

City Council Special Called Meeting (Joint Meeting with Travis County Commissioners Court) Transcript – 04/20/2021

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>> Stand by, please. >> Gomez: I'm calling to order the Travis county commissioners court for this joint session with the city council. >> Commissioner Gomez, they haven't started the meeting yet. Media is about to pull it up so you will need to repeat that. I think you need so say media, we're ready. >> Mayor Adler: We have a quorum, more than we need. >> Gomez: Good morning. This is commissioner Margaret Gomez. Media, are we ready? >> Yes. >> Gomez: Very good. I'm calling to order the Travis county commissioners court meeting. Judge brown is not with us today. We hope for his quick recovery and he will be with us next week. And so I will turn it over to the mayor to call to order the city council. >> Mayor Adler: Commissioner, thank you.

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This is April 20th, 2021. Call to order the city council portion of the joint meeting with the Travis county commissioners court. 9:05. We have a quorum. Commissioner, turn it back over to you. >> Gomez: Great. So we call to order the joint meeting of the commissioners court and the city council for the purposes of the covid reports. We will still follow the order that we have followed in the past few meetings. The commissioners court will go first with the questions and the city council and the mayor. So I think we're ready to hear from Dr. Escott. >> Commissioner Gomez, this is ann-marie. Do you want to ask if there's any callers before we start the briefing?

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>> Gomez: Larry, are there any callers? >> Commissioner, there is not. >> Gomez: Okay. Thank you. Dr. Escott. >> Dr. Escott: Thank you, commissioner. Can you all see my slides? >> Gomez: Yes. >> Dr. Escott: Let me just move it into presentation mode and I will get started. Again, thank you to both the commissioners court and city council for the update on our covid-19 response. I'm going to start first with a couple of updates. I showed this pie chart last week with our progress towards herd immunity in Austin and Travis county. It's updated with the current numbers. You can see that we've got about 7% of our population who has been confirmed as a covid case since the beginning of the pandemic. An estimated additional 13% based upon projections from U.T., so a total of perhaps

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20% of our population, so one in five individuals that have experienced covid illness already. Below that in the two green areas, you can see the fully vaccinated as well as the partially vaccinated. A total of about 41% of our population. So more than double the amount who have likely had covid in the past have been at least partially vaccinated or fully vaccinated. That leaves about at least 39% of our population still vulnerable. And when I say at least 39%, that's because this pie chart is assuming that there is zero overlap between people who have had covid and people who have been vaccinated. We know that's not true. We know that there's at least some overlap between those who have had the illness and those who have been vaccinated. So this is a minimum number of vulnerable people. That

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39% represents 500,000 people. About half of those are children under the age of 16 so we've got a ways to go in terms of herd immunity, and I think the best thing that we can do as a community is to continue to sign up for vaccinations. If you are 16 years or older. Those individuals who are 16 or 17 years old and will get a pfizer vaccine, individuals who are 18 or older can get any of the vaccines that are currently available. The faster we can get shots in arms, the faster we can progress towards herd immunity and normalcy. So, again, we've got quite a bit of work to do, but we're certainly making progress. This is a new slide which is showing you a comparison of Travis county with some other metropolitan areas in Texas. There's four different graphs here. You can see that on the left is the 16 years old and

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older who are fully vaccinated, followed by 16 years and older with one dose, 65 years and older fully vaccinated, and 65 years and older with at least one dose. The one on the far left is probably the most telling as far as progress towards herd immunity. Travis county is in second place behind El Paso county who is really leading the metropolitan jurisdictions in all of those measures. I think that's likely because of the catastrophic surge they had in El Paso. I think the hesitancy in El Paso is going to be lower than a lot of other places because they experienced that catastrophic surge firsthand. So it's -- it's a lot closer to people, a lot more people have been personally impacted or had a family member who had covid or die from covid. And I think for us in Travis

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county we need to take these lessons. We don't need to experience that catastrophic surge here to be motivated to get vaccine. So once again, all of us, all of our elected officials, all of our community advocates, all of our churches, all of our schools, everybody needs to be talking about vaccine so we can push these numbers up and progress more rapidly towards that herd immunity that we all seek. This is an update of our confirmed cases in Travis county. Yesterday we reported 143 new cases with a moving average of 116. You know, for the previous several weeks we've been oscillating around that, about 100 for quite some time. We've seen that shift up. So we have a higher plateau now and oscillating between 115 and 125 over the past week to ten days. We, you know, did see a significant increase last

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week. We had a peak last Monday of about 136 on that moving average. We've seen that come down a little bit and plateau off. But, again, covid is still here, it's still spreading, we're still seeing people infected and hospitalized, and that means we have to continue those protections, washing our hands, watching our distance and wearing our masks. The more we can do that, the better chance we have of pushing down disease, pushing down transmission and allowing the opportunity to get more people vaccinated. This is an update of our new admissions to the hospital. Again, you can see on the right side of this graph we had a sudden and significant increase in our admissions to the hospital Friday and Saturday. Saturday -- sorry, Friday we had 37 admissions, which was more than double the moving average. So a significant shift. Saturday we were 50% above

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the moving average with 30 admissions. Sunday and Monday we've seen that number come down to 20 and 12 respectively on those two days, but we'll obviously need to be closely monitoring this situation as we have lost significant ground that we had gained in the previous couple of weeks. Again, more evidence that the disease is still here, still spreading, there's still 500,000-plus individuals vulnerable, so

we have to maintain our caution. This is an update of our hospitalizations. Again, the blue is the total hospital beds being utilized, the Orange icu beds, the gray are ventilator beds. Our hospitalizations yesterday were 144 with a moving average of 138. That -- that moving average has been increasing four days in a row. So, again, we had seen a consistently design for several months, really, and this is the first increase

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we've seen in quite some time. About a 4% increase over the report from last week. So a marginal impact on the overall numbers of individuals hospitalized, but nevertheless concerning to that transition from a decline to an incline. The icu beds yesterday, 42 with a moving average of 39. That's been relatively flat. Ventilator use 21 with a moving average of 21. You can see we've had some increase, but it's been relatively flat in both those measures. I'm talk more about why we're seeing that decrease in acuity a little bit later. This is a projection from U.T. This was last updated before the -- that significant increase in admissions that I talked about last Friday and Saturday. This is showing, again, on this update a path towards

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stage 2. My expectation, again, because of that increase that we saw Friday and Saturday is that when U.T. Updates this this week, it's going to show us either flat or increasing. You know, any time we see that significant change in admissions to the hospital, that indicates to us and is an accurate indicator of increasing disease trends. So my guess is that the projections may indicate certainly a significant increase in the risk that the epidemic is growing in Austin and Travis county. This is an update of our hospitalizations by age group. Unfortunately we've seen some increases in our age groups, our 80-plus age group, 70 to 79, 60 to 69 and our 50 to 59 groups. And I'll talk more about that on the next slide. You can see from this we have seen two weeks in a row of decrease in that 20 to 29

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age group. And, again, what we had seen in the past after holidays was that we would see an increase in the 10 to 19 age group, 20 to 29 age group, and then a week to two weeks later increases in those older age groups. It appears that's what we're seeing again. You can see here 168 total hospital admissions last week, that's a 15% -- correction, 16% increase in total hospitalizations over the previous week. So we've broken our -- our trend of decreasing hospital admissions. You can see that we've had increases in every age group over the age of 30. So 12 to 16 or 80%, 27 to 34 for our 70 to 79, 26 to 31 for our 60 to 69, 29 to 31

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for our 50 to 59 group. So, again, we're see contraction in younger age groups and expansion in those older age groups. Travis county, city of Austin is doing a good job at vaccinating individuals 65 and older. Director hayden-howard will talk more about that later, but there's still lots of vulnerable people out. We still have to be careful around older adults, particularly those who have not been vaccinated. It's important to remember even though folks are vaccinated they can still get covid-19. Which means even if you are around folks who have been vaccinated, you need to use caution. If you are symptomatic with anything that could be covid, sore throat, cough, runny nose, nausea, vomiting, diarrhea, anything on that list of symptoms, you should not be around older adults. If you are vaccinated and

