

City Council Special Called Meeting (Joint Meeting with Travis County Commissioners Court) Transcript – 04/13/2021

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[9:06:24 AM]

>> Judge Brown: 2021 at 9:06 A.M., we're meeting at 700 lavaca with me and commissioner Howard and we have commissioner Gomez, commissioner Shea and commissioner Travillion with us remotely. I will hand this off to mayor Adler to call the Austin city council to order. And while we are doing that, I will also say that we're going to meet jointly with the Austin city council again today and we are going to first have an update from Dr. Escott and director hayden-howard, combined briefing to make great use of their time and your time and our time and we'll go through questions, try to hold it to one question, have the commissioners go first and then the county judge and then the councilmembers and then the mayor. And I think we are just

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holding a minute for mayor Adler.

>> County judge, the mayor and the mayor pro tem are running late and they've asked me to gavel us in at the appropriate time.

>> Judge Brown: That's wonderful. So I will pass it over to you, councilmember alter.

>> Alter: Thank you. My name is Alison alter and it is 9:08 and I will convene the Austin city council meeting this morning, April 13th.

>> Judge Brown: Thank you. Okay, so let's go ahead, Dr. Escott and directedder hayden-howard -- we also have city manager Spencer cronk with us today. But go ahead, Dr. Escott, for your update, if you are ready. I'm sorry, I take that back. I'm off today. Can we see if we have any callers today?

>> We do, judge brown. This is Larry schooler. We do have, I believe, four or five callers. Whenever you are ready, we are ready.

>> Judge Brown: Okay,

[9:08:24 AM]

let's go through the callers

>> Stand by. Sorry. Our screener was screening yesterday one more caller. But nevertheless, we're ready when you are, judge.

>> Judge Brown: I am ready.

>> Okay. Stand by. So we should have Hamid -- let's say, make sure I say this right. Hamid ochafar. Stand by, Casey, you are trying to screen and we're trying to take a caller live. Stand by and we're going to Hamid ochafar. Hamid, are you there? You have the -- Hamid, you have the floor. Please speak.

>> Hello.

>> Judge Brown: Hello.

[9:09:27 AM]

You can go ahead.

>> Hamid, you are live in the meeting.

>> Hello. Can you hear me?

>> Yes, we can hear you just fine.

>> Okay, can I [inaudible]?

>> You have the floor to speak, sir, on covid, if you would like. Oh, sorry item number 7 that I wanted to speak.

>> Sir, I'm going to place you on hold and come back to you in just a minute. Let me go to Susan woody. Susan, if you are there, you have the floor.

>> Hi. Thank you. My name is Suzanna woody. I'm calling to ask what Travis county and city of Austin are doing together in a joint effort to vaccinate marginalized communities. So far efforts on both sides have continued to be disproportionately

[inaudible] To the communities. I'm asking what you have done in the past or planning

[9:10:29 AM]

to do is it working. So I'm asking what and when are you going to actually start working a joint effort to help vaccinate our communities. Thank you.

>> Our next caller on this item is Sarah black. Sarah?

>> Yes, hi. Good morning. I'm part of the marginalized community and I just want to speak on item 2, the necessary measures and actions related to covid-19. I live in Travis county precinct 4 and city council district 3. I'm a black female. Who has lost everything due to, you know, this system here in austin-travis county. I just wanted to tell you that central health tried to charge me \$10 for my March vaccine appointment. So a couple days before my

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appointment, I was asked to check in for my appointment at central health lone star circle of chair. When I started going through the screens, it showed there's no co-pay, I'm a M.A.P., a M.A.P. Card with central health. Showed there is no co-pay for M.A.P., but the next screen said I had to pay \$10 and did I want to pay cash, take credit card or cash at the screen or something like that. I sent a copy to Margaret Gomez of the screen showing them trying to charge me \$10 and also of the doctor. There was no Dr. Otto

[inaudible] To try to charge me \$10 for my vaccine. I didn't pay it. I contacted them and said there's no charge for the vaccine. I don't know if other people in my community are being asked to pay \$10 to get the

[9:12:30 AM]

free vaccine and at best could be a reason why they are not getting it. Previously in your mask program, I was denied M.A.P. For several months in 2020 from may through November. I was told I needed to provide my birth certificate. It's just like a poll tax. So -- so based on these bogus reasons a little higher standard for me. Who else has to provide their birth certificate. But anyway, so finally a guy named [inaudible] Fernandez, he decided to -- he changed my address to some sort of intersection, even

though I had an address on my driver's license which has my address. And he changed my mailing address to Salvation Army and so my understanding is

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Salvation Army got

[inaudible] From Fernandez putting that false addresses on the application. They didn't need my -- they already had my information. I complained to Stephanie Hayden about them trying to charge \$10.

>> That's three minutes. Thank you very much.

>> On my M.A.P. Application. Thank you.

>> Judge Brown: So sounds like you are saying that -- sounded like someone was charging for a vaccine which should not be the case and is not the case. I'll make sure we follow up with central health and others. Thank you for your call. Larry?

>> Judge, we have Cara bell standing by. Cara?

>> Yes, hi, thank you so much for taking my call. I wanted to follow up

[9:14:35 AM]

regarding the situation of Dr. Mark Escott continuing to claim that masks stop the spread of virus. I asked him multiple times in the last six months to show me the science, show me the science that masks stop the spread of virus. He has been unable to do so at every time. I wanted to let you know that I received on April 5th on response to my foya request from CDC asking for their science on spread -- in a response to an email of mine. He said the CDC is the proof. The CDC wrote in a letter to me, it says per item 2 of your request, the subject matter experts provided the following information and links. CDC is not aware of any randomized control trials that show that masks or double masks or cloth based conversations are effective

[9:15:35 AM]

against covid-19. If the CDC does not have a randomized control trial which is the gold standard of evidence as Dr. Mark Escott knows, no science proving that masks stop the spread of virus. It's proof Dr. Mark Escott was wrong and he was wrong in July when he said that 1300 children may die if schools open. Dr. Escott continues to be wrong. And you are trying to take away and you have been taking away our right based on fraudulent opinions from Dr. Mark Escott. I have provided him the science, the

information, and he continues to double down and falsely claim that our numbers are right when they are not. Our numbers are going down. We are doing very good as a county and as a state.

[9:16:36 AM]

This is complete tyranny. And judge Andy brown, you illegally muted me on January 26th. What is the county doing to protect its citizens? You illegally muted me on January 26th. You illegally muted another caller on January 12th. This is complete abuse of power and I want to know what Travis county is doing to protect its citizens against criminals like you and Dr. Mark Escott.

>> Judge, we do have one additional caller on the line and we didn't get a chance to screen before we took calls. This is a call ending in 3536. Caller, if you are there and it's covid related, you have three minutes. Hello, caller? Judge, that should conclude

[9:17:36 AM]

our live callers at this time for covid.

>> Alter: Judge, if I may just note that we have some councilmembers are on multiple screens. We are at six now, six plus now. We have myself, councilmember tovo, councilmember kitchen, councilmember Ellis, councilmember pool, mayor Adler just joined us, and councilmember Casar was also on the line. I'm not sure that everyone was there earlier when we called the meeting to order, so I just wanted to make sure that we noted that for the record that we now definitely have a quorum. Thank you.

>> Pool: I think councilmember Renteria is also on. I think. And I see the mayor pro tem now too.

>> Alter: Okay. Great. Thank you.

>> Judge Brown: Yeah, I see mayor pro tem. Yes, I see all those folks. Thank you all. Thank you very much. So Dr. Escott, are you ready to give your report?

>> Dr. Escott: Yes, judge,

[9:18:37 AM]

I will pull up my screen and share that with you all. Can you see that? Okay. First I want to make a couple comments. You know, one of the callers talked about how well we're doing in Texas. How well we're doing in the United States. We've got more than 48,000 Texans who have died so far from covid-19. More than 550,000 Americans. I don't think that's success. I think we have to continue the effort to

mitigate the risk of the spread of disease. Hospitalizations and deaths. And we've got a long way to go. And masking has certainly been shown to be helpful in

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that. But we have to remember the science. There's different levels of science. Randomized control trials is one level of scientific study. Obviously in the middle of a pandemic it would be unethical to run a randomized control trial determining whether or not somebody gets a potentially infectious and deadly disease. So lack of a randomized control trial does not equal lack of science supporting, and I want that to be very clear. First, judge, and mayor, I want to talk about the update this morning from the fda regarding Johnson & Johnson vaccines. So far in the United States about 7 million individuals have been vaccinated with the Johnson & Johnson vaccine. The fda has identified six cases of something called central Venous thrombosis. Particularly in females aged 18 to 48.

