

# City Council Special Called Meeting (Joint Meeting with Travis County Commissioners Court) Transcript – 03/23/2021

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[9:03:09 AM]

>> Judge Brown: 9:02 A.M. And I'm joined by commissioner Travillion and commissioner Howard and virtually I believe we've got -- I see commissioner Shea and commissioner Gomez. We're going to do our joint meeting and so first on commissioners court order, then I'm going to hand it off to mayor Adler.

>> Mayor Adler: Judge brown, thank you. Steve Adler, mayor, calling to order the city side of the joint session with Travis county for the covid briefing. Today is tugs, March 23, 2021, 9:03. We have a quorum present. Judge, I had heard from your technical people that to the degree that we are able you asked -- I think your tech people want us to keep our cameras running. It creates problems when we

[9:04:09 AM]

turn on and off our cameras, I was told. If that's the case everybody to the degree they can keep their cameras running for this briefly, that would be helpful. Judge.

>> Judge Brown: Thank you. I'll call the joint meeting of the Travis county commissioners court and Austin city council to order and first go to public comment. Audrey, do we have any callers for the joint meeting?

>> Yes, judge, we do at least one caller for the joint session.

[Inaudible] Screening two more callers. Would you like us to just go ahead and do that really quickly?

>> Judge Brown: Sure.

>> Okay. I will let you know when she finishes.

>> Judge Brown: So while they are doing that, I'll do the intro. To ensure the efficient use of Dr. Escott and director Hayden Howard's time and manage the length of the meeting and since our meat today will be extra long

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since we did not meet last week we're going to try to limit to one question each in the normal order. The commissioners and then county judge, city councilmembers and then mayor and then close the meeting.

>> Mayor Adler: Sounds good. We'll start with district 10 and work down and then I'll go.

>> Judge Brown: Okay. Sounds good. Audrey, do you want to go ahead and have that first caller go?

>> I would go ahead and do that, but since it's on the line, we would be able to hear Caroline talking through the public line while she is screening, so that's the only issue with that. So people just called right at 9:00 A.M., so it's a little bit -- but I will let you know. I think it will only be a few more minutes. Sorry about that.

>> Judge Brown: All right.

[9:06:19 AM]

>> Mayor, while we wait, can I ask a question, please?

>> Mayor Adler: Go ahead.

>> Harper-madison: Two things actually. A little birdie told me it might be your birthday. And since you didn't make an announcement, I won't harass you, but I will say we appreciate you and your service and I think it's fair to say on behalf of our colleagues and I we wish you a very happy birthday. The other thing I wanted to ask was we've done d10 down to d1, excuse me, several times consecutively. I wonder if we could flap back and go 1 to 10 again. I wonder if any of my colleagues has a problem with that.

>> Mayor Adler: If that's what I've done, let's start at 1 and go to 10. I thought it was the other way.

>> Harper-madison: I appreciate that.

>> Mayor Adler: You would probably remember better than me. We'll start at 1 and work our way up.

>> Harper-madison: Thank you.

>> Mayor Adler: Actually I was creative, one time I started in the middle and

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went one each side. It was hard to keep track of so we probably won't do that again.

[Laughter] But you are right, it was my birthday which meant that I qualified for the vaccination.

>> Harper-madison: Bravo!

>> Mayor Adler: I actually qualified a week earlier because the state changed the rules, but had the rules not been changed, I certainly qualify today. Went online yesterday and the process worked really easily and really well. I went on at the appointed time, fumbled a couple times and by operator error, but I got in just before 6:00 as the 42 -- like 4200, something like that. But there were 12,000 vaccines available.

[9:08:20 AM]

So by the queuing keeps you alerted and gives you the number so you can watch how you progress. And by 7:30, I had a scheduled appointment. The process worked very easily and very well. Director Hayden, thank you.

>> We are now ready. Thank you guys for your patience. We have one caller for this item, Zenobia Joseph. We'll go ahead and unmute the public line and --

>> Judge Brown: What's the caller's name?

>> Miss Zenobia Joseph.

>> Judge Brown: Okay. Thank you.

>> You may go ahead.

>> Thank you, commissioners, councilmembers. I'm Zenobia Joseph. Dr. Escott, I just have a question specifically related to your March 9th, 2021 comments related to the

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mask mandate enforcement. And I'll just quote just so that you can have a point of reference. You said if an individual enters a building that requires a mask and does not wear a mask and they are asked to leave and they do not, they are trespassing, that's a crime, they can be arrested for that. So my question is how is this message being conveyed to business owners. And my specific example is HEB rundberg where I specifically encountered individuals in the store without a mask, and, of course, as the individually just commented to the person without the mask. The maskless person. Mask is all I said and

pointed to my mask. I then saw another person in the store without a mask and went to the associate. And the response I got was we have fines and we make announcements, but it's not a state law. So I understand that they can't be, you know, they are not in violation just

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because they don't have the mask on, but how are they being asked to leave the store or that particular business. My second question is specifically related to double masking. As long as the mask mandate is being enforced, if you could just give your opinion on whether or not we need to double mask or if a single mask is sufficient. Specifically I just will share with you that the customer service advisory committee for capital metro met on March 10th and they only put five masks on each bus in the morning. So if we're double masking and individuals take two masks, it may seem like they are being greedy, but they are probably just trying to protect themselves. Lastly, I will just given a reference. NBC "Nightly news" kids edition, Dr. John torres showed a double masking because the kids can take a picture and video and send it in, and he showed where there are gaps in the sides

[9:11:26 AM]

of mask and when you put the cloth mask on top he showed the kids where it would give a better seal. I would share that and I know you are busy, but if you could share NBC "Nightly news" kids edition when you are talking to the educators because that's a really good place for kids to ask questions. It's a good resource. Thank you so much for taking my comments and I would just say to the elected officials that it would be helpful for the public to know that they can only make comments in advance of your deliberations. Because I was not able to do so when I first called on this item, but thank you today and I'll listen to your response.

>> Judge Brown: Thank you, Ms. Joseph. Audrey, any other callers?

>> That was the only caller for this item, judge.

>> Judge Brown: Okay. Thank you. Okay, so I guess we will first go to Dr. Escott and director Hayden Howard.

[9:12:27 AM]

>> Dr. Escott: Thank you, judge. And I will respond to Ms. Joseph's questions while I get the slide show going. You know, the mask mandate is in effect in Travis county. It's in effect in the city of Austin. It requires business owners to require masking. So certainly when it comes to the trespassing issue, that piece is up to the business owner or the person who operates that site to report that and to notify law

enforcement if it's appropriate. Certainly if there is a business that is not requiring masking or not enforcing the masking on their premises, that should be a notification of 311 because they are required, there's a fine associated with businesses who do not do that. So I appreciate that and certainly we'll follow up with that particular location.

[9:13:27 AM]

Regarding the double masking, it really depends on the mask. You know, you have n95 masks which are very protective on their own, and you have other masks with varying degrees of protection. Ultimately you need multiple layers. One layer is not really sufficient enough to create good protection. So if you have a single layer mask, having two single layer masks is better than one single layer mask. But it is ultimately, as you said, up to the fit. You want a mask that fits well, that prevents leakage around, so in some circumstances the two masks are very effective to seal off those loose-fitting masks. So again, one or two masks is a bit dependent, but certainly a mask is better than no mask at all. So we want to encourage folks to be informed about it and wear the appropriate mask for their level of risk

[9:14:29 AM]

and for their particular situation. Particularly in closed settings where people are going to have higher duration of contact, then they want to consider extra protection rather than just a single mask. With that, I will move into my slide show. This is an update of our new confirmed cases in Travis county. Yesterday we reported 115 new cases with a moving average of 91. You can see that we've since -- since January, but over the past six days or so that number has been relatively flat. We saw a slight decrease yesterday to below 100 for the first time in a while on that moving average, but certainly the decrease in case numbers is not as aggressive as we have been seeing over, you know, the

[9:15:30 AM]

January and February time period. We see a similar pattern when it comes to admissions to the hospital. Yesterday we reported 19 admissions to the hospital with a moving average of 22. Again, that moving average has been almost perfectly flat for the last six days. Again, this is concern particularly as we move into the post-spring break and post-st. Patrick's day time period. This certainly is concerning for the potential of an uptick in cases. As a reminder, we sent out messaging last week, if folks traveled during spring break, if they engaged in activities where masks and distancing were not followed, we recommend that those individuals self-quarantine this week, that they get tested at the end of this week, Friday or Saturday, and have a negative test before returning to school or work.