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asymptomatic, it's a different story and CDC has guidelines for those, but we have to be cautious. Anyone with symptoms, anybody who has been exposed to somebody with symptoms should avoid going to long-term care facilities or visiting relatives, particularly knows who are unvaccinated. This is an update of our hospitalizations by race and ethnicity. We saw a significant decrease in our latinx admissions, 41 to 33.8 last week. Unfortunately we saw significant increase in our African-American admissions to the hospital. 13% to 17.2%, which represents a 39% increase week over week for our African-American community members. Again, we know that vaccine hesitancy in our African-American community has been higher than other

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communities. We've got some meetings this week, director hayed Howard and I, to discuss some of those hesitancy issues, but again all of our community groups, all of our elected officials, all of our community advocates need to be actively reaching out, talking to people about the vaccine, addressing the concerns so that we can move past that hesitancy and get shots in arms and save lives. You can see here this is the number of individuals from each race and ethnicity who were hospitalized last week. Saw a decrease, 57 to 49 in latinx community. Increase by the same amount, 57 to 65 in our white non-hispanic community, about a 14% decrease for latinx and 14% increase for our white non-hispanic community. You can see the increase that I spoke about before,

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18 to 25 for our African-American community. This is an update of our positivity week over week. Last week we rose to 4.8%. Currently we're at 4.5% for the data for last week. Again, we still have data points coming in. That number may change. What we have seen is a significant decrease in testing. Whereas in the past we were seeing 15, 20,000 tests a week, now seeing 10,000 tests a week that's coming into our data feed. So, again, part of the strategy of driving transmission down is ensuring that we're testing everybody who may have symptoms of covid-19. And I say may have symptoms because the symptoms mimic lots of other things including flu and including seasonal allergies.

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So it is really critical, even if you really don't think it's covid-19, to go get yourself a pre-test and be sure it's not covid-19 before you go to work, before you go to school, before you go hang out with family or friends. The more we can do that, the more success we can have of driving down the transmission. This is a breakdown of that positivity by race and ethnicity. Our latinx community had a slight increase, 5.8% to 6.3% so far for last week. African-American community decreased 5.5% to 4.5% for last week. Our asian-american community, 5.6% to 3.9% last week. And our white non-hispanic community members relatively flat, 3.9% to 4.0%. Again, the positivity of race and ethnicity is showing that almost

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everybody is under that 5% mark, but everybody is over that 3% mark. So, again, across the board, across all races and ethnicities in our community we've got to continue those protections to drive down disease. This is an update of the positivity by age. You can see that there have been significant increases in our positivity in our 40 to 49-year-olds and 50 to 59-year-olds. They are both over 7%, about 7.2%. So those are the highest positivity age groups in our community. You can see that we had a decrease in our 10 to 19-year-olds and 20 to 29-year-olds, but still over that 5% mark. You also see a significant increase in our individuals less than one year old. Moving from under 3% -- under 2% to about 5% last week. So, again, covid-19 can affect people of all ages.

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We know that hospitalizations increase the older you get, but we also see increases in the very young children due to the respiratory impact of covid-19. We know that comely indications for children, the inflammatory response is a suggest issue. I also want to point out we have growing evidence of long-term concerns regarding covid-19 infection including, you know, brain injury that has an impact on rates of depression, anxiety and other mental health issues. So, again, regardless of what you think your risk is and how mild you think your symptoms may be, I'll tell you that I talk to a lot of people who have been surprised. Athletes, marathoners, people who are active and young and healthy who are significantly

impacted by covid-19. Who can't walk a mile without having to stop and sit down, but used to be able to run five, ten miles

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or more. People who have lingering effects months after they are no longer infectious. These are real concerns. People need to pay attention. I'll tell you, I know many people who have had covid-19 and I can attest that you don't want to have it. Regardless of your age, regardless of how healthy you think you are, you don't want to have covid-19. Please get your vaccine, please continue to use those precautions until we can reach that herd immunity together. Here's some more details on our positivity in school-age children. So, again, we see that our middle school and high schools are well above that -- that average positivity in our community, 7.9% for high schoolers, 5.1% for middle schoolers. Again, we have seen clusters associated with athletics. I think you all are aware of the ones in aid affecting

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the sports teams. We've certainly seen our clusters at other schools, typically related to extra curricular activities. We are not at the pace we go go back to normal. Police continue to remind your children about importance of masking and distance and personal hygiene. Similar to the previous weeks, we see that our elementary school and pre-schoolers are well under that average positivity 1.7% for both this week. So, again, quite a variation across our school ages. Still no significant evidence indicating concern about clusters associated with classroom spaces. Our schools are doing a great job of enforcing masking, doing the distancing. So, you know, again, parents

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have to make an informed decision about whether or not they do [inaudible] A person or virtual education, but certainly I think the schools are doing a great job of keeping cases down outside of those extracurricular events. This is an update of our nursing home and long-term facility dashboard. We've had a significant increase in cases in the last 14 days. So 13 reported for the previous 14 days. Last week's update was six cases. So as we've seen cases increase in the community, as we've seen positivity rise last week, we can expect to see some impact on our nursing homes. Again, relatively small clusters compared to what we were seeing before, but, again, we do have many of these cases which were related to people outside the nursing home, outside the assisted living facility engaging in risk-taking

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behaviors in terms of covid exposure and then going to the nursing home or the assisted living facility and visiting a loved one and spreading it there. So, again, that's the reasoning behind the caution to continue to be vigilant about visiting older people who are vulnerable to disease, particularly if they are unvaccinated. This is an update on our regional infusion efforts. Tdem opened this in coordination with the city of Austin and Travis county. Opened on 1/6. Since then more than 1,000 patients, 1,006 have been treated with monoclonal antibodies. Again, this is a free infusion designed to decrease the risk of those who are high-risk individuals for hospitalization and death. And I think this is contributing to the impact that we're seeing on hospitalizations. So we're grateful for the state in providing this resource.

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We continue to have more capacity than demand, so we encourage everybody if you are diagnosed with covid and you are high risk, to talk to your health care provider about referral to the regional infusion center for that monoclonal antibody therapy. I do want to provide an update, I shared these slides with the media a couple weeks ago. I want to make sure that you all were aware of the changes that we're seeing in terms of length of stay and mortality. So what you're seeing here is a graph that's showing the days in the hospital in which 95% of covid patients are discharged from the hospital. You can see that for each of these age groups 65 plus, 50 to 64 and 17 to 49, that 95% threshold was about 25 to 26 days. And across the board, since March, that has dropped to

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about 15 to 16 days. So that's about a 40% decrease in that measurement. So that's going to have a significant impact on the burden that our hospitals face from covid-19. So we are -- we've asked U.T. To reassess the triggers on the models to plug in this new data based on length of stay to determine if we can refine those projections based upon the trends that we're seeing. In addition to the decreased length of stay, we've had significant decrease on the in-hospital mortality. These are deaths of individuals admitted to the hospital. For individuals 65 and older, there's been a 63% decrease in in-hospital mortality. For individuals 50 to 64, a 44% decrease.

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So remarkable decreases in both these age groups. Again, more than 80% of the deaths from covid-19 have been from these two age groups. And so, you know, this is going to have a significant impact also on our death rates going forward. And I think this is a combination of the vaccine effort, and we know that it's possible for people to get covid-19 even after they are fully vaccinated because they tend to

have a less severe disease course. It's also a testament to the monoclonal antibody therapy which people can still be hospitalized, but it does decrease the severity of that illness course in patients. So we're grateful for these two measures. This is certainly positive news. But again, we still have a long road ahead of us and if we work together to drive down disease, combined with these ongoing efforts, we can certainly avoid

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significant surge in both cases, hospitalizations as well as deaths. I also want to provide an update, I've shown you before some comparisons between Travis county and other met metro counties in the state of Texas. I want to provide perspective on the national level, what other large cities are liking like in terms of covid deaths. What I'm showing is deaths per 100,000 population. You can see austin-travis county in the dark blue at the bottom. Cook county in yellow, Chicago, New York, which is in the dark green. Los Angeles in the light blue. Phoenix, maricopa county in the red, and the light green is philly. So, again, a lot of these larger metropolitan areas are averaging between 200 and 250 or so deaths per 100,000. Travis county is sitting about 75.