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So this is a result of clotting. It's kind of unusual from an event that happens in the head and the brain. So they've got to work out some more details on the potential causes of this in addition to the vaccine. This is a rare condition, but there are lots of risk factors, including genetic abnormalities that can promote clotting, sickle cell disease, oral contraceptives, things as simple as dehydration. All of those things can contribute to the development of clots. What the fda needs to do is look for detailed info into these cases to determine whether or not the vaccine may have been a contributing factor. That's why they put the pause. They are going to meet on Wednesday to review some of this data and we expect to see some recommendations that may be in the form of warnings for specific individuals or there may be

[9:21:38 AM]

other recommendations. But until that point, Austin public health has paused the administration of Johnson & Johnson vaccines pending the review from the fda. Importantly, individuals who have a severe headache, abdominal pain, shortness of breath or pain or significant swelling in their legs or a leg within three weeks following the vaccination should contact their health care provider immediately. If they don't have a health care provider, they should go to the emergency room or urgent care center for evaluation. So, again, we are pausing the Johnson & Johnson vaccine administration until we have further recommendations from the fda. Again, luckily the majority of vaccine that Austin public health receives and administers is modern, so we have a very small number of doses that we've given of

[9:22:39 AM]

Johnson & Johnson and that we have of Johnson & Johnson. So we will provide updates on that later in the week as more information comes out from the fda. I also want to talk about some controversial comments regarding how far we have towards herd immunity. And I want to clarify and provide some data to explain the situation a bit more clearly. So we look at the two green areas in this pie chart, the dark green is individuals in Travis county who are fully vaccinated. That's about 22% of our overall population. 14%, additional 14% have been partially vaccinated, so they received one dose of a two-dose series. So about 36% of the entire community has been vaccinated. So that's the vaccine

[9:23:40 AM]

acquired immunity that's either there or in the process of being there in terms of the individuals who received a partial vaccination series. In addition to that, in the yellow box, you see that about 6% of the Travis county population has been identified as a confirmed case of covid-19. Additionally, based upon estimations from the U.T. Modeling consortium from Dr. Lauren Myers and her group, there's an estimated about three times total that number of actual cases that are likely to have happened in Travis county that weren't reported. So a total of 18% possible of the Travis county population had covid-19 and may have some immunity from that. Again, this pie chart is

[9:24:41 AM]

showing an assumption that there is zero overlap between people who had covid and people who have been vaccinated for covid. Which is obviously not the case. So this is going to overestimate the protection that we have in terms of progress towards herd immunity. But the governor is right, herd immunity does involve both immunity from natural disease as well as immunity from vaccine. So it is a combination of that. I will say the data right now supports that the vaccine provides a more comprehensive immune response than the disease itself. So right now it appears that the vaccine is more effective at preventing subsequent disease than having the history of disease. So we still want everybody to get vaccinated even if they had covid. Having said that, the best case scenario right now is we have 54% of people who

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have either had the disease or had fully or partially vaccinated right now. Which means 46% of our population, you know, almost 600,000 people, are still vulnerable to covid-19. So in short, we've got a long way to go in terms of herd immunity. We are making good progress and I'll talk a little later about some of the specific areas we're making substantial progress as will director hayden-howard. This slide is

an update of our new confirmed cases in Travis county. Yesterday we reported 107 new cases, which gives us moving average of 130. That's a 30% increase in the moving average of cases since last week when we gave this report. So we are seeing an increase in that moving average of cases. You know, we have been very flat for a while, but we are seeing that uptick right now. Again, we'll continue to

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watch this. Yesterday was a little lower than the day before, so it's starting to come back down a little bit, but, again, we're still in that post-spring break, post-easter time frame where, you know, we are expecting to see increases in cases and it appears that is happening. When we look at the new admissions to the hospital, however, we're still in that oscillation. Yesterday we reported 1 admissions. We have a moving average 618. We've been oscillating in that range of 16 to 20 new admissions for 18 days. So again, this is something wells we expected as the vaccination rate increases in those who are at higher risk for hospitalization, we can have increases in cases without increases in hospitalizations right away. So, again, this is part of what we expected to see.

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We'll continue to follow these numbers also. But certainly a more recent increase in cases makes us concerned that we may see an uptick in the admissions as well. This is an update of the hospital data, so the blue is the hospital beds being utilized, the Orange is icu admissions, the gray is ventilator use. Hospitalizations yesterday were 134 with moving average of 134, a decrease of 4% over the past week. Icus were at 41 with a moving average of 45. A 13% decrease in the past week. And ventilator use was 20 with a moving average of 21, a decrease of 23% in the last week. So, again, the hospitalizations, the ventilator use, the icus still a slow downward trend which we're happy to see. This is an update of the

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projections from the U.T. Modeling consortium. Again you see things relatively flat with a slow decline in terms of admissions to the hospital. I'm happy to say that stage 2 territory is now back on the projections, but it's way out on may the 9th, mother's day. So, again, if we continue the protections, the masking, distancing, hand hygiene, staying home when sick, getting tested when we have symptoms, it's going to contribute to this as will our ongoing vaccine vaccination efforts. Age group. We have seen a little movement in terms of percentage of admissions to the hospital. Our 70 to 79 age group going up this week as well as 50 to 59 age group. Significant decreases in our 20 to 29 age group.

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And you see our 80-plus at a much lower percentage than we have historically seen during this pandemic. We look at the breakdown of hospitalizations by week, you can see we have about a 6% decrease in the total number of individuals hospitalized last week as compared to the previous week. You can see there's not really much change in most of these numbers week over week. Tiny increase in our 80-plus age group. Increase of five in our 60 -- or 70 to 79 age group. And you see a significant drop from 21 to 12 in our 20 to 29 age group. But otherwise, you know, relatively flat in terms of the hospitalizations within the age groups. Week over week. Similarly, relatively flat in terms of the hospitalizations by race and ethnicity. In particular our communities of color are

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relatively unchanged, as compared to last week. Again, I want to point out, we are still concerned about the disproportionate impact on our communities of color and director hayden-howard will be talking later about how we're reaching out to those communities in terms of our vaccination effort. This is those hospitalizations with the numbers of individuals hospitalized by race and ethnicity. Again, not much change. Almost exactly the same for the -- each of the race and ethnicity categories as compared to last week. This is an update of our positivity in Travis county by week. Again, you can see for the past six weeks not much change. We have seen a small increase over the past two weeks going from 4.3% to 4.5 and 4.8 last week.

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We're still maintaining underneath that 5%. I will say that we have seen testing drop off significantly. We do want to encourage folks if they have any symptoms which may be consistent with covid-19, congestion, sore throat, change in smell or taste, nausea, diarrhea, cough, they should get tested for covid-19. They should isolate themselves until they get those results. The more we can test, the more we can identify people who have it, the better we can isolate, quarantine people and end the spread in Travis county. When we look at the positivity by race and ethnicity, again, there's some good news here. We see that almost all the race and ethnicities are at or below that 5% threshold. Our latinx community went from 7.1% to 5.8% last week.

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African-American community, 5.3% to 5.2% last week. Our asian-american community has risen from 2.2% to 5.4%. And our white non-hispanic community 3.8% to 3.9%. So, again, you know, relative consistency across our races and ethnicities for the first time in my recollection during this pandemic.

So, again, I think this is a testament to the vaccination efforts as well as the efforts to get people tested, to isolate, to decrease transmission. When we look at the positivity across the age categories, you know, our older age groups, our 50 and up age groups are all below -- at or below 5%. With our 70, 79 and 90-plus

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age groups under 3%. That's fantastic. Again, we look back on the history of our vaccination effort, we're really focused on long-term care facilities. We focused on our older individuals in our community and it's certainly paying off in terms of disease transmission there. We are, however, seeing increases in our 10 to 19 age group, 20 to 29 and 40 to 49 age groups. So, again, covid is still out there. It's still spreading and has the ability to create a surge. Because of the effective vaccination of individuals 65 and older, it's going to be less impactful on our hospital systems if we have a surge, but we can still surge and, you know, it's important for all these age groups to continue to follow these precautions to avoid transmission and avoid those unnecessary hospitalizations and deaths. When we break down the positivity in our school-age children, again we see the

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pattern continue. Our high school and middle schoolers are well above the community average, 6.2% and 7.3% respectively. Our elementary schools and preschools are below, 2.5% and 2.3%. So, again, throughout the rest of the semester and for a significant portion of the summer, at least, our school children are going to remain at higher risk than the rest of the community because of the lack of vaccine availability. So when we're thinking about the rest of the school year, when we're thinking about summer school, summer camps and even beginning of the year school year going to have to mitigate the spread or we'll see a surge like other countries have in young people. We will see increased hospitalizations, increased deaths. This is a report from our

[9:35:54 AM]

schools task force for last week. Again, a total of 82 cases in schools. A significant decrease from what we were seeing in the fall and in the winter months. 68 student cases, 14 staff cases. You can see that aid and pflugerville have had some clusters of cases. We have seen clusters associated with sports teams, as we've seen throughout this year. We have one cluster involving a sports team with 13 cases and it involved a bus trip to an away game. And significant for 50% of the student athletes on that bus had contracted covid-19. So, again, we have to maintain those precautions, we have to maintain the continuing and masking particularly on shared transportation, around meals to avoid this kind of transmission in the future. When we look at the exact on

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individuals quarantined, 635 students quarantined, 87 staff. Again, a significant decrease in what we were seeing in the fall, but still impactful in terms of our school students and our school staff. Again, great news in terms of our long-term care facilities this week. Six cases in the last 14 days. 12 in the past 28 days. 98% decrease from what we were seeing back in January and early February. This is -- this is a testament to effective vaccinations and how well it works. I encourage folks to go on to this dashboard off the aph website and scroll down that left column and see that the vast majority of long-term care facilities have zero cases. The ones that do generally have one case. We have one facility in our entire community that has

