

City Council Special Called Meeting Transcript (Joint Meeting with Travis County Commissioners Court) – 11/09/2021

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[9:07:49 AM]

>> Judge Brown: It is November 9th, 2021 at 9:07 A.M., and we're meeting here at 700 Lavaca street with myself and commissioner Howard and commissioner Shea and commissioner Gómez joining remotely. I will hand it now over to councilmember Alter, I believe, to call your meeting to order and then I'll call the joint meeting to order.

>> Alter: So we do not have quorum. So I will not bring the meeting to order but we will be here to listen and to ask questions. It is November 9th at 9:08 A.M.. And as soon as we get a full quorum, we can call the meeting to order.

>> Judge Brown: Thank you, councilmember. So I'll go ahead and call the joint meeting to order and check in, and let's see if we have any callers at this time.

>> Good morning, judge. We do have one caller. One caller on the line is Janice Bookout, Ms. Bookout, please go ahead. You have three minutes.

[9:08:51 AM]

>> Thank you, and good morning, everyone, and once again thank you for your work. We are slowly closing the gap on the equity of vaccine distribution and whereas on May 10th. There was a 13% gap between the vaccination rates in west Travis county versus the eastern crescent. Today that gap is 9%. And we've been saying that this is in large part due to the efforts of the collaborative of organizations meeting regularly on the United Way vaccine collaborative call, working with Austin public health, and those working with the strike team. All of those efforts together have made that difference. We've been saying that and our recent data analysis shows a causal link between the efforts of these pop-up clinics and increased vaccinations in zip codes

served. In some cases, for example, these efforts represent up to 18% of the total vaccinations given. So what -- and what was also true is that the lower number --

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the lower the number of providers in the zip code, the bigger the portion of the vaccines that were delivered by those efforts. So this is evidence that will original approach that the state had to force Austin public health to deliver vaccines in its central hub, which was not their choice, was actually inequitable. People are more likely to vaccinate if there's an opportunity nearby by a provider that they trust. And communities have been saying that, but now we can prove it. But there's gaps in some zip codes and we must continue to support and fund and to partner with organizations -- not some of them -- all of them doing the work, because each serves a unique population and one cannot replace the other. I just want to reinforce that as we go into funding conversations later in the week and I would also like to -- very much would like to see disaggregated data by zip codes for children with

[9:10:51 AM]

vaccines, given the challenge of delivering pfizer and pfizer being the only vaccine for kids, I just think that the equitable distribution of vaccines for children could get lost in the bigger picture if we don't back up that data. So I'd very much like to see that distribution as well. Thank you so much for your work, and we'll be in communication soon. Thank you.

>> Judge Brown: Awesome. Thanks so much, Janice. Great points. Okay, so I think that those are all of our callers. So we will go ahead and see if Austin public health is on -- I see director Sturup starting a screen. So I'll turn it over to Dr. Walkes.

>> Good morning, everyone. Good morning, judge, and good morning councilmembers and commissioners. We're here to talk about our current status of covid-19 in our community. I'll cover some of the data and

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if you could give us the next slide, please. I'd like to show this slide at the beginning to see where we've been and how we've successfully gotten through the latest surge and previous surges with masking, social distancing, staying home when sick, and we started using vaccinations in late December. And we have most recently in this latest surge employed monoclonal antibody therapy, and we use it somewhat in last surge, but in this one we've deployed over 3,500 doses of monoclonal antibody therapy, and now we find ourselves in somewhat of a plateau with regards to the numbers of cases. Numbers of hospitalizations. And we have restored our hospital capacity. Next slide, please.

[9:12:58 AM]

If you -- we've been watching situation both nationally and globally as we see cases rising in Colorado and maybe a plateau in the offing in the U.K. We're watching our community

transmission rates locally to watch for early rises of cases, particularly as we look to our upcoming season of holiday events where we'll be gathering indoors with family and friends. And we know that we have more transmission in those situations. Next slide, please. This is a slide from last time where we looked at what the U.T. Modeling group had done to give us some indication about projections going forward. And with our current risk-based model that we've been using, we

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are looking at the seven-day moving average of hospitalizations and in that model, our threshold for stage ones is five. And this top graph shows that if we move quickly into stages two and one that, we could possibly have surges in the november-december time frame which then are related to those anticipated increased numbers of gatherings indoors and more transmission occurring. And so their recommendation was to lower the threshold and the thought was that that would help in keeping the public more aware of masking and so on by keeping our staging at a higher level. Next slide, please.

[9:15:04 AM]

We looked at another -- we're looking at the -- the metric of community transmission on this slide. And what it is guiding us towards is when they should do masking indoors in public places in order to help us to reduce the spread of covid-19. In the substantial and high levels of community transmission noted here, everyone is advised, and according to the CDC guidance to mask indoors in public places. In the low and moderate stages of community transmission listed here, everyone who is unprotected, unvaccinated, is advised to mask in public

[9:16:05 AM]

places. We've all along been guiding our community to take the steps to protect themselves from getting covid-19 by masking, social distancing, staying home when sick, getting tested. And most recently urging for the monoclonal antibody therapy. For those who are eligible. To protect our icu, that capacity, and that's been the goal because we know the severity of illness that is part of covid-19, particularly in the vulnerable high-risk populations requires at time icu care. When we look at the projections and see that we could potentially have surges, we ask ourselves why is it just the

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unmasking that comes with lowering our stages. And that is part of what we see, but it is also because as we know now there's some waning of immunity that occurs after six months. And so we've been advising those who have gotten the mrna vaccine to get that booster shot to boost their immune system, to give them more protection against covid-19. And for those who have gotten j&j two months after their injection, we're asking them to get a booster shot. With that compounded with the increase in moving and social interaction that's anticipated to occur in

the coming months, with the use of two coordinates -- or should I say metrics -- to identify for the

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community what, number one, their risk is when they go out into the community to interact with those that they're not familiar with that don't live with them. They don't know their vaccination status. They don't know whether they're sick. Using this as a guidepost we'll be able to give them some information about whether there's a lot of transmission, whether there's a lot of spread of covid in the community. And whether they, because of their health status, or because of their vaccination status, should consider the recommendation of wearing a mask in an indoor public space. So this in addition to what we currently use, which is the seven-day moving average of hospitalizations, will help us to tell the community their risk when they go out in public and in indoor spaces. And what the likelihood is that

[9:19:06 AM]

the hospital capacity is such that if they become ill there will be hospital care available. Next slide, please. When we look at the community transmission rates as of yesterday in and around Travis county, which as we all know that we are the hub for hospital care for our neighboring counties, we see that the levels of community transmission vary in the neighboring counties, as does the vaccination rate. And I give this slide to you to show where we are in time and in relation to those around us. Again, similar to the previous slides, where I showed our national and global picture of where we're seeing hot spots of concern. Next slide, please.