[9:16:30 AM]

This helps limit the impact after that travel so the disease doesn't spread to other individuals in the community as we've seen with previous holidays. This graph is showing an update of our hospitalizations in blue, the ICU admissions in Orange and the ventilator use in gray. Our hospitalizations yesterday were 151 with a moving average of 165. That has been a steady decrease for the past more than 60 days. So hospitals are continuing to get in a better situation. Similarly, our ICU numbers yesterday 59 with a moving average of 58. That's been decreasing for at least ten straight days. Our ventilator usage 37 yesterday a moving average of 35 decreasing for more

[9:17:31 AM]

than 21 days. The hospitalization continues to improve, but we're seeing the flattening of new admissions to patients to the hospital which does give us some concern about what the next several weeks is going to bring. This is an update of the projections from the U.T. Modeling consortium. This was last updated last Wednesday, so it hasn't taken into account what's happened over the past week or so. On the current projection, it is showing around mid-April we can expect the admissions to move to less than ten. With the plateauing that we've seen, however, over the past week in terms of admission, I'm anticipating that this will flatten out in terms of projections through the middle of April and that we're more likely to see a persistence within stage 3 at least through that time period.

[9:18:31 AM]

Similarly on the projections from last Wednesday, hospitalizations are currently projected to drop below 100 around the middle of April. And the ICU admissions on this slide dropping below 30 by mid-April. Again, we'll see what that update looks like either today or tomorrow when U.T. updates this, but I expect that it's going to look flatter than it does now. This is a graph that is showing the per capita mortality rates in some of the major metropolitan areas in Texas. Again, you know, some folks are asking why is Austin, why is Travis county persisting in these mandates, why are they doing things which are more protective than other jurisdictions. And the answer is it's working. The graph you see here, that bottom line in the dark blue

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is Travis county, which has a case fatality rate or deaths at 73.2 per hundred thousand. Obviously there's quite a bit of difference across these metropolitan jurisdictions in Texas, but when we look at the difference between where we are and the average for Texas, the average for Texas is 160 deaths per

hundred thousand. Again, we're at 73. So if we compare where we are to that average, we're talking about more than 1100 lives saved in Austin by being that far below the average in Texas. So again, we're saving lives here and that's why we're continuing to push for these mandates, push for these protections so we can continue to save lives. This photograph is showing the similar -- graph is

[9:20:34 AM]

showing the similar data but within the counties within the msa. Again, quite a bit of variation. You can see that Williamson and Travis county are tracking very closely together. Williamson county is at 74.2 per hundred thousand. Then hays county, 86.9 per hundred thousand, bastrop at 99.2. And then Caldwell, which is the outlier here obviously at more than 210 deaths per hundred thousand population. So again, quite a bit of variation in our msa, quite a bit of variation across the state of Texas on that case fatality rate or that death per capita rate. I will say incidentally that the U.S. Average deaths per hundred thousand is 162.2, so lightly higher than

[9:21:34 AM]

Texas. We are well below half of that in Travis county. This is an update of our hospitalizations by age group. Again, we're seeing some changes, drops in the 40 to 49 age group, some increase in 30 to 39 age group as well as upper age groups, 50 to 59 and 60 to 69. To give bit more detail on that. This is number of individuals hospitalized within each age group. There's not been much change week over week. The previous week 172 total admissions to the hospital, last week 166. So the rate of decrease the slowly significantly as compared to the previous two weeks. So within each of the categories not much change. It is interesting to note,

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however, that our hospitalizations for our 30 to 39 age group is the same as our 80-plus age group. So again, this tells us that there's efficient spread of disease in these younger age groups to result in these numbers of infections. It also tells us that -- that -- sorry, reflects that the significant number of the vaccines we've been providing has gone to these upper age groups which have experienced more significant drops in terms of hospitalizations. This graph is a is is -- our Latin K had 36.6% last week. That percentage is the lowest in a year. So we're very happy with that. We have to go all the way back to the beginning of the pandemic to see this low of

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a percentage of hospitalizations from our latinx group. Our white non-hispanic population, 51.8%, which is a tie for the highest on record for individuals in the white non-hispanic group. So again, we are seeing more efficient disease transmission right now in our white non-hispanic group. As a reminder, this disease spreads to everybody. You know, we are concerned about the disproportionate impact on African-Americans in our latinx community over the duration of this pandemic, but by no means does that indicate that it's not going to impact other populations as well. So again, we all need to continue those protections and drive down disease across our community. When we go down to the gray line, that's our African-American community. 12.8% this week, which is a 50% increase in

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hospitalizations as compared to last week, which was 8.2%. So again, reiterating that message regardless of your income level, regardless of the color of your skin, regardless of your age, this disease is still here. This disease will still spread and we all need to do as best as we can to help mitigate that spread of disease through masking, distancing and hand hygiene. This is a breakdown of the numbers of individuals hospitalized within each race and ethnicity week over week. Our -- you can see significant decreases in our latinx community 60 to 46 week over week. White non-hispanic not much changed, 77 to 73 in an increase in our African-American hospitalizations 13 to 18. When we look at these numbers for last week as compared to the week of

[9:25:38 AM]

February 22nd to 28th, there's an interesting pattern here. Our latinx community dropped from 87 to 46. 47% decrease. Our African-American community 35 to 18. A 49% decrease. Our white non-hispanic group 84 to 73. Only a 13% decrease. So again, I'm concerned that there is some sense of protection in this white non-hispanic community. That's certainly not the case. Again, regardless of the race or ethnicity, we need to continue to protect ourselves until we can get more people vaccinated in this community. This is an update of our positivity week over week. Last week currently we were reporting 4.4%, so a slight increase as compared to the previous week at 4.3%. Again, the positivity, the

[9:26:39 AM]

admissions to the hospital, the cases, they are flattening. Again, it's concerning for us. It's -- you know, could be the prequel to a surge or an increase in cases, so again as a reminder we've got to continue those efforts at masking despite us being in a better place than we were a few weeks and certainly a few months ago. This is a breakdown of that positivity by race and ethnicity. Our latinx community moved



from 7.6 is flat and 7.6 this week. African-American community relatively flat, 3.3 to 3.6%. Our white non-hispanic community 4.1% the previous week to 3.7%. Our asian-american community increased 3.0% to 4.1%. And a big drop in our native, hawaiian and pacific islander community 15.4 to

[9:27:42 AM]

5.6%. Again, we're, you know, getting closer to having all the race and ethnicities below that red dotted line, which is the 5% mark. We've got more work to do. This is a breakdown of the positivity by age group. The only group to increase this week in terms of positivity is our 10 to 19-year-old age group. The rest are relatively flat week over week with almost all except for the 10 to 19 age group and that 40 to 49 age group being over the 5% mark. So again, regardless of age, we have to continue to protect one another by wearing a mask and distancing. When we look at that data further in terms of school-age individuals in the area, again we see the trend continue we've seen in previous weeks. Our high school and middle

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schools are over that average for the rest of the community, 5.4% and 7% respectively. Our elementary school and pre-school below that average of 4.3% and 3.3%. Again, we're pleased to see that our schools are continuing to utilize the protections that were recommended, the masking, the distancing, the hand hygiene. We have seen some movement in terms of CDC on distancing recommendations within schools dropping from six feet to three feet. So again, we are working with our schools group to update our guidance. We will keep six feet of distancing in stage 5 because of the increased risk of transmission. But it's likely we'll transition if other distancing recommendations for other stages down to three feet within schools. Some folks have asked does that mean three feet of distancing is okay in every

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setting and the answer is no. The study that was done was done in a school situation. And schools are a different setting. When we think about classrooms particularly, classrooms under covid guidance, we've got desks facing in the same direction, we've got protocols in place. That's much different situation than being face to face where individuals are more likely to be exposed rather than all facing the same direction. So again, as we get more data nationally, we may see ongoing changes in the guidance for protection, but we will certainly provide this update to schools in the next week or so. When we look at our data related to long-term care facilities, this is a real success story and a real testament to the efficacy of vaccines. 20 total cases in the past 28 days. Six in the past 14 days.

[9:30:48 AM]

A reminder of where we were on this report on February the 2nd, those two numbers were 273 and 620. So 97 to 98% decrease in cases in less than two months time. Again, a lot of effort focused on vaccinating staff and residents of these facilities and it's really paying off in terms of a remarkable reduction in transmission of disease in these settings. Some quick updates on our regional fusion center. 818 individuals have been provided with free monoclonal antibody therapy in connection with the Texas dig of emergency management. Currently we have more capacity than demand so we continue to encourage folks, particularly those who are at high risk for severe disease to ask their provider about a referral for this. It does work.

