> Houston: So we will do the accreditation process, updates on the 1115 wear, 1115 --waiver, at least a brief minute or two to talk about

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the candidate for the central health board and the coyote management plan. Should that be from 4:00 to 7:00? No, this is going to be from 9:00 to noon. >> These items probably won't take all that long and involve a lot of citizens communication like some of the other items that we've had recently. They shouldn't go that long, I don't think. >> Houston: I think my colleagues would appreciate that

considering we're under a budget crunch at that point. We'll try that and get the update and, you know, we'll get the update from Austin Travis county on substance abuse the next time we meet on a regular basis. Okay? I want to thank you all for coming. And for participating in this democratic process. I'm always delighted to see people here and engaged all the way through the meeting. I want to thank my colleagues, for -- for being with us today and especially councilmember Renteria who has now left the dais, but thank you so much. This meeting stands adjourned at -- 6:46.