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So really, you know, we're doing very well in terms of comparisons to other metropolitan, large metropolitan areas in the U.S. A quick update on our influenza report. You can see a significant jump in our positivity rate last week, 3.15%. That is about four cases, 107 total for the season. Again, we continue to maintain a record low season compared to the previous three years, certainly. You know, when we do the final tally, I think we'll find that this is a record low flu season, but we'll have to crunch the numbers at the end of the season to be sure of that. Again, we remain in stage 3. Folks who are at high risk for severe disease, number one should get vaccinated, but number two, need to continue to use significant

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caution in leaving their home. They need to ensure that they are going to places where mask use is enforced, where distancing is enforced. They should avoid non-essential travel outside of their home. We're still seeing significant disease transmission in the community. And if we can effectively protect those high-risk individuals and individuals in their household, we can decrease the impact on our hospitals and certainly on their loved ones chance of severe illness and death. With that, I will turn it over to director hayden-howard. >> Hayden-howard: Good morning, thank you, Dr. Escott. This is a snapshot of our dashboard of vaccines that Austin public health, Cota, as well as community care has provided. According to this data, when

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we look at the race and ethnicity, we've noticed in our community we provided the Asian population 14% have received the vaccine. African-American is at 5%. And the hispanic population is at 19.5%. We always continue to look at what's happening at the state level as well. And, you know, just kind of notice the variations. What we have noticed at the state level for Travis county, which includes all of the providers as of today, the Asian population is at 6.82%, the black African-American is at 7.12%, and the hispanic population is at 27.29. And so as we continue to provide vaccines, as we --

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not just Austin public health but all providers, you'll constantly see that this data will change from week to week. Next slide. I wanted to just share just information about as we were looking to address the barriers for the vaccine. As we looked at the transportation divide, you know, we are very grateful for the partnership with capital metro, and folks can give a call Monday through Sunday, these hours, and request a free trip to be transported over to our vaccine sites for the first and the second vaccine. In addition, you know, along the way we have also considered the language divide. Online we have six languages on our website and residents

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can call 311 or our full number to get assistance with registering the vaccine, and the vendor that we have supports over 240 languages. Continuing to text message residents of the eastern crescent that are -- our volume is up to over 1,000 calls. Now, with our digital divide, you know, very excited as we continue to move along and work through, the relationship we've established with 311, they are continuing to help individuals, if they give them a call, they will register them for an account. And then from that point we established our equity line back in January. And so from there our staff from our equity line, which

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does include city and county folks, they are calling folks back to schedule an appointment at our sites. Continuing our partnerships, the eastern crescent, working with our faith-based organizations, and with our mobile vaccine program, working with all of these partners as listed. One of the things I would like to share about our mobile vaccine program year to date, we have provided over 4,400 vaccines with our

various partners. We were really excited this past week, on Friday and Saturday we were at sacred heart, provided in partnership with them, provided 1,640 vaccines. In addition, the health alliance for physicians we

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were able to be there this past Friday and able to provide first and second doses. And so I think the really great thing about the partnerships is that if an individual comes to one of our events and they had a first dose and they have their card, we will gladly provide that vaccine. And so we are just continuing with that model just to make sure that we are definitely reaching our vulnerable populations. Also this week, we will be working with the Austin Asian community health initiative to be at the Vietnamese catholic church on Saturday. And we are going to provide some vaccines there. And so through our various partnerships and more planning meetings with aid, as you all are aware on

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Thursdays they do -- they offer their food assistance at several schools, and so we are working collaboratively with them to determine, you know, what a process would look like and how we establish that. So that is more in the works. As we continue to pivot, you know, we are picking up more neighborhood models. Next slide. This is just an update about a child care education and our senior population, over 12,000 vaccines have been provided to school and child care staff. When our seniors population according to our data, Austin public health, our first and second doses are listed here. And then according to the department of state health services, over 101 vaccines have been provided to residents that are 65 years of age and older.

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Next slide. As we look at our vaccine update, we're definitely really looking at the data to just kind of move us to the place of vaccine immunity. And so last -- to date, year to date, Austin public health has provided 251, 244 first and second doses, that is as of the 19th. And as we look at the data, and this is inclusive of individuals that are 16 years of age and older, according to the data, that's about a million people. And so that puts us at the 48.25% to get us to our goal of 67% of herd immunity. We with our appointments

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this week, from last week to this week, we have been able to leach -- leave our appointments open. As you know, we've had a few challenges with our appointments filling. And so we thought we would try a few things just a little bit differently, so we've left our appointments open. We have been able to schedule a few more by leaving the scheduler open. And so we'll continue to work through that and kind of see how that works by leaving that open. But as of that time from Sunday -- from Saturday until today, 4,308 appointments were scheduled. And so at our various locations. We continue to have our equity team, city and county team still making those

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calls and scheduling folks for appointments as well. We are also working on a process for walk-ins. We know that it is important for us to be as flexible as we can be. And so as we're looking at what that will look like for walk-ins, looking at the capacity, looking at how much vaccine we will take, looking at a specific location that we could be to make things accessible for the public. And so we will continue and I will have more information about the walk-in process. Next slide. We wanted to just share a time line of our distribution process and kind of talk about the eligibility and kind of give you a snapshot. As you all know, in January

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we initially received our vaccines. At the end of December we received a few, and then we received more in January. And so at the time established ourselves as we have been a safety net and provided some vaccine sites. And so from there, in February the state of Texas designated us as a hub, and so making sure that we were able to provide vaccines to any Texan that met the 1a and 1b criteria. But at the same time we opened up dove springs and pflugerville clinics. We wanted to show the circuit of Americas site that stood up and the partnership between ascension Seton, the county and community care for our first drive-thru clinic. And then as we moved on in

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March, we began to provide more -- more targeted vaccines to folks that still met the 1a, 1b criteria, but then we expanded our health equity call center to include Travis county at that time. Along that time, we had provided about 100,000 vaccines, and later in March we expanded to the burger center and started our program. But then our mobile vaccine program began working initially with meals a wheels, and as you can see, you know, we have expanded that to several partners that we are very grateful for their participation in allowing us to work with them and then to share the clients that they are working with. In April everyone is eligible for all of the

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vaccine, according to the state of Texas, and we made a change to our southeast branch library. Still doing some testing there, but we are also providing vaccines. And then we're going to continue to pivot in the month of may to shift to neighborhood clinics. It's going to be important for us to continue to partner with the community, connect with grass-roots organizations and be very targeted and intentional. And so as we move forward, these are some of the strategies that we are going to implement. We know that based upon these strategies, it's going to -- we'll be able to see more changes with the data. Definitely being able to impact the areas and the populations who have been hit very hard during the covid -- during this time. At this time, that completes

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my presentation and I am available for questions. Thank you. >> Gomez: Thank you very much. We will proceed with the questions then starting with the commissioners court. Commissioner Shea? >> Shea: Thank you, commissioner Gomez. I did have a question for Dr. Escott. There was a post yesterday originating with Dr. Jaaj who was really raising the issue of how the number of new cases daily has remained flat now for I think it's roughly two months at a time when we are literally rapidly vaccinating millions and millions of people. And the point I think they were making is given that we are now vaccinating so many,

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literally millions of Americans, the fact that the new cases is remaining flat is a cause for great concern because it means there's much more rapid spread. And I think that -- that struck me as a really significant point to emphasize because I think a lot of people are kind of feeling like, you know, we're starting to get past this. We've had enough people vaccinated and we can let down our guard more or people feel like they are bulletproof. This seems like an alarming statistic. >> Dr. Escott: Yes, commissioner. You know, I think this goes back to the discussions we were having last month about the time of the reopening. I think the best strategy is for us to have delayed gratification. For us to continue the protections to drive down

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disease and open when that happens, not before it happens. And that's what we're seeing happening across the U.S. Is we've seen cases on the decline, we've seen state by state things opening up again, not a little bit, but opening up all the way. And I think that's exactly why we're seeing this long-lasting plateau that is still leading us to experience a surge. The ceiling is still quite high on the number of cases. There are 500,000 people at least in Travis county who are susceptible to be infected. The number is probably much higher due to laxity of people who have been vaccinated. So we still have to be very cautious. We cannot be in a race to normalcy and get ahead of ourselves. And I think that's where we are right now. I do think that because the

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ceiling is dropping every day due to vaccinations, that the risk is decreasing on a daily basis regarding the magnitude of that surge. But it's still -- still -- the ceiling is still high enough for us to be hit significantly from covid-19, and we've got to pay attention to that. We've seen it play out in countries across the world. We saw it yesterday I think that we set a new worldwide record for new cases. Covid has not gone anywhere yet, it's still here. It's moving around, but I think it's important that we think about that particularly when it comes to summer planning. Regardless of where the U.S. is, the rest of the world is not going to be where the U.S. is in terms of vaccinations. And when we think about opening up too much, we think about spreading variants that right now are relatively rare, particularly the south