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It's shown to be effective at decreasing hospitalizations for individuals who are in that higher risk category. So please reach out to your health care provider and ask for referral if you are at higher risk for severe disease. Our alternate care sight, as you all have seen in the media and through previous briefings, our last patient was dispositioned on 3/20. Total of 215 individuals treated at the alternate care site over the period where it was open. They will continue the demobilization process. That equipment will be stored and we certainly have a plan in place to stand up a site again if it's needed to handle surge. Again, we're in the race to vaccinate folks and it's hopeful that through those vaccination efforts that we can avoid a significant enough surge that would

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require this for this pandemic. A quick update on our influenza situation. Positivity last week 2.31% overall. 1.18%. Still less than 100 positive flu cases to date this flu season. As a result, the blue line at the bottom is demonstrating our current flu season. Remarkably low cases as compared to previous situation. Again, a testament to the efficacy of vaccines and the other protective measures we're doing for covid which is translating into protections for influenza as well. Again, mayor and council, judge, commissioners court, we're in stage 3. We still have a ways to go to get down to stage 2. Our best chance of getting there involves our community continuing to embrace those protective actions that have gotten us down this far and we're hopeful by following these guidelines we continue

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to suppress disease transition and get down to stage 2 by mid April. With that, I will pass it over to Stephanie hayden-howard.

>> Hayden-howard: Thank you, Dr. Escott. Good morning, everyone. This is a snapshot of our aph vaccine dashboard. As you all are aware, the populations that we have really, really worked hard on are the populations that are 65 years of age and older. As you can see from, you know, from this snapshot, the demographic information, as you can see. In addition to that, I wanted to just kind of whenever you have a minute, if you could go on to our website and look at this dashboard. You will see that the hispanic population, 22%

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have been -- have received the vaccine. Within the Asian population, it's 9%. And the African-American population is 6%. And so we definitely have some additional improvements that we can always make. As you can see from the data here, African-Americans represent 7.6% of the population and we are regional -- only at 6%. That is definitely an area that we need to improve. With the change over to adding the 1c population where you are 50 years of age through 63 years of age, we're definitely know that we are going to see a change in the demographic infoformation that we're seeing and the folks that we are providing vaccines to. Next slide.

[9:35:52 AM]

This gives you a snapshot as of the 20th. The dashboard that I just showed you that week ended 3/13 and we have provided 148,000 vaccines. We did add the 1c to the registration system, and so when we put out appointments on last night, it included the 1a, the 1b and the 1c in the registration process for appointments. We continue to receive modern vaccine; however, we did receive a very small amount of Johnson & Johnson. And we've sent those over to our -- our shots for tots clinic, which is our shots for tots for children, but also an adult immunization

[9:36:52 AM]

clinic. We're going to be providing it through that outlet. We have requested 12,000 doses of the j&j vaccine from the state and we're waiting to hear from them. Next slide. This just gives kind of more of a, you know, another look at where we are based upon vaccine for child care, education and our senior population. We have continued with our Saturday efforts to be able to provide vaccines to child care staff and school staff. We've provided over 10,000 vaccines to that population as of the 20th. And then with our senior population, which we are 60 years of age and older, 51,000 have received the first dose and 25,000 are fully vaccinated.

[9:37:54 AM]

According to the state's data which, as you know, look at the entire county, according to their data 76,822 people that are 65 years of age and older have received at least one dose of the vaccine. Next slide. We worked with some partners and were able to do a couple of pilots last week. On Saturday we were at the toney burger center, and with that pilot we were able to provide 1400 vaccines. I'm estimating between 120 to 150 vaccines per hour. And, you know, we were able to just kind of look at how to improve and staff were able to debrief and were able to provide feedback. And so we have moved forward

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and we are there again today to provide more vaccines. And so as we move along, you know, we'll look at additional days of operation at that location. That is for this vaccine, that is our first drive-thru location, and we feel like things went pretty well. It has the capacity to do 3,000 vaccines for a clinic operation. In addition to that, we also did a faith-based pilot program this weekend where we partnered with the sacred heart church and the hispanic contractors association. Definitely would like to, you know, to thank Mr. Frank Fuentes for being a partner with us. He assisted us with part of the registration to, you

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know, assist us with getting folks scheduled. And so it was a really about partnership. And so for that pilot we were able to provide 1760 first doses at that location. And so our team will be following up with that team and looking at, you know, how can we do other future events. In addition to that, we have had several meetings with the African-American community and the Austin black physicians association. The black physicians association is going to partner with us for the African-American faith-based initiative. And so that particular initiative we're going to do with that location -- with those locations as we're still working on all the

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logistics for those, but the Austin black physicians association has agreed to do the recruitment of individuals to provide the vaccines. We've had some additional partners that have stepped up to say that they would assist us with traffic control. And so we're working out all the logistics for that, and so

we're looking at a couple of days in April for those -- for those pilots and be able to get those off the ground. In addition to that, we've had conversations with u.t.-dell med. As you all know, they receive vaccines as well and they are willing to provide some vaccine to us in that partnership. So we're definitely looking forward to that. Next slide.

[9:42:04 AM]

The meals on wheels, that partnership started on yesterday. This is a couple of our nurses that were out yesterday. We had several teams that were out and they made the rounds in the eastern crescent. And so yesterday staff, they were able to provide 66 vaccines to meals on wheels clients of central Texas, and we'll continue that partnership through April as we work our way to make sure we provide vaccines to all other clients. We definitely like to -- definitely applaud all our partnerships between our partners and our locations. There are 24 locations and/or partners that we are working with or the elderly population. And so that mobile vaccine program has provided over

[9:43:04 AM]

1,000 vaccines to individuals. Some have received the first doses of 954. And so on the 30th of this month. We will start working with family elder care and providing vaccines to their locations. We've established several other partnerships where we have partners that are working directly with seniors that are willing to provide the transportation to our existing locations, and we are able to get them scheduled and coming in for our vaccines. So the partnerships are definitely moving well. We are also working with foundation communities and adapt to ensure we are providing services to folks that have disabilities. Next slide.

[9:44:05 AM]

The scheduling system update, as you all are aware, we released appointments on Monday and as well as last night, as I'm sure most of you heard on Monday, we did have some challenges with our system. We were able to fix the code that was causing that challenge, and we released more appointments on the 18th of March. And that resulted in a nice process for us. In addition, on last night we released first dose appointments as well. One of the things that we are pivoting to since we know that vaccine typically comes to us on Thursdays, we will be releasing more appointments on Monday, but we're also going to release some appointments on Thursday that will take us into the remaining week.

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And so kind of at a snapshot folks will see more appointments available as well as, you know, going into the following week for appointments. In addition to that with our I.T. Upgrades, folks should be able to go on to the site and be able to print them a vaccine card that they can, you know, put in their wallet or share with others as they need it. We are definitely asking folks to, you know, email to let us know that they are going to opt out of our system. Our folks are definitely continuing to scrub that system because we still have folks that have multiple accounts so we're trying to consolidate those accounts to identify the main account. In addition to that, making sure all the contact information is correct and the emergency contacts

[9:46:07 AM]

are -- are in place. In addition to that, we are still working on our more user-friendly design, and so we definitely still have a little more work to do. In addition to that, when folks go into operations today, they will be scheduled for their second dose appointment. And so what we're going to be doing with the folks that have already come in, our folks will be proactively reaching out to them. Thus far what we've been doing is sending an appointment so folks don't have to go back on to the system. They can wait to receive either email, a text message or a call from us. And it really depends on how you schedule your appointment and how you ask to be notified. And so -- so that is something that will be in place starting today at the

[9:47:08 AM]

clinics. Next slide. Looking ahead, you know, we are hearing from other partners that they are starting to receive more vaccine. We know that the federal pharmacy program is starting to increase production. We are anticipating that there will be more vaccine available in April. From an Austin public health perspective, we have ability to do 37 vaccines at multiple locations. And, you know, as we start to see more private providers stand up, our goal is is to definitely do more events where we are working very closely with faith-based organizations and doing events where, you know, we're basically going to where people are to provide those services.

