

City Council Special Called Meeting (Joint Meeting with Travis County Commissioners Court) Transcript – 05/04/2021

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[9:06:08 AM]

>> Judge Brown: Calling to order the meeting of the Travis county commissioners court, may 4, 2021, and the time is 9:05 A.M. We're meeting at 700 lavaca. I almost wore my little darth vader mask, but with my torn arm, I just couldn't pull it together. And since commissioner Travillion is remote today, I got commissioner Howard your staffer Mick long helping me. I'm up to snuff today. >> Shea: Looking for my princess Leia cinnamon buns. May the fourth with be you. >> Judge Brown: That's right. May the fourth with be you. I'm going to call it off to mayor Steve Adler to call to meeting the order. >> Mayor Adler: Judge, thank you for the joint meeting. Calling to order the city council portion, may 4, 2021, 9:05.

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We have a quorum present. I'll turn it back to judge brown. >> Judge Brown: All right. Larry, do we have any public comments on the phone lines today? >> This is Adam here on public comment and it looks like we do have several callers in, but none for this part of the agenda. They are all for later items. Thank you, sir. >> Judge Brown: All right. Thank you very much. So we're doing our joint briefing today between the commissioners court and the city council and to help ensure the efficient use of Dr. Escott and assistant city manager hayden-howard's time and to manage the length of it, we're going to try to stick to one question. First members of the commissioners court and then members of the city council and then we will close the meeting. So first up, I believe Dr. Escott, if you are ready

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to go, we can start with your briefing. >> Dr. Escott: Thank you, judge. I'm going to share my slides. Can you all see that okay? Beautiful. All right. Thank you again for the opportunity to update the court and city council on our covid-19 response. First update, again, this is an updated graph of our metropolitan counties in Texas, and how we're all doing in terms of vaccinating adults in those counties. As you can see, Travis county is doing quite well compared to our peers across the state of Texas. Overall we have 57.8% of adults with at least one dose of covid-19 vaccine. The only city that's leading us is El Paso, El Paso

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county, 63.1%. You can see now that Harris county has surpassed that 50% mark for the individuals with at least one dose. But there's quite a bit of variability across the state of Texas in the metropolitan counties. This same thing is being seen in the non-metropolitan counties which makes it challenging to herd immunity quickly as we need to do. Again, it is critical that all of our residents get vaccinated. If they have had covid-19 before, get vaccinated. If you are between 16 and, you know, 100, even over 100, it's time to get vaccinated. The faster we can get our community vaccinated, the faster we can return to more normalcy in our lives, the

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lives of our children and I think that's what we all want. To again, it's important for all of us in the community to reach out to people, connect with them, talk about vaccinations so that we can push these numbers up. We're certainly in a situation where our supply of vaccine locally, statewide, nationwide, exceeds the demand and we need to increase that demand, and my hope is that we can do that. We are expecting that vaccinations, will be modified for pfizer to drop down to age 12 as soon as this week. That's going to increase the demand for us and certainly we encourage parents of middle schoolers and high schoolers, as soon as that is approved to sign up with vaccinators who are providing pfizer vaccine and get the children vaccinated. Certainly before the beginning of the next school year, but as soon as possible would be even better. When we look at our progress

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towards herd immunity, I'm showing you this pie chart, and this pie chart is the entire population of Travis county. The graph I showed you before was just adults 16 and older. This gives an overall picture of where we are in that progression towards herd immunity. You can see that we have 33% of our

population overall fully vaccinated. Another 14% partially vaccinated. So they received one dose of the pfizer or modern. So 47% overall is -- is good progress. But again, we need to push it further. As we can see, we've had 6% of our community with a confirmed case of covid-19. An estimated additional 13% that probably had covid-19 that went undiagnosed, and that's -- those are numbers generated from our colleagues over at the U.T. Covid 19 modeling consortium. That leaves 47% of our

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community vulnerable. A significant portion are children 15 and younger. Again, as we wait for that eua to drop that pfizer down to age 12, we still have more work to do in the adults and certainly we need to continue to progress in this effort to decrease that number of vulnerable individuals. As that number continues to drop, our risk of a significant surge will drop as well. Our hospitalizations will drop. Our cases will drop. And certainly our mortality will drop. Sorry about that. This is update of confirmed cases in Travis county. Yesterday we reported 78 confirmed cases with a moving average of 89. That's a 25% decrease over the past two weeks. So certainly we had some elevation of that plateau for a week to ten days.

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We've seen that come back down to where we were before in that 90 to 100 range. Again, our hope is continue to push that down and, you know, drive the transmission down further which will impact our hospitals as well. This is our new admissions to the hospital. Yesterday we reported 11 admissions to the hospital which brought our moving average down to 17. That's a 26% decrease as compared to two weeks ago. So again, good progress there. We brought that number back down from that elevated plateau that we saw a couple of weeks ago, so certainly a better position today than we were back then. This is an update of our hospitalizations. The blue is our total hospital beds being utilized, the Orange icu, and the gray ventilator usage. Our hospitalizations yesterday 115, with a moving average of 128.

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That's an 8% decrease compared to two weeks ago. However, our icu numbers are a bit higher. 44 for our report yesterday with a moving average of 46. That's a 18% increase from two weeks ago. Our ventilator use 23, with a moving average of 25. An increase of 19%. Again, we've got some mixed indicators here, but certainly our key indicator, our admissions to the hospital, is moving in a downward direction and hopefully the lagging indicators, the icu and ventilator use, will follow that in a downward direction in the week to two weeks to come. This is an update of our admissions by age group. You can see that we've had a significant increase in admissions to the 20 to 29 group, the 30 to 39 group

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and 40 to 49 group. We've also seen a significant decrease in our 70 to 79 age group and our 80-plus age groups. Again, we're seeing this pattern where the more vaccinated the age group is, it's certainly impacting the admissions to the hospital at this stage. Whereas the less vaccinated groups are seeing increases due to increased transmissions in those age groups. Here's a breakdown by numbers of admissions to the hospital week over week. Last week we had a 15% increase in overall admissions to the hospital as compared to the previous week. You can see that the bars at the bottom have grown thicker since last week, whereas the top bars are getting smaller, particularly our 80-plus and 70 to 79 age group. Again, when we see numbers like this, 30 individuals in the 40 to 49 age group, 17

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in the positive to 39 age group and 20 in the 22 to 29 age group indicates a lot of transmission in those groups. Because they have such a dramatically smaller rate of hospitalization as compared to older adults, it means a lot of transmission happening there. So again, it is critical for our young people to get vaccinated. Our 16 to 20-year-olds, our 20 to 29 group, 30 to 39, 40 to 49, they are not vaccinated to the same level as our 50-plus age group. In fact, currently and we're still working with DHS to get more accurate data by decade of life, but it appears that our individuals younger than age 50 only have about a 55% vaccination rate within that group. Individuals 50 years old and older are more like 70% or higher. So that's why we're starting to see that impact in