[9:20:09 AM]

On this slide we're looking at our hospitalizations in Travis county. I'm looking at 159 in the period of October 25th through November 7th. Travis county residents and community members have been 56% of those hospitalized for covid-19 followed by Williamson county with 21% of those that have been admitted to hospital. And the remaining surrounding counties contributing to the hospitalizations that we've had thus far. Almost all of those who have been hospitalized have been unvaccinated and you can see the breakdown of the age groups and on the next slide we'll look at that in more detail, in future slides. Can you put the next slide up, please? Another part of looking at our

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hospital capacity and preservation of that is looking also at our flu situation. In previous years historically flu cases have impacted our hospitals ability to care for individuals because of the rapid spread of this disease and a situation where people are unvaccinated for the flu and they're not using mitigation measures such as hand washing, covering coughs and staying home when sick. In the previous flu season depicted here in the green line, we see that we had minimal flu. As we've said many times before, because of the covid mitigations that's been

done in using hand washing and masking and social distancing, we had fewer cases. And as we start to relax some of

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those mitigation efforts, we are going to be monitoring this and bringing this to you each week so that you'll have some ideas as to what's going on. Currently there are not many cases of flu seen in our county, and we are seeing the flu in those that have been tested. Next slide, please. And, again, looking at age and looking at the distribution of the numbers of people and the age of people that are going to hospital, there's been an increase during this delta surge of those in the 20 to 59-year-old age group and we're seeing that 35% decrease overall in the past four weeks in the

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numbers of cases, which is good. And we hope to continue to see that decline. However, we must note that the increase in the age group of the 20 to 59-year-old age group has impacted not only those that have been sick, but those whom they care for. And as I have mentioned in times past, 150,000 plus children have lost a caregiver due to deaths in this age group. And so the impact of covid-19 has had far reaching effects. During this last surge of the delta variant, we have seen increases in the number of pediatric cases and that's what is depicted on this right-hand side of the slide, and looking at the number of cases in those under the age of 18.

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Since the beginning of the pandemic nationally, we've had 1.9 million cases of covid in the 5 to 11 age group. And I put this up, not this slide in particular, but to emphasize the point that the important to protect our children. And last week we fortunately had the approval of the covid vaccine for the 5 to 11 year age group. There were 94 deaths in that age group nationally. And we've had one death here in Travis county. So it's important for us to protect all of our population with vaccine. Next slide, please. Looking at our schools and the impact of covid-19 on our schools, last year between

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September 21st and June 7th, we had a total of 3,933 cases of covid-19, 2,406 of those were in students. The rest in employees. To date since August 9th, we've had 5,249 cases of covid-19. In the past several days and in the period from this past week we've had 116 cases. So those case numbers are going down. And I think that most of the cases that we're seeing in the student population are occurring in the classroom where masking is not as prevalent nor is

[9:26:18 AM]

putting the children in groups. And the second case that we're seeing cases is also in athletics and transportation situations. Next slide, please. The other vulnerable population where the impact of covid was seen most in the beginning was in the long-term care facility, senior population. And as you will remember in early January, we began vaccinating this group to protect them from covid-19 and now we near the process of booster shots for this group as well. And we see with the delta surge that there was a small spike in cases. However, there were fewer hospitalizations needed for the age group and showing the

[9:27:20 AM]

protection of this vaccine against severe disease, hospitalization and death. In this last reporting period I'm happy to say that we've only had one case and it was an unvaccinated resident. And they were not -- they did not require hospitalization. Next slide, please. With regards to the three cases, we have given 1.7 million doses of the vaccine in Travis county, which is amazing contribution of community, collaboration of community, non-profits, and pharmacies and constable morales and aph and just a lot of people putting their minds and hearts

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together to vaccinate our community. And with that we've only had 9,193 breakthrough cases. And this, again, correlates with the waning immunity that has been reported. Of those 9,193 cases that are considered breakthrough cases of fully vaccinated individuals 14 days after that last dose of vaccine in the case of an mrna vaccines modern and pfizer, 94 of those required hospitalizations. And there were 46 deaths. If you look to the next slide, the deaths that have been reported all total for austin-travis county to date are 1,172. Since the beginning of

[9:29:22 AM]

January -- last part of December -- when vaccines were given to the community, we've seen 599 deaths, and 46 of those deaths were in fully vaccinated people. So the rate of deaths in vaccinated individuals is 7.7%. Case investigators looking at those cases have shown that they were individuals with comorbidities. And those who died was 17 as the youngest and the oldest 103. Again, I just bring this slide to you to show that our vaccines that we have are effective at protecting us from severe covid and disease and death. And the next slide, please. With that I will ask that our community continue to do what we

[9:30:23 AM]

know has helped us to get to the slide of this latest surge. We have learned from our latest surge with delta variant and a new variant in the face of vaccinated population and unvaccinated population that the vaccines protect us from severe illness. They have helped decrease hospitalization in those who are vaccinated. For those that have been unvaccinated, it has caused severe illness, required much icu care. We've exceeded our icu capacity during this

latest surge. We are looking forward to a flu season that typically has a large impact on our hospital capacity as well, and we have a large group of our population that needs to go out and get

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their booster shot for covid. And to get their shot for flu to protect themselves. Our goal is to avoid a surge. Our hope is that with providing the community with the information to guide them as they go out to shop and get ready to make the Turkey and to go to visit with family and friends, that the information about community transmission they will know how to protect themselves in indoor public spaces where they are with people that they don't know. Our hope is that with vaccine and vaccinating themselves for both covid and flu, that they'll be able to protect themselves, their loved ones, their vulnerable relatives and friends from becoming ill. And that we will all be able to move forward to the end of the year without having another

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crisis with overcapacity -- going over capacity with our hospital systems. And with that I pass it to director Sturup.