[9:48:11 AM]

Our mobile vaccine efforts looking at, you know, once there is clearance to provide more vaccine, how we're able to, you know, not only go in and provide the vaccine to maybe the senior or the person that's disabled, but if they have other folks that are in the home, then we're able to provide the vaccine to

others. So those are some of the things that we are looking at as we plan forward for the future. With that, that ends my presentation and I am available for questions. Thank you very much.

>> Judge Brown: Thank you, director Hayden. Let's first go to commissioner Gomez. Do you have any questions?

>> Gomez: I just have the one question about the mobile van that will be serving folks who are bedridden. How is that going?

>> Hayden-howard: What we've done is, commissioner Gomez, is that we have

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started a waiting list with that. What the staff have been doing in the meantime is if they are calling the individual, they are getting their information in the system, making sure that they are registered with the department. And so once we have kind of finished the partnerships with the family eldercare and meals on wheels, then we're going to start that portion of the program.

>> Gomez: Okay. So we expect maybe that will be, what, maybe sometime early April?

>> Hayden-howard: Yes, yes, we're targeting April for that. And you know, one of the things that, you know, we're definitely trying to make sure is that, you know, if there are other people that are eligible in the home, we're trying to gather that information as well.

>> Gomez: Okay. Thanks. That's all I have, judge.

>> Judge Brown: Thank you. Commissioners.

[9:50:14 AM]

-- Commissioner Shea.

>> Shea: Thanks judge and thanks as usual to Dr. Escort and director hayden-howard and all your staff. I have this question for doctor Escott. I have been reading occasions that there is a concern that the virus actually may be spreading and mutating among young people and asymptomatic people. And I wanted to get your sense of that and that also makes me question, it appears we're probably leaving them to last if we're lowering the age of people eligible for the vaccines, it makes me wonder if we should perhaps be rethinking this because I don't think anybody thinks it's a good idea to let the virus fester and mutate. So I'd like your thoughts on

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that, and it also relates to what I saw on Twitter which was there are more vaccines available on the Austin public health site than there were people signing up. I'm curious about how we manage that situation where we've got more and don't have enough takers, do we make it available to more people.

>> Dr. Escott: Commissioner, we certainly have many more people on the lists than we have vaccines at this moment. But we are concerned about the transmission of younger people. We were hopeful when the state released 1c so we could target where a transmission is happening. You are contactly right, at this stage while positivity is low under 5%, we really need to focus some attention on those younger people who are having more person-positive-person interactions to interrupt that transmission cycle.

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Because as you said, the more transmission there is, the more likely it is that variants, current variants will spread, but also the -- it makes it more likely new variants may emerge. And that's why, you know, those protections are still necessary and important even for younger people who have -- who may have less severe symptoms or who may be asymptomatic. So there is ongoing concern, and that concern will continue through the summer months for people in those younger age groups because they are either less likely to be vaccinated right now or they don't qualify for vaccination because, you know, they are teenager or younger. So again, it's -- you know, we are in a race against time to get folks vaccinated and hopefully to avoid the emergence of a variant which is going to elude the current vaccine.

[9:53:17 AM]

>> Shea: Thanks, doctor.

>> Judge Brown: Thanks. Commissioner Travillion.

>> Travillion: Okay. I want to take a moment first to thank Dr. Escott and also Stephanie hayden-howard for the work that they have been willing to do individually. Whether we have asked for morning meetings, whether we have asked for evening meetings, whether we've asked for weekend meetings, every group that we've asked them to meet with and work with, they've been willing to do so. I think that should be noted publicly. Certainly, you know, there are a number of people who feel like -- that they are not in the front of the line, and I understand that that has happened historically, but I will say that their willingness to work with community institutions as we've talked about schools and keeping them clean, as we've talked about churches and working

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to make sure that we address the trust factors. As we talk about community organizations again and again they have stepped up to that challenge. And I think that's really important to point out that this is the result of an incomplete network. This network has not been built into minority and low-income communities. So they are given the difficult choice of building a system on the fly. Whether we're talking about testing, vaccinations, food insecurity, clinic care, these are the areas that have historically been left behind. And oftentimes have the most difficulty gaining access. And the only way that they will gain access is when our professionals inside the organization and outside the organization make a concerted effort to work with them, and I appreciate the concerted effort that

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you've made. I have one concern as we go forward to turn the corner. You know, now that it looks like the vaccine will be more available, the public discussion that I'm hearing when I look at cbsnbc is the astrazeneca discussion. Which vaccine will it be? Is this going to be safe and efficient for me? What can we do as we prepare some communities who are a little suspicious in the first place about what -- about the parameters of this conversation, how this might impact them, how we might continue to educate the communities to let them know that we do have safe and efficient vaccines and safe and efficient access to them? How do we make sure that we carry that message? And I think the place that we're going to have to carry

[9:56:21 AM]

that message is to community institutions, particularly the church. So have we -- have we thought about the conversation that is happening right now around astrazeneca and what efforts specifically are we making to address community education?

>> Dr. Escott: So, again, we haven't seen the data regarding the astrazeneca vaccine. And, you know, I've certainly seen some concerns expressed about the possibility of using outdated data in the analysis of the efficacy of the vaccine. So we'll need to watch and look for the submission to the fda regarding that. I can say that without a doubt that the federal government, the fda is not going to approve a vaccine which is not effective. They are not going to approve a vaccine which is dangerous for people. Particularly since we already have three vaccines approved which are very effective and very safe. So I think the public can be

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confident that the process for voting of the vaccines in the United States will be very thorough and that they will not approve a vaccine which is -- is not meeting the expectations. I agree with you, there is

concern in our community about the vaccine safety and which vaccine is better than the other vaccine. We're seeing a lot of people interested in the moment in the Johnson & Johnson or Jensen vaccine because it's one shot and you are done and they don't like needles that much or they want to be able to -- to be completely vaccinated in a shorter period of time. So I think we're going to see some personal preference in vaccine. I think that's okay as long as there's, you know, different products available. I will say that, you know, from my perspective, the vaccine that you can get is the best vaccine. So it's -- it's probably not

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wise at this stage to wait a week or two weeks or a month for the vaccine that you want if there's a different vaccine that you can get now. So we'll continue those efforts. Director Hayden-Howard may want to talk about some of the particular education efforts that we're doing, but I agree with you, commissioner, having those messages echoed by our faith leaders, by our community centers, by our community advocates is going to be important to ensure that we penetrate the community effectively and that we're able to answer questions effectively to get -- to get to herd immunity.

>> Travillion: Thank you.

>> Travillion: Thank you.

>> That is one of the faith-based initiatives, is the education aspect of it. And so our team is going to be working with those groups to

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make sure that the information that we provide is definitely culturally appropriate information where folks can understand it. In addition to that, Dr. Pickett and myself have signed up and are actually going out to participate virtually to provide that education and information to folks so if they have any specific questions where they think about their hesitancy, then we've been able to answer those questions. And so we will be doing more of that in the future.

>> Travillion: All right. If I can, or if my office can be helpful in any way, please do not hesitate to call. Thank you.

>> Judge Brown: Commissioner Howard.

>> Howard: Thank you. I wanted to wish Mayor Adler a happy birthday.

[10:00:26 AM]

My husband and I are not as old as mayor Adler, but my husband is eligible now for the vaccine. And last night he got online and, you know, I think about 30 minutes, the queue cleared and he is getting his vaccine today. And we are very grateful. I'll get mine soon. I wanted to just put a plug in also for maybe carving out some time to vaccinate the many social workers, defense attorneys, folks who are going into homes, folks who are, you know, being asked to go back to the jail to meet with their clients. We have a lot of evidence-based programs that we've invested in in this community to help people get back on their feet. And, you know, we need to get those social workers vaccinated. Obviously, everybody needs the vaccine. And so I just want to applaud

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the work being done to make it available, you know, as much as we can. It seems like we've made a lot of progress in the last couple of weeks, and I just want to give a shoutout to the staff who's working tirelessly. So, thank you and stay strong.

>> Judge Brown: Thanks, commissioner Howard. We've got just a short update for what the circuit of the Americas effort is doing. I think we've hit 40,000 vaccinations so far in conjunction with community care and others. I know that separate from that, community care has also done vaccinations, and separate from that, hospitals in Travis county have done some. And so the number that I saw, director hayden-howard, that you had was 148,844 for total vaccines. Is that just aph, or is there a way that we can find out what that total number is for

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everyone, Cota to community care? Because I know community care, even separate from Cota, is getting an allocation each week now from the federal government. So I just -- do you have any sense -- is that -- is there a way to capture vaccines from all sources that are being given in Travis county, even within hospital networks, and from the federal government, and what is that number, I guess is my question.