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compression of the older age groups. I'll talk more about that when we look at positivity, particularly in the 70 to 79 and 80-plus. This is an update of the hospitalizations by race and ethnicity. We had a little bit of a decline in our white non-hispanic community, relatively flat for latinx community in green, and significant increase in our African-American community hospitalizations last week. Again, this is that same data by numbers of hospitalizations. Again you see a slight increase in the latinx hospitalizations, 45 to 52. Again, a slight increase in white non-hispanic, 57 to 60, but a significant jump in African-American hospitalizations moving from 12 to 22. Again, we continue to see that disproportional nature impact in our communities of

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color and this is why director hayden-howard and the team is continuing to focus efforts in communities of color regarding vaccinations, and she will talk more about that a little later. This is an update of our positivity week other week. Last week that's 4.0%, relatively flat compared to previous week 3.9%. Again, we need people to guess tested. If they have any symptoms of covid-19. I had a conversation this week with a young man who was asking if he should visit his mother, he had nasal congestion and felt okay, but again, nasal congestion, mild sore throat, these are the kind of symptoms we see in teenager and 20s and 30s and that should be a warning sign. Any of those symptoms should result in individuals getting tested for covid-19 to make sure they don't have it prior to going to work, to school or certainly

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visiting loved ones. This is an update of our positivity by race and ethnicity. So unfortunately some significant increases this the positivity with the data so far for last week. Our latinx community moved up from 5.9%o 6.9%. Our African-American community, 3.8% to 5.8%. Our asian-american community, 3.1% to 3.6%. And our white non-hispanic community flat at 3.1%. This is that positivity data by age group. I want to point out first the bars on the right side. You can see that our 60 to 69, 70 to 79 and 80-plus are at or below, you know, right around that 2% mark. This is the group where we're seeing 70 to 75% and

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over vaccination rates with at least one dose of vaccine. So we're certainly seeing an impact on those who have been most heavily vaccinated already. We're seeing it in the nursing homes as well which I'll show knew a bit. Again in the populations where we don't see as much vaccinations we're seeing that positivity rise, you can see week over week significant increases in the 0 to 49, 50 to 59 and 20 to 29 age groups. We need all of these groups to get vaccinated, to not only protect themselves but protect their family and their community as well. It's critical for all of us to advocate for vaccinations so we can move past the masking and the distancing and get back to more normalcy. When we look at the positivity broken down by school age groups, we see that our high school and middle school students, the

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positivity is higher than the community average at 4.8% for each of them. Our elementary school and pre-school are lower, 3.1%. And 1.6% respectively. Again, masking is still required in all of our public schools and our private schools. It's important that we continue that effort, we continue that effort through summer school until we can get a substantial portion of individuals who are school age vaccinated. This is an update of our positivity -- correction, our nursing home and long-term care facility dashboard. We can see that we're seeing some disease transmission in these facilities, but certainly

much, much lower than we were seeing in January and February. Ten cases in the past 14 days, 24 cases in the past 28 days. The vast majority of our nursing homes and assisted living facilities have zero cases.

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Again, an indication of the efficacy of the effort of vaccinating these groups in particular early on. This is an update of our regional infusion center, tdem opened this January 6th. Since then 1,071 have received the monoclonal therapy which has shown to decrease hospitalizations for those at high risk for severe disease. The state has been in the process of demobilizing this facility because the use has dropped off significantly with less than ten individuals on average receiving that monoclonal antibody therapy on a daily basis. We have had conversations with our health care systems and ascension Seton and Baylor Scott & white have voiced their intention to continue offering monoclonal antibody therapy, and we will provide further information to our clinical community on the referral

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process to those sites. So again, we appreciate the state's efforts at providing this therapy free of charge for more than 1,000 people in our community. And I think certainly it contributed to our decrease in mortality and hospitalizations that we have been seeing. Quick update on influenza. There were no cases reported for week 16. So 169 tests, zero cases, zero percent positivity. Again, historically low flu season for us with a positivity of 1.18%. Again, we've got a few more weeks to go in flu season, but it certainly has been a success story for flu this year. Now I'll provide a few updates. These next three -- these next two slides were provided by the U.T. Modeling consortium and took

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our data related to hospitalizations to determine changes in length of stay. I've talked about this a little bit a couple weeks ago, but here it is graphically. What we're seeing at the bottom is the hospitalizations overall throughout our two surges. On the top you are seeing the length of stay, so the 95 percentile. When does 95% of people, when are they discharged from the hospital in three age brackets. 50 to 64, 65-plus and 17 to 49. Again you can see we have had a significant decrease in the length of stay in that 50 to 64 age group, we've had a significant decrease in that 65-plus age group. But you can also see that length of stay increases or has historically increased when we see that peak in hospitalizations.

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But again, overall we're seeing decreased length of stay since March of this year as compared to the length of stay previously. So that's good news and it indicates to us we need to rethink and look at transitions. Risk based guidelines staging was based upon the threat to overwhelm -- of an overwhelming surge to our health care systems. So because there has been a significant change, it necessitated a relook at those triggers. Similarly, we've had a decrease in the mortality rate for our age groups, in particular that 65-plus age group and that 50 and 60 to 64 age group. As surge happens, as those hospitalizations go up, the mortality rate goes up and

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mirrors those surges. We had seen that as far back as the initial outbreak in Wuhan, Italy and other countries, and we certainly anticipated that as the health care systems are stressed, that it's going to be challenging to maintain that same efficacy in terms of the therapy that's provided. In addition to that, along the way we've got other things helping us. The monoclonal antibody therapy, the anti-inflammatory drugs, the anti-virals that are in place now. As well as now significant vaccination effort that we know also impacts the severity of disease. Impacts the mortality of disease even by those at higher risk. So we are certainly at a better place now in terms of the rates of mortality, particularly for those older two age groups, the 65 plus and 50 to 64. So sort of these two things,

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we -- as a result of these two things, we feel comfortable in reassessing the stages and transition of those stages. You see on the left-hand column, we have dropped the trigger for transition to stage 2 to below 15. So that 5 to 15 is the range that we would transition to stage 2 of risk. Additionally, we modified the trigger for going down to stage 1 from zero to five. The reason for that is is that we expect that there's going to be a long tail in terms of achieving herd immunity or, you know, getting covid-19 out of our community. So we expect that we may see a progressively dropping plateau of cases. So again, as that vaccination rate improves in the community, and we expect that, you know, when we hit 70 to 90% is probably about

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the time we would be looking at transitioning to stage 1, that we could do that safely. The other big change that you'll see is that we've changed the format. So in the past we had high-risk individuals and guidelines for them and low-risk individuals. This now breaks it between vaccinated and partially or unvaccinated and provides guidance consistent with CDC guidelines that provides a visual cue to how people can and should protect themselves if they are vaccinated or not vaccinated. Again, we want people to get vaccinated. And you'll find that now and certainly in the future as the vaccination

improves, the freedom associated with vaccination in terms of masking and the precautions will continue to decrease. Again, we remain in stage 3 for now, and in stage 3 we're recommending that for

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indoor gatherings everybody masks. For outdoor gatherings, you know, depending on the size, these are private gatherings, if you are with other vaccinated people or have appropriate distancing, vaccinated people can do it without the mask. If they are unvaccinated, outdoor, they should have that mask on. If they are high risk, they have underlying health conditions or other concerns which may be high risk for severe disease, they should really still avoid those situations, those individuals should avoid indoor and outdoor gatherings, they should avoid shopping and dining, they should avoid travel unless it's essential. Otherwise, you know, again, we're going to see Progressive relaxation of this guidance even related to masking as our situation improves locally. Again, this will be published on the website today so that folks can download it and keep it