>> Director Sturup, before you start, this is Alison alter, councilmember for district 10, I want to call the city council meeting to order. It is November 9th at 9:32 A.M. I am on the dais and on the virtual dais we have councilmember pool, councilmember Ellis and councilmember Casar and councilmember tovo and councilmember pool and councilmember kitchen.

>> Judge Brown: Thanks.

>> Thank you. Good morning, everyone. I'm going to apologize in advance, because I have quite a few slides this morning, but I will try to get through them as quickly as possible to allow time for the other presentations as well as for questions. And I will acknowledge upfront that some of the bar graphs are

[9:33:30 AM]

not visually friendly as we would like them to be, and we are going -- and the staff team to work on those color schemes. But in the meantime for the public to know that this will be posted to the Austin public health website for you to download and to be able to review at your leisure. And before we move forward, I want to go back and grab something that Dr. Walkes shared that I feel needs further emphasis. She mentioned that 140,000 kid in the United States have lost a primary caregiver due to covid. I think that it bears mentioning that 65% of those children were racial and ethnic minorities. That's 91,256 kids who are without one of their primary caregivers due to covid. The a national problem, this equity -- or inequities that we're seeing with covid. And I'm proud that we continue to leverage our local resources

[9:34:31 AM]

to try to mitigate those effects in our community. And with that, I will move on to the report. And so to give -- the last time that we were here I shared the stats from the first of October through the 24th, and this brings us to the end of the month. And you can see the number of doses or vaccines that we've given out, the total is 3,546. And you can see the breakdowns there between the manufacturer and what type of dose. When we look at testing for the month, just under 3,800 tests administered and the majority of those happening at the St. John's site. And then 78 through mobile testing and a little over 1,100 at dove springs. When you look at our covid-19 testing options, we are still there, even though test for the

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week -- the demand is increasing but we are still committed to staging operations so that folks can get tested. We know that cedar fever is upon us and we know that flu season is upon us so if you have a tickle, a sneeze, a cough, anything like that, and you're not sure what the, we can help you find out so that it's not covid. You can come to the dove spring rec and we'll be at the expo, beginning on the 15th. For our drive-thru option. That takes place of the St. John's drive-thru site. For the remainder of this week you can still go to St. John's and get your test, but next week we'll be at the expo. We continue to offer mobile in-home testing. And you can make those appointments by calling 512-972-5560. And we continue to support our partners that provide non-congregate living facilities opportunities by offering facility testing.

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With we look at our vaccinations by week for Travis county, as Dr. Walkes mentioned, we have administered as a county just over 1.7 million doses. The people vaccinated with at least one dose just over 900,000. 800,000 people being fully vaccinated, and 97 additional doses being delivered. For the county we're at 66.44% fully vaccinated for those five and older. We have noticed that the numbers for our fully -- or the percentage for our fully vaccinated population is going to show a decrease. As we could now have our eligible population have changed. We have added 114,000 kiddos 5 and up who are now eligible for vaccine. And so when we're talking about being fully vaccinated as a community, it's no longer 12 and up, including those kids now from 5 and up. The fully -- and just for reference, the fully vaccinated

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rate for those 12 and under is 74%. When we look at the vaccine distribution in Travis county by age, this is as of last week, we can see that we have 175 kiddos, 5 to 11 fully vaccinated. And I don't know about y'all, that makes me feel good, within a week that might seem like a small number but we have waited so long for this to happen and to see that we're really there with getting our kid vaccinated is a heartwarming trend that I hope to report increased numbers throughout the rest of these presentations. And you can see the breakdown for the other ages there. It is important for us to see the information disaggregated by race and ethnicity. Unfortunately, Travis county does not report it like that on their website, but what we will try to do as a public health

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department is for the doses that we deliver to provide that information to council and commissioners court. And so when we look back at our vaccine operations during the past week, we have administered over 1,800 doses. 1,100 were at point of distribution sites or pop-ups. 177 were administered at shots for tots and 507 through the mobile vaccine program. During that operational period we also delivered 1,400 booster doses and a total of 229 pediatric doses. Again, really excited about that, because we only started that on Wednesday and I hope that every parent is listening and hearing the spots and are aware of where you can get your kiddo vaccinated. 66 of those were at shots for tots and 77 at the northeast

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early college high school and administered by the vaccine program. And 86 at the dove community springs workshop hosted by councilmember Vanessa Fuentes. When we look at the number of Travis county residents that have not received a second dose, this number continues to trickle down and now we're at 106,000. But we still have -- because of the addition of the 5 to 11 year Olds -- we have 299,000 folks that are unvaccinated. And this is a 7% increase than reported at the last session, again, accounting for the fact that 5 to 11 year Olds are now eligible. When we look at the data by race and ethnicity, we continue to see a leveling off for the Asian, black and white

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population. This is particularly alarming in the black community because there's still that gap that we need to address. When we look at the latinx population, it continues to increase slightly. Our biggest concern is that our black population is still far below 50% vaccination rate. And even as we move into boosters, we continue -- we will continue to be intentional to make sure that we reach out to those that are not vaccinated or yet fully vaccinated. When we look at our map of first dose vaccinated -- vaccination rates, we see that almost all of our communities -- and that is even with the 5 to 11