[9:37:56 AM]

more than one case in the past 14 days. And this is what herd immunity looks like. You may have one-off cases, you may have a small cluster, but the more it meets with vaccinated people, the decrease -- the higher the chance of sustaining or not having a sustained spread. So you have isolated pockets, you have small numbers, you don't have sustained and a growing epidemic and that's what we need to do here. But we still have -- we're about halfway there, maybe halfway there. We still have a ways to go and that's going to take all of us continuing to work to get vaccine out and encouraging folks to get their vaccine that's effective and safe. An update on our regional fusion center. Tdem. We're certainly grateful to the state for their contributions to this

[9:38:58 AM]

effort. 969 individuals so far treated with monoclonal antibodies. These are individuals who are high risk for hospitalization and death from covid-19. So, you know, I think this is certainly impacting our hospitals, our icu numbers, our ventilator use by having almost 1,000 people in our community treated with these monoclonal antibodies. Our capacity still exceeds our demand, so we encourage folks to have that discussion with their health care provider. If they are at high risk, if they are older, if they have underlying health conditions, talk to your health care provider about getting this monoclonal antibody therapy. It can certainly save you a hospitalization and save a life. Quick updates of our influenza situation. Zero cases for week 13, which is fantastic. 1.17% overall. Just over 100 cases to date

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in the entire county for flu this year. You know, again, this is a combination of vaccination effort, masking, distancing, all those protective measures for covid-19 are translating well for influenza, so we're grateful to see that. This is what it looks like compared to other seasons. Again, record low season here in Travis county, and certainly some indication how we can manage flu season in the season if we have unusually bad years. You know, we can effectively mitigate the spread and save lives there also. Again, as a reminder, we remain in stage 3. Below ten on new admissions to degrees who in order to move to stage 2. If we continue those efforts, we'll get there hopefully in the beginning of may. Excuse me. I want to mention one other

[9:40:59 AM]

thing. I have revised and renewed the health authority rules to be effective through may the 18th. There's been a few modifications among them. This allows exposed individuals who are fully vaccinated to avoid quarantine if they are asymptomatic. It also allows removal of masks in limited situations that CDC has outlined in their guidance. It also transitions the minimum distance between students from six feet to three feet with the exception of stage 5 where it goes back to six feet. So, again, we're pleased that we can continue these protections for our community. We'll need to continue them through at least the middle of may and then reassess the situation and see if we can modify them further. Our hope is as the situation improves, certainly if we transition into stage 2, we can continue to modify these to make them less burdensome

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for people who we can start to inch back towards normal, but we're not there yet. We've got the stay the course at least through the middle of may, probably the end of may so we can put ourselves in a better situation to control this disease and continue to save lives. With that I will turn it over to director hayden-howard.

>> Hayden-howard: Thank you, Dr. Escott. This is a snapshot from our vaccine dashboard, and we're really excited that we have added the circuit of America data site to this as of today. We have provided 285,697 vaccines in our community. One of the things that you will notice if you go to the page, you will notice that with the data, 13% of the

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Asian community in Travis county has received their vaccines. Black African-Americans 7%. Hispanic is 25%. And so as we continue to just work through to make sure we're getting all of that data, over time you will see the changes that are represented in the data. Still have a little bit more work to go for the

map on this page, and so we'll continue to work on that. But you will be able to access the map. We are adding some additional information just to kind of make it be a little clearer and cleaner. In comparison with the data that the state is showing, we have -- you know, we've kind of looked at it from a comparison perspective. As you know, state data is a

[9:43:09 AM]

little lag, and so a comparison with the data we have, we're at 13% of the state of Texas website shows for Asians 7.1%. For African-Americans, it shows 3.32%. And for hispanic population, it shows 17.05. And so as we've moved and are showing the data, this does give us a little bit more of an accurate account. I will say, though, this does not include all of the other providers in Travis county, but, you know, really excited that we have added the information of what's happening at the county site at Cota. Next slide. What we have going to focus on for the next couple of slides, we wanted to share this dashboard.

[9:44:10 AM]

Now, this dashboard does not have the data that I just showed that was combined data. That was data as of 4/10. This is data at of 4/3. Just kind of taking a snapshot of during this time laying out this data. As you can see from the map, there are areas where we are seeing a greater concentration. What we have noticed as being a hub is that Austin public health has provided more vaccines to folks that are living in the Travis county/williamson county area in the 78660 community. And -- but, however, we have provided over about 57% or

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more to Travis county residents. Next slide. As Dr. Escott was talking with you about vaccine herd immunity, in our report that we produced earlier this month, the goal is is to have 67% of vaccine induce herd immunity. That would be 800,000 people. When we look at a snapshot from week 17, basically during that week 49,500 folks were able to receive their vaccine. And so, as you can see on the right side, we're roughly about 49% based upon the folks that have received at least one or two of their doses. This information has

[9:46:12 AM]

changed. As of today we are, according to Travis county data, we're at 447,152 for first doses, and 273,249 for the second doses. So, as you can see, still a little bit of an increase based upon week 17. Next slide. We thought we would just kind of take a snapshot of, you know, what is happening worldwide. It's always important because as things begin to open up and folks begin to travel, this is looking at 100 people within a given population. Looking at a single dose. And so, you know, from the information that we receive, we are aware that about 20% of people in the United States have received their

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vaccine. But as you can tell, we definitely all have a long way to go. But this just gives you from Oxford University just a snapshot of where we are in comparison worldwide. Next slide. This is update from our vaccine for child care, education and our senior population. We are at 12,520 for school and child care staff that have been -- received at least one dose of the vaccine. With our seniors 60 years of age and older, 57,000, and second dose is greater than 38,000. According to the Texas Department of State Health Services, 75,000 residents that are 65 years of age and older have received their

[9:48:14 AM]

vaccine. Next slide. As you are aware, as of Monday we made a change and opened up our portal to individuals that are 18 years or older can now schedule an appointment with us. And so one of the things that we are continuing to do, this weekend we will be at Sacred Heart on Friday and Saturday in partnership there to provide a vaccine clinic. We are still working with Family Elder Care to provide vaccines at their locations. We have transitioned with the housing authority with the city, also with the county, to be able to provide some vaccines in the

[9:49:15 AM]

community at those sites. And we are working with mobile loaves and fishes to be able to go out and provide those vaccines. Our year to date team that's been out and about, they have provided over 2,000 vaccines to folks, and some of the things that we have transitioned to is we have moved from the Dove Springs Recreation Center and we are now at the Southeast Branch Library and providing vaccines there. And that particular site is focusing on folks that live in the 45 community and neighboring communities. So when our partners refer folks that live in those communities, we are scheduling them for there. In addition to that, we do have a partner that is going

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door to door getting some information for us, and so we will be scheduling them at the southeast branch library as well. And so our equity team is continuing to make those outbound calls to get individuals scheduled. This Thursday coming up, our team is going to be at one of the aid sites. On Thursdays they provide food assistance. And so our staff are going to be working with the parent support specialists, and basically kind of looking at the process that they have set up. And at those locations they are providing food every Thursday and they reach thousands of people at several locations throughout the eastern crescent. And so our staff are going to be working with them to put a process in place where

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we can provide vaccines in collaboration with them. In addition, we are also looking at some apartment complexes where we're able to use the community rooms there. And so we have been working with some key partners that have provided names of apartment complexes that we are going to transition and start going to to provide those vaccines. And so as we continue the example from last night is that we released 14,000 about 3400 of them. And so as we really need to start to pivot, really start to look at expanding the footprint of these models of

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where we're going to apartments and working with parent support specialists and working in smaller locations partnering with sites that may have an event going. Kind of similar to what we've done in the past where our staff were out doing flu vaccines, for example, at a community event. And so those are some of the things that we are going to start to pivot to do as we start to shift over into the month of may. In conversations with some of my colleagues across the state of Texas, a lot of us are getting to a point where we know we're going to have to pivot and change strategies. Because now we're at a point where there is more vaccine that's readily available in our community. And so we must be strategic and start to make those

[9:53:26 AM]

changes. Lastly, our -- our partners, U.T., Dell med, Travis county, U.T. Nursing school, community care, and central health will start having meetings on Friday at noon. And so the purpose of those meetings is to identify gaps in our community as we're looking at the eastern crescent where we are able to provide vaccines in areas and make it more easier for folks to receive those vaccines. Working together collaboratively is definitely the best approach. So in the meantime, we have asked folks not to stop what

you're doing, continue to do the work that you are doing, but we definitely want to be able to create a map that will show how we will be able to move around as partners, including Austin

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public health. That completes my presentation and I am available for questions. Thank you.

>> Judge Brown: Thank you, director hayden-howard. I'll give an update on some of the smaller efforts on the Travis county side. We did second shots at circuit of the Americas have past weekend. We also did a collaboration with del valle ISD and ACC where the students were in a combined program with del valle and ACC, a vocational program and allied health program, actually came out to circuit of the Americas on Friday, Saturday, Sunday and mixed the pfizer vaccines and along Toby and the ascension team. And also at the same time this weekend we set up I think 1100 appointments with esd 11 and del valle ISD, commissioner Gomez and

[9:55:27 AM]

others to give out the vaccines at del valle high school in partnership with them where those same students were helping with that. I think that was about 1100 doses. Manor, which did 1100 the previous weekend, I believe, is going to do another clinic this weekend. Then we're working with some private providers to try to add one additional clinic in eastern Travis county as well. Also working on a plan to do visits to apartment complexes with a team made up of probably folks from esd 11, the constable's office and others kind of going apartment complex by apartment complex. But the overall goal what we're seeing the increase the equity and numbers of African-Americans receiving vaccines is reducing the barriers of having to log in ahead of time and having clinics where you can walk up or the clinics come to

[9:56:29 AM]

you. Obviously director Hayden is working hard on that. With that I'll pass it over to commissioner Gomez to see if you have any questions or Dr. Escott or director Hayden.