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handy. I do want to provide a bit of caution, again, you know, when we talk about this progress towards herd immunity and some of the successes that we've seen as an overall community, it's certainly not equal across the community. And our concern is that even as we have the potential of relaxing sooner and heading to stage 2 that we still need to avoid surge. We won't be done with covid-19 when we get to stage 2. We still need people to mask, to distance, and we still need people to get vaccinated. This is, again, provided by the U.S. Modeling consortium which shows the rates of in-hospital deaths per hundred thousand poll layings by zip code. And again, I want to point out Texas is around average for state is 169,000 deaths per hundred thousand. The total for Austin, Travis

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county community, is about 78. So less than half of the state's death rate plus that half of the national death rate. But, you know, you can see that we have some portions of our community that are approaching or equal to that state death rate. And this is why we continue to really focus on those communities who have been hit hard by covid-19. We need those communities in particular to get vaccinated and to drive down disease transmission in those groups. Again, we're not done with covid yet, but we need to continue to push the vaccinations to put ourselves at a better place to relax things, get more people back to work, get children back in the classroom and do so safely. With that, I will transition back over to director hayden-howard. >> Hayden-howard: Good morning. Thank you, Dr. Escott. Next slide.

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This is a snapshot from our aph vaccine dashboard. It shows 373,704 vaccines. This does also include the -- the data from the Cota site as well. According to our demographic data, Asian population has received about 9%, African-American is 7.2%, hispanic is 18.99% vaccinated by either at Cota, by aph or by community care. Next slide. This is just a summary of the vaccine for children education and our senior population. Austin public health has

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provided 287,663 vaccines. And last week we provided 14,464 vaccines. As you all know, we had some significant challenges with the weather last week. We had, you know, several locations and including the Cota site where the Saturday operations were canceled. And then we also had a couple of days where we needed to close the burger center early. With child care, this shows 13,107. You see the senior population and then the data that we have from folks 65 years of age and older. Next slide. We wanted to just kind of alert everyone that kind of these are the ways that

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individuals can get their vaccine through aph. You can go online and schedule an appointment online. You can also call 311, leave your name and number and our staff will give you a call back to schedule. And then we're continuing to do our home visits. That mobile team provided about 2,000 vaccines last week. And they were focusing a little bit more on foundation community properties, but they also are doing some work with our substance misuse facilities, like Austin resource recovery, and also making sure that -- and with -- with the boarding care

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facilities, et cetera. There's also a Travis county substance misuse facility that they are focusing in on. We -- the team is meeting with the Austin hotel and lodging association looking to see how we can partner with them and bring the vaccines to their location so we can provide that for individuals that work at hotels. In addition to that, our staff are meetings with three apartment complexes and working on the logistics with that. Next slide. In October of last year, we opened a communitywide wellness and preparedness survey. And one of the questions that we did ask the public was about -- about getting the vaccine. And we had about 500 people respond.

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There were seven languages available. And the majority of folks that responded, as you can see, did agree that they would either definitely, possibly or probably receive the vaccine. In addition to that, we did notice that there was about a little over 12% that said that they would probably not or definitely not receive the vaccine. When taking that survey, individuals did have the ability to let us know if they wanted to be contacted and followed up with staff, but we didn't have very many folks to do that. The next slide shows you a -- from sendero health plans, they did a quantitative and qualitative studies. This is a result of a

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community conversation that they had and basically the results of this just basically shows that folks that are less likely said they would not take the vaccine is women are 19% less likely to say they plan to get the vaccines than males. And the African-Americans are 47% less likely, say they plan to get the vaccine, than males. And 15% of the hispanic folks said that -- in the Latin hispanic or begins stated they would receive a vaccine. As you can see, the elder core relation is folks that had high school diploma or less, 20% less likely to get the vaccines. And then they looked at income as well. And folks that made less than \$30,000 a year.

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And so -- and as you can see, they were able to capture the ages across and to be able to show the areas where people were saying that they were less likely to take the vaccine. Next slide. And so this is just another survey that they did earlier, December 31st through 31st, December 24th through 31st. With 737 people. And just basically, you know, kind of taking a snapshot as well. And so one of the things that they really wanted to know initially is to get the thoughts about where people were standing. And then they wanted to come back and do something more where they were able to interview and have community conversations. Next slide.

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The next slide is from el peace Buen. Dr. Rosario provided this information to us. And they were able to do a survey in January of just the folks utilizing their pantry, they were able to talk to 126 people and able to, you know, show the zip codes of kind of where they were coming from. And so within of the

things that, as you can see -- next slide -- is that they were able to kind of put the responses, you know, into categories, information, trust, reaction, and health. And so -- and so based upon the results and information that they received from the folks that were -- that they

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surveyed, they made sure to implement some information that they could provide to folks coming back through. They are going to repeat their survey about the middle of may to determine when to follow up with the folks part of the first survey, but expand it and be able to receive more information. And so based upon these things that, you know, we had received along the way, we have shared the information from the sendero study with our vaccine providers as well to create that awareness. But in addition to that, with Austin public health, you know, as we've been able to be flexible in making changes, these are some of the things that we've continued to do and will continue to do in order to

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address hesitancy, trust, and then making sure folks have all of the information that they need. Next slide. One of the things as we shared, we have our partnerships that we're going to continue. As you all know, we have our seven mini grants that we have. We met with United Way last week, and as you all know, they provided some -- some grants to partners. And in our conversation with United Way moving forward, what we're going to do is is that we are going to have our providers as well as their providers really be able to meet and kind of talk about strategies for outreach and engagement. This will be a way for us to make sure that the providers that are working across city

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of Austin and Travis county are not working, you know, in a silo, that they are working together, developing tools together, sharing tools that they are already using, et cetera. The other thing is the goal is to make sure there is not a gap in the community where we don't have someone covering that area. And so -- so those groups are going to continuously work on that. With our outreach and engagement, just making sure that, you know, whether it's the messaging that is coming from our partners that we contract with or internally making sure we have cultural relevant messaging. And continuing with our TV, radio, digital, social media and pas. You know, still would like to acknowledge our health equity team as well as Travis county call center because they have really

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been an integral part of how we're able to reach so many people that may not have access to the internet and not able to, you know, be able to use the platform. And then continuing with our equitable access through our mobile vaccine program, partnering with capital metro and ensuring from a language access that we have language available in all of our materials and addressing the digital divide. Next slide. We would like to -- we would like to share a psa that we have put together. And this is the first of the pas. This one features African-American population, and our next step is we are

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in conversations with the hispanic and latinx partners so we can identify and work with them. We've reached out to the Asian community so we can get leaders from that space as well as lgbtqui folks, so we can create psa. Our goal is that we want to be able to be reflective on the populations that we really need to meet and serve and for them to be able to relate to the folks that they possibly may see in the psa. And that may encourage folks that may be hesitant at this point, and, you know, this is just really a person that they may even look up to. So I'm going to pause and -- you got it, Escott? She didn't send it to you? >> Dr. Escott: I don't