[9:41:38 AM]

population. And there's a slight dip in that 78610 zip code. And that's because of us adding in the 5 to 11-year-old group. I want to point out that the diamonds on the screen represent all of the places where the mobile vaccine program has visited. The circles indicate where our pop-up clinics have been. And the black triangles are our static locations. When we look at our second dose fully vaccinated, again, integrating the 5 to 11 population, we see that our map is a little bit different than last time that we have shown it to you. And there are four zip codes now under 50%, and those are 78660 and 78653, and 68610. And four zip codes have fallen

[9:42:41 AM]

into the under 60% fully vaccinated and those are 01, 02, 03, and 04. And then let me skip this over. There are eight zip codes that were below 80% that are now in the green. And there's give-and-take and it's 21, 23 and 05, 52 and 53. Those are some good wins in those areas there. To remind the community and council and commission as to where we will be this week, we'll be at the southeast branch library offering j&j, modern and pfizer. We'll be at little walnut creek, offering the same, j&j and modern and pfizer. At the pflugerville library, offering j&j and modern and

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pfizer for 5 and up. And we'll be at the Delco center, same three vaccines and pfizer for 5 and up. And finns elementary, all three vaccines and that's also a location where you can see a vaccine for 5 and up. Our mobile operations this week include the Mexican consulate as well as the hillcrest elementary program. And our mobile vaccination program will have additional support at our vaccine hubs to administer pediatric vaccine while we look for additional staff to be at those locations permanently. All right, so then I'm going to talk a little bit about our vaccine distribution strategy. So we held a multiple community engagement opportunities to get feedback from the community on their vaccine experience thus

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far in order to not only inform our booster strategy, but our pediatric strategy as well. And the town halls and the community survey were promoted through social media. There was on-the-ground outreach by our outreach teams. And also through the speak up Austin backbone. And additionally we offered these activities in multiple languages so that we could be as inclusive and engaging as possible and those languages included asl, Spanish, burmese, arabic and Vietnamese and English. And this was really our intentional effort to learn from the community as they shared their experiences and offered recommendations to us about how we can adjust our operations. We are still analyzing all of the feedback, the information gathered will be compiled in a report to share back with the community because it's important that we don't come across as just taking, we have to give

[9:45:44 AM]

back as well. And acknowledge their input and their efforts to help us to be better. And we will also make sure that feedback is incorporated into our operations. And we talk about our pediatric vaccine strategy, we will continue to have that multipronged approach and so it consists of direct operations at the five established locations that I have mentioned thus far, and shots for tots and at St. John's and also at Delco and Sims elementary and in pflugerville and we'll have pop-up clinics at 12 school sites. We will continue to work with our community health workers to provide parent education, focusing on neighborhoods and schools and areas with limited access to vaccine. The specific zip codes are on the slide for you, 78617, 778124

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and 77852. And we also plan to have education efforts at schools, including presentations for parents and caregivers, and good old-fashioned neighborhood outreach -- black walking and deliberating fliers in places where people are conducting their normal activities. We did host our provider meeting on the 5th, and there were 60 pediatric health care providers there. And the purpose of that meeting was to not only provide information but to address technical assistance needs and safety concerns and to really have a sense of connection between the provider network, and we're still administering the provider survey to continue to identify those needs and what our community capacity will be to administer pediatric vaccines. Another effort was a survey that was distributed to schools

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through our schools and childcare task force. And the schools were called upon to distribute the surveys specifically to parents of 5 to 11 year olds. In addition to English and Spanish, the survey was distributed in several languages including arabic and burmese, and system fight and traditional Chinese as well as Vietnamese. The results that I'm going to share with you are preliminary and it will be finalized after all of the responses are collected and translated. We had over 10,000 parents and caregivers complete our survey. And so this first one -- do you plan to vaccinate your child? You can see the large number of responses that said yes. And so that is good. Interestingly enough, there was 1% that said they would do it

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only if they were required. The majority of the parents said that they would do it -- get their child vaccinated between the first and fourth week that the vaccines were available. For our focus, it will be that middle, the 7% here that said that they were unsure. And, again, the staff would like me to point out that 92% of the folks that said, yes, they would vaccinate their children said they plan to do it within the first one to four weeks of the vaccine becoming available. When we looked at where parents said they would like to have their children vaccinated, we -- the majority of respondents indicated that their doctor's office was their first choice. Right behind that was pharmacy with schools and community clinics making up the third and

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the fourth choices. For the respondents who chose other locations, we probed further and asked for suggestions where that might be and those included grocery stores, homes, community spaces, like libraries, parks and rec centers, hospitals and places to entice children, amusement centers and the like. All right, when we talk to -- when we broke down the information about parents who said they did not plan to vaccinate their children -- and these responses were on the scale from strongly disagree to firmly agree, and there was a large

amount of disagreement with the statement that the covid vaccine is safe for children 5 to 11. We did see a fair number of responses in which parents

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expressed feeling neutral, which may indicate that there are some parents who said no but may be waiting until they feel better. So when we look at the responses for the parents that said they were unsure, again, the majority of the parents indicated that they felt neutral to each of the statements here. Parents seem to have a lot of concerns and they feel that they might not have enough information at this time to confidently reach a decision. Those questions again are the covid-19 vaccine is safe for children aged 5 to 11 years old. The covid-19 vaccine is effective for children aged 5 to 11 years old. The covid-19 vaccine can protect children aged 5 to 11 years old from getting severe illness from covid-19. And, honestly, I think that children 5 to 11 year olds should get the covid vaccine when it is approved. So among the parents that said they were unsure, the places

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they would prefer to have their child vaccinated if they were to make that choice, again, the number one answer was doctors and pharmacy followed as the second choice, with school and community clinics being third and fourth choices. For the parents that indicated other locations, those went probing further and drive-thru options came up as well as hospitals and parks. And so we are continuing to analyze those results. The point is to create a profile for the respondents and the priorities that we have identified thus far. And we will then use that information to tailor our efforts in those communities. So talking about communications and outreach, this slide is put together to show that we are