>> Gomez:

>> Gomez: I appreciate the reports. They're promising, at least. I feel like we're going to make some more progress. We are also going back to the database that we established with the census effort that we made earlier, and with the constable's office. Certainly in precinct four, the constable and the JP were brought together to make a real good effort on the census. And that is going to be the database from which we are working on to make sure that we contact more people, those who will not come forward, we can at least go to them.

[9:57:29 AM]

And I think that's what the effort is that is going forward now. That should provide us a good group of people that we can contact to make sure that they get vaccinated. The ppe effort -- it was very good, I think. We put resources into that effort. But it's time to transition from ppe to vaccinations. And so that's going to, I think, hopefully get us to our goal. I've told folks that the goal here is herd immunity, and to make that transition. So, we hope that that will get us to our final goal. But thanks to everybody. It sounds like everybody's working very hard at trying to get people to get vaccinated. And so, many, many thanks to all of them.

[9:58:30 AM]

>> Judge Brown: Thank you, commissioner Gomez. Commissioner Shea?

>> Shea: Judge, and my usual thanks to Dr. Escott, director hayden-howard, all the staff and volunteers that are working incredibly hard to try and get the vaccines out and help with all kinds of issues related to the pandemic in the community. I had two questions. One was on the -- any further information related to the reinfection rate and the duration of the vaccine effectiveness? The other one has to do with opening up the vaccines to young people. I think there's been an impression that young people are less vulnerable, less likely to get it, etc. How urgent is it that young people be encouraged to get the vaccine as soon as they can? I also don't have a sense for how many vaccines are coming into the community, and how easily accessible it will be for younger people now that they're

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able to sign up for the vaccines.

>> Well, commissioner, I think, you know, if you qualify, you should get it as soon as you can. Again, when we talk about statistics, yes, younger people are less likely to have severe disease. They're a lot less likely to die. But those chances are larger than zero. And those chances are much higher than the risks associated with the vaccine, even with the concern the fda raised today regarding Johnson & Johnson. We're talking about six adverse events out of 7 million doses. It's a tiny, tiny number. So I'll tell you that my daughter is 17 and she's going to get her shot today of pfizer. So the pfizer is 16 and older,

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Johnson & Johnson and modern 18 and older. If you're eligible, sign up and get it. The message from director hayden-howard we had, the vaccine appointments left over should indicate to folks that they don't have to wait. You schedule, you can get it this week. You know, get online, sign up. If it's not through aph or one of our partners, CVS, Walgreens, H-E-B, target, Sam's Club, Walmart -- lots and lots of providers now have the vaccine. They're getting more vaccine. Get your shot. Regarding the duration of the efficacy, it's at least six months, you know. We'll continue to assess that efficacy. But it's very protective. Are there cases of covid-19 in people who have been vaccinated, yes. The protection was never 100%. When we look at the cases in Travis county, last week there were about 31 people who had been fully vaccinated and had been diagnosed with covid.

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Again, even if you get it, the risk of severe disease drops. The risk of death drops. Those numbers drop to close to zero. It may be greater than zero, but it's close to zero. So even if you get it, even if you've had covid before or don't think you're going to get it, get the shot. And our hope is that people will hear that and will answer the call to get it. We also need members of our community to continue to advocate in their community groups, in their associations, their extracurricular groups, their social groups, to get the vaccine. Answer questions about it. Refer people to definitive sources regarding the vaccine if there's concerns brought up so that we can get through this phase of vaccination and reach

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herd immunity.

>> Judge Brown: Thank you. Commissioner Travillion?

>> Travillion: Good morning. Once again, I would like to thank Dr. Escott and director hayden-howard on their willingness to do nonconventional things to reach out to the community. Once again, I just want to point out that a lot of the issues that we are working through are structural issues that have been with us for a long time. And I hope that very soon after we get to the other side of this, we really work and plan on addressing those areas that have structural problems and economic deficiencies so that the next time we see something like this we won't have the same problems over again. So, thank you for what you've done. I want to document a lot of those things and make sure that we are aware so that when it is

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appropriate we can institutionalize some of those things. I've been looking at best practices around the country, and particularly in urban areas. And I want to know what are we doing to build a bigger mobile

capacity? What I mean by that is to identify teams who are able to get in a vehicle and drive to places, drive to neighborhoods, drive to community institutions so that they can get to those communities and vaccinate those folks in the neighborhood, because we still know that public transit is a problem. We still know that access to wifi is a problem. We still also know that oftentimes computer-savvy and just the patience that's necessary to work through our registration process is difficult for some of our

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particularly elderly population. So, I'm interested in knowing what we're doing to identify mobile resources and stand up teams that can go into neighborhoods and give vaccinations. I think my dog wants to add to the conversation.

(Dog barking)

>> Travillion: I also -- as we look into what's available and what our capacity is for mobile facilities, I want us to also remember the co-location that we've done, working through title I schools, working with community centers, going to places where the community congregates like churches and whatnot. I think it's a great idea working with them, elder care, the meals on wheels, community first. They go into neighborhoods and work with folks that don't necessarily come out to us. I just want to expand that to

[10:05:42 AM]

make sure that we are using strategies to give mobile -- get mobile facilities into neighborhoods, or into zip code areas where we don't see a lot of participation yet.

>> Commissioner Travillion, the department has four mobile teams that are providing vaccines right now. And so those are the teams that have been doing -- you know, working with the housing authority, going over to family elder care, etc. And so with that team, the transport in a van. And so the department currently has two mobile vans that we have outside of those vans. And so one of the things that we typically do in settings

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where -- I'm going to use the example, at the school. Typically when we partner with the schools, we actually set up a location. And it depends on the vaccine that we have. We typically set up in a location inside, and basically are part of whatever type of activity they have going on. And so some of that could potentially be our mobile vaccine folks, but some of that is folks that are working at your Delco and your Berger centers right now. And so basically, you know, kind of transitioning some of the folks from their existing locations, whether it's Berger or Delco, and being at those sites like that. The apartment

complexes that we are looking at right now have community centers. And so those particular community centers would be the clinical team that are able to do that. So the mobile teams in the van,

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they would be the ones that could go from, you know, kind of location to location to location. You know, one of the other strategies that we are working on is, is as we start to pivot, since everyone in a household is available for vaccines, starting to get an idea of how many folks are in the home, outside of just, you know, the person that's disabled or homebound. Trying to get an idea of the number of folks that are in the home as well. And so that is another strategy that we are going to use. One of the things that we have been able to do is, as we have been going out to some of the homebound locations, folks that have caregivers, we have provided some vaccines to their caregivers as well. So it's just a matter of, you know, as you all know, we are a hub. And so we typically, you know,

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will set aside some vaccines so we are able to put them in our mobile locations and our partnerships that we have on the weekends. And so the goal is, is for Austin public health to shift back to safety net. Once we are able to shift to safety net, as you all know, each weekend, you know, we are providing a service for the next couple of weekends. But our goal is, is to be able to do more of those events where there are existing events like for example, the food event that happens on Thursdays at aid, for example. The events where folks where starting to have events in the community, you know, we are scheduled for an event in dove springs, for example. So doing more of that. Lastly, you know, we do know that the portal is probably not

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the best thing for folks that don't have access to the internet. That is one of the reasons we set up the equity line back in January. One of the things 311 is assisting us to do is, is that if an individual would like to go ahead and sign up and have an account, they can call 311 Monday through Saturday. And 311 will create that account for them and get them set up. And then typically, 311 will create a service request, send it over to the equity team, and the equity team will schedule them to come into, you know, one of the locations. Or, you know, if they are -- right now we're still kind of really trying to focus on making sure that elderly and homebound folks, our mobile vaccine team will provide those vaccines.

>> Travillion: Thank you for

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that. I appreciate your thoughtfulness. Last two ideas were, as we talk about four teams that are able to reach out into the community, I just want to make sure that we approach that from the perspective of diversity and make sure that we are addressing the languages and also some of those communities that aren't regularly reached out to, because they are in "Difficult" parts of town. And when I worked at Austin energy, we tried to make a list of people that needed medical equipment so that we could reach out to them when there was a power outage or anything. Do we still have those types of lists, and are we able to reach out to the parts of the

[10:11:50 AM]

community where you have folks that have medical needs, or medical issues that we are aware of that we can check on, almost a reverse 911, if you will?

>> Austin energy still does have that list. I'm going to take that down as a note, because we've not reached out to them. But that is something that I can reach out to Jackie sergeant and check in with her, because they do currently still have that list of folks that they are providing -- you know, working with them, with their utilities, because they're medically fragile individuals. So, thank you. We'll do that.

>> Travillion: Thank you for all the work that you all are doing. I appreciate you.

>> Judge Brown: Thank you, commissioner. And just one thing before I send it back over to city council. I want to thank councilmember Fuentes for working with del valle ISD and the whole team

[10:12:52 AM]

that helped put together that clinic effort this past weekend, with the students and everything. That really was just such great teamwork and a really good result. Look forward to doing more of that in the future. With that, I will pass it over to you, mayor, to ask any questions.