>> So, currently the state of Texas is capturing that on their website for Travis county. I am meeting with Dr. Furler later today to talk with him about how we can capture the Cota data and start populating that on our website. I think that would be a great step forward for us, because, you know, we've done that in the past, you know, with testing. I think if we start there and

[10:03:28 AM]

then have other conversations with other key partners, I think that would be very helpful. But starting with the Cota effort, since it is, you know, a joint venture, to make sure we have that data on our website weekly.

>> Judge Brown: Okay. That sounds great. And specifically the federal number, just because I don't know -- I guess the state's getting that, but to find out for sure. And I think the goal there, at least for me, would be figuring out what our capacity is. So it sounds like what you were saying was aph's capacity, you think could be up to 37,000 a week. I think at circuit of the Americas, somewhere around there, optimistically, 50,000. But maybe 40,000 more realistically. How do we get a gauge of what H-E-B's capacity and Seton and everybody else so we feel

[10:04:29 AM]

comfortable in the second week of April, whatever that date is, that we're flooded with vaccines, so we know what that number is? Do you see any way that we can extract that number out of the private providers and others that are operating within Travis county?

>> Several of them are partners that attend our coalition meeting when we have the, kind of, separate session just for the healthcare providers. And so we are able to get that information. We are aware of, you know, what H-E-B can provide. We are aware of what Austin regional clinic can provide and the locations, etc. So we would just need to make sure to get the other information on the other providers. Numbers are very significant, H-E-B 4,000 a day, 40 locations.

[10:05:31 AM]

A.C.C., 40,000 a month, 30 locations. So they definitely -- this is what they've always done. And so I think probably the other key players -- I noticed that Walmart was scheduling appointments this weekend. And so we want to be able to get the other key partners' capacity -- the Walmart, the Walgreens, the CVS -- to at least have an idea of what they are doing, would definitely be helpful. And so we can definitely reach out to them and ask them to help them share that capacity with us.

>> Judge Brown: Awesome. Thank you, director hayden-howard. Mayor, I'll pass it over to you.

>> Mayor Adler: Judge, thank you. Mayor pro tem.

>> Thank you, mayor. I appreciate it. The presentation, the briefing was thorough and very helpful. And then the questions from our colleagues over at the county

[10:06:33 AM]

really helped to answer some of my lingering questions, in which case I'll ask a couple that were sent over from constituents. I know that there was some real heartache over our recent tech issues. And so just wanted to be able to offer some assurances and just assuage people's fears that they don't have to anticipate running into that kind of problem again. I just wonder if we have some safeguards in place? And then the other question I've been asked was about when we break down our vaccine distribution numbers by zip code. I know that a lot of folks have questions about the implications of those numbers.

>> Well, I will tell you that the team is always working to improve that system. And so making sure we have a system that is very user-friendly, you know, is

[10:07:34 AM]

basically what the team is always working on. It's not just Austin public health. It is Austin public health, there's other folks from city of Austin as well. But also the contractor as well. So it's definitely a joint effort that our folks are always making updates and improvements. And we have noticed, you know, that when we go in and we try to make things, kind of, work a little smoother, I'm just going to be honest with you, it's a computer. It's a program. And so will it ever be 100%? We can shoot for that, to strive for excellence. But there may be some times when we just miss the mark. But we will continue to do everything we can do. In the meantime, one of the things we did offer and do last

[10:08:36 AM]

week was, is that we sent out appointments to folks and offered appointments for folks to come in. We were able to get some of the people in. They were already in the system and provide those appointments to them. We did have some folks that, you know, either reached out directly to my office or my staff. We were able to get them appointments as well. And so, you know, we understand the concerns, you know, wholeheartedly. Our hope is is to always just have a system that works better, and is a better experience. Okay. You had another question. Remind me of the second question.

>> Harper-madison: I did. And if I can just close that one out, this isn't a question so much as a statement. I know that we get -- our constituents ask us questions about how such an intellectually Progressive city, a tech city can have so many problems with our tech.

[10:09:36 AM]

And so that's a question that I feel I've never claimed to be technologically savvy. In fact, the exact opposite. So I just wanted to make sure to pass that information along, that it is a question that I get often. The other thing I asked -- and I certainly don't want to take up too much time, so if one of my colleagues asks this, maybe you can answer it then or I can get with you offline. The other thing was the

implications of the very low numbers when you break down the distribution of covid-19 vaccine by zip code.

>> Yes, I think, you know, one of the things that we just have to remind folks is, is that we are a hub provider. That means that folks all over the state of Texas can plug into this platform and schedule appointments. I have one of my pis persons, I was meeting with her and going over some information. And so at our next meeting I'm

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going to bring forward some maps that she's working on for me. And I want to be able to show you all how we have provided vaccines for folks all over the state of Texas. And so it's not a, kind of, onesie, twosie type of thing. You know, there has been a great concentration in, kind of, in central Texas. But, you know, we have provided vaccines for folks from El Paso to Dallas to Houston, to Laredo, you know, all over the state of Texas. And so that is the thing that Austin public health agreed to do, was to be a hub. So when you agree to be a hub, sometimes you're not able to provide the vaccines as strategically as you would like to. We are looking at some internal operations with some closed pods and some additional

[10:11:39 AM]

partnerships. As we watch the numbers, you know, from an equity perspective. And so we'll definitely be bringing more information about, you know, those pods of what we're doing this week, kind of from a snapshot at one of the locations. And so we'll share that with you all next week just to see how that operation was able to go.

>> Mayor Adler: Great. Thank you. Colleagues, remember, judge brown has told us he has a really long day today, as do we. So let's move quickly and try to limit to one question. Next is councilmember Renteria. Is Pio with us? I'm sorry.

>> Renteria: I'm district 3.

>> Mayor Adler: Councilmember Fuentes, I apologize.

>> Fuentes: No worries. First and foremost, I want to say how thrilled and excited I am that we are seeing success and movement on these pilot initiatives, so thank you,

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director hayden-howard for your leadership and really getting those pilot initiatives started, and I'm excited to learn more about the closed P.O.D. Opportunities. I think that type of effort is something that I'm looking for, and I know our community truly appreciates that we can have these opportunities to work with the community, to target and do more strategic outreach in how we do vaccinations. And so I'm really thrilled to see us go towards that effort. So my question -- sense of our call center, you know, can you just walk us through how many calls are you getting from the community a day? What does that look like? I'm trying to figure out how effective have we been in promoting that if you're having online issues, if you can't get online to register or schedule your appointment, you can call this number. And so what does that call volume look like compared to

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where we were even a month ago?

>> Well, I think one of the things that has helped as far as improvements to the technology, you know, when we first rolled out the technology piece, there were several challenges. There were, you know, a couple of days where we received 2500 calls in a day. And so as things have improved with that system, we've added the work that we're doing with 311. They are assisting us with -- you know, they'll take a message and then they'll send it over to our folks from the equity line to assist individuals. In addition to that, they are also helping folks to register in the portal. And so that has been a change. Over the last couple of weeks, that has been working pretty

[10:14:41 AM]

well. And so doing more of that this week as we continue that process. So all of those things have really, really helped us out quite a bit. One of the things is, is we've had some partners that have, you know, referred thousands of folks to us. And they started providing referrals to us back in January. And we've been able to provide vaccines to those individuals as well. And we'll continue with those volunteer efforts. As far as call volume, initially, you know, folks were saying anywhere between, you know, 20 to 80 calls a day. It just kind of depends on how the volume was, etc. And so we're just kind of seeing that call volume kind of increase and decrease. But we continue to work with the county as well.

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They have definitely been a very good partner for us to assist our folks with calls, with outbound calls to folks to proactively get folks in. And we'll continue to do those efforts.

>> Fuentes: Thank you. It's so important for us to have a good sense on how effective we are in offering that tool. I've seen other counties also offer in-person registration opportunities where someone can

swing by a location and sign up in a safe manner. That might be an area we could consider that might be effective. Thank you.

>> Mayor Adler: Councilmember Renteria.

>> Renteria: All right. Yes, thank you, mayor. I also want to thank both of y'all for the outstanding work that you've been doing and the message y'all have been sending out to the community. Just the stats show that it's really working well here in Travis county. My question is to director

[10:16:44 AM]

Hayden. I understand that capital metro has a vaccine access program going on where they actually pick people up door to door. Can you tell me how that is working, and if there's any concerns or any improvement that you think that metro could do?