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African variant. That means if we choose to travel, it should be only in the circumstance where individuals are fully vaccinated and they are absolutely protecting themselves during the journey and during the travel period. I can't stress that enough, that we are still very vulnerable. The path towards herd immunity is really based upon the current variants that we know. And the fact that even, you know, amongst the U.K. Variant, the Brazil can variant, the vaccine is still pretty good. The real threat that we have is the emergence of a variant that successfully evades the current vaccine. Because then we've got to start all of this over again. What can we do as a community to prevent that? We can mask, distance, wash our hands, vaccine gate. The faster we can do that we can quickly close the window on the possibility of new

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variants emerging and get to that place of normalcy that we all want to be, but we can't rush it. >> Shea: And does this elevate the urgency of people getting vaccinated? >> Dr. Escott: Absolutely. >> Shea: With these new variants. >> Dr. Escott: Absolutely. We're literally in a race against time. I know lots of other public health doctors have used that, but that is what we are facing. If we don't do it fast enough, we'll

see variants continue to emerge. The more they interact, the virus interacts or the variants interact with vaccinated people, the more likely it is that it will, you know, we'll see a variant emerge that's vaccine resistant. And then we'll -- the boosters will emerge and we'll be constantly changing those in the future. So, again, you know, we've got to get vaccinated. I know there's been folks who didn't want to be first in line to get the vaccine because they weren't sure, you know, how about the

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85th million in line. There's lots and lots of vaccines out there. Even with the Johnson & Johnson concerns, vaccine is still incredibly safe. All of them are still incredibly safe. The risks of the natural disease are much higher, much more significant, much more long-lasting than the come complications, which are very rare. We must care about our community members, care about our family and friends and talk to them openly and honestly about the vaccine facts. Aph has a great website, we update it weekly with weekly facts on vaccines. Make sure that you tune in to reliable sources of information when you are making the decision whether or not to be vaccinated. >> Shea: Thanks. >> Gomez: Commissioner Travillion. Commissioner Travillion. >> Travillion: Good morning. Good morning. Once again, I would like to

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thank you both, Dr. Escott and director hayden-howard, for the work that you've done. I understand that you have worked really hard to make sure that we pivot and work with community and we work in community, that we go out to where people are and educate them about opportunities and make sure that we give them assistance in using the data systems that we have in place. I want to say thank you for all that you've done, the work that you've done in the evenings, the work that you've done on the weekends. It has been appreciated and I think it has made a huge difference. I want to ask, and I appreciate the way in which the presentation was laid out today, because it shows that we have been analyzing barriers and developing

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resources to specifically address those barriers. And that will be my question today. What can we do from a training perspective, whether it is with our local workforce board or whether it is with our local school districts, to make sure that we identify the places in our system where there are labor shortages and build a program to get students who are interested trained in health-related fields. Whether that's nursing, whether it's first responders, whether that's social work or data management, what can we do together to make sure that there is specific training in areas where we understand that there is a labor

shortage. Because I think as we look into communities that historically have been under served, we need to create

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opportunities so that those folks -- some community members who are from the areas where there's hesitancy, that we build professionals to address and educate and work with those communities. What - I just want to see whether we can sit down and work with the local workforce board and build a plan based on our after-action report. >> Hayden-howard: Yes, commissioner Travillion I think it is very important that we do that. One of the things that we just noticed as city of Austin a few years -- two years or so meeting with our human resources director, she shared with us that about 5% of the city of Austin personnel would be eligible for retirement. So not that they would, but they would be eligible.

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And that was a few years ago. And so it's going to be important for us to really kind of think about, you know, who is going to be our workforce for tomorrow. How we are going to be able to emphasize workforce development and skills. And so one of the things that, you know, Austin public health has done is a couple years ago we did implement the public health pipeline. That public health pipeline works with schools, and Dr. Eugene has really worked hard on that program. But what that program does, it brings students to public health, they've been working with us virtually during this time, but what it does is it exposes them to the work at public health. Talks with them about the different areas in public health and just kind of, you know, gives them that experience. And so it's going to be

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important that we do expose young people and then kind of raise them up through the ranks, whether they end up with a high school education or some type of training or if they go further, and we've had some that have gone further and have circled back and they have college interns with us as well. And so that workforce development piece is very important and we would love to work with you on that. >> Travillion: I will certainly work with you, and I look forward to working with you. I have seen us when it comes to the microchip industry, the construction industry, develop specific programs with local workforce board. I think health-related fields are critically important for us and I think that the local workforce board has put together a strategy in a number of areas. I just want to focus more on

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health-related issues because I think that will address some of the cultural hesitancy issues that we see as it relates to health care. So we are certainly looking forward to working with you and bringing any resources that we can assist with to the table. Thank you. >> Gomez: Thanks so much. Commissioner Howard? >> Howard: Thank you. I would just like to ask Dr. Escott or Stephanie Hayden had hayden-howard if there's any stone unturned. What can we as leaders do that you've seen other leaders in other communities do to continue to get the word out, to share the message, or to support your teams. If you had a wish list of two or three things, is there anything we're not doing that we could be doing? And let's get -- >> You know, I think -- >> Go ahead. >> I think one thing I would

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really suggest of all of you, if you have received your vaccine, my hope is, is that all of you have received your vaccine. And if you have, and if you've taken any photos of it, can you be a person that says I have taken my vaccine. I fully support it. And even reasons why you're doing it, using your social media, etc. I think that is critically important in the space of vaccines. I think the other thing that's really important is, is really explaining and continuing to explain to folks about covid health. As we've moved along, I still think that there are some folks that still confuse public health with healthcare. And there are some health

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departments that still work in that space of healthcare and public health. But I think it's really important to share what you know about public health just to really kind of help with that educational piece. So those are my, kind of, two wish lists. I'll turn it over to Dr. Escott. >> Yes, Stephanie, I agree. I think, you know, again, with talked about before the vaccination process previous to today was about getting enough vaccine to get it to the people who wanted it. We're past that point now. Now supply exceeds demand. We had a very brief plateau, but I think from here forward we're going to see that supply exceeds demand and we're going to have to work hard to get people in the queue to get their vaccine, which means that every meeting of every organization, every church sermon, every scout

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meeting, every group meeting in the community needs to be addressing vaccination. The more we're talking about it, the more we're sharing facts and dispelling fiction, the more people are going to be inclined to get the vaccine. We know from previous public health interventions the more people hear it, the more people -- the more times they're asked about it, the more likely they are to do it. We still have

some work to do, as director hayden-howard mentioned earlier, making the vaccine more accessible to people, putting it closer to home, closer to work at times when they can get the vaccine which is convenient for them. But we need people to get signed up. We need people to discuss it. We need to dispel the myths. We need to get people in line. Again, social media meetings, churches, all those groups. The more we talk about it, the more success we're going to

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have. >> Gomez: Thank you. What I am interested in finding out is how close we are getting to the herd immunity. We're saying that we're now at 48.25% of the population? >> We're 48.25 of adults in Travis county. There's still another 250,000 or so people under 16. So we're about 30% of the way to herd immunity -- people who are fully vaccinated of all ages. So we've got a ways to go. The state's got a ways to go. And it's going to take increasing efforts in order to get us there. >> Gomez: Sure. And I think in lieu of a photo, director Hayden, what I would say is it goes back to when we were children, before we ever went to school we had to line up

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and get our vaccinations. And so I think that experience stays with us as we grow older. Something else comes along, we need vaccine. And so I think it starts when you're a young child. You get used to the fact that you have to be healthy. You're going to continue getting to school and getting through life. So I think we need to go back to that elementary school and get all of the kids getting used to vaccines to stay healthy. So, anyway, that's my input on that. Mayor, I'll turn it over to you. >> Mayor Adler: Commissioner, thank you. We're going to go districts in 1-10 today. Before we start I just wanted to

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give a brief report as well. You know, in looking at the barriers, I think a few things are clear, as you have made in your presentation repeatedly, Dr. Escott, and director hayden-howard. And one is that the digital divide is real. So online registration, even with an optimized website is still a hurdle for way too many people. And we're seeing that with the vaccination numbers that we keep talking about. And it's hard to do vaccinations without a preregistration system. So we have supply that is from the state, hasn't historically been predictable. When you have walkup, you have the danger of threat of having vaccinations at the end, which we saw this weekend out at Nelson field. That event ended with our vaccinators walking up to retail locations in the area to find