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have it, I apologize. >> Hayden-howard: That's not good. Well, we'll send it over to you and a link from our communications office. So that concludes our presentation. Thank you. >> Judge Brown: Thanks, director. >> Hayden-howard:. I think only update from Travis county would be we're moving start this weekend to the expo center for the sort of pharmacy that mixes the vaccine as well ago walk-up distributions of the vaccine and we'll announce more later. We've got constable precinct 4 George morales and chief Bailey that have been giving vaccines out in homes, in apartment complexes. They will continue to do that. And then we're working with some folks to have a stationary site or possibly

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multiple stationary sites or possible rotating stationary sites to where it would be one place one weekend, one place the following weekend. Chuck Brotherton will give a more indepth update about that during our regular meeting. That's kind of where the general efforts of the county vaccine collaborative are going. With that, I will pass it over to commissioner Gomez. If you have any questions. >> Gomez: Judge, I don't have any questions. I think the reports have been very good and full with the information that we need to know. Basically that it's not over for covid. We need to still take care of ourselves, use masks wherever appropriate, and really take these precautions. But most of all to

encourage people to get the vaccine. That's a very good message to get through. To the communities. Thank you all very much. >> Judge Brown: Thank you. Commissioner Shea. >> Shea: Thanks, judge. As usual, thanks to all of

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our public health workers. We really appreciate how much you have dedicated yourselves to trying to keep our community healthy. I think this is probably a question for Dr. Escott, although I'm not sure. Can you just talk a little about the harm that could develop from us not reach reaching herd immunity? My sense it would allow for mutations to continue to fester and for this to get harder to contain. But I don't have a keeper sense of a long-term harm, and I'm gathering from what you are seeing and what I'm hearing on the news that we're reaching sort of a plateau and we may as a country not and maybe not as a world get to that level of herd immunity and there would be long-term health consequences. And are we exploring things

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to try to convince people to get vaccinated. >> Dr. Escott: Commissioner, you know, the pursuit of herd immunity is going to be a challenge. I think we're likely to find that some cities, some counties, some states may be able to achieve it, but achieving it nationwide, achieving it worldwide is going to be a challenge that may be too difficult. Because of the variability in vaccine availability, because of the challenge of having a worldwide pandemic with multiple hot spots which shift around the world, it's going to make it very challenging if not impossible to rid us, to eradicate covid-19. So I think the most likely scenario is that, like flu, we will put it to rest, you know, we will end up in a stage where we live with it, that we have some cases that fluctuate up and down to a

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low level, but the concern, like with flu, is that we have a variant emerge that significantly evades vaccination efforts that could cause a similar kind of impact again. You know, again, I think the priority for us as in Austin and Travis county and a central Texas community is to try to get there. Is to try to achieve that herd immunity for our community. What happens in other parts of the state and other parts of the country is up to them. But I think throughout this pandemic we have shown that we can do it better. That we can listen to the advice, listen to the science, wear our masks, distance and do things to protect one another. I think the same is true for vaccinations, and I'm hopeful that with our continued efforts, with that community dialogue to dispel some of the myths and misinformation that we've seen shared around social media, that with the facts

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people will make the decision to get vaccinated. I think we do need to have a discussion about incentives. You know, there's a fine line between incentives and coercion and we need to make sure that people are making a free choice to get it or not get it, but I think there is some evidence now that incentives are helpful to push people over the edge, to give them a little more motivation to go and get the vaccine. So I think it's worth a discussion. I think we're certainly seeing employers have those discussions. Some are offering time off, some are offering, you know, money to get vaccinated. I think we're likely to see insurance companies also start to have discussions about incentivizing vaccinations. For them, if they can get somebody vaccinated and provide an incentive, they

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save a lot of money on the back end for the hospitalization that can be long and expensive for the insurance company. So I think there's a lot to be said for that and I think it's something that does require further discussion. >> Shea: Thanks. >> Judge Brown: Commissioner Travillion commissioner Travillion? >> Travillion: All right. I was trying to work with my mute button. All right. First of all, I would like again to thank Dr. Escott and director hayden-howard for the work that they've done. I would also like to congratulate her for her elevation to assistant city manager. I think that she has done a lot of significant things not just recently to really reach out to the community and gain the confidence of the community.

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And I just want to congratulate you for your ascension into that position. With that being said, my question is going to be around the variant analysis on page 28. I'm still very concerned that when you look at the African-American community, 47% of that community, it suggests that a very high percentage of that community is choosing not to be vaccinated. And I think that it's going to take an effort of working through the trusted community, trusted part of the community, an extension of what you are already doing. And what I would like to do is develop a specific plan from now through juneteenth who specifically target some of the churches and some of the community groups that have expressed an interest in reaching out to the community. I'm really interested in

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evaluating mobile services. What services have we used? Are there other mobile services that have grown through the trusted communities of the African-American community and other ethnic communities that might reach into those communities and assist us with those numbers. And I'd also specifically like to work with the local workforce board to develop a training capacity plan so that we are targeting some of the community members who want to work in health-related fields. I understand that there are significant dollars not only for training but for child care and in some instances stipends as well. I want to make sure that we are looking at those resources and building up capacity in those communities that are only going to respond to other

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community members. I think those are really significant areas that we can do something about immediately and hopefully build a process that will not only get us, you know, closer to full vaccination and herd immunity, but will be something that will be in place when we look down the road at booster shots and whatnot. So I just want to focus on existing mobile services, look at the diversity of those groups and to assess training capacity and how we might increase the number of people who are being trained to provide shots. So I'll look forward to sitting down with you and working with you and hopefully designing something that can be effective. Thank you. >> Hayden-howard: Thank you, commissioner Travillion I think it would be great if a couple of folks from our team as well as Ms. Fleming

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sit down with you and have a conversation and kind of talk about that workforce development piece. So we can definitely follow up with you. We have -- we have started to receive requests for juneteenth. You know, Friday, Saturday time period, to be able to provide the vaccines. And so we also are working and scheduling some events with the churches around that time. So we'll be able to pull all of that together and share that with you and this group as well as we look at those efforts of, you know, how we're able to really be able to reach more African-Americans. >> Travillion: Thank you so much for your hard work and the efforts that you are making in outreach. >> Hayden-howard: Thank you. >> Judge Brown: Commissioner Howard. >> Howard: Thank you, good morning. Could one of you please

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clarify where we are with, like meetings, indoor meetings, the number of people. I think on the chart you shared this morning, Dr. Escott, it addresses vaccinations and masks. You know, are we still at ten or less or if it's a really big room can you have 15? >> Dr. Escott: Commissioner, thank you for bringing up this question. I want to make some clarifications. Because it seems there's some confusion in the

community. First off, as a reminder, in the city of Austin and Travis county, masking is mandated in public places. That's restaurants, that's shopping centers, that's gyms, all these places are still required to require masking of their patrons and of their staff. Having said that, when we talk about the health authority rules, those rules are still restricting it to groups of ten.