>> Mayor Adler: Thank you, and thanks to the commissioners court. Thanks for letting us join you at this joint presentation. I want to again thank Dr. Escott as well, and all the staff with Austin public health. In just a second, we're going to start. I think this time we start with district 10 and work our way back. But real fast, director director Hayden, the joint demographic information we have, sometimes you say it's Cota and sometimes community care. Is it just Cota, or is it community care?

>> It is all of the vaccines

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that are being provided at the circuit of Americas, and it's information from community care.

>> Mayor Adler: So it's all the community care people, whether or not they're vaccinated at Cota?

>> Yes.

>> Mayor Adler: Okay. I appreciate that. There was a slide that you had that had the percent of total population fully vaccinated. And you had different countries. And you had 56% for the United States. Is that fully vaccinated, or is that -- I think it's page 29.

>> It's a single dose.

>> Mayor Adler: You might want to change the heading on that if you publish that page. At one point when we were facing this, we had been saying to people, our limitation is the supply. And every vaccine we get, we're

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getting into people's arms. It now seems as if we're no longer in that place. And it appears as if we could get out a lot more vaccine if we had additional staffing, or additional resources to be able to do that. Is that true?

>> So I'll go ahead and answer. It looks like Stephanie's frozen a bit. So, this is what we anticipated. You know, we talked about it last week.

[Clearing throat] You know, we went through this phase where we had people who were eager to get it. And so that passive model was okay, because we had lots more people who wanted the vaccine than we had vaccine. But we anticipated that we would reach this plateau where we are lower numbers -- have lower numbers of individuals who want to drive across town to get it,

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as commissioner Travillion said earlier, and we have to move the strategy closer to home so that it's easier, it's more convenient, and people don't have to work so hard to get it. And then we have to move into also the active model where we're providing active outreach to people to encourage them to get the vaccine. So I think, you know, the strategies that director Hayden-Howard mentioned are part of --

>> Mayor Adler: Right. But my question, if you had more resources, could you get out more vaccines? If you don't know the answer to that right now, I would appreciate if you and director Hayden would take a look at that. Given the changes in strategies and the change now that we have more supply and capacity to get out, should we take a look at increasing the resources that are available for these new

strategies in order to make it -- I don't know what the limitation is now. Since we have more vaccines than we need, and we still have people that aren't vaccinated, what do we need to do in order

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to be able to get there? I appreciate the strategies that we're doing and I think they're great. And I'm happy -- it's great to see those. My question is, could we double or triple those efforts if we put more resources against them? That's my question. What can we do to increase the number of people now that are getting the vaccines, recognizing they're harder, recognizing the strategies need to change. And then --

>> Mayor, I'll say, yes, more resources will help us be more effective. But, transitioning resources from larger sites to smaller sites are helpful, also. But those smaller sites are less efficient. And, you know, that's going to require, you know, an increased number of personnel to operate the different smaller sites around town. One of the other strategies that we have discussed is vaccines at

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ems and fire stations. Still in the process of discussion, but we have ems and fire stations in every community across the county that are staffed with people who can provide the vaccine. So that seems like a natural partnership. And we're close to the time where we need to start to transition to strategies like that as well.

>> Mayor Adler: So that's the question. And I think that sounds like really great ideas, too. What I'm interested in knowing is, what is the barrier for us getting more vaccines in more people, and what would it take to overcome that barrier. Is it additional people to mix, additional people to vaccinate, is it sites? Whatever it is, I'd like to know what the barrier is, and then what the strategies would be to overcome those barriers. And then the last thing I'll say, and then I'll go to district 10 and councilmember

[10:18:59 AM]

alter. I think the list of things that Austin public health is doing that are equity-focused are really good and really helpful. I'd appreciate it if there was a landing page on our website that was created that was called the equity page that listed the kind of things that we were doing so that people might be able to better find them. There were some things that director Hayden spoke about that she's doing that I'm not sure people are going to hear the conversation we had today. But if there was just a page on that website that said these are the equity efforts we're doing, and maybe there's a phone number attached to each one that said if this looks like something that might fit for you, or you might have a location, or

whatever it is, so that there would be a place for people to go. .That landing page, equity efforts, and if you could com back to the council and commissioners and identify for us what the barriers are and what we would need to do to

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overcome those barriers to get more people vaccinated, especially the people that are hardest to get to, that are most vulnerable and most at risk. Thank you. Councilmember alter.

>> Alter: Thank you.

>> Mayor Adler: Yes.

>> Alter: Great. Thank you. I'm really excited that we are at this pivot point, and that we can finally have conversations about how we really get more out into the community in this focused way, knowing that we have made a lot of progress. I want to underscore first, you know, Dr. Escott's response in that we have a lot of resources that we can re-deploy. And that was also the plan. And so I think that's part of the process here. Obviously the question the mayor's asking is a very important one, but I think all along the plan has been to transition at a certain point.

[10:20:00 AM]

And I'm glad that we are at that point where we can focus on that transition. I don't see director hayden-howard on, but maybe Dr. Escott can answer the question I have. I wanted to get some clarification. I thought I had heard director hayden-howard say that only 57% of our aph shots were going to Travis county. Do we know what is, sort of, Travis county plus Austin that's not in Travis county? Because that was a much lower percentage of the total than I would have expected, given what we had been hearing was going on in some of the surrounding communities. So if you could speak to that statistic. And then, you know, as our interim health authority, if you could speak to, you know, those of us who have school-age

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children who are being asked very adamantly to go back to school this week, or next week, given changes to the Texas education agency's approach to funding our schools, how parents should be thinking about those decisions, and your advice, you know, as an interim health authority. I know your kids and many kids in the area have been back for a while, but many in aid in particular, and particularly at the older ages have not. So if you could just provide some insights as a health authority for those of

us who are making those decisions, and whether or not our children are vaccinated, depending on the age. Thank you.

>> Sure, councilmember. So the dshs released some statistics on county by county the percentage of individuals -- county residents who are vaccinated versus outside. And that's where that number came from. About 39%, in the report that I

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saw, of the Travis county vaccine doses were for people outside Travis county. The vast majority of them are Texans. And I think the take-home message is we're not safe until Texas is safe. We're not safe until the U.S. is safe. We're not safe until the world is safe. But, you know, we don't know how many -- what percentage of those went to Williamson county, bastrop, Caldwell, part of our msa. My guess is most of the excess went to our surrounding counties, but we do know that folks traveled from Houston, and Dallas, and El Paso, and lots of other places to get vaccinated here. And I think that's -- again, one of the things we mentioned last week that I'll reiterate now, when we look at the zip code maps that are supplied from the dshs data, those are residents vaccinated, not residents vaccinated by aph.

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Why is that important? Because we know people who are west of 35, you know, have the resources -- more likely to have the resources, more likely to travel distances to receive vaccine. And I can tell you, in west Travis county, I know lots of people who drove a long way to get a vaccine early on. But, you know, we still have work to do. But, you know, again, part of the hub responsibility from aph was to provide vaccines to any Texan who signs up. And that's what we've done. My guess is, again, as vaccine becomes more available locally across the state, across the country, that our vaccination efforts will concentrate more on Travis county residents, because people don't need to travel as much anymore. Regarding --

>> If I could just interrupt. But Austin covers more than Travis county. And so do we have any sense

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of -- you know, because there may be a lot of austinities who are coming in to do aph. Do we have a sense of that, or the austinities in William sonson county that have been . . .

>> I don't think we do. The data that dshs has is just, you know, were you vaccinated in your county residence or outside your county of residence.

>> Alter: Okay.

>> But we can certainly ask and see. We have the zip code data for the individuals vaccinated by aph, so we can look at that. But it may be challenging, because zip codes are -- you know, can transition across county lines and city lines as well. In response to, you know, what to do with your school children, again, I think it's an individual decision and it's based on a lot of factors. You know, families who have someone at home who is at high

[10:25:08 AM]

risk for severe disease should be more cautious about sending their children to school in person. If those individuals are fully vaccinated, that risk goes down. And, you know, they may reconsider sending their child in person now that they are themselves protected. I think regardless, all of our Travis county school districts have continued the masking and distancing guidelines. They're continuing to, you know, to have hand-washing stations, hand sanitizer. They've got protocols in place and they're very good at it. And again, I want to reiterate that the clusters of cases that we're seeing in schools are almost always related to athletics, band, cheerleading, extracurricular activities. We are not seeing transmission in the classroom. We have good data now that says three feet plus masking in classrooms is very protective.

[10:26:11 AM]

We're seeing these clusters when those things aren't happening. We're seeing them on chartered buses and in practices. We're seeing clusters in choir. The things that we've been -- where we've been seeing them all along is where we're still seeing them. So I think if you have a child who's going to wear a mask, follow the guidelines, going to class in person is fine. And my children are going in person. Mayor, you're muted.

>> Mayor Adler: Thank you. Councilmember tovo. You're muted. Can't hear you, Kathy.

>> Tovo: Now?

>> Mayor Adler: Yes.