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people and see if they were ready to be get vaccinated to make sure that we issued all those. So I really do like, as the general public gets vaccinated in greater numbers, as supply increases, that we're really working on the targeted walkup strategy, as Austin public health is doing. The event at sacred heart was really good, also the pop-up events are really good. So in speaking, as we've heard here in recent times with director hayden-howard, one of the limiting factors for the strategy is clinical staffing to administer the vaccines. It seems as if we have plenty of other kinds of volunteers. And I know that the county and judge brown and others have done a really good job of building up the infrastructure to be able to solicit and get those volunteers. But the hurdle seems to still be

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the medical volunteers. So just reporting what happened this weekend, my office and I really focused on recruiting medical volunteers. And just this past week, I just wanted to say I really appreciate the 60 doctors and nurses that have stepped up, with the implication that there are still more that are on the way, with just 48 hours notice. Again, I just want to thank the volunteers. We were able to pull a team of 11 out to Nelson field this weekend for the pop-up event at kid fest, the food and resource fair put on by child, inc., and Austin voices. Real special thanks to chief Ken Bailey of esd 11 being the vaccinator of record, the collaborative for acting as our pharmacy out at Cota, councilmember Casar for a significant role in organizing

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that event. I also want to thank my chief of staff, Leslie bardeis, who has stepped in in front of this to try and help. And then to her partner Dr. Thomas. I guess you need a physician of record on site or something like that, and they literally road rode over to Cota in the morning where the pharmacy was set up to mix the vaccines and then took it out and was with the physician group when they arrived. I think the goal is to develop a bench of 100 volunteer vaccinators and just make them available to various equity efforts. I know my colleagues on the council, many if not all are working with their constituents to help set these up, or elevate those kinds of opportunities. And that was a limiting factor. So we're trying to help and

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participate in creating that bench of vaccinators that can then be deployed to events as they happen. We're not at 100 yet. So this is a plea to the community, to the doctors and the nurses that are able to vaccinate, I request that you stand up and join this bench of volunteer vaccinators to help flesh this out

so that it's a resource that's available to aph and to all the offices that are working on this. So, thank you, everybody. And thank you, director hayden-howard, for assisting, pointing us in the right direction for that, and all the work you're doing, doing the same work as we all work together to try to build those numbers. All right. Let's go through the council, beginning with district 1, mayor pro tem. >> Harper-madison: Thank you very much. Thanks for the presentation, Dr.

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Escott, and director hayden-howard. I think most of us are thinking along the same lines at this point, which is really helpful, because I think it's going to make our questions very similar, in which case we get to get real granular now. Along the lines of what mayor Adler was just asking, I keep finding myself wondering, where are the people? So, my colleague, councilmember Fuentes, and councilmember Casar, have both, you know -- and commissioner Travillion have made a point to talk about mobile vaccination, go to where the people are. And, you know, in theory I absolutely can see how that's the necessary approach. Like, that's what we should do. But I also keep thinking, you know, we were at Nelson field the other day. And a conversation I overheard was the thought of trying to go to where every individual

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person, especially when you take into consideration needing that physician on site, and needing people who are eligible to distribute vaccines -- I'm just trying to figure out, what's the way for us to get the most bang for the buck? The most, you know, shots in arms. And it seems to me where the people are. Much like councilmember Casar made a point to acknowledge that the people were already going to be at that Nelson field event. I'm just trying to figure out what's the best, most efficient way to capture where all the events are already happening, either private events or public events. Where are the events already happening. Where are there schools already where there's a lot of students that are coming in. Where are there camps already. I'm just trying to figure out how do we create that catalog of opportunities? As we're asking for volunteer vaccinators, can we also be asking folks in that event space, or folks who are accustomed to getting -- sharing

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information about events. Is there some way to make that more organized? And I guess that would be a director hayden-howard question. >> Well, we have started reaching out to partners to let us know when they're going to have events. But one of the things we kind of emphasize is that if you call me today, which is Tuesday, and the event is Saturday, we're not going to be able to do that. So we've got to have sufficient notice, because with us one, scheduling people further out, and, you know, we have to

plan for staffing. So, it's important for us to be able to get that information and be able to plug our folks into that process. I think the other thing that is really, you know, going to be important as well is that a lot of this is relationships.

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What we are finding is that the partners that we are able to get -- kind of a larger captive audience, you know, that are coming to these events, are the places where they have some type of relationship with them. They're connected to that individual. We have folks who refer folks to us. They're very good about showing up because they have a relationship with a grassroots organization. You know, I'll use sacred heart. You know, they have that connection to Frank Fuentes and they show up. We were at the church, the St. James and we're going to repeat that again. And so they're connected to their pastors. And they made an agreement and they showed up at those events. So we've got to keep that part of that in sight as well, that it is going to be about the relationship that they have with

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the person or the organization that is sending them to us. And we do have greater success with the no-show rate. Absolutely you're going to always have a no-show rate because something is always going to happen. But I think the other part that we must do -- and we noticed this in St. James. There was a lot of education that went on, because even when people are there and you're providing the vaccines, they may not decide to get the vaccine on that day. And so we must be prepared to bring the education to ask any questions that folks have, in addition to providing the vaccine. So you're going to have to kind of double up on being able to do both, because there's going to be folks that are going -- yes, they're ready. They're going to get it. But then there will be folks that will be hesitant and just want the information. And so those things are going to be important as well.

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>> Harper-Madison: Thank you. I appreciate that. And I guess I'll close out that line of questioning with the places that I keep thinking people are already and aren't going anywhere. So, you know, jails. Hospitals. The places that people have to go. The WIC office. You know, those are the kinds of places that keep coming to mind for me, the consistency of flow. So, yeah. Those are the ones that keep coming back to me. But thank you, I appreciate your response. >> Mayor Adler: Thank you. Councilmember Fuentes. >> Fuentes: Thanks, Mayor. My question is for City Manager Cronk. Manager Cronk, you know, last week we met. We had a meeting with members of our community who expressed deep frustration with how the rollout has been when it comes to the vaccines, especially when it comes to vaccinating our communities of color. You were part of the meeting. I'm hoping that today you can

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speaking a little bit to what efforts are being placed or in progress that the city is doing to vaccinate our most marginalized communities, what message would you have to share in relation to that meeting that we had with our community? >> Thank you, councilmember Fuentes, and thanks for being part of that important conversation that we had with so many great partners in our community. And I couldn't agree more that there were both good recommendations that came out of it, and we are actively working on both responding to those recommendations and building off of the comments that were made there, because as we've heard in this presentation today, the pivot has already started to move from our mass vaccination clinics to neighborhood hubs, mobile clinics, making sure that we're going to the communities where the vaccines are needed and doing the appropriate level of education and response. What was really exciting and provided me a lot of optimism

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coming from that is we do have engaged partners that are wanting to be a part of the solution. And we just need to continue to work on tapping into those efforts. So I know that director hayden-howard has already been engaging with many of those community partners. We've had a great relationship with the del valle community coalition. And we will continue to leverage many of those organizations so we can get at all of those populations that are the most vulnerable. I'll ask director hayden-howard to describe a few more examples that maybe have not been shared with us today, but this is just the start of a really important partnership with so many of our community members that are not getting access to those vaccines right now. >> Thank you, Spencer. One of the things that does come to mind, commissioner, is really, you know, as we look at, kind of, rolling out things and we look at, you know, how we need to make changes, making

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sure that we're moving to the neighborhood model, those voices that we hear from the community is very important. And so I think, you know, one of the things that we really need to look into a little more is are there additional grassroots organizations that we need to execute a few more contracts. Right now we have seven of those agreements in place. And so I know that they're small grants as well, you know. They're \$25,000 grants. And so we need to reevaluate that and look at that a little closer and determine do we need more partners, do we need to fund them a little more. We've been able to, you know, work very closely with several other partners outside of that seven. But I think being able to maybe kind of pull all of them

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together, including the folks that have referred -- have been referring folks to us -- is going to be important. And so our staff is going to work on convening that group of folks just to really be able to hear a little bit more from them directly and ask them to look at what we're looking at moving forward, doing the neighborhood model, moving into the pharma complex, etc., and see if they would like to add any other strategies that they think are important and other ways that we can reach those communities. So, more to come with that. And we will share more information about that as well. >> Fuentes: Thank you. And it's great to hear that we are, you know, shifting to a neighborhood model and a neighborhood approach, and that our community can expect more information on that effort as we look to start hosting more of those opportunities in a matter