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Now, does that mean you can only have a meeting of ten people? No. What it means is that within the meetings, the cohorts or the groups or tables should not be more than ten people. That decreases a risk of spread to lots of different people. In particular, it's important if there are circumstances where masks are not worn. So if that meeting involves a meal or drinking where the masks are come coming off, it's even more important groups stay small. By and large we continue to see transmission disease when people are not masked. If we continue those longer until we can drive things down to stage 2 and stage 1, we can start to relax some of that guidance, we can open up the group size more. But for now the groups should be ten and separated by at least six feet in circumstances where there

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are multiple tables of people. >> Howard: Thank you. >> Judge Brown: Thanks. Director hayden-howard, I've got one update and a question that relates to this. This past weekend, the constable precinct 4/esd11 team got five locations in the eastern crescent, montopolis rec center, Thompson, San Jose, and del valle, and ACC, a campus on ACC. Over the past two weeks, through those methods, they've given 6,000 shots. So, those are, again, the teams that find people where they are in neighborhoods, go to their location, and give shots. And director hayden-howard, I was wondering, as we do more of these, this weekend and as we are moving to the expo center, and once we get set on which of

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the semipermanent locations we're going to have, is there a way that we could do a joint calendar with, you know, with aph and Travis county, but collaborative efforts? I don't know if there's a way to pull in what Walgreens, H-E-B, or others are doing, if there pop-ups. Do you see any way where we could give people notice? It's hard to do that, because things change so often. But any mechanism you think might work for that? >> That is actually in the works. We sent out a survey to partners that they were to respond to by close of business on yesterday. And so the goal is, is to create a map, but also, you know, a calendar, because I know folks -- sometimes maps just don't work well for folks. So we want to make sure that we have both of those. And so it will kind of capture what's happening for the month.

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But our folks will be able to go in weekly, as long as we receive those updates from our partners and make those changes to reflect anything that's going to happen, kind of, two weeks, kind of, two weeks at a time. And so that is what we're trying to strategize and be able to get that. But our staff are working on that. I need to determine, you know, when we'll have that populated. The goal was to get that populated this week, because the deadline to send everything was yesterday, close of business. >> Judge Brown: Okay. That's great. And I know things change daily, with all of this. Thanks for doing that. Mayor, I will pass it over to you. >> Mayor Adler: Great. I appreciate that, judge. We'll go through our council, and everybody gets one question, so we can get back to our

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schedules. We're going to go districts 1 and up. So, we'll begin with the mayor pro tem. >> Harper-madison: Thank you, mayor. I appreciate it. This is a really good presentation. Most of what I would have asked was already answered, with the exception of, I'm curious about -- well, I'll say this as a statement. I appreciate what you introduced, commissioner Travillion, because I really do think that's a natural progression of this conversation, is how we can get more people in the community as a part of this solution. The question I had was, the rise in hospitalizations for the African American community, I'm curious what we attribute that to? >> Councilmember, I think it's a combination of things. I think it's certainly the challenges we've had with vaccine acceptance in the African American community due

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to, you know, the historic barriers associated, but also because I think members of our African American community and our latinx community are more likely to serve as front line, essential workers. They're more likely to have exposure to covid-19 because they are in service industries. So I think it's a combination of things that's impacting those numbers right now. >> Harper-madison: Thank you. >> Mayor Adler: Thank you. Councilmember Fuentes. >> Fuentes: Thank you. So, my question -- and then I have a few comments to make. It's for director hayden-howard. I see here that we have walkup clinics or at Delco, little walnut library, and Cota. Can you share, is that -- the question is, you know, Sunday

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through Saturday, is there a walkup clinic available that aph is hosting somewhere throughout the city, every single day? Because I don't know the available hours at each, so I wanted to see if that's the case. And if it's not, then I really would like us to be able to say, here in Travis county, regardless of the day,

you know, here are the hours. You can go somewhere in our community, hopefully multiple locations, to get a vaccine, no preregistration required. >> Councilmember Fuentes, that is really the goal of being able to have the map and the calendar so folks will know the days, the hours of operation, you know, I mean, and being able to have that. I know most folks may not have access to, you know, the internet, etc. But being able to -- if they

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have a question, we do provide that schedule to our 311 staff. They have that schedule available. And then that way folks can make a choice. Whenever they're ready to go, they'll know, kind of, where they will need to go, what time they'll need to be there, etc. And then our staff are going to continuously update that information. And so more to come. We don't have it yet, but that is in the works. And so that is what that website and map will look like and provide. >> Fuentes: Okay. Thank you. I think -- when we have that map up, and when we have that schedule available, I think it's important that we share it out with all of our offices, because oftentimes, you know, we're either getting texts and messages at all hours of the day asking where do I go to get my second dose, where can I go to get a dose right now. And so having that information as quickly and timely as

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possible, because I myself have had to call 311 to ask, tell me, where are the vaccine clinics in Austin right now that are open to our community. So I think it's important that we have that information-sharing. And a couple of comments I wanted to make. Thank you, Dr. Escott, about mentioning incentives. I think that is an important and critical strategy that we really need to have a robust conversation. And I hope the next time we come together and meet jointly that we can have an update on what those incentives look like. We know that there is significant hesitancy in the Latino community. And in order for us to really move the needle on vaccinating in particular the Latino community, incentives has to be part of that conversation. And we -- I feel a sense of urgency in us having that conversation as quickly as possible and then providing, you know, publicizing and promoting it to the community. I do -- would like to thank central health. I believe they have provided an

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incentive providers in their vaccination strategy. And so if we can really move that lever, or tactic in getting our community vaccinated, I think that would go a long way. And then similarly to the comments shared by commissioner Travillion, you know, I really would like for us to have a plan in place that we can share with the community, and how we're going to -- community, especially for our communities of color. And we're doing great work. And there's a lot of work being done. But it's not getting out there to

the community. I'm still worried that we're not presenting our information as county and city together. And I appreciate, judge brown, the apparatus that you and your team are doing with the pop-up vaccine clinics. But that information, I think, needs to be rolled into the update being presented by Austin public health so that we really show that we are coordinated and that the efforts are being made jointly in vaccinating our

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community, because those are really great strategies. And the work is there, I just don't think it's getting out there as such. And so I just wanted to share support for us in our coordination efforts as such. Thank you. >> Mayor Adler: Thank you. Councilmember Renteria. >> Renteria: Yes, mayor, thank you. And I want to thank all the staff that's been out there, all the people that have been out there that are administering the vaccine. My message -- my question is not a question, it's a message, to tell people that my great grandkid was born in may and I haven't been able to touch him or see him. And all my family has been vaccinated with both shots. So I'm really grateful for that, because now I got to go out there and hug my greatgrandkid, and my granddaughters, and

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grandsons, and my sons and their wives. So, that's what vaccination is all about, being able to get back with your family safely and knowing that they're not going to get ill, or have the possibility of dying. And I encourage everybody out there that is hesitating right now, not getting that vaccine, to go out there and get it. It is very important. I mean, not only for your happiness of your family, but also to all your friends, so they can come over and socialize again. And that's why I have encouraged all my families to get vaccinated, you know, even taking them out to get the vaccination. So this is what I'm telling my people, to go out there. You know, and you're going to be able to visit your family, your granddaughters, your grandfathers, all the family. Don't be the ones that hesitate

