

# City Council Special Called Meeting Transcript (Joint Meeting with Travis County Commissioners Court) – 08/31/2021

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[9:09:43 AM]

>> Judge Brown: This is Travis county judge Andy brown and joined by commissioner Travillion and Howard and we have commissioner gómez joining us remotely. It is August 31st, 2021. And it is 9:09 A.M. And I'll call the meeting of the Travis county commissioners court to order and hand it off to mayor Adler. >> Mayor Adler: Judge, thank you. And we'll convene the Austin city council. With this joint meeting for us, it is being held remotely. We have a quorum present. 9:10, and we're ready to start. >> Judge Brown: All right. Good morning. And we have commissioner Shea here as well and I'll go ahead and call together -- call to order the joint meeting of the Travis county commissioners court and the Austin city council and take up item 1, receive briefings on covid-19 related matters and I think that we have one caller on this that we'll go to for the Travis county caller line. >> Judge, you said that you were

[9:10:44 AM]

going to the caller right now? >> Judge Brown: Yes, please. >> All righty. The first caller this morning is Ms. Janice McCall. You have three minutes. >> Thank you, good morning, everyone, and thank you for your hard work. This morning I'll be sending each you by email an updated document summarizing recent research with source links and many categories related to covid-19, such as Travis county trends, documentations and vaccination and testing and long haul, masking, children and schools, business. It will also include the link to a spreadsheet where the crc is tracking the five-region county data of disaggregated case rates, vaccine acceptance rates and vulnerability data by zip code and then I'll link to an info-graphic that is translated into Spanish and English, addressing vaccine hesitancy

[9:11:44 AM]

that you are welcome to use. When I look at the vaccine and case data from the eastern crescent zip codes compared to west Travis county, vaccination rates in the eastern crescent zip codes are currently 9% lower than west Travis county while new cases per 100 are two times higher in eastern crescent. And the number of state approved and federal providers are 2.1% more prevalent in west Travis county. However, community-based vaccination initiatives are working. For example, central Texas allied health is one of over 500 approved providers in the county that has delivered a disproportionately high percent -- nearly 1% of all vaccines. More so the people that they're reaching from the zip codes of highest need, for example, 54% were hispanic and Latino and 15%

[9:12:45 AM]

black, and 8 -- sorry, 15% were black and 8% were Asian. This is compared to county data of 38%, 8% and 3% respectively. They aren't the only ones either. Since the United Way funded initiative started in may, the ratio of doses delivered in west Travis county compared to east Travis county has reduced from 1.9% to 1.3%, in other words, they are collectively closing the gap in the eastern crescent. Groups like del valle coalition and vax together Austin and the centers for survivors of torture, and many others have impressive results and each of these groups have customized strategies for outreach and delivery that are all unique to their constituency. I say this to say that we cannot afford to lose any of these groups and their fine work that they're doing, reach very specific groups that we today have not reached and additional funding initiatives are vital to ensure that they do. So whatever we do, we need to support these groups and make

[9:13:46 AM]

sure that they all get funding to continue their efforts because it is working. But we cannot afford to stop. The document that I'm sending will also address other -- >> Miss Mccall -- >> Tracking the cases -- am I at three minutes? >> Yeah, you are. >> Judge Brown: Gotcha, one more thing, Janice. >> Thank you, thank you. And, finally, I would just like very much for tracking to be done to understand whether that, um, the time since the vaccine or the type of vaccine or the vaccine batch quality has had anything to do with trends and breakthrough hospitalizations, understanding this is imperative. Thank you so much. >> Judge Brown: Thanks, Janice. Thanks, Morgan. >> Judge, that was the last call. >> Judge Brown: Thank you, Morgan. So we'll go ahead and get started and I'll turn it over to Dr. Walkes for an update. >> Good morning, everyone.

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>> Judge Brown: Good morning. >> Shea: Good morning. >> I wanted to start by saying thank you to the people that have worked so hard at Austin public health to prepare this data. Epidemiologists who have been working hard to put in the cases that are presented to aph every day. And then they work diligently to research each case, whether that person is vaccinated, and a lot of cases also go to the records once they're completed to get more information back on co-morbidities and the like. So I just want to say thank you to them for their tireless work. The first slide that we're going to be looking at is the slide that depicts the pandemic as we know it, have known it since last March. And we're starting to see our

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case numbers decrease over time, and that is an exceptional thing to see at this point, but we're still cautiously optimistic. We had 886 cases reported to aph yesterday, 72 is our seven-day moving average hospitalizations, with 604 covid patients in hospital. I'm not seeing our slides right now. So I'm hoping that they're going to be put up while I'm talking. 604 covid patients in hospital. 220 people in icu. 170 of those are on ventilators. >> I'm having trouble hearing -- >> Having trouble hearing me, can you hear me better now? >> Judge Brown: Yeah, that's better. >> There are the slides, good. I'll start again. We had 886 patients -- covid

[9:16:52 AM]

cases presented to aph yesterday. Our seven-day moving average is 72. We have 604 patients in hospital, admitted to hospital yesterday. 220 in icu. 170 of them are on ventilators. 55 admissions, 66 discharges. We had two pediatric admissions. We're seeing a plateau it looks like in our seven-day moving average, which we're happy about. However, we do know that our case numbers and our schools have gone up tremendously over this past week. And so we're cautiously optimistic about what that -- whether that's this plateau that we're seeing is going to persist, or whether we're going to see another increase in our cases. So we're still in stage five.