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continuing to make intentional efforts to have a multilingual approach within our social media posts as well as with our printed materials. We continue to offer the media availability, although much more scaled back schedule. Staff are available to do one-on-one interviews, and respond to media requests. And we will continue to have intentional focuses on our communities that are experiencing disparity outcomes from covid-19 that are in our community, that is our hispanic and latinx community as well as our African-American community. Part of that approach will be our community outreach. Through the funding that we received from the CDC, covid-19 equity branch, we have funded 12 agencies to perform covid-19

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outreach. They are listed here. To date, not only the efforts of these organizations here, but also of the aph outreach teams, we've made -- of our 11,000 contacts, a few of the activities that we're highlighting here in the forum is workforce solutions and the goodwill and the dobie

middle school fall fest, and at the Santora villas apartments and at the frontier valley mobile homes and there was a presence at the St. James prayer service. Through our partnership over 10,000 residents were reached through an email distribution campaign. And so we're really working all of our angles, not only with our internal resources, but with the connections with our community partners to ensure that we're casting a wide net and so that

[9:54:56 AM]

we're providing information to community in a way that is acceptable and easy for them to understand. And I always like to end with a picture of our super dream team in action. We were at the rec center on the 24th, and, again, giving out masks and sanitizer as well as stable food items. With that I will end my report. Thank you for your time today.

>> Judge Brown: Thanks, director Sturup. I don't -- do you have anything to add to this? I don't think that chief Bailey had anything for us today.

>> Judge, thank you, chuck Brotherton with emergency services. While we don't have a slide deck from chief Bailey, judge, and councilmembers and constable morales does have numbers to share. I wanted to briefly update y'all

[9:55:56 AM]

on our current operations. Our mobile vaccine collaborative this week is expanding our scope and our operations to address title I schools in the eastern crescent. We are working with new partners in this effort, which include U.T. School of nursing, Texas allied health institute, and along with our ongoing partnership with constable morales and precinct four we have the Texas guard involved and continuing to work with us. This week we've got U.T. School of nursing that began operations in del valle ISD and delivering pediatric vaccinations, and they're continuing throughout this week. Central Texas allied health will begin next week, and helping us with the manor ISD and a plan with the pflugerville ISD as well. And working also with Austin ISD, again, to address title I

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school necessary the eastern crescent and working with those new partners. So we're very excited about that. And I hope that next week, judge, to be able to bring numbers back to y'all, specifically related to those school efforts. And I wanted also to briefly update y'all on what we continue doing out at the county expo center. You have heard Dr. Walkes and director Sturup talk about the shift in the covid testing. So aph is shifting operations from St. John's site to expo starting next week. We continue doing drive-thru operations, vaccinations, on Saturdays and Sundays. And we will be scaling back our operational hours somewhat starting this weekend going -- instead of from 9:00 A.M. To 5:00 P.M., and instead from noon to 4:00 P.M., on both Saturday and Sunday. Also we continue utilizing that site for our regional infusion center and we also have the

[9:57:59 AM]

alternate care site stood up and equipped, ready to go should it be needed. And we intend to keep that -- that facility in what we call a warm ready state for a little while longer. And, judge, we will be bringing back to you and the court a recommendation on when we might begin demobilize something of the efforts out at expo, but meanwhile expo is fully engaged as part of our response. So at this time I'm turn it over to constable morales.

>> Good

>> Good morning. We continue to focus on outreach and education, doing work to ensure that our strike teams are successful. To finish off the month of October we gave, in the last week, 672 shots. For the entire month of October we gave a total of 3,447 shots. Vaccines for November our team

[9:59:01 AM]

gave out 568 shots. 55 of those starting in the del valle opportunity center, and Dailey middle school, and dbisd, with the help of UT school of nursing. We handed out a total of 2,800 flyers and 583 phone calls. We will be targeting, again, our highly affected zip codes, 78758, 24, 41, Austin colony, del valle, 52 and the 44. We will continue working with aid title I schools in highly affected zip codes. This week we have blazer and up-house. We will work with del valle center and Dailey, doing pediatric rollouts this week and this weekend. We started scheduling locations in manor aids. You heard chuck say earlier, we

[10:00:01 AM]

continue to work with pflugerville. We are right now targeting at least ten schools there. Also with aid we'll be looking for additional schools, doing at least five per week. Again, our events this week, aids schools, pediatric rollouts, dbisd schools and, of course, our static locations at jd's. I'll turn it back over to you, chuck.

>> Judge, that concludes our update. We'll turn it back to you for questions.

>> Judge Brown: Thanks, chuck, and constable. I'll turn it over to commissioner Gomez, if she has any initial questions. Otherwise we can move to commissioner Shea.

>> Gomez: No questions, other than comments of very glad that we have added the ISDs to the collaborative team and even more children now. It sounds like things are going

[10:01:03 AM]

well and sound promising. So, thanks very much.

>> Judge Brown: Thank you. Commissioner Shea?

>> Shea: Thanks, judge. And again, my usual gratitude to everyone who is involved in this. You have just made such a heroic effort to keep our community safe and to present people with the basic facts and the information that they need to overcome any hesitancy or address the appalling amount of misinformation that's out there about the vaccine. Director Sturup, I didn't catch what you said at the beginning, but you said it is a national problem as well. Could you restate that, please?

>> I sure can. The study that Dr. Walkes referenced was a survey done across the United States this that highlighted that 65% of the children that lost a parent due

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to covid were racial and ethnic minorities. 61% of the total U.S. Population are white non-hispanic, where 39% made up racial and ethnic minorities, so to hear that 65% of our children of color across this country are without a parent due to covid is astounding. And it is reflective of the issues and the gaps that we're seeing here locally with those disparities in the community. And so again, I will also restate that I am appreciative of the collective efforts not only of the boots on the ground folks, but on the policy-makers to make sure that we have the resources in place to keep our communities safe.

>> Shea: Thank you. And that is a staggering and horrifying figure. And I do want to acknowledge the work that the community resilience trust has done on a regular basis pointing out the

[10:03:08 AM]

inequity of vaccinations within communities of color when compared to white communities and more affluent communities in our county. So we've got a lot of work to do there, but these numbers really tell a sobering story about what we need to do to address real problems in our service provision, and our systems. Thank you.