>> I'll tell you, you know, we are really excited that capital metro actually stepped up to do that, and fill that need. That was definitely a huge need we had in the community. So we definitely applaud them. One of the communications folks does sit on one of our task forces. And kind of based upon some feedback that they received there, she went back and took that information to capital metro. And we didn't even ask them to do that. They just took the initiative to do that. So they should definitely be applauded for those efforts.

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And so, you know, basically, you know, you call, you schedule your appointment, and you let them know when your appointment is. And they'll send someone over to pick you up and take you to and from your appointment. And it is a free of charge process. And so, you know, ideally it's just a great partnership. And so we definitely applaud them. I don't think there is anything differently they can do. It's just based upon when the person gets the appointment. That was some of the feedback we received from folks, is saying, you know, at least give me more than a 24-hour, kind of, turnaround so I can arrange my transportation. And so we've been adhering to that as well.

>> Renteria: Great. Thank you for letting me know about that.

>> Mayor Adler: Councilmember Casar is next. Councilmember Casar.

>> Casar: So, I think the news just came out from the state that on the 29th, they'll be

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opening up eligibility to all adults. So I guess that clears some of our earlier conversation on eligibility. My areas of urging are that one, if that means we're going to have lots more people applying to our system, that we be prepared for that. Two, that if they are opening that up because we expect there will be a lot more vaccine, that we are distributing that quickly. And then third, though, to the mayor pro tem and others' points, I'm interested in whether or not the department of state health services vaccine zip code map is, as far as we can tell, the right map we should be looking at when we're trying to determine which percentage of different zip codes or areas in our community are indeed vaccinated, because I heard the back and forth between y'all and the county judge. Is there one place -- is that state health website -- are we counting on that as being an

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accurate depiction of percentage of census tracts or zip codes being vaccinated?

>> Yes, councilmember. That's the best -- because it includes all of the providers in Travis county. Again, it's going to lag a little bit as the data comes in, but that's going to show the most complete picture. As a reminder, when we look at the progression of vaccine eligibility, we started with healthcare workers and first responders, and then individuals 65 and older, and now everybody. So the data right now is going to be data really focused on those initial priority groups. And we know that geographic distribution of those groups is not equal across our community. So now, as we move forward with all adults being eligible, now we have to pay even closer attention to those vaccination efforts by zip code, now that a

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much larger group is able to be vaccinated. I will say that while everybody, it sounds like, will be eligible starting Monday, we are still going to have a much smaller amount of vaccine than people who want vaccine. So we are still going to have to prioritize. We're going to have to focus efforts in particular areas and on particular groups to ensure that we are achieving the best public health outcome that we can.

>> Casar: Agreed. And I think if we can take care of as many people as possible, then, of course, that takes care of everyone. But then when I look at -- on the state website, two of our hardest-hit zip codes in 44 and in 53 and southeast and in north central, northeast, two of those hardest-hit zip codes remain the two that are like at 5% amongst the lowest in the county.

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And so now that it sounds like eligibility will be for all adults, I will be really interested in one, how we make sure the system works if we have a big flood of people coming to the system, which is good, but how we handle it. And then two, how we have -- now that there is not the qualification issue, how it has

that those places that have had the most cases but the lowest vaccination rates, how it is that we start to really overcome that.

>> Mayor Adler: Okay. Thank you. Councilmember kitchen.

>> Kitchen: Thank you. I appreciate all the efforts that have gone into getting us where we're at. And I appreciate what we discussed last time about our estimated timeline by which we would have most of the city vaccinated. So at some point, it would be

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great to see an update on that, if there's any anticipation that that would change. So my question is similar to others and similar to Greg's. So there's two parts to it. Where can we look to to see all the partners that your office is working with, director Stephanie hayden-howard, so we can contribute groups. If you can let us see where that list is. The second question is, I continue to be concerned about seniors who may not be connected to any of these organizations. It's my understanding that if we identify folks in our neighborhoods that we can share those names with you for outreach. So, can you just answer for me where we might see a list of the

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groups that you're working with ,and then second, confirm that we can continue to -- as we become aware of people in neighborhoods who may not be connected with any particular group, that we can share that information. I guess what I'm concerned about is we had talked from time to time about being more proactive and outreaching with the telephone bank or other kinds of outreach so that we could reach people that aren't connected to groups. And I think that's going to become more and more important as we get further along with our vaccination.

>> Yes. You know, our group that has been proactively reaching out to, you know, anyone that's been referred to us. So folks that are not registered are our system, folks that are registered in our system, folks that are working with a provider. We're still kind of reminding folks if they're not connected

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to any provider, they can call 311 and leave a message. And they are sending that over to the equity line. And they are providing that individual back a call. And so within two business days our folks are giving that person a call back, determining exactly what they need, if they don't have access to internet, if they are homebound. And so just kind of working through that process, making sure everyone has an account set up in the system and is on the platform. And so, you know, so sometimes it's a two-part

process where folks are registered and they're making sure that they're registered. And then once appointments are available, then they are scheduling those. And sometimes they happen in kind of one sweep. You get the appointment, you're scheduled, everything happens at one time. And so that process is working pretty well with us. I think one of the things we

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could do probably a little bit more and better is really kind of getting the word out to folks about, you know, how they can plug in if they're not connected with, you know, a service provider.

>> Kitchen: And you can send us the names of all the groups that you're working with?

>> Yes.

>> Kitchen: Okay. Because my concern remains those folks, particularly the older folks. I'm very happy to see that this is now opening up for the whole community. I think that's a good thing. But I remain concerned that people will be left behind. And I know you're doing a lot of efforts to reach out to people through groups, which makes good sense. I just want to make sure that seniors and other individuals who are not connected to any of those groups have a route to getting the vaccine. Thank you.

[10:26:57 AM]

>> Mayor Adler: Councilmember Kelly.

>> Kelly: Thank you, and thank you Dr. Escott and director hayden-howard for all the work that you're doing. Real quick I want to highlight that faith-based pilot program that you did over the weekend. I found out about it afterwards, but I am so glad you were able to get over 1700 individuals vaccinated. I think that's great. I also wanted to ask a quick question. I was able to speak with an individual who actually utilized the alternate care site and they had nothing but great things to say about the care that was provided there. So it was neat to get that different perspective on how things worked. I was wondering if we could circle back to one of the first covid briefings, where I had asked if we knew what the operational cost of that was. Now that it's been demobilized, I think that would be a good piece of information to share with the community.

>> Councilmember, first of all let me say thank you to you and your staff for your support in building that faith-based

[10:27:57 AM]

program at sacred heart. Certainly, it was a labor of love and I'm so glad to see so many people vaccinated this weekend. Regarding the alternate care sites, when we stood it up, that transitioned to the Texas division of emergency management, who funded that particular operation. Certainly in the after-action, I would imagine the emergency manager, Juan Ortiz, could provide some briefing on the particulars of the buildup cost for that.

>> Kelly: That's great. I'll follow up with them. Thank you so much again, and that was just incredible to accomplish that over the weekend, so, thank you.

>> Mayor Adler: Councilmember pool.

>> Pool: Thanks so much. I just want to once again extend my sincere and deep appreciation to everybody out in the field and at the city, and the county,

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and across this dais for everything y'all are continuing to do. It has been a huge lift, and you've shown a nimbleness and ability to adjust and accommodate, all with good humor. That goes a heck of a long way. And the light at the end of the tunnel, I think it keeps getting closer. So, thank you all.

>> Mayor Adler: Councilmember Ellis.

>> Ellis: Thank you, mayor. This question is going to be for director hayden-howard. How long do you anticipate -- operation at the Berger center? I would be very interested to come out and volunteer. I think my team would be excited to volunteer. So I was just wondering how long we can expect that to be a mass vaccination location.

>> Well, I think since we just started there, we'll be there for a while. So, you know, what we've done is, is that we have a link that

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we are sending folks that are interested in volunteering. And so I could send that to you. I could share it with everyone else. And basically, what folks are doing is that we send you the link and --

>> Ellis: Are you doing --

>> Yes, we can get that to you. We can get you the link.

>> Ellis: Sorry. My internet cut out for a second. And so are you doing it seven days out of the week, or what's the expectation of days?

>> No. We typically are a five-day operation. So most likely we're doing Tuesday through Saturday for our efforts. Sunday, Monday are a good two days that folks are able to rest.