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of, days, with may just being around the corner. And it's so great to hear that you will be having ongoing conversations with our community, with those groups that we know are trusted community partners and know our community in a way that will help us address some of the hesitancy that we're seeing and hearing from the community. And now that we know that we have about 39% of our population who is eligible to receive the vaccine, has not been vaccinated, and are considered vulnerable, what can we do as far as education and outreach? You touched on it a little bit, but is part of your work with the community and with organizations -- is it going to be focused on education around the hesitancy of the vaccine? Can you speak a little bit more about that effort, and perhaps what aph is currently considering? >> Well, it needs to be around the hesitancy, but it also really needs to be able to --

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because there is going to have to be maybe some one-on-one conversations. You know, I think that, you know, being able to speak to folks, kind of, in a setting where they are receiving education. But there has to be maybe some more heart-to-heart conversations. You really want to get at the mare of why are you he has hesitant about this vaccine. I go back to the example of where we went to a bible study. And we were able to provide information. And so one of the things that a couple of the people came up afterwards, they were not going to get the vaccine. They already made up their mind. But they wanted to hear what we had to say, and based upon what said, several told us they changed their minds. And they were African American. And so sometimes a person has to hear something three times. So, I mean, you know, we have to have people that kind of go back

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to this person or call the person back to ask them again, you know, have you changed your mind. Do you have any other questions. And then there are going to be other people that will make up their mind, they're ready to go. We've got to be flexible. We've got to be able to offer tools that all of us are working together, Austin public health and all of our partners, grassroots organizations that we have contracts with. But then other partners that we don't have contracts with, just to see what they're doing in this space. And so everybody kind of coming on board to be able to do the education part of it, providing the facts, but then addressing the hesitancy and the why is going to be -- all of that is going to be important. >> Fuentes: For sure. And just as a followup, you know, as we look at scheduler and how we have that set up -- and I appreciated that we opened up the window when people can sign up for an appointment. But have we considered just

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having it be an open call, 24/7, sign up when you can? It seems the issue here is that our supply is far greater than demand, so why not have it open 24/7 so anyone who wants a vaccine can schedule their appointment? >> Well, as you know it's a technology platform. Technology has to be programmed. Technology -- you have to work through to tell what else differently you want it to do. And so our staff did work through those pieces. They are kind of evaluating, because we did -- we opened -- started open weekends Saturday through Sunday. And then they opened it back up and have just closed it. I'll be sitting down with my I.T. Manager and having those conversations about what that would look like ongoingly to

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have that portal open. So I'll be able to share more with you all on next week. >> Fuentes: Okay. I would love to see it open, you know, 24/7. I think I've seen other counties move to that model, so it would make sense for us, especially sense it's a race against time at this point to have that opportunity. It's one less barrier of having to schedule time to schedule your appointment and be part of that timeframe. And then my last question is around text messaging. I've seen other counties also provide a call number similar to our equity line that one can text to receive updates. And so I just want to get your thoughts on text messaging strategies that we're currently considering and perhaps have in the works. >> Well, are you asking about the ability for an individual to text us and ask questions?

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Is that what you are asking about, or us text a person about information in general? >> Fuentes: Well, I mean, I love the idea that someone could text a number and have some questions addressed. Perhaps that will be a hesitancy strategy. I think that's a great opportunity there. But I was thinking more of a number to text to find where is my nearest vaccine opportunity. And/or a way for aph to also push information out. So if we're not moving to a 24/7 online open registration, or online open appointments, then perhaps we can text individuals saying we have appointments available at this location, click here to sign up. >> Oh, yes. We have the ability to do that. Yes. We do. And we have actually been doing that. The text messages that -- I left my account open just to see what communication I received from my staff. They're probably going to close my account now.

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[Laughing] But just to see what I received from my staff. And so the text messages kind of, as high level, it reads please reach out to 311 to finish, you know, your registration process. I have -- I am fully vaccinated. I just want everybody to know that. But I wanted to go into the system kind of early on when we implemented it just to have an understanding of what the public was experiencing. So we do send out those text messages about, you know, completing your registration, etc. But let me check with staff. I'm going to make a note to say can we text and say the system is open at this time. I'm pretty sure we have the ability to do that. >> Fuentes: Yeah. And I think what I'm looking for is -- so that I can share with my community, text vaccine to 36777 to find your nearest

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vaccine appointment opportunity. You know? Like, I want to be able to say text this number, you'll get a response with information on how to make your appointment and/or if it's a public vaccine, they'll get notified if there's a pop-up location in their neighborhood. Thank you. No more questions. >> Mayor Adler: Thank you. Councilmember Renteria. >> Renteria: Yes. Stephanie, I also have a student that -- a student leader at eastside memorial. And she was asking me about the 16 and 17-year-old vaccination. Can you give me some information on what's the process for them, besides calling the local pharmacy to get the vaccine? >> Are they reaching out to --

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do they have a primary care physician? >> Renteria: Some of them don't. So I was wondering if -- do we offer any of that kind of service with Austin public health, or are we just restricted to 18? >> So we only provide modern. But, you know, I think -- maybe I need to double check with staff. Dr. Escott, you talked about your daughter. Because she's 17. And she was looking for her vaccine. So outside of the pharmacies that will provide it if they have pfizer, working with the county as well, that's been another,

you know, way for us to get folks. But Escott may be able to share what his daughter was able to do to get her vaccine, because she's 17. >> Thank you, Stephanie.

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Yeah, so, for 16 and 17-year-olds they're looking at only the pfizer vaccine. So the main sites for that -- Cota is one of them. So Cota is an all-pfizer site. So, available at Cota means availability for 16 and 17-year-olds. If they're under the age of 18 they do need to have a parent in the car with them to consent. My daughter signed up at CVS on her own, you know, looked around the area, put in different zip codes to find out who had availability, scheduled it, got it the next day. So there is lots of vaccine availability such that, you know, a 17-year-old can get one the next day. They may have to drive a little bit still, but it's certainly there if you want it. So, CVS, Walgreens, I think H-E-Bs are also pfizer. If you go to the vaccine finder website and look for who carries

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pfizer, that's the best thing for our teenagers right now. I will say that pfizer submitted for modification of their EUA on April 9th for the FDA to go down to age 12, so the expectation is that sometime in May that we'll have a vaccine for middle schoolers and high schoolers, which is going to be very helpful. It's going to be lots more people in the eligibility list. I think it's going to -- you know, we're likely to see an increase, particularly as people plan for summer camps and summer travel, they're going to want to get their kids vaccinated before they do those things. So we expect that in May. I have not seen that the FDA has scheduled a specific date to review that. But I think most people are expecting in the next several weeks. >> Renteria: So a 16 and a 17, they would have to go to either

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of these locations and make a call and make an appointment? Is that correct? That's the procedure? You have to still make an appointment. You can't just go to Cota. >> Yes, sir. You still need to make an appointment. Again, each of those different sites have a different process for registration. So, you know, they'll have to do a little bit of searching, but I think there is substantial availability right now. >> Renteria: Okay. Because I need to get that information back to the student leader, because they can get that information out to their 16- and 17-year-old friends. So I really want to thank you for that, because that's been a struggle for them to try to get that information. And if we can get that information to the principal, the vice principal of all these high schools that we have around here, that would be really great, you know, because they really need that information.

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You know, they're kind of confused about, you know, they don't realize which vaccine they need to take. So they might call over there to Austin public health and then find out that that's not a place to make an application -- I mean, an appointment on there. >> Yes, sir. We've been having those conversations with our superintendents over the past several weeks, and we've encouraged our school districts to actively provide information to parents and students, particularly those high school students, juniors and seniors. We're seeing lots more universities who are going to require vaccinations to be on-campus in the fall. But in addition to that, councilmember, we've encouraged our coalition with the other 350 providers in Travis county to

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transition their mindset also from passive vaccination to active vaccination. So starting that process of active outreach. We're pleased to see that this is already starting to happen. I spoke to Dr. Elizalde in a meeting yesterday who shared that Walgreens is working with her, particularly focused on title I schools. And we're seeing other private entities starting the active outreach process, particularly to our higher-risk communities. It really is about all of us. It's not just the public sector, but the private sector also engaging in these same strategies to get to herd immunity. >> Renteria: Well thank you for that. We need to get that information. Because like you said about the marathon, there was a young man that's in our boxing program that went to a March and didn't have a mask on. And he got covid.