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and then, you know, I've seen too many funerals already of my friends, especially at my age in my 70s, and 60s, that have passed away. And it's -- you know, it's sad that, you know, you have the opportunity to go out there and get vaccinated. And if you don't, you know, you're putting your whole family in danger. So, don't hesitate. Go out there and get the vaccine. Thank you, mayor. >> Mayor Adler: Thank you. Councilmember Casar. >> Casar: Thank you, councilmember Renteria. That was put really well. Are we able -- is there a privacy issue, are we able to have data that we could show the community of the folks who are hospitalized, which percentage were fully vaccinated when they were hospitalized? >> Councilmember, I can see if

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we can put together that data. Certainly it's de-identified, but we could share that. I can tell you that last check, we had 15 cases of individuals who had been previously vaccinated that were breakthrough. So it's a very, very small number. Out of hundreds of thousands of people, we had 15 cases. Not hospitalizations. >> Casar: We might find zero people in the hospital would have gotten both shots, or a very, very small number. And I think -- >> I'm aware of one. >> Casar: And so that data, that information might be really -- potentially -- might potentially be helpful for folks to be able to localize the data and show people, X number of people unfortunately had to be hospitalized. And of those currently in the

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hospital, this number did not have their vaccine and the other number did. After, you know, making phone calls through to continues, constituents, friends, and loved ones, sometimes I found giving people that local information and experience could be helpful. So that might be a useful data point. >> I think that's certainly contributing to the substantial decrease in length of stay, about a 40% decrease across the board length of stay. And I think that the impact on mortality has been significant because of that impact on vaccinations. We're just -- we're doing better and vaccinations are decreasing the risk of both hospitalization and even, more profoundly, the risk of death from covid-19. >> Casar: Thank you. And then my second question, it

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might be to kick this over to sendero, because I didn't see it in the slide. Do we know if they broke down, within the Latino community, those that are primarily english-speakers versus those who are primarily spanish-speakers, and if there was any difference there? Because I have often found that there can be a generational difference. There can be income differences. But sometimes just tracking whether you're primarily an English speaker or primarily a Spanish speaker, you might find different answers or different levels of hesitancy. Do we know whether sendero took a look at that? >> I can follow up with them, and the information that I have. I'm not aware, so I would follow up with them. >> Casar: Thank you. Please do that, just because we might have different messaging strategies and different media to get to those different groups of people. But thank you for looking into both of those topics. And I join with my colleagues

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here in wanting to help get the message out so that we really stay on track towards getting people vaccinated, because it's a top priority for all of us. Thank you. >> Mayor Adler: Thank you. Councilmember kitchen. >> Kitchen: Thank you very much for sharing the information today. I appreciate seeing the information about the surveys from the other locations. That's one thing that we had asked about. I had asked about last time, so I appreciate the opportunity to see that. I think it confirms what we're hearing from people. And from what I'm hearing from you, it's helping us direct our messaging, which is important. There's one other item I wanted to follow up on from our previous discussion to see if you all had had a chance to -- and that was related to -- we had some conversation about

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reverse 91 or some other kind of method like that to get information out to people. Perhaps that could be used to get the kind of messaging out that we see is important. So, have y'all made any progress on thinking through that kind of approach? >> The communications team has a contract with a vendor that is able to send text messages, you know, to a certain group of folks. So, what that team is kind of working through is, is getting the phone numbers. And so logistically, we want to make sure to be able to reach out to -- to be reaching out to folks that are not vaccinated, that, you know, have some level of hesitancy. And so one of the things that our folks are going to be posing

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to the folks that are doing outreach is an area where they could be able to assist us with getting those phone numbers. So that's kind of the piece that, you know, we need, are the phone numbers. Our team is ready to create, you know, kind of the message to send, etc. And so they are working on that process. >> Kitchen: Okay. Thank you. What is the timeline? >> I'd have to get back with you. They have not given me a timeline on getting that done. >> Kitchen: Okay. Yes. I would appreciate it. I imagine my colleagues might also, if you could share the timeline for this once you are able to get that from your staff. My thought is just that we really need to do very targeted messaging in the best way that we can. I know as Dr. Escott said, it will be difficult for communities to get to herd

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immunity. But I think that we need to give our very, very best shot in this community. So, thank you. >> Mayor Adler: Great. Thank you. I guess councilmember Kelly. >> Kelly: Thank you. I was welcomed to the Mexican consulate on Saturday, and I was honored to have been part of a vaccine effort that they hosted that morning. And I want to thank Frank Fuentes from the U.S. Hispanic Contractors Association and the Counsel General of Mexico and his staff. It was an absolute pleasure to meet him and his staff.

We very much appreciate our hispanic neighbors and the many thousands of Austin neighbors of Mexican descent who live here. While I was there Saturday morning, I was able to get my own second vaccine dose and encouraged and thanked others who were there. The line was wrapped around the

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building. It was incredible. I know there's a lot of hesitancy in the community regarding getting your second vaccine shot and this week I want to offer anyone who might have any questions about it to reach out to me and my office. I had lots of great conversations over the last week about why it's so important to go out and get your vaccine. Thank you also to Austin public health, Dr. Escott, director hayden-howard, and all of your staff for everything that you've done. Thank you. >> Mayor Adler: Thank you. Councilmember pool. >> Pool: Thanks. And my thanks to everybody for the work that they continue to do. A couple of weeks ago, maybe three weeks ago, time is so weird, I had raised the question about those residents who had been vaccinated, maybe even twice vaccinated, had their full immunization, but had come down with covid again. And I think Dr. Escott, there was a term for that? It was like a re-up-take, what

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was -- >> Breakthrough. >> Pool: Breakthrough. And the question that I asked was, can we put that data, assuming that it's really low, onto our dashboard so we can point to that and say here's yet more concrete evidence of why that vaccine is so key. At this point, as far as getting -- hesitancy and that percentage that is keeping us from the normality that we all seek, to the extent that we have evidence that we can point to and say here's why having that vaccine is so important. We have been saying it. We've been saying it repeatedly. We show the trend lines going down and the vaccination and immunization lines going up. But at the time I thought it might be a useful little bit of data to offer up. And that would be the breakthrough. Do you think -- unfortunately, I didn't ever get any -- wasn't able to follow up on it at the time, but since it's already come up again here this morning,

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I wanted to revisit that that was something I brought to the group about three weeks ago and wanted to know if that was something that there's room for on the -- with the many stats that are already on our dashboard. >> Councilmember, thank you. And I have discussed with the team. I'll visit with them again this week. But I agree it would be helpful to demonstrate number of vaccinations and number of people fully vaccinated who had a positive case. You know, there's a larger number -- and it's still a relatively small number, around 150 individuals who had their first dose and then got covid shortly thereafter. But

again, very, very small numbers from those who are fully vaccinated. So, yes, we'll work with them again this week and see if we can get that up in the near future. >> Pool: And anecdotally, the