>> Tovo: Okay. I think my earphones aren't

[10:27:12 AM]

working. My questions are going to follow up on councilmember alter's, because that's what's on my mind today, too, not just as a councilmember, but as a parent. I also am getting the almost daily requests to send my kids back. And so I just want to stop and say I really appreciate the work that our public health has done with our school district. And I appreciate all the precautions our school districts

have taken, to keep their student populations as safe as possible. I really think the state's decision to put such pressure on schools to increase their attendance here in these last six weeks is outrageous and inappropriate, and is just -- should not be happening. And I appreciate -- and I understand why we're all getting so many messages encouraging us to send our students back to school. And I just really regret that aid and so -- and all of the other school districts

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throughout the state are now being placed under such pressure. So, Dr. Escott, again, I understand you've been working with the school districts and that our school districts are doing what they can do. I also know what we all read in the paper yesterday, or on one of the TV stations, that probably as a result of one of the clusters you mentioned that started in an extracurricular activity, students who went in for the state-required testing, which has to be done in person, were exposed as a result. And so, you know, as a parent who is now going to make an uncomfortable decision to send my students in, though they've been home all year because they have those state-required tests, I guess I'd like to understand how you are working with school districts on those testing areas themselves. Are they being -- is it being suggested that those be within

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three feet, or are they using the older guidance of six feet? And I guess in particular, you know, I don't know how much information you could give us about those scenarios where students were exposed. But if individuals on those transportation -- using buses to get to away games are wearing masks, do you have any sense of how the transmission is happening? You know, in looking at the instances where there is transmission despite all of these precautions, what's going on? Is it that the precautions aren't being taken in these instances, or is there something else that we're not understanding about that?

>> So, councilmember, you know, I don't have the details, nor can I share the details of those investigations. But I'll say some things in general. In general, you know, students exposed in a classroom space have close to zero risk of

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transmission if they were masked and appropriately distanced. Yes, they still need to be quarantined, but no, they're not likely to go on to develop disease. You know, again, the risk is almost always associated with face-to-face encounters without masks on. So that's where we're going to see transmission. I don't have the specific information about the bus travel, but my guess is that, you know, a bunch of teenagers on a chartered bus driving a long way are probably not going to keep their masks

on the entire time. Plus you have the other issue of confined space for a long duration of time, which definitely increases the risk. In those kind of settings, you know, again we encourage school districts to mask, to have small numbers of individuals on the buses spaced out. But, you know, for those kind of long duration trips, for air travel, people should strongly

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consider a higher level of protection, including double masking or n95 masks because of that increased risk due to the duration and close proximity to others.

>> Tovo: Dr. Escott, you said, you know, you might consider whether your child will wear a mask. But it really depends on whether the students around your student will wear their masks, too, right? I mean, if you're wearing an n95, then you are providing some level of protection for yourself. But if -- all along we've also heard that if you're wearing a mask, you're really protecting others. So to some extent it's not just about whether your student is going to wear a mask and keep it on. It's really about whether the other students around your student are also going to keep theirs on, and if not, whether there will be appropriate reminders to put their masks back on. Is that accurate?

>> That is accurate, councilmember. And that's precisely why we maintain the mask mandate in the

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health authority's rules. You know, what we've seen and, you know, my children have friends in other parts of the state that have taken away the mandate, schools that have made masks optional. Optional generally equals no masking. There is that peer pressure. I don't want to be the only one wearing a mask in my school. I don't want to be the person who's afraid. And that's why it's important for now to continue those things in our schools, on our buses, in our public spaces, places outside the home so that we can continue to push down disease. People are still dying from covid-19. People are still being hospitalized every day. People are being intubated, put on ventilators every day in this state, in this country, from covid-19. We are not done yet and we've got to continue those protections if we're going to try to get to herd immunity quickly. Part of herd immunity -- herd

[10:33:23 AM]

immunity is a mobile number. The more disease burden that we have, the more people we're going to have to vaccinate to suppress transmission. If we maintain low numbers, if we push it down further, the number that we need to reach herd immunity goes down. And that's the point we've been trying to make for the past couple of months is, it's a mistake to declare success, to declare victory too early. Because it prolongs the time it takes to reach that herd immunity. So, somewhere between 67% and

90% is where we're going to hit herd immunity, where we no longer see the clusters happening. But we can all contribute to trying to get it towards the lower end of that scale by suppressing transmission now and beating covid-19.

>> Tovo: I appreciate it. Thank you.

[10:34:23 AM]

>> You're on mute, but I think I can go.

>> Mayor Adler: It's you.

>> I would like to know more about the cross-county reporting. It sounded like you send the information directly to the state. So it's not necessarily that you're letting other counties know that we have vaccinated someone from their county and vice versa. It's all going to the state and -- do they have access to your data to appropriately assign zip codes? Can you tell me a little bit more about how that reporting happens?

>> So, all providers in Texas are required to enter their data into a system called immtrac2, which documents where they reside, where they report their residence is, zip code, and what county they were vaccinated in. So what the state has done is match up how many people had a zip code in Travis county, how many people were vaccinated by Travis county, within Travis county. So there's in-county versus out of county.

[10:35:25 AM]

You saw there were tens of thousands of people who were vaccinated from out of state, a few thousand who were vaccinated from outside the country. The data is a bit nuanced, because, you know, it's often the data you have on your driver's license. So if you originally moved from California and haven't changed your driver's license, it may show that you live in California, but you actually live in Travis county. So it's not concrete data, but it does give us an idea of the movement of vaccine and people to get vaccinated.

>> Okay. That's helpful. And I believe that representative Donna Howard is doing some work on the immtrac system at the legislature, so we'll see what comes of that, too.

>> That's great to hear, councilmember. I will say, again, information systems in public health have

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been a struggle for the past year. And it's a reminder that we have to make substantial investments in public health infrastructure across this country, and certainly in Texas. We're suffering from 40 years of decrease in funding and we're paying for it now. So we have to learn a lesson. We have to shore up the infrastructure. We have to spend money. And the result will pay off in dividends. The struggles we're seeing in east Austin right now are not surprising to us. And that's a problem. We've known about the issues for decades, but we haven't changed the infrastructure to make significant progress there. The reason we're struggling in east Austin is because we always struggle in east Austin, because there is no healthcare infrastructure, because there aren't healthcare providers, because people don't have access to pharmacies, and doctor's offices, and community health

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workers to same extent they do west of I-35. We can't fix that overnight, but we can fix it, we just have to make the long-term commitment to make that change.

>> Ellis: I completely agree. These systems need to be worked on to make sure that when we really need them, they're in place and deployed.

>> Mayor Adler: Okay. Councilmember pool.

>> Pool: Thanks. And I don't have any new questions. Y'all covered the information really nicely. And my appreciation as always, is extended to all of our staff who are working on these issues so diligently.

>> Mayor Adler: Councilmember councilmemberkelly is not with us today. That gets us to councilmember kitchen.

>> Kitchen: Thank you very much. I appreciate this information. I particularly appreciate the development of the dashboards and the continued effort to have

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that information very accessible for people. So, I have a question about -- this is for Dr. Escott -- particularly for director hayden-howard, or maybe if she's still with us. But my question relates to our goals. I think I heard you say, Dr. Escott, that our goal was 67% vaccination rate. And right now we're somewhere around 49%. The reason I'm asking this is, I'm wanting to understand, have we actually set a goal, and can we do that in a way that people can track towards? I think it really helps our community to understand what number we're trying to get, from a vaccination standpoint. A know there's a lot of complexities to that, but I think it is helpful. I know I've seen on the national level it's been helpful for people to see the kinds of goals that our president has been setting for us. So my question to you is, that

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67%, I understand we're trying to reach a range to get towards herd immunity. But can -- are we state that as a community goal, and can we state a community goal and then track towards it?

>> Councilmember, the challenge is the goal posts move. 67% is the predicted minimum that we need. It may be 90%.

>> Kitchen: Okay.

>> Where that goal post is depends upon the spread of disease. I think our goal should be zero cases. Or very close to zero, because when we stop seeing the clusters, when we stop seeing community spread, when we start being able to say I know where this case came from every time, that's our goal. That's herd immunity. We don't know if it's 67% or 70, or 80, or 90%.

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We'll know when we get there. But, you know, I think the goal for now is as many people as quickly as possible.

>> Kitchen: Well, Dr. Escott, I appreciate that, but I don't think that's as helpful for our community, because it's pretty hard for a community to track as many people as soon as possible. I understand what you're saying, and I think that that's really important messaging to get across. But I also think it's important for our community to be able to see some progress and track against it. So, my question really to you and to director hayden-howard is, if you can give us something specific. I understand the complexities of it. But we've done it, you know, in setting our stages, that's been one way that we've done it. We've done it in other ways also. I would really like to ask you all to set some goals for us, because I think that that's really important. And then help us track against it every week. I've seen you all start to

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present that kind of information, which I really, really appreciate, in the presentations that you've been making in the last few weeks about the level of vaccinations, and that's helpful. But I think it really is best if we can do that in relationship to some kind of goal. I don't know, director hayden-howard, if you want to speak to that, or maybe just you and Dr. Escott could spend some time thinking about this? Yes.

>> So, I'm

>> Hayden-howard: I'm going to apologize. I'm having some internet problems. But I will tell you the 67% is in the plan that we put together.

>> Kitchen: Okay.

>> Hayden-howard: And that is what we are tracking off of right now, kind of based upon the 400,000 folks that have at least received one dose. But as Dr. Escott has said, that is the minimum. So that's the starting place for us. And so when we bring back

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the data every week, we will be tracking that 853,549. Now, over time we know that that does need to change, to move us to the place, you know, where we're safest. But right now we're going to stick with the 67%.