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You know, he spent five days in the hospital. And now he can't even go three rounds. That's the maximum amount that young amateur boxes go. And he cannot do the third round. You know, he just cannot breathe. And his lungs start hurting. So that's very true that the long-term effect, you never know. We need to get our young people vaccinated so they don't have to go through that. >> Mayor Adler: Thank you, councilmember. Councilmember Casar. >> Casar: Thanks. I know you thanked a handful of folks for their help this weekend. I had a list, I wanted to make sure we didn't miss anyone. I just want to thank those folks again. And then share some learnings from that pop-up event, because we've talked about it for so long, in some of these hard-hit zip codes. I think there's some good things about it.

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But there's some things we learned that are worth reiterating here. But first of all, for the thanks, really specifically, Kate Garza who is chief of staff to judge brown put in lots of late night and early morning hours. I wanted to thank her specifically, along with your chief of staff, Leslie, child voices already had an event going at Nelson field, but within 48 hours to pivot and say we're going to add a vaccination clinic to E end of the event is a really big deal. In same same 48 hours, constable morales stepped up along with facilities and police staff to manage traffic. Chief Bailey from the esd 11. Dr. Thomas, lone star circle of care, Austin Travis county ems had someone there to make sure that everything was safe. And then the chair of the aid

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board and ascension Seton also put in really extra, extra time and hours to make sure that it could work, along with many others, and commissioner Travillion, and councilmember mayor pro tem harper-madison, y'all came by and I appreciate all of that. So, with just a couple days' notice, an event was put together at the high school, which we had a lot of help from aisd on and Walgreens, along with the help at Nelson field. So we had two pop-up events where community members had 24 hours notice or less in some cases, less than two minutes notice that you could get a vaccine. And the pros, which I just want to share for folks, because these were both largely in 53 and 58, two of the hardest-hit zip codes with the lowest vaccination rates. We had, between those two events, over a thousand people,

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about a thousand people that decided to get a shot, which is really good. There were a lot of people with no hesitancy. They thought they were getting food. They found out they could get a shot. They decided to get a shot. Some people knew about it the day before. So there's value in bringing these events direct to the community, because there are some people who need it, who have struggled with online and get it. And that's a big pro. And another big pro is that we have incredible people that are willing to put something together this fast. But some learnings that I think are important to share is figuring out how to give people more time in advance, not just for the people planning it, but also for the people coming. I think it is important. In the past, we didn't want to let people know of things too long in advance if we had very

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little vaccine. Because you can worry about having a line four times as long where you disappoint a lot of people and continue to propagate the problem of people feeling rejected from the vaccine. That's not where my sense is we are anymore. And I haven't said that out loud at one of these meetings. That's why I want to say that out loud, because now I think because we have that supply, we've had more

people say well, you know, there's sometimes planning involved. You might have some side effects. Or deciding in that moment for some people seemed uncomfortable. I went car to car talking to people to convince them to get it. And there was more hesitancy than I've seen in some cases. I got asked about Johnson & Johnson a lot. I got asked a lot of times which vaccines we were giving out. We made it really clear the vaccines were safe and important to get. Had conversations with people who told me they had already gotten it. After I talked with them, I learned that they hadn't gotten

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it. Having that conversation with people is really important. So, I think now with those pop-up events we can see how they are useful in these communities. I wasn't taking a tally, but pretty easy to bet 80%, 90% plus folks of color receiving the vaccine at the events that I was at. So really important and successful in reaching people. But I do think now with pop-ups finding -- we didn't want to turn away any vaccine. We said let's do it in 48 hours. And I'm glad we did that. But as director hayden-howard said, now if we know with more time in advance, I think we're in a place where we can let people know in advance, we are no longer short on supply. We can drive people to the events so they can plan and we can work on the hesitancy issues. And I do think while the pop-up events are important, they can't substitute for the walkups you've been talking about,

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director hayden-howard. So that people with hesitancy or uncertainty, that we can work on them over time and not just get one pop-up event, but they always know this neighborhood area is always available and they can sign up when they are ready. So I'd like to second what councilmember Fuentes said around if we have a place where we can say text this number and we'll let you know, and when you get that text back they say which neighborhood are you in. And we tell them this fire station or this library, or this ymca. Anytime between whatever it is, 12:00 P.M. And 7:00 P.M., you show up, you get a vaccine. Then as we work them and talk people through getting the vaccine, they kind of always know that they can go there when they're ready. And I think that that may be what it takes. I had conversations with multiple expecting moms. It's not an easy conversation to have. And I think as you said, we need

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to have those conversations multiple times and have an easy place people can walk up to and go. Thank you to everybody for helping with those pop-up events. They are good and important, but they can't fully substitute for 24-hour online registration, walkup sites with a regular schedule you can show up to that have hours available for people that work different kinds of schedules, that kind of thing. I think

we're now at that place where we need all of that. And I'm happy to hear from aph and the county team that that's where we're headed. >> Mayor Adler: Thank you. Councilmember kitchen. >> Kitchen: Thank you. I have a couple of questions. I do want to again express my appreciation for all the work that everyone is doing. And I really appreciate the progress we're making as a community.

[10:42:15 AM]

So I have a couple of questions. And my first question is -- goes back to data. I'm hearing and feeling the same things that have been expressed today in terms of the shift in our community. I think it was Dr. Escott said that we're shifting now to where we have more supply than demand. And I'm hearing both in my district and from others about some more concern related to residency. But I would like to know what kind of data we have. Have we done any kind of objective analysis through polling or some kind of outreach? I think that just helps us. I think what we're experiencing is very helpful and we need to respond to it. But I think it would be also important as a community that we actually put some resources

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toward understanding the data, particularly since we seem to be slowing down in terms of getting towards our herd immunity goal of -- last time we talked of 65% I think being the minimum. And we're only at 48.5. If we get some more data, that would help. And that -- commitment to resources to do that so that we know more specifically how we need to focus on addressing hesitancy and education in the way that my colleagues have been talking about. But that we also can identify what exactly are the barriers in terms of people getting access to -- we may find some things that we're not aware of. So, have we -- so my question -- my first question is, have we done any kind of polling or any kind of other research related

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to obtaining this objective data at this point in time? Have we done any of that, Dr. Escott, or director hayden-howard? >> We have not done any polling, councilmember. There has been polling done by private entities. But we can certainly explore the feasibility of local polls. Of course the polling that was done earlier on in the spring indicated that 85% of individuals polled in Travis county indicated that this they theywanted a vaccine. We obviously know that polling is -- may not accurately capture the true numbers. But we also have to think about the difference between people who want a vaccine and the people who want it now.

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The people who want it willing to drive 20 miles to get it, versus somebody else who, you know, may work two jobs and it needs to be very convenient for them. So that's why our approach is to make it more convenient. But I agree that having information or a poll such as that for our community would help us to tweak our strategies to meet the needs. >> Kitchen: It's only useful to the degree that it provides additional information that we can use to target our efforts. So whether those be educational efforts, or those be access efforts. So I would encourage you all at this point in our process to do that. My second question -- >> Councilmember my second question -- >> Hayden-howard: I would just like to share with you that we have received in

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addition to what Dr. Escott has shared, we did attend a meeting with the del valle -- del valle community coalition, I'm maybe not saying it correctly, councilmember Fuentes, I believe you were at that meeting as well. They did conduct a poll and did share that information with us, and it does align very closely with what Dr. Escott has mentioned. Their biggest concern was access and making sure that, you know, in their community they had the vaccine. In addition to that, we worked with a consultant that does work for sendero, and they may have conducted a poll to get, you know, opinions about folks being hesitant. And it is -- it also alliance as well.