>> Judge Brown: Thanks. Commissioner Travillion.

>> Travillion: I'll start by thanking all of the staff on the ground that is actually working and planning, and reaching out to community to try to find the most effective and appropriate places to serve the community. I'd also like to commend my colleagues on the court and commend the council as well for in a very divisive political time, with the worst type of rhetoric coming from those that should be supporting us, you

[10:04:11 AM]

have maintained the important stance that we are here to serve our community. We are here to serve our local folk. And it's more important to try to do right than to try to adjust our policy to rhetoric that clearly does not seem to understand what's going on in neighborhoods. I think that we have to remember that this is not over. When we start talking about numbers, we're talking tens of thousands of people who have been impacted. And I think that we have to redouble our efforts at this point. To work smarter. I think that we are learning and acting upon the things that we're learning as we try to address communities. I'm glad that we shouted out the community resiliency trust, and also Austin voices, because they they

[10:05:13 AM]

have prepared materials specifically to address the needs of title I kids. And we have to remember that title I kids live in neighborhoods where you don't have access to a lot of

pharmacies, where you don't have access to a lot of doctors offices, and oftentimes, we are the only game in town. So we have to remember that there is a large swath of Travis county, most of it in the eastern crescent, where we don't have grocery stores, we don't have cvs, we don't have Walgreens. And it is going to be important that we make resources available in title I schools, but then that we plug in also to the folks who are working consistently in title I schools, the resiliency trust works with parent specialists, with trusted community members, with churches and with organizations.

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And it's going to be important that we continue to tailor our efforts to people who don't get their information through mainstream outlets. You would be amazed at the number of people who do not look at the evening news, who get every bit of information that they get off their cell phones and the internet, and that we are adjusting to that, that we have staff addressing that, that we are beginning to understand that the folks that are most impacted by this disease are least affected by the normal methods of reaching out that we conduct. So it's going to be important that we continue to conduct these efforts. I want to commend director Brotherton for expanding the efforts into the community. I cannot thank George morales enough, because every weekend,

[10:07:16 AM]

every opportunity I can challenge him -- if we are at a football game or a basketball game, or an arm wrestling match he will show up for any of those things. That is uncommon, and that is the definition of public service. But I think that we just have to remember we've got to continue to address those efforts, because if mainstream would have gotten us there we'd have been there already. And the things that are being done to make sure that we work with trusted community, make sure that we are addressing the needs of those who are skeptical. And sometimes skeptical and angry. But there is a need to hear the community. There is a need to work with the community. There is a need to go where they are. And when the constable tells me that he got almost 3500 shots in

[10:08:17 AM]

October, that tells me that 3500 shots would not have been given to people unless you went where they were. So I think it's important that we continue to do that. I think it's important that we continue to work together and make sure that people understand that we know that normal methods aren't going to get the answers that we're looking for, and that we have to redouble our efforts because we are just about to walk into a period where Thanksgiving, Christmas, Christmas break, a lot of people are going to be -- they're going to hear the numbers go down, they're going to feel comfortable, and they're going to put themselves in compromising situations. And we have got to do everything that we can to continue to educate them that, you know, the things that they might not be things that we like to do, but we are trying to protect vulnerable populations, particularly our elderly

[10:09:19 AM]

population and our youth populations, that we are giving shots there is critical and important. And I think the best comprehensive writing that I have seen on how to do this effectively has come out of the community resiliency trust. So I just want to make sure that we are redoubling our efforts, working with them, reaching out to them, understanding what they have learned by working through staff and parent specialists. I think it's important for us to cast a wide net and talk to whomever we can talk to, but we need to talk to people who are on the ground and hearing what people are saying. I have a son who's a teacher and a coach, and let me tell you, at the end of the day, a lot of parents live in fear. A lot of teachers live in fear because mixed messages are going out that this really isn't necessary and it's some kind of political ploy. And the people who are pushing that ought to be ashamed of themselves, because we are

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trying to save lives here and we are trying to make things available to people that don't often have them. And when people have the choice to choose what you want to choose, protect the most vulnerable in the society. And that's what's being done. I'm so proud of the work that's being done not only by the court, but by council as well.

>> Judge Brown: Thank you, commissioner.

>> Howard: Thank you. Two quick things. First, I appreciate the steady progress we're making as a community with vaccinations and outreach. Let's keep that going. Thank you very much. Second, to build on what you just said, commissioner Travillion, I'd like to see what tools we have or what we could do to make sure that we add CVS and Walgreens and grocery stores to the places that we don't have them. So, let's work on that.

[10:11:19 AM]

The third thing, I know we're not ready to just pivot away from all this work to preparedness for winter and other emergencies, but I don't want us to miss the opportunity to add whatever communication we might include to the packets of information and outreach that we're doing around vaccination, especially of children in title I schools. What messaging could we add about winter preparedness? Just think about that. There's so much outreach being done that it's an opportunity, I think, to add a message, to add a coupon, to do whatever we could to help families be prepared. Thank you.

>> Judge Brown: Thanks. I think that's all of us. A couple questions.

[10:12:20 AM]

And I first wanted to thank y'all for putting so much attention toward the pediatric vaccines. I think it's great that we're really looking at that and that parent survey work that y'all did is wonderful and I think really informative. On the parent survey question, Dr. Walkes, or director Sturup, I saw that a lot of people plan to get it at their doctor. They planned to get it and their

first desired place was at their doctor. I know that for me and others that I've talked to, not scientifically, even some doctors office who is said they had ordered vaccines don't have them yet, or aren't ready because there's a lot of small doctors offices that I understand why this is such -- it's a hard thing to do, to provide this vaccine and get it up and running quickly. I'm wondering, do y'all have any plan to reach out to people who are, you know, said they want to get the vaccine and do kind of like we do during campaign time

[10:13:20 AM]

and say hey, let's make a plan, let's go through what is your exact plan to get a vaccine, there's these options. Are y'all already doing that kind of thing with the phone outreach or is that something that you think would be worthwhile? Just to kind of push them a little bit and say, okay, the doctor's office might not work, so can there a pharmacy near you or is your kid in an ISD that's providing this. Is that worth trying to do?