>> Kitchen: Okay. I would just ask if you could make that clearer on the website with the vaccine dashboard information that we have. You may have it there, but it doesn't -- you know, it doesn't stand out real clear for people. And so some kind of visual to track against it, again, with the caveat that it's a minimum would be helpful for people. Our community has done so well when we've pushed the messaging and challenged our community to keep each other safe by wearing masks, I think it helps our community to have that type of goal

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also about helping to get people vaccinated so that our community members can help us too by identifying their friends and families and neighbors who haven't vaccinated and can help us get closer to that goal. So I would ask you all to consider that.

>> Mayor Adler: Thank you. Councilmember Casar.

>> Casar: Thanks, mayor. I want to take us back to the point in the questions that I think the mayor and some others were asking. It was only a few work sessions ago that we talked about how the continued limiting factor for us was supply of vaccines. Now that that is shifting, it seems like we have -- there's demand, a demand issue on the website

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yesterday and demand in general as you mentioned, Dr. Escott. And to staff capacity. I want you all to tell me, I want to lay out to everybody my thinking on these two issues and then hear where I might be off. But on demand, even though, of course, some number of really eager folks have found a way to get the vaccine, I still -- my sense in the community is there's still a really significant amount of demand. And that there's reason why a lot of people maybe have given up on checking the website because so often you were at the end of the line or couldn't get an appointment. But now that there are open appointments and now that there is no wait, I wonder whether we could actually pickup up some

demand if we can really get the word out to people that we know this was frustrating in the past, but that really are

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appointments now, because I'm not quite -- my sense in the community is there are people who would still want to sign up, but they assume the website is going to be

[inaudible] And that there aren't appointments. On the demand side, providing vaccines to people who don't have to sign up, community walkups and showing up at community events and letting people just get the vaccine then and there, that there is really significant demand from people who just may not -- going through the whole navigation website process may not be for them. I want to hear from y'all whether your thoughts differ on the question of demand being a limiting factor now that we have more supply. And then the second part on staff capacity, this might be more of a messaging to the manager, that I have already started to see places where it seems like we need more staff capacity

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to get vaccines into arms. Now that there is no supply, I'm starting to hear from more people saying maybe we can get more vaccines to places in zip codes and places in my district hardest hit but have had least vaccines, but frankly we've struggled sometimes to find the staff to put the shot in people's arms. And we cannot be the limiting factor on the staff capacity side because we don't want to turn away a single dose. And every dollar, I feel, that we put into vaccines is the best investment we can make because it prevents a business closure, it prevents hospitalization, it prevents unemployment, prevents us having to spend more on the eviction diversion programs. And so if we're at a place where there's increasing supply availability, I would really put and I think council has put as top priority of any of the spending we're going to do is make sure we're, you

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know, leading the state in how quickly we can get vaccines out and draw vaccines down. So it sounds like that's what I was hearing from Dr. Escott and you, director Hayden-Howard, but now it's an important pivot moment where we've been struggling with so much with supply, it sounds like up until the last few days, and now it sounds like we need to better fill slots, set up walkups, EMS in fire stations and really ramp up the number of people who can actually put the shot in people's arms.

>> Hayden-Howard: I'll start. I think one of the things that just kind of want to paint a picture for you. When things were -- were not as open as they are right now, you know, we, through the medical society, you know, we had, you know,

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thousands of volunteers. And so we have folks that fit into the category of volunteers. We have staff that are on Austin public health, city of Austin payroll and we have contracts with vendors that are sending staffing to fit into those positions. And then lastly, we have a contract with a non-profit provider. That's able to provide those vaccines. And so the department typically will pull kind of from those instances, and I will include the fire personnel. We have the fire personnel that are assisting us as well as some folks that are retired fire officers. And so, you know, I think one of the things that, you know, one, you know, we're looking into adding a couple of more contracts with vendors that can provide the

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vaccines. I had a meeting yesterday with the physician association. Right now we are working with the African-American physician association as well. And so -- but all of that falls up under folks that are now going back to work, have their ability to be in a space, they are fully vaccinated, so you don't have as many folks that can provide the vaccines that you need. And so, for example, for us this weekend, you know, we will not be at -- potentially we may not be at burger on Friday and Saturday because we're going to shift those operations to go to sacred heart this weekend because that's one of our commitments we've made. We know it's a need in the community. So that is one of the reasons why the

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collaboration between the partners is going to be essential where we come up with this map because if we're able to say, you know, aph are here and then the various partners, u.t.-dell health, lone star, et cetera, kind of understanding where they are and how they are able to provide those vaccines. So that is the strategy that we're working towards to, one, beef up what we have, but knowing using volunteers has been helpful for us, but then also looking at where our partners can be. Because it's going to be a combination of that. I think at this point, you know, if you provide a vaccine, if you are able to have that skill set, and especially if you are a contractor, you are going to most likely go where you are going to receive the biggest benefit for you as an individual.

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So it is definitely some competition in that light. The other thing that I shared earlier today is that the ability to train folks to be able to provide vaccines that may not have been providing vaccines in the past. That's not something that they were able to do. So we're looking at a lot of different instances kind of at once of how, you know, we'll be able to reach the goals that we have to provide the vaccines to the communities that need it the most.

>> Casar: Thank you. And I think the idea of having them, for example as fire and EMS stations where you can just walk up also makes a lot of sense to me. This is one last moment for a PSA for anybody listening that obviously we do need that help and there are really hard-hit zip codes in the eastern crescent where we have potentially vaccine availability and people, but

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we need help getting those vaccines into arms. So anybody listening, please do shoot Austin public health offices a note and tell them if you have volunteer or staff capacity that can help us while hopefully our Austin public health team ramps up that capacity that we need. Thank you all.

>> Mayor Adler: Thank you. Councilmember Renteria.

>> Renteria: Thank you, mayor. My question goes to Dr. Stephanie Hayden-Howard. How are we handling -- are you having success on vaccinating the Latino population? What kind of plan is it out there that you're all using to do out -- to do outreach to get these people vaccinated?

>> Hayden-Howard: We have

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seven contractors out there doing outreach for us in the community. Several of the partners are even going door to door. So in our conversations, the folks that have a contract that are doing outreach and communication, however, with our other partners that are referring to us and that basically have been referring to us since January. And so referrals are going to the -- to the equity line and our staff are making those outbound calls. Definitely like to, you know, acknowledge the county because their county staff are continuing to help us with the call center as well. And so reaching out that way. We're also definitely reaching out, you know, via an agency if a person is working with an agency, but then we've also kind of shared that, you know, if

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folks are in need of a vaccine, you know, we are just asking them to call 311 if they want to set up that account. They will be able to set that account up with them, and then our staff will call them back and schedule an appointment. So we're looking at kind of all of those different efforts to be able to reach the hard-hit communities.

>> Renteria: Thank you for that. Is the Johnson & Johnson vaccine, is that going to kind of -- is that going to hurt us when we're giving out the one shots to the homeless population?

>> Hayden-howard: So right now, as Dr. Escott shared earlier, we are discontinuing that use of that. Last week we received about 1,000 doses of that, and so that has been -- we've stopped using that. Some of our homeless population has been receiving the modern as well, especially those that

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are in the protective lodges and in those settings where folks can go back and provide that second vaccine. So it has been a combination of both.

>> Renteria: Thank you for that information.

>> Mayor Adler: Councilmember Fuentes.

>> Thank you for today's presentation. And from that information, we learn that about 46% of our community are classified as vulnerable. They have not received the vaccine and that we need to ensure that they have information to get the vaccine. And looking at that number coupled with the other announcement regarding our online scheduling system where we learned that we have 14,000 appointments available and only 3400 of them were booked, we can clearly see that our online scheduling system is not working. Just as I reflect on today's

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conversation, I'm also noticing a lot of what we're doing is wonderful and great, but it's from the approach that it's on the individual to come to us. So they have to hear about our equity line, they have to go to our online system. And I think with this pandemic, it's on us to be iterative throughout the process, and I really would like us to move to a more neighborhood model approach where we go into neighborhoods, you know, get off of the online system, go off line and reduce that barrier. I think that neighborhood approach is absolutely needed and we owe it to ourselves to really lean into that strategy so that we can glean best practices from it. And, you know, I know that part of the resolution that Austin city council passed just a few weeks ago regarding covid assistance, part of what we outlined was around a mobile vaccine program, and I'm heartened to hear we have four vans

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within aph that we can deploy for a mobile vaccine program. But I also want to share that I just don't think that's enough. We have at least 11 zip codes in our area that do not have a single provider. So we really need to be mobilizing hand in hand with the community. Our community organizations are trusted partners that can be the messengers and vaccine navigators to go into those neighborhoods to let folks know where to go for their vaccine. So I just wanted to kind of share that I hope that we go to more neighborhood approach model. I think that outreach is needed. And part of that infrastructure Dr. Escott that you outlined is lacking in the eastern crescent, gives me more motivation to say we should be even vesting in human infrastructure and working and partnering and investing in nonprofits who are already doing the work, who

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are ready and able to assist Austin public health and the county in being vaccine navigators, in getting this information out to the community. We really need to shift the approach and meet our community where our community resides. Versus having them, you know, figure out our website or figure out our phone call, our equity line. I guess my question is if you could talk us through how are we at this point in week 17 of the vaccine distribution strategy, what is our marketing plan look like. How are we getting the word out about how to get a vaccine. And I know that we're working with certain organizations, but do we have budget allocated to partner with trusted organizations to be the messengers, to be those vaccine navigators to go out into the community, what

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does that look like, is that part of the plan?