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And then the third instance is that we have those seven contractors that as they are working, a part of their job is also to do a needs assessment in a specific area. And so that is information that they are going to continuously share with our office. So I think what -- what would probably be helpful is if we kind of pulled that together and bring it back to speak to it because it definitely alliance. So if we were to look at that 15%, I think talking to our partners about kind of who specifically is within that 15%, which is kind of where we're landing and being able to do that more targeted type vaccine strategy where we can actually provide the education as well as the

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vaccines. And so -- so that has been done quite a bit. Not, you know, directly by Austin public health, but it has been done. >> Kitchen: That's great. That is really very helpful and sharing that information would be very much appreciated. I would love to see it, I know others would too. And, you know, whoever does it, it doesn't necessarily have to be aph, but I am curious about the extent of the city that is covered in those. I do think those -- those polls are important, but I would want to understand if they

were, you know, neighborhood specific or if they were a particular population specific because I think we need that kind of data all over the city. And so if we don't have it available for the city as a whole, then I think there might be some places that needs to be filled in.

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So -- so that we can understand what's going on. So I would be happy to follow up with you, Dr. Escott, and with you, director hayden-howard, to kind of take a look at that information. I think that would be helpful. My second question has to do with, again, it's a combination of outreach and education. Have you guys considered using more targeted outreach? We kind of talked about this last time, so, for example, have you considered using our reverse 911 system to send messages out to people, both to encourage them to get the vaccination and to connect them to how they could get it? So, for example, using reverse 911 to send a message out that then tells them who to text, as councilmember Fuentes was suggesting. Have we activated our

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reverse 911 system and/or have we considered that? >> Hayden-howard: We have not considered that. That is typically used for emergencies. And one of the things that the office of emergency management has shared with us is wanting to make sure -- because what they don't want people to do is if it's truly an emergency and they receive too many messages, that they may not -- they may overlook an emergency from us. And so I think what we can do is maybe look at another way besides the reverse 911. There may be another strategy. So let me have a conversation with them. I understand -- and I'm not a communications person so I try to stay in my lane, but I understand there is another -- I think it's called ever bridge or

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something like that that staff have been able to use. And so let me see if that is something that we could use in lieu of to be able to kind of cast that net. Because I understand what you're saying is to be able to kind of cast a broad net to be able to reach a greater number of folks. >> Kitchen: Well, and so thank you. You know, whether it's reverse 911 or a comparable kind of system, but what I'm -- what I'm really trying to get at is proactive outreach. Which it's targeted. I think that's really important. You know, you could even get to the point you are sending out a message that says press one if you need a vaccine, press two if you don't. And then keeping track of that in a way that we could reach the 65%. Because this truly is an emergency. If we don't get to herd

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immunity and if we don't really get our community vaccinated and safe, we're going to have another surge. As Dr. Escott has said. So I think that that is -- we're at the point where we really need to light a fire -- everybody has been working very hard so I don't mean this in a pejorative sense, but we need to light a fire under our community to get to that 15%. My last comment is for councilmember pool, who I believe has had to step away. She asked me to please let folks know that she appreciates their work and wanted to know if we could add to the statistics that are being tracked, the rate of reinfections. That would be in addition to the dashboard. So that's my question that I'm asking for her. Could that be done? Dr. Escott, do we have

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data -- Scott Scott. >> Dr. Escott: I'll have to get with our epi team to see the facility of that data. We do have that data. We have data on breakthrough, infections in people who have been vaccinated. Very, very small number, a few dozen. But I can check with them and certainly if we have good fidelity with that data, we can add that to the presentation. >> Kitchen: And finally, this is not a question, just a request. Director hayden-howard, if you could send to all of us what steps we need to take if we have folks in our community that want to set up neighborhood events, I think that many of us would like to be involved in that and are not quite sure what the path is to do that. So thank you very much. >> Mayor Adler: Thank you. I don't think that

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councilmember Kelly is with us. I think she was having technical difficulties. Councilmember pool had to step off and will be joining us at 12:30, I think. I guess it's to councilmember Ellis. And councilmember Ellis has disappeared momentarily. Let's go to councilmember tovo and then come back. >> Travillion: Thanks very much. I just have one -- >> Tovo: I just have one quick question, we've covered ground with questions from my colleagues. Given what mayor pro tem harper-madison was talking about before about the connection, the really good possibilities of connecting with events, I wonder if there were plans underway for a pop-up event associated with the half marathon this weekend. >> Hayden-howard: Well, Austin public health is not signed up to be at that event.

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I can't speak for any other providers, but that is not on our radar. Our staff will be at their typical locations providing vaccines as well as the catholic vietnamese church this weekend. >> tovo: thank you.

I look forward to also the information that councilmember kitchen suggested. I think that would be very useful if there was a bit of a template for how and to whom we should get information about events we know of that might be good connections, and to the extent you require assistance from our offices, how we might provide that and what the best way to plug in is. >> mayor adler: okay. >> tovo: dr. Escott, let me just say you created a lot of joy in our house when you announced that may might be an approval for vaccines for under 12.

[10:56:30 am]

In fact, i think that news is now making its way around the middle school circuit. So thanks. >> dr. Escott: always a pleasure, councilmember. >> mayor adler: councilmember alter. Hang on one second. Councilmember ellis is back with us. Paige, are you there? >> ellis: i'm going to try to ask my question again. Sorry about that. With some of the mobile vaccines, go directly to you and call public health or do they need to go to the community partners? I'm asking this also in what it seems like was councilmember kitchen and councilmember pool's line of thinking that we could be very helpful in organizing concentrated district 8 effort knowing where our foundation communities are and mobile home communities and those that are house-bound are that may not be able to access bus service.

[10:57:30 am]

Is that something they should just call or something we could try to navigate on the fly and gather volunteers and do something hyper local? What would be the best approach to do something like that? >> hayden-howard: well, typically with austin public health, whenever we are attending any type of event, you know, we send out a link to folks for them to make the request for austin public health to be there. And so that's the same process and so that's what i would share for you all. So i'll get that information to you all to share that. I think in addition to that, you know, if you have folks that are home-bound that are not able to come in for vaccines, just ask them to call 311. Our team will -- will call them and schedule an appointment and go provide the vaccine.

[10:58:35 am]

I think the really good they think now about the home-bound vaccines is is that they are asking questions about anyone else in the home. Last week they were able to, you know, provide multiple people in the home a vaccine. So went out to do an elderly lady 91 years of age and then were able to provide a couple other vaccines. And so our staff will be asking those questions as well of the folks in the household. >> ellis: that's really great to hear. If there's any information to share, obviously there can't be information about people reaching out to you, but some people may be calling you, calling us and it

would be helpful if we can merge this data and find out if it's appropriate to do a targeted pop-up for set individuals in my district so we know how to access that.

[10:59:30 am]

I'm more than happy to find physicians to assist and i think we could make this work well and get more people vaccinated, if there is information you can share or what type of requests you are getting, love to be of help. >> mayor adler: thank you. Councilmember alter. >> alter: thank you. I'll be real quick. I was just curious what our plans are for when the vaccine rolls out to this younger set of residents. You know, it's just a different thing when you are vaccinating children and, you know, that process and, you know, do we have a sense of how many people that is. I would just like a greater sense of the plans for that and how aph will be involved if we mostly have moderna shots. >> dr. Escott: councilmember, i don't have a specific number for 12 to 16-year-olds.

[11:00:32 am]

Or 12 to 15-year-olds. It's probably going to be somewhere near a quarter of that, 250,000, that are in that under 16 age group. It will be a lot of people. As you pointed out, aph only has moderna vaccine, so i think the heavy lift is really going to be on the pharmacies, the clinics, cota, for instance, that has pfizer as well as our shots for tots clinic. We, you know, would anticipate that for our shots for tots clinic we would request pfizer for those sites because it is warranted for that younger audience. But we have spoken to our superintendents about it. We've spoken to them about the anticipated time line and the need to have the coordination on how to roll that out and get those vaccinations out efficiently for those middle schoolers and high schoolers.

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I anticipate that school districts are going to be more heavily engaged at that phase. >> alter: thank you. >> mayor adler: thank you. With that, commissioner gomez, i promise you that next week we'll do a better job of limiting ourselves to just one question and i turn the gavel back to you. >> gomez: thanks so much. And thank you, dr. Escott, and thank you director, hayden as well, for your reports this week. So let's move forward. Let's try to get more people vaccinated. Thanks very much. And so now we'll call back the commissioners court. We will adjourn this session and then, mayor -- >> mayor adler: city council participation in the joint meeting is adjourned here at 11:02. To the commissioners court again, thank you so much for letting us do this with you and thanks to dr. Escott and director hayden-howard. Five-minute break, guys, then we'll see you at the work session on the other channel. Commissioner gomez -- >> stay safe. >> gomez: thank you all.

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End