>> And not in that specific way, but yes, we are leveraging the community health workers that we have. They're on-site talking to adults who might be there for their vaccine and inquiring if they have children and what their plans are. And if the kid is there and we have vaccines available, which is the ultimate plan that we would have a small supply of pediatric vaccines wherever the mobile team is so that we could

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take advantage of those opportunities when we've engaged a family, because we know once we've talked to them and we've got them on the hook, if we have to send them somewhere, there might not be any follow-through. The short answer is yes, we are leveraging all opportunities to talk to parents to let them know where they can get a vaccine. The work that we do with our school partners will be important as well in that effort.

>> Judge Brown: Awesome.

>> I don't know if you want to add anything, Dr. Walkes.

>> Judge Brown: Okay.

>> I was just going to say that the provider meeting that we had on Friday was well-attended. We had Dr. Rye from the department of state health services and Dr. Donald Murphy who's with ascension Seaton Dell children's, a pediatric infectious disease presenter, present as well. And we talked about vaccine

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safety, availability, and Chris, who's on our staff, provided information on the technical assistance that we could provide. As you saw from the survey, the majority, like 80% of people are planning on going to their physician's office. So information to our colleagues about what the safety of the vaccine, the fact that there were no cases of myocardia seen in the study done to receive approval, the fact that the antibody response in children was excellent and was the same as what we see in adults, the fact that there's 91% protection against severe disease and illness and hospitalization. All of those things that we need to get out into the community,

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and that people need to hear from their physicians in order to have some comfort are the things that we are doing on that side and in our messaging and providing to our community workers so that they can impart those messages to the people that they meet face-to-face each day. This is a one-on-one battle that constable morales has talked about all the time. You've got to be out there and be able to explain why this is necessary, and why it's safe.

>> Judge Brown: That's great. That makes sense. And when Janice called with crt, I don't know if any of y'all listen to hidden brain, they had a podcast about how to get people to do things they don't want to do. And I think that combined with the evidence that we've seen of what constable morales and aph does when we do pop-up clinics or outreach where people are, what the hidden brain was saying and what Janis was saying is the

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way we get larger numbers of people to take the vaccine -- based on your parent survey, they want to get their kids vaccinated -- is by making it as easy as possible in places where maybe we're not going yet. I think the challenge is on us to continue to think of how to make it so easy. And obviously, working with doctors to have them provide it there is very important. But I was talking to constable morales about maybe doing it at the department of motor vehicles, thinking of other places where people already are to be like, I do want a vaccine. I have a busy schedule, my kid is in school, I work all day, but here it is right here. I'm at this place where constable morales is offering it to me. So I commend the work that y'all are doing and encourage all of us to keep thinking of ways to make it easier for the people that we're trying to get vaccinated to get it. So, thank y'all very much. And I'll --

>> Judge, if I may to reiterate, starting on the 15th, this coming Monday, our mobile

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vaccine collaborative will be including pediatric vaccinations, making those available at all of our locations except for the expo. So all of the jds markets, the locations where we have them, including in the school districts where we're focusing our efforts now, or expanding our efforts now to include those title I eastern crescent schools. But we want to make sure that we've got the entire range covered for those folks who come to the grocery store or some other place and see the opportunity and take advantage of it.

>> Judge Brown: That's great. Awesome. Thank y'all. And I think, commissioners, next week we're going to try and talk more about long-term ways to keep constable morales' efforts going and working -- trying to figure out something. I know how hard this is for everybody that dropped their normal stuff to do this. But it does sound like we're going to be doing it for a while.

>> Travillion: Judge.

>> Judge Brown: Yes, commissioner.

>> Travillion: I just wanted to reiterate that point, because what we have found is, you know, not only are we lagging in

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vaccinations, but we're lagging in a whole lot of things -- you know, access to regular vaccines. When you've got a community that doesn't have a lot of doctors offices, doesn't have a lot of places where you can go and get your flu shot, go and get any type of service like that that you need, I think that we need to be committed to a long-term strategy for health education and public education for the community going forward, because what we have found is there is a structural defect. And we have found that in many ways, we have been able to address that effect by crashing resources there. But we need to think about not just how we work in an emergency set of circumstances, but how we can make structural access normal through an area where it is not normal.

[10:20:32 AM]

So I think that as we move forward, we would be proud to serve on a team like that that talked about how we consistently provide training opportunities for people who want to work in health areas, because we know when community people work in health areas, their families are better served. They get better information. There are a number of schools that are in the area. There are a number of programs that have been put together by the local workforce board. I just want to make sure that we develop a comprehensive plan going forward to better educate our community.

>> Judge Brown: Sounds good. Yeah. Let's talk about some of that next week, too. All right.

Thank y'all very much for listening in. Councilmember alter, I hand this off to you?

>> Alter: Yes, thank you for leading us this morning. Thank you, everyone, for joining us. We're supposed to be starting with district 10, so I will go

[10:21:32 AM]

last since I'm leading the meeting. Councilmember tovo, do you have any questions?

>> Tovo: I do not. Thank you for calling on me and thank you all for your work, and especially the work that you're doing with regard to our now-eligible residents of Austin in the 5-12 category.

>> Alter: Thank you. Councilmember Ellis.

>> Ellis: Thank you, councilmember alter. I just wanted to ask if you could go over again the recommended timeline for boosters. Is it different for all three of the vaccines?

>> For pfizer and modern it's six months after you've completed that series. And for j&j it's two months after you've gotten the dose that you received.

[10:22:35 AM]

>> Ellis: Okay, that's helpful. Could you tell me if there's a city or county website with frequently asked questions from parents? There's a lot of folks out there that are very eager on getting their kids vaccinated immediately, but some may have a few more questions even though they think ultimately that they might get the vaccine. They just want to have that informational resource available. Do you know if that's posted anywhere?