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severity of if they were with the breakthrough, that they do have, what the severity of it, if that is diminished by the fact that you have some antibodies. Thanks so much again for all the work everyone is so consistently doing and bringing to the table. >> Mayor Adler: Thank you. Councilmember Ellis. >> Ellis: Thank you, mayor. Dr. Escott, can you tell us about some of the contributing factors to the outbreak we're seeing in India right now? I know a lot of Austin residents may have friends or family, or know someone who is in India. And what is contributing to that outbreak, and how could austinites help? >> Councilmember, I think there are a number of factors. You know, we have seen other significant outbreaks in countries as the vaccination effort started. Primarily that's been when the vaccination rates were very low. When we look at places like Israel, that had a surge back in

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January. There were, you know, less than 25% of the population had been vaccinated. So you have that issue of a small portion of the population being vaccinated. So, to the extent that it's not going to be that impactful in the overall spread of disease. But you also have issues similar to what we have in parts of our community. You have social vulnerability. You have lack of healthcare. You have lack of fresh food, access to medicines and other things that impact. You have higher rates of diabetes and hypertension and those things which increase the risk for disease, or severe disease. But you also have significant population density. And we know for viruses that are spread via respiratory route, population density has a huge impact on the spread of disease. So I think that's -- we're going to continue to see struggles in places like India, Mexico City,

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são Paulo and other parts of Brazil where we have these very large populations in a very small space. Those are going to be the ones that are both going to hold us back in terms of getting to herd immunity, but also the places that are most likely to generate new variants, because with the aggressiveness of transmission, it makes circumstances ripe for the emergence of new disease. I think right now, you know, in order to help India and other places, the first step is to get themselves vaccinated and to advocate for vaccinations locally so that we can get to herd immunity and we can start focusing on other communities across the globe in their efforts of vaccination. You know, certainly there are opportunities to volunteer internationally for those healthcare providers, which right now, you know, there are significant deficiencies in the

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healthcare personnel and equipment available. There is deficiency in option and supply. So we're going to see a continuing catastrophic event unfolding in India, and certainly in other places to follow. >> Ellis: Thank you for that information. I know our hearts go out to those who are worried about their loved ones. >> Mayor Adler: Thank you, councilmember Ellis. Councilmember tovo. >> Tovo: Thank you. I have an observation and then a question. I wanted to say, you know -- and to some extent, I know that public health and our city, and other entities are getting out through various means, compelling information about why individuals should get the vaccine. I just wanted to suggest, manager, that you and your public information staff also consider other opportunities. If these are not already under way. And I apologize if I've missed

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them -- pas, videos, things like that. Councilmember Renteria, as you were speaking about how it had personally impacted your family in such a positive way, I was really captured by how powerful that testimony is, and that's really, you know, maybe the shift that we need to make as a community now, to doing those kind of individual, personal testimonies about how life had changed for those individuals who have been vaccinated. So, just an idea. Thank you, councilmember. That, I think, was such an important message for our community, both the message and the personal story you shared my question is about what information we have with regard to the vaccination success, or the vaccination rate at this point among individuals who have experienced homelessness, or who are experiencing homelessness, both in our shelters, but also unsheltered. I know that those efforts have been under way now for a while, but wanted to get just any

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information you have about statistics, or extent of vaccination rate among individuals experiencing homelessness. >> According to the information that staff has shared with me, the majority of folks at the protective lodges have received at least one dose at three of the protective lodges, folks have received their first and second dose. The other thing to, you know, kind of keep in mind is that we do -- are asking folks, you know, if they're wanting us to provide the Jansen, j&j vaccine, and several of them are saying yes, they only want the one vaccine. So staff are kind of rolling

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that into the process that we have. Salvation Army, arch, as well as community first village, they've provided vaccines in that space. In addition to that, our staff are also going to be working in the encampments as well to be able to, kind of, have a process where they are able to provide those vaccines in that space. And that will be done by our -- between our -- the three entities that's working on this is -- it's a joint collaboration between aph, the UT Dell health, as well as community care. But we've also included our outreach folks that are part of the ems team that has typically kind of gone out to provide

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those vaccines. So, they are continuing to be able to work in that space. We have not had, like, 100% success rate, because some folks have told us that they would not like to have the vaccine. So our folks are going to continue to have those conversations. As you are aware, there's other shelters that we're looking at, looking at working with sage, and a couple of more locations that staff are talking to me about. But those are all kind of in the plan of, as we're making our way to provide those vaccines. >> Tovo: Thanks. And maybe at our public health meeting, if there are numbers that would help us understand the scope and scale of that outreach, that would be super helpful. Thank you very much. >> Mhmm. >> Mayor Adler: Thank you.

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Councilmember alter. >> Alter: Good morning. I wanted to first thank councilmember Ellis and Dr. Escott for your comments about the situation in India. I'm following that very closely. We have relatives there dealing with covid and it's a very dire situation. My question though has to do with the city of Austin and city of Austin staff and vaccines. I'm not exactly sure who the best person is to answer this question. But I wanted to get greater clarity on what our policy is is, vis-a-vis our staff, particularly frontline public safety staff. I'm hearing mixed levels of vaccination rates, particularly across our public safety entities and wanted more information about that and more broadly, what do we know about the levels of vaccination among our staff, and again, particularly interested across our public safety units, but more broadly.

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So, kind of, what is our policy, what do we know about our vaccination levels? And if they are not high, what are we doing to encourage folks within our system to get vaccinated, both for their health and for the community's health who may come in contact with them? >> Well, basically in general, kind of initially, Austin public health has been working with hrd. We've been using the wellness location to be able to provide those vaccines for city of Austin employees. In addition to that, hrd has been working

very closely with Randall's, and they have been able to come in and provide some vaccine clinics at the learning resource center. And, you know, in my

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conversation with staff, my understanding was that -- and this is going to be an estimate, because I don't have an hr person with me currently. But I believe there was close to 4,000 staff have received -- kind of throughout the city -- have received those vaccines. They're going to continue those efforts. One of the things that public health is doing this week is, is we are going out to Austin resource recovery to provide vaccines. What they were able to do, they were able to do a survey of the staff working there to see if we actually had the location right there, would they be willing to receive the vaccine. And it looks like about 60 of them have committed to do so. So we're going to continue to do those types of efforts with

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them. But the goal was, is that Randall's was going to be able to provide more vaccines how we have with the flu clinic. And so we are just kind of standing in the gap until Randall's is able to fulfill that obligation in the meantime. I'll put it over to Escott, because he may have more information about the public safety folks and to answer any other questions for you. >> Councilmember, unfortunately, getting the exact number is very challenging, because it's not a required vaccine in public safety or for other city employees. What we know is how many that public safety, wellness, and the city of Austin have provided. We don't know the number that folks may have received from other providers at this stage. There is a process to get that

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information that employers have used in the past, basically requiring an answer on, do you want the vaccine, did you already receive the vaccine, or I want to opt out of providing this information, or I don't want the vaccine, to really gather more information about the vaccination rate for individual departments and for the city of Austin. We're not there yet. We certainly want to encourage folks to get it, but similar to, you know, to other employers, we do need to think about how to get past that plateau of folks and their interest in getting the vaccine, and look at ways that we might be able to incentivize -- reasonably -- folks to take the next step and to get the vaccine. We do have a significant number of people who are interested in getting the vaccine, but don't want to be in the first group of folks to get it. They want to wait and see, and see what other people's