>> Hayden-howard: That is is a part of the plan. We have seven contracts in plays with partners that are currently doing the outreach. And they are going door to door. They are working with folks that have currently been provided services through them before, but they are also going door to door to get that information out to us. In addition to that, we have -- we have several task forces that are continuing to meet. We have a faith-based task force. We have an hispanic, latinx task force that met last night. We have an African-American task force and an Asian task force. And so all of those are meeting. They are making recommendations into our vaccine leadership team. And so our staff are, you

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know, we're working in a lot of places. We have several contracts that are designed to do the outreach and to be out there to get the information to funnel it in. So, for example, one of the vendors is

providing information to us for the southeast branch library, to be able to -- because we've shifted that site. So that particular location is working with folks in the four four and the four one neighboring communities as well. What folks have been doing for us thus far is that they have been referring folks in, but some of the folks that they did not refer in because they did not meet the definition at the time. But with the transition as of Monday, we will be able to see more referrals from the grass-roots organizations that will be

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able to refer more people to us because of being 18 years of age and older. And so -- so that the definitely good news. That was one of the reasons why we made the transition to go ahead and open things up. In addition to that, you know, we need to also continue to have those conversations with employers. Being able to -- last night at our meeting we kind of refined some of the areas of where that task force really feels like the city needs to continue to focus on. And so that does pick up folks that are 18 years of age and older that are working in those industries. And so that is going to be important for us as we pivot. Those groups have also been able to provide recommendations for us of potential partnerships where we should be.

[11:02:54 AM]

For example, sacred heart we're there this weekend and that's based upon the recommendation and partnership from that community. And we know even within that community, that's about 17,000 folks that have the potential to be referred to us that can come into that site, but also can come into our other locations. I understand your concern about us only having four teams; however, I don't want you to focus on the four teams. He want you to focus on the total amount of folks in Austin public health. Because even with our teams when they are out doing their work that is correct is a different set of folks that are in sacred heart. We're able to stand up these teams and those mobile teams are still working in various locations whether it's housing authority, et cetera, and then we're having those clinical

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operations. So it has to be a blended approach where folks are able to come. One of the things we've noticed with the sacred heart event is it basically the U.S. Construction folks have bid the recruitment through the church, et cetera, so basically it's a walkup. They give them kind of the time frame, we work together on the hours, and then folks just walk into those operations, they do the paperwork when they get there and work their way through. And so most of the operations were knowing that that is something that we're going to need to do as well. So kind of throughout this process a hybrid is going to

be important for us to meet people, you know, where they are to be able to provide those services. So, you know, as we move along and have more

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information, we'll definitely bring it forward to this group and start providing more information about that in our slides.

>> Fuentes: Than you, director hayden-howard. The contracts we have with a the seven organizations around the vaccine, is that to register folks for the vaccines or is that to build trust around efficacy of getting a vaccine?

>> Hayden-howard: It's not for the registration. It is for outreach and education. And so -- so folks that maybe are hesitant, they are able to, you know, kind of talk with them, do the outreach and then connect them in to us so we can take it from there to get them scheduled for the actual appointment.

>> Fuentes: So at this point do we have any contracts with any organization to do vaccine navigation, helping folks get registered for the vaccine?

>> Hayden-howard: No, we don't have any contracts with individuals that are helping with registration.

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>> Fuentes: Okay. I just -- a key element in this is really, you know, investing in that systemic approach of organizations who know their community the best and being able to do that level of outreach. They are the trusted messengers. Oftentimes when people know the government is involved they don't have a positive experience with it, but they know their local group, that they can recognize the face telling them about the vaccine, how to get registered, it really makes a difference. And I just want to reiterate, I think we really need to move to a neighborhood approach model. I love the steps we're taken, we're clearly making progress toward it and -- yeah, that's it. Thank you.

>> Mayor Adler: Thank you. And I think, you know, part of the answer, just a part of it to councilmember

[11:06:59 AM]

Fuentes' question bows back to what I talked about creating a page or someplace people can see you are doing. Because I think you are doing a lot of things that they don't see. Support groups where family and friends can help them. I guess it's to the mayor pro tem.

>> Harper-madison: Thank you, mayor. I think the beauty of being able to go last in this situation is I've had the opportunity to have really brilliant colleagues both at the county and here and for the city of Austin ask all the good questions. So I really feel like in a lot of ways most of my questions have been answered especially in commons to commissioner Travillion and councilmember Fuentes. I share her concerns. I also recognize, though, that there's probably some distinct level of difficulty to be able to establish efficacy in a small scale

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application like that. For example, I personally was -- I had the opportunity to sort of follow a member of our community, one of my constituents who is helping, on his own time, who is helping folks find vaccines and helping them get scheduled. I've just got to tell you the level of effort, the amount of man-hours that would go into walking our communities neighborhood by neighborhood, street by street, apartment complex by apartment complex would be astronomical. I'm curious to see what does it look like, the practical application of what councilmember Fuentes is suggesting, what does that actually look like in terms of man-hours, cost/expense, efficacy. At the end of the day if it's productive, it's worth it, but is it worth it is the question I would be leaning towards getting answered. And then, well, so my only question at this opponent I

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saw that the one group where there looked to me, I know it was only a couple opponents, percentage points, but it looked to me to be the most substantial in terms of increase was with our Asian community. And I'm curious in Dr. Hayden-howard or Dr. Escott, if you have any reason for the increase in and as an extension of that question, just wondering if there is anything we can do, our offices can do with our spheres of influence to encourage more people -- the closer to herd immunity, the better, but is there something we can do in our spheres to help push people towards getting the information that they need and ultimately being vaccinated.

>> Dr. Escott:

[11:09:00 AM]

Councilmember, I'll say the change in the asian-american community, we don't have a clear reason for why there was such a big jump. I will say that, you know, with the data for the immediate previous week, there's going to be some changes in that as new data comes online. Relatively low numbers of individuals tested means that we may see larger variations in some of the data. So that certainly may have an impact. I will say that our asian-american community is -- probably has a higher vaccination rate

than any other community of color. They are overrepresented by vaccinations as compared to their representation in the community. So that community is doing very well. But having said that, we still need to continue that outreach until we have zero cases. That's going to take time,

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take effort. But it is, you know, as you have just suggested, with moving away from large vaccination centers, the efficiency is going to decrease. Return on investment is going to return on investment is going to decrease. That's why it makes sense for us to identify where those resources already are. As has been mentioned, we've got community groups out there that are capable of doing vaccine. We have our EMS and fire stations who are already mobile, already vaccinating. For every fire apparatus, there are four vaccinators on every truck. We have people. We have the resources. We have the physical space. We have the vaccine. If we bring those things together and partner them in areas where we already have the resources, then it gets a lot more efficient.

[11:11:04 AM]

>> Harper-Madison: I appreciate that. I think the other half of that question was for Director Hayden-Howard, who appears to be off again.

>> I'm here. I'm going to leave my camera off for now. So, when you're looking at neighborhoods and kind of looking at how you would develop a neighborhood model, one of the things that is definitely important is that you must prioritize. And so, you know, by looking at the data, we've started the location at the Southeast Branch Library, because we do have a couple of partners that are in that community right now that are going -- that have gone door-to-door that are referring folks to us for that site. And one of the things, you know, that they've shared with us is,

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is that they would rather just kind of create, like, a Google document and provide the name, the phone number, and the best time for us to contact the folks to schedule them. And so that is the process, you know, that we've done and have implemented. So right now, that is working pretty well. We've only been doing it for a couple of weeks. And so we would definitely want to be able to look at other communities, the department, as well as our partners have community health workers on our payroll, and then we contract out with partners to provide those services. And so being able to add those additional folks -- that is something, you know, door-to-door is, you know, is a proven model, you know.

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It's been around for a long time. Most folks, you know, kind of shy away from it, but it is a proven model. And we are definitely at that point. I think, you know, one of the other things that, you know, from a cost perspective, you know, I think that, again, we go back to prioritizing and being able to identify, you know, kind of where you would want to be. And then as we continue to map that information, you know, on a map to be able to show how we are increasing with vaccines in those communities. And so that will kind of, you know, give you the response of, you know, is it going to be, you know, feasible economically to do that as well. But it's a tribe model, as I said earlier.

[11:14:09 AM]

>> Harper-madison: I appreciate that. I wish there wasn't so much of a sense of urgency. I feel like we're missing some opportunities just because there is so much that's urgent about this. And I just -- I guess nobody can control that. Thank you. I appreciate it.

>> Mayor Adler: Great. I think those were all the questions, judge. We've gone through the council.

>> Judge Brown: Thanks. Director hayden-howard, are you still on? I just had one clarifying thing. If you're outside of the city limits, I think there's a geolocation thing that doesn't let you call 311. Is the number 974-2000?

>> Yes, 512-974-2000.

>> Judge Brown: Great. Thanks. I think those are all of our questions, too, mayor. So, let's see. We will go ahead and -- we're going to -- in a moment, adjourn. And we'll give a five-minute break and come back I guess at

[11:15:11 AM]

11:25. And then I will pass it over to you, mayor.

>> Mayor Adler: We're going to go ahead at 11:18 and adjourn the Austin city council joint meeting today. Thanks again for letting us participate with you. Our meeting is adjourned.

>> Everyone, stay safe.

>> Judge Brown: Thanks, everyone.

[11:16:12 AM]