>> Ellis: Okay. That's great. Be happy to see if we can round up some volunteers.

>> Okay. Thank you so much.

>> Mayor Adler: Councilmember tovo.

>> Tovo: Thank you. So, I want to just add my

[10:31:00 AM]

thanks. I think the pilot programs that you've launched are great. I think the improvements to the aph website are really important. I know one thing that I also want to appreciate is that in the last day or two, one of our P.I.O. Staff members suggested that people continue -- some of those private partners who will have available vaccine. And I want to just give a shoutout. We have several groups of volunteers who have organized themselves in the community and are posting on next-door resources and telling people, you know, when different appointments are becoming available. I actually was able to see -- I saw some of that information last week. And as part of that information, was able to get online and got my first vaccine at CVS in Georgetown over the weekend. So I really, again, just really appreciate -- am so grateful to have had that shot, but really

[10:32:02 AM]

appreciate those volunteers who are stepping up to assist and being informal navigators for so many in our community. And I think it's an important message for aph to continue to put out. We definitely have residents who are able to travel to the next town over or to other places to get those vaccines. Those are great options for people to explore. And that frees up some of those intown vaccines for people who can't travel and need to be able to go locally, and need to be able to get those vaccines through the county/city site. I had a question that has come up several times in some of our publications about the equity line. And my staff and I have not been able to find a description of what that is and how it's working. And so we're trying to piece together information from the different places, but if you could give us a summary of what the equity line is and what it's doing. And then I have to just quickly verify a couple pieces of

[10:33:03 AM]

information that you said in today's session.

>> Okay. So, we established the equity line in January. And basically, that line was established working with grassroots organizations that had noticed that, as we did, that it was difficult to get through our

regular line. And so we wanted to establish a process where folks that didn't have access to the internet or that just don't have, kind of, that amount of time to sit and wait. And so those outbound calls started based upon the referrals that we were receiving from several of our partners to get them scheduled. And so they are able to create accounts for folks. And so not that they have to an email or any of that. It kind of takes that whole email part of it, because some

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folks don't have email. And so they're able to create those accounts for them. And if they have a cell phone and they're willing to receive a text message, or if they just want us to call them back. And so that is how we are scheduling their appointments for their first and their second dose appointments. And that has worked very well. And, you know, we've added some additional partners in that process. In addition to that piece, that was the same place where we have added the senior piece to that process as well. And so between the city and the county, and that process, to be able to actively call folks. In addition to that, we have some partners that have worked very closely. They've assisted folks to set up accounts. And they're going to be providing the transportation. And so basically -- and so

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they're able to refer folks in to us as well who they are going to transport to and from their appointments.

>> Tovo: Okay. Thank you. That helps me put together a lot of the different pieces of information that you've shared throughout this presentation, in previous presentations, but it wasn't clear to me how that was falling into the different categories. That's a subset of the nurse's line. Anybody can still call the nurse's line for assistance, but the equity line is working really directly with those partners and doing more proactive outreach.

>> Yes.

>> Tovo: That's --

>> And we are asking people to just call 311, leave that message, and then our folks will call them back within two business days. And establish those accounts and get them scheduled.

>> Tovo: And, okay. So the equity line is working directly with partners. If an individual calls 311 and

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needs that kind of assistance, are they getting referred to the equity line, or is that just an option for individuals not working with partner organizations?

>> It's a combination of both. So we have some folks that are working with partners, but they have not gone the partner route. And they have just called 311 and said, you know, I need to access those services. And so they're able to leave that message and then our folks are calling them back. The other component that I talked about was, is that 311 now has staff on board that are able to set up accounts so when folks call them, they're able to do some of that troubleshooting with them on accounts as well.

>> Tovo: Great. And I think I heard you say two things that I just want to verify. That the call volume -- it sounds as if the call volume on that call line is going down considerably.

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And so I assume that as that happens, since we still have quite a few, I think 60ish call-takers, will those call-takers be available to switch into that more navigator role and do more proactive calling? Do we intend -- do you intend to keep them employed as call-takers, and are they going to be shifting into more of a navigator role if the call volume is going down?

>> So, really, that has been their role this entire time, is that they have acted as navigators. So, you know, because initially before transportation was set up, they would talk to people about how are you going to get to the appointment, etc. So those efforts will continue with them because they are trained to be able to provide multiple services. And that has worked well for us. So not only, you know, with 311, the city staff, the county as

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well. So they also -- they all have what's called a salesforce license. And so they're able to get into the system to be able to do that work with folks for those outbound calls that they are making.

>> Tovo: Okay. So they are not going to be waiting for calls. They're also going to be shifting into more proactive.

>> Yes.

>> Tovo: As you have people -- I think you said that people can request to be removed from the database. So as you have individuals -- and I'm now one of them -- who had registered with aph but want to remove themselves, what should we tell those individuals to do? Is there eventually going to be a button where you deactivate your account, or do they need to just email the tech line?

>> Yes. That is one of the things that our staff are working on now. And so once we have that active, we are going to be proactively sending out emails to folks that

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have accounts in the system and asking them to go ahead and opt out of the service.

>> Tovo: Okay. Thank you very much.

>> Mhmm.

>> Mayor Adler: Councilmember alter.

>> Alter: Thank you. Good morning. I wanted to ask -- I think this is a question for Dr. Escott. I wanted to ask about children and future vaccinations for children, and what we might expect. So it's wonderful news that we are moving to make all adults eligible, and that we have vaccines that we believe are safe for adults. But it is really important that we can get our kids back to school. And while I really appreciate the efforts to vaccinate the school staff, ultimately the safest thing will be when the children are also vaccinated. But there's really a very big dearth of information about how that might roll out and what we might anticipate. So if you could please share what you know about how that

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will roll out, and also how you're supporting our schools in the choices they're making about reopening and bringing more students on.

>> Certainly. You know, there are trials going on right now. Some of those trials are enrolling individuals in Austin to study vaccines in children. It's hard to guess the timeframe now, because, you know, part of the vaccination efficacy studies involve having a certain burden of disease to enroll patients and identify people who become ill. So if we see significant suppression of disease and there's not a lot of transmission, it may lengthen the time it takes to complete those trials. Having said that, I think a reasonable estimate would be, you know, sometime mid to late

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summer in terms of a candidate vaccine that may be available to younger children. Obviously individuals who are 16 or older, which would be our high school juniors and seniors will have eligibility starting Monday. So, you know, it's going to incrementalize. Regarding the protections for the schools, again, when we think about summer activities, when we think about summer school, when we think about camps, we are going to have to still have protections in place for those younger individuals, because those could certainly be grounds for significant transmission of disease. So I expect masking and distancing and hygiene practices to need to be continued throughout the summer for those kinds of



activities. When it comes to fall semester, it's a little bit too early to tell. Obviously we've got a decrease in the distancing requirement.

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We're going to have every teacher, school staff member that wants to be vaccinated, vaccinated before school starts. So that's going to start to decrease the concern about the next school year. Depending on what happens with vaccine approval, it's possible that students will still need to be masked in the fall semester. But again, too early to tell with certainty what that fall semester's going to look like.

>> Alter: Thank you. And I wanted to confirm with director hayden-howard if folks have received a second appointment, if they need to cancel it or change it, what is the procedure? We've been getting a couple of those questions the last day or two.

>> Is it that they cannot make that appointment? Is that the problem that they are having?

>> Alter: They were given an assigned appointment and they can't make that particular

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appointment.

>> Okay. They can just send an email to that aph information email and just say, you know, I need to cancel the appointment. Do they need to reschedule the appointment?

>> Alter: Yes, they do.

>> Yes, so they just need to put that in the information, that they are not able to make the appointment and they need to reschedule.

>> Alter: Okay. Thank you. And then for those who don't -- didn't get a second appointment, they are just supposed to wait for you to be in touch with them?

>> Yeah, they should be receiving an email for the ones, you know, before today that came in. They will be receiving an email which has their appointment. And if they can't make it as well, it has the email on there that just says, you know, just let us know you can't make it.

>> Alter: And is that rolling out, or is that like today everyone who has gotten a shot but didn't get a second appointment will get an email?

>> So, as of today, at the clinic locations, when folks come in, they're going to be

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provided the vaccine. The other people that are in the pipeline, we're going to go in the order that they've come in. And so we will kind of take them a little bit at a time until we can normalize it into our process. So all of that will not happen today. On the ground, where folks are coming in, they will receive that information. So over the next couple of weeks, folks will start to receive that information from the ones that have already come in thus far.