>> The CDC has a site for frequently asked questions on vaccines that's very informative and comprehensive.

>> Ellis: Okay. Thank you so much, and thanks to everyone for all the hard work that you're doing.

>> Thank you.

>> Alter: Councilmember pool.

>> Pool: Thank you, councilmember alter. I don't have any questions. My thanks and deep appreciation to everyone who is continuing so diligently to -- this down and keep our community healthy. Thank you.

>> Alter: Thank you. And councilmember Kelly I think

[10:23:35 AM]

is at a capcog meeting, so, councilmember kitchen.

>> Kitchen: I don't have any questions at this point. I am very excited that as we all are, and relieved, that children are now able to get vaccines and appreciate the efforts that you all are making, and it sounds like we're getting a good start on that. Could you speak to the availability of vaccines in schools and through school nurses? I know that that may not be possible, but could you speak to whether that's being considered?

>> We do not anticipate that the school nurses will be giving vaccines on a regular basis.

[10:24:37 AM]

Our focus has been on bringing our -- either the county collaborative group or aph staff into school settings and running vaccine clinics in that way.

>> Kitchen: Okay, rather than the school nurses actually -- can you speak to why that is? I have my guesses, but would just like to understand.

>> Well, there's a very specific way of handling the vaccine product itself, and the resource allocation of taking a nurse out of her regular duties wouldn't be conducive to getting that -- making that operationally sound, so.

>> Kitchen: Okay. All right. I was just wondering if the kids might know the nurse better, but as you're saying, the operational issues make that not work. But we're reaching out to the schools so that we can make

[10:25:38 AM]

shots available actually at schools?

>> Yes, ma'am. We are.

>> Kitchen: All right. Thank you very much.

>> Thank you.

>> Alter: Councilmember Casar.

>> Casar: Thank you, councilmember. I share the request that you all track as closely for us how the pediatric vaccination process is going, because obviously we want that to be as consistent and quick as it can be so that if there's any bumps in the road or any place it slows down we can commit the resources to getting it done, because it's so much cheaper and better for us to do this -- get everybody -- all these young people vaccinated quickly rather than anything dragging out or more people getting sick. So, thank you. Just please keep us posted.

>> Alter: Thank you. I think that leaves me. Director Sturup, I wanted to ask if you had any comparable information to the national statistics you shared on the number of kids who have lost a caregiver to covid.

[10:26:41 AM]

>> For local, I do not, but we can get the team on that to see if we can do that sort of comparison.

>> Alter: I'm most interested to understand what we're doing to help these families and these kids. Obviously the numbers give us a sense of the magnitude of the challenge. And we have other children who are in similar circumstances for other reasons. But it does seem like we may have an ability to marshal some resources or make sure that we are helping in those situations for the caregivers who have taken over or with the foster care system there. So I think that would be something I'd like to better understand. Obviously we've had a lower death toll, so hopefully our numbers are not proportionate in the same way. But I think it's not something that we have really discussed openly and I think those children deserve some additional assistance if we're able to provide it. So I would like that information to the extent that it's

[10:27:42 AM]

possible. Again, the focus less on the numbers and more on how do we help the kids, so don't go on a wild goose chase for the numbers if you know there are kids that need particular help. And then I wanted to echo what commissioner Howard said about how might we leverage this opportunity where we're out in the community doing the vaccines to reiterate messaging that we want to do for emergency preparedness, getting folks on more in central Texas, getting folks the ability to store up some food, etc. I want to just ask the city manager for at least some of the larger events or if there could be some resource sheets in appropriate languages that are prepared using material -- I think we already have it. We just did emergency preparedness month, and just having those available. Is there an opportunity to do that?

>> Absolutely, councilmember. I really thank the commissioner for that suggestion and really reinforcing these multiple

[10:28:43 AM]

messages coming from our leaders here. For example, this weekend I know councilmember Fuentes hosted a town hall where not only shots were given but also we had representatives

from Austin water with additional tools that they were describing last week as giveaways to folks that came just reminding them of the winter weather, what they can be doing to prepare. So the more that we highlight that, I'll be getting with the team to see what are those multiple communication strategies that we can pursue.

>> Alter: Great. Thank you. And then I wanted to thank all the parents who I've seen posting their shots about how their brave kids went and got their vaccine. Peer pressure is super important in getting vaccines and seeing that people that you know and that you care about are trusting the vaccine on their own kids. Some people are shy, some people are not about posting about their kids on Facebook or Twitter or whatever. We really need to see those images if your kid is brave enough to let you do that so

[10:29:45 AM]

that people in the community can see how many people are getting these shots for their kids. That is one of the things that you as an individual, besides getting your own kid vaccinated, can do to help us in this messaging action. So, please keep that up and keep letting folks know how it went. I have not heard any major issues for young kids. So I just want to encourage that. And then I had a question about the mobile vaccines, if we were also able to offer the flu shots when folks are getting the covid shots.

>> I know we've done that at static locations and events. I'm not sure about the mobile, but I will find out, and if that's logistically possible, we can make that opportunity.

>> Alter: Great. Wonderful. So those are all of my questions. Thank you, everyone. Judge brown, I'll turn it back

[10:30:46 AM]

over to you.

>> Judge Brown: Thank you. Okay. So that's all the questions for everybody, I guess. So we will go ahead and end the joint session. I want to say thank you to Austin public health and chuck Brotherton, and constable morales, and all the county team and the ISDs for working together as we roll out the pediatric vaccines to our community. It sounds like we are not dealing with the issue that we dealt with back in January in that there is plenty of vaccine everywhere. So the only question is where to go get it. And if we can help with that, let us know. We'll go ahead and adjourn the joint meeting now and we're going to hang on and do a bit of business after y'all hang up, but, councilmember alter, I'll turn it over to you.

>> Alter: It is 10:31 and I adjourn the special called meeting of the city council. Thank you.

>> Judge Brown: All right. Thanks, y'all.