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reactions are, what some of the longer-term reactions may be, or concerns, if any. I think those folks will be reassured when we have not seen dramatic side effects from any of the covid-19 vaccines. We've seen very, very small numbers of significant events with the Johnson & Johnson vaccine, but, you know, the risk of actual disease, the risk of hospitalization, the risk of death from actual disease, far outweighs any risk of the vaccine, even the Johnson & Johnson one. So my hope is that that will improve. But we'll certainly continue those discussions with hr to see if we can work on a system to better assess where we are in terms of vaccinations. >> I appreciate that information and I understand that the 4,000 number is just those that you know about, and that not everyone went through the city. But if 4,000 were the number out

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of 13,000, that would be kind of pathetic, given what the average is in the city as a whole, and we're the city, and we have all the doses -- or have a lot of doses. So I think it's really, really important for the city to do everything we can to make it easy and accessible for our staff. You know, our staff are coming in contact with the public. And I think, you know, we want people to go to our summer programs. We want, you know, our services to be widely available. And we don't want to be a source of spread. So I think I would like to see us, maybe next week you can report back on some of the steps you're taking. I appreciate the example of arr, but there are a lot of departments and, you know, I'd like to know more about how we're sharing best practices, you know, and how we're going out and encouraging that. And I understand from ems that

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they have a very high vaccination rate, but a lot of efforts and leadership went into conveying that to that group of people. They're also very attuned to the cost of covid, etc., and that helps. But I think we really do need our directors and our union leadership, where appropriate, to lean into this. You know, and if we as council can help in any way, I would be happy to be involved with that. But I think that's a population that we have more direct interaction with and we can make it easier, you know, by being able to take time off, or whatever it is that they need. And I think there is a policy to do that. But maybe that needs to be underscored, because that is a population that should have the information to be able to be vaccinated and that we have a responsibility as employers to make sure that we make it easy, and that, you know, folks are

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getting those vaccines whenever possible. >> Councilmember, I really appreciate the comments and look forward to the continued support that this council has for ensuring that our entire community, and more importantly, our city employees have access is and are encouraged to get the vaccine. You're absolutely right. We've operated for a number of weeks now for all employees and we're pivoting our efforts to those more localized efforts with specific departments. And so we spent time at the last director's meeting talking about some of those strategies we will be using and look forward to sharing additional examples. Thank you for that, councilmember. >> Mayor Adler: Councilmember alter, thank you. Dr. Escott and director Hayden, the comparison chart, showing where in austin-travis county, with respect to mortality and cases is, again, a real

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testament to your work, as well as to a community that's gotten really engaged in this. And the mortality rate that we have here, as well as across the country, continues to be one of the strongest. So thank you for that. In a more decentralized place, it seems like it was just a couple weeks ago, years ago that the big issue was trying to get vaccine supply and the ball keeps moving. It's great to hear that H-E-B now is having walkup vaccinations as well, and CVS, and Randall's coming on board. I had the opportunity to go to one of those just a couple days ago, decentralized, health alliance, Austin musicians, as they were getting a lot of their second doses in the program.

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Again, just another example of one of the decentralized ways that happened, which gets me to, I think, a question that a lot of people have said and that judge, you're not getting credit for everything that's happening there with respect to the decentralized work. And I think it's real important that you do for several reasons. One is the more people that know about it, the more people that can find it. And we need to make it as easy as possible for people to be able to find these. But also just to know that these things are happening. Part of the resistance that I read about is it becomes a self-fulfilling prophecy. More people have friends not getting the vaccine, the less likely they are to get the vaccine. The more people all around them are getting the vaccine, the more likely they are to. So being able to publicize the work that you're doing in all the different places that you're doing it is critically important. I love the idea of a calendar

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for people to go to and see where they all are and to be able to sign up for and plan for them. I really appreciate the page that you set up on the equity stuff. And I think that attaching that and building that out is important. But I don't know exactly where to find it on the website. On the city of Austin website,

when I go to the covid page and I look at the featured resources, and the blocks, I don't see it called out. So I'm not exactly sure how somebody would find it that was just going to pages that didn't have the link. So if you could let me and my colleagues know here, both on the council and in the court how to find that, I think that might be the answer to some of the questions that councilmember Fuentes asked, when people are calling in and saying where do I find this information, that's targeted to these efforts. Just an easy way to be able to send people so they can see the breadth of them and click on

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them to be able to find them and access them, I think would be really good. But again, thank you for the work. And the numbers are impressive. And ultimately that's what you get judged by. The only numbers that don't look good are the same numbers that are not looking good everywhere. But I think as I talk to other people around the country, we're doing as much if not more than other people are in terms of decentralized programs. And as commissioner Travillion said, we need to put that on steroids. Judge, I think that does it for all of my colleagues on council. So with your leave, we'll adjourn our meeting here at 10:42. >> Judge Brown: Thanks, mayor. I don't know if we got that psa video loaded up. I know they wanted to show it. >> Mayor Adler: Okay. >> Judge Brown: Dr. Escott, I

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don't know if anyone has that to show. You have it? Are you ready to show it? Okay. On our end. If it's all right, we will show y'all's psa. >> I'm getting the vaccination for my kids. >> As we all know, covid affects the body differently. I want to protect myself so I can live longer for my children. >> I am getting the vaccine because I care about my family and community. >> My family is one of half a million families who have lost people to the virus. >> My mom is turning 80 years old this year and I miss her so much. I have not been able to see her. >> I am getting the vaccine for myself. I want to make sure that I am protected from the virus. I want to set the example for the Austin fire department and the community. >> I am getting the vaccine for my wife, my kids, and my coworkers. >> I'm an insurance agent and an organization president. We see a lot of people. I want to make sure that they are safe, and I'm safe.

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>> I'm getting the vaccine because I want to protect my community and set an example. >> It's been so tough over the last year. And I know this is one of the first steps to getting back to normalcy. >> Once I got the vaccine, I wanted to spend time with my friends, my family that I hadn't been able to see in a while. Break some bread, have a meal, get some hugs. Ah, hugs. >> Take the shot. >> For your family. >> For your friends. >> For the community. >> Judge Brown: Nice. That's awesome. Looking -- >>

Excellent. >> Judge Brown: Those hugs. Okay. So, mayor, sorry. I interrupted you. If you want to go back to the adjournment. >> Mayor Adler: That was a good interruption. Are you going to get that link out to all of us so we can promote that and get it around?

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>> Yes. We are. And as I stated earlier, we're going to be working with the various community groups to be able to produce multiple other psas. So those are definitely in the works. So, yes. Bryce will send that out to you all in the communication later on tonight. >> Mayor Adler: Sounds good. Thank you. Judge, at 10:45, we're going to adjourn our portion of the joint meeting here on may 4th. Colleagues, we'll gather together for our regular council meeting in five minutes. So, ten minutes until 11:00. I'll see you guys there. Commissioners court, thank you so much. >> Judge Brown: Thanks, mayor and council. We will do the same thing. We'll adjourn -- [audio stopped]