>> Alter: But you're aware of all of those second appointments, so you're balancing that out so that those folks will get their second appointment within the windows that are recommended?

>> Yes.

>> Alter: Okay. Thank you. Q. there's a certain piece of mind, director.

>> Director hayden-ward, if you have your second appointment and haven't heard by day 42, you can just show up, bring your card with you and you will

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get a second dose. Hopefully everybody will get an email before, but a certain piece of mind knowing if you get to that place you can just show up and get a second dose.

>> Hayden-howard: Absolutely. At any of our sites.

>> Mayor Adler: Again, I want to thank you everything you two are doing. I also want to thank the folks in the county, judge, you and your team with Cota, we're working and meeting and talking to each other together all the time. For that reason, again I too urge you director hayden-howard to put the Cota demographic information together with the aph information because it's something that we're all doing together. And as you've indicated, aph has certain limitations on being able to focus just on equity distribution of the

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vaccine. You are doing a lot, aph, to still do that within the guardrails that the state has done. Congratulations on the one this weekend with -- was it 1200 or 1500 at the church people that primarily fall within that group of people. That would be more difficult to get vaccines to. You know, but that was -- that universe would be 10% of what Austin public health would have given out that week if community care is giving out, you know, 10,000-plus out at Cota, that again is a population difficult to reach out to. That's four counties, but most of them are in Travis county. So including those numbers, just so that the public can get a more complete picture. I do agree with other folks,

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colleagues that have suggested if there is any way to get visibility on the other vaccines given out, that would be helpful. The state numbers lag so much, and such a large percentage of the state numbers when you are looking at demographics show up as not available. So you are looking at declared demographics for a small -- relatively smaller portion of the total universe than we would like to have. You are able to get that information with respect to testing from our partners, we put it into the orders that the county judge and I issued to get that. I know you're talking to that collective group, but if there's anything that we can do to make that a priority, there are going to be more and more questions about this as more and more people have access to the vaccines and as more and

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more of the vaccines -- right now we're at 25, 50% of the vaccines being given out in the county so there's another 75% of the vaccines that are not showing up in the universe that we're talking about. So visibility on that I think would be really helpful. I'm not sure I like that we're states moving us to everybody available for vaccines right now. And I think that it's coming and I -- on the one hand you want to be able to get to that point. I wish that our next move had been to focus on essential workers and people that are really at the crossroads of passing this infection on to -- to others. Because I think another couple of weeks of just targeting that universe would have been a wiser

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public health choice, and I think that I learned that from you, Dr. Escott, that was an area that we had hoped that they would be moving toward. My question goes to the expansion of the numbers up, as we get more vaccines in. It's great to hear that Cota could do 40, we could do 40 a week, that's 80 a week. My understanding is the real limitation on our ability to do that is going to be staffing issue. I felt like we were saying the same thing back when icus were looming, capacity was looming in front of us. Have we coordinated yet so that we have a single volunteer dashboard or ability for people in the community to help both with aph and with Travis county,

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Cota and just want to make sure that both the respective volunteers and then volunteers or professionals need to do actually put the vaccine in and mix it to the degree they are mixing. Can you speak for a second on how we're doing with respect to planning for staffing out that physical capacity?

>> Hayden-howard: I definitely want to applaud the city manager because he sent out a memo to directors across the city asking for reassignments, and we have been able to repurpose, retrain a significant number of employees. And so quite a few of them are city employees, I believe we're up to 400 that have kind of transitioned over. One of the other things that

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the fire department chief baker has done, he and his staff, they have recruited some fire officers that were retired. And some of them, about 12 of them have the emt certification, and so the ability to use them in multiple ways is definitely going to be significant. One of the things, you know, that I think, you know, all of us are just kind of keeping in mind is that we know initially this will be a very attractive way for folks to volunteer because this is a way for them to be giving back to the community. But long term, you know, we know that we definitely need to have paid folks in place that are going to be able to provide these services. We had a couple of conversations with providers that have been approved by

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the state of Texas, and in looking at that kind of forwardly about how, you know, once city staff transition back, volunteers transition back to their regular role, then we're able to pivot and work with additional contract providers. So we are looking at it from kind of where we are right now, kind of a 30-day lookout, but we're also kind of looking at, you know, beyond may what does that look like. And so those are the conversations that we are working on from a 30, 60, 90-day effort in process. The other kind of part of the equation that the Austin public health team have started the discussions because once vaccines are approved for individuals that are under the age of 16, kind of what does that process look like. As you all know, you know,

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we are a vaccine provider and there's several vaccine providers for children in Travis county. But what does that look like as well. So those are kind of the 30, 60, 90-day process we're looking at with existing staff, staff to assist us, volunteers we are adding as well, but then long term kind of pivoting to contracted providers.

>> Mayor Adler: Do we have -- have we been able to join with the county for a single platform of volunteers?

>> Hayden-howard: So we really have not needed to do that since the city manager went forward and has reassigned and directors have reassigned their staff. The staff have set up this kind of united kind of platform that we've been able to use. And so we -- we are eligible to use anyone in the system

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is what our eoc folks have said, so we can if we need to give folks on that platform, we can.

>> Mayor Adler: If we gear up in two weeks and it extends past that, please have a single site with Travis county, can you get a memo out to the -- on the 40,000 people that have went through Cota? I think community care has been realtining that information on a basis so we can look at historic aph numbers as well.

>> Hayden-howard: You are wanting a memo specifically for Cota.

>> Mayor Adler: I think so. That's the other part of the team effort that's not showing up in numbers. And it's 40,000, so over 25% of the total universe. It's almost a third of the aph number that's been report. And last question real fast, what was the state average, Dr. Escott, on mortality

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rate her opportunity dread thousand?

>> Dr. Escott: It's 160, mayor. 160 per hundred thousand.

>> Mayor Adler: And we're in the 70 range. I just want to commend everybody that's been working on this for that number. You know, the bottom line when you look at every strategy that we've had and every corner and everything that we've done, it's been about keeping people safe and keeping people alive. That brings into all the efforts to focus on folks that are most vulnerable and everything adds up to that number and to be in the 70s when the state average is 160, to be in the 70s, which is one of the lowest of any city, one of the lowest among cities in the country, I think is a real testament to the work the team has done. So thank you. With that, judge brown, I will close out the city side of this if you are ready for

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that to happen.

>> Judge Brown: Thank you, mayor. And happy birthday to you. I would suggest we sing, but I don't know that people want to see that. But I hope you do have a good birthday today and thank you for all your hard work over the past year. To your last point, I think it's impressive the Austin and Travis county community has worked so hard and so effectively on getting those numbers down. So I'm going to go ahead and end it here as far as Travis county.

>> Shea: Judge, this is commissioner Shea. Could I ask for a clarification? I think it's remarkable our fatality rate is less than half of the state's. And is that cumulative over time or is that more recent numbers? Because it strikes me we've been really careful and we have worked very hard, including our insistence on people remaining masked, and I think people need to understand we have a

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fatality rate that is less than half the state average. So people should pay attention to that. If they don't want more people in their community to die. I'm assuming a great deal of this is because of the extra efforts and the lengths that we've gone to -- try to keep people safe, but I would like your medical or professional opinion on it.

>> Dr. Escott: Yes, commissioner, we are less than half of the Texas average, less than half of the U.S. Average, and as mayor Adler said we're among the bottom three in terms of the number for metro areas in the United States. I think it's -- it's got a lot to do with the policies that we've implemented, with our timing of action, not waiting until, you know, the surge hits, taking action before the surge hits to insulate and protect our community. And I think ultimately it is about a community coming together. It's about city and county

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government, it's about our health care systems who are not natural partners coming together. It's about our public safety. It's about our community activists and the groups who have really rallied around this cause that I think has led us to saving more than 1100 people in our community. I say these things because it's important for us to remember this. And to remember what we can accomplish together. This is not just a covid thing. This is something we can do all the time. And it's certainly something we need to continue forward as we look to solve the other problems that have eluded us over the many years previous to this.

>> Shea: Thank you so much. Thanks to all the staff efforts, and happy birthday, mayor Adler. I hope you have a fun day.

>> Mayor Adler: Commissioner, thank you. Thank you all for that. And thank you for not singing.

>> Judge Brown: Thanks, so I'll pass it to you mayor to

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adjourn, and then we'll adjourn.