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We have exceeded our staffed icu bed capacity. And we should not stop our efforts as a community to keep our numbers going down by masking, social distancing, staying home when sick, and encouraging vaccination. Next slide, please. If you look at our msa and the hospitalizations -- patients in our local hospitals -- this vaccine data is what we've gotten from those institutions that are reporting their

vaccination rates. So this is not all inclusive of all of our hospital systems, but it does show that almost all of the people that are being admitted to hospital are not vaccinated, not fully protected.

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81% are unvaccinated. And 18.6% are vaccinated. Next slide, please. If you look at the data on this slide, we're looking at the admissions to hospital by race and ethnicity. And we still see a disproportionate of hispanics and blacks in our hospital systems. That is consistent over the length of this pandemic. Next slide, please. And if you look at our admissions to hospital based on our -- the county of residence and zip codes, we're seeing that 52% of those admitted to hospital are from Travis county. 21% Williamson county, and .7% from bastrop county. And the zip codes that are represented are also that have

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lower vaccine uptake and higher social vulnerability indexes. Next slide, please. If we look at the race and ethnicity of those who are admitted to icu, you are seeing a breakdown that is similar to the admission rates that we've discussed on the previous slide. 81% of those admitted to icu are white, with 37.5% of -- 35.7 of those being hispanic, and blacks represent 5% of the admissions to icu. If you look at our next slide, please. This is a breakdown of admissions to hospital by age group. And as we talked about in previous sessions, there's an increase in the number of admissions of pediatric cases under the age of 18, and for the

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period of July 1st to August 29th, we've had 108 admissions to hospital from the pediatric cases. And 38 -- 33 of those have been admitted to icu. During that -- the last weekend, we did have a pediatric death, unfortunately, and that individual was a child who had co-morbidities and had been on a ventilator for over a month. Next slide, please. We look at our death rates, and look at the -- how we're doing as compared to other major metropolitan areas, Travis county still is doing well as compared to other major metropolitan areas, with 84.41 deaths per 100,000.

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And I had a request to give some more information about deaths according to race and ethnicity. And you will see that hispanic individuals have a 51% deaths of those total deaths that have been reported. Whites, non-hispanic, have 30% of the deaths that have been reported. Blacks, 12% of deaths that have been reported. Asians, 2.61% of deaths that have been reported. And other -- the other categories listed as 3.39% of deaths reported for 2021. The representation of deaths by blacks and hispanics is, again, in excess of their representation of the total population as is their representation for overall

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disease. Our efforts to vaccinate our community need to continue. We need to continue masking and social distancing, and staying home when sick. And in addition to that, we now have a new tool in our tool kits, monoclonal antibody therapy, and we have started a campaign to get the word out to our community that if they test positive, we ask that they seek help from a healthcare provider, and also ask about whether or not they're eligible for monoclonal antibody therapy. It does decrease hospitalizations for those at risk for severe disease by 70%. It is not a substitution for vaccinations, however, those who are positive for covid-19 are not able to be vaccinated until after they recover, so we're asking those who test positive

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to inquire with their healthcare provider and see if they are eligible for antibody therapy. If you look at the next slide, we've had a marked increase in school cases across the state of Texas, with schools reopening and not using the mitigation efforts that we used last year to decrease case spread in that environment of congregate setting, where children are in close quarters and not social distancing. Just in the last week in Travis county, we've had 817 cases with 17,240 close contacts identified. As the idea is not requiring quarantining at this time, not all of those close contacts that have been identified have been in quarantine.

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And there's been 67 clusters identified in Travis county ISDs, which is also of concern. Children under 12 cannot be vaccinated, so wearing masks and protecting them from covid-19 in schools has been recommended by the CDC, the American academy of pediatrics, many other groups as well as myself and other health authorities across the state. We have a couple of school districts who have closed entire grades, and we are really encouraging everyone in our community to protect our children and send them to school masked. We look at the data in the next slide, this may be something that you're familiar with from previous presentations. And it does show the effectiveness of mask wearing. This is -- depicts a dummy that

[9:26:08 AM]

is being masked with different types of masks. And it shows how vapor is emitted from masks, depending on how let mask fits. As you can see there is leakage around the mask at times, um, due to fitting of the mask and tightness of the mask around the chin, whether or not there's a snug fit on the cheeks, etc. So you can see how the vapor can be expelled and leak and not make the mask 100% effective. However, it does confer some protection for the emission of those aerosolized particles from someone who may have covid-19. I'm showing to show that it is important -- not only for the person that is infected with covid-19 to wear a mask -- but for the person who is being

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protected and not infected with covid-19. If you apply a mask and then also employ social distancing, these vapors do not reach a person that you may be in a room with. So it is important for everyone to mask. I've heard comments during some of the school board meetings that I've been to where there's been some concern about whether or not wearing a mask affects the oxygen levels of the person that's wearing a mask. In the 2020-2021 virtual meeting that was held by the American academy of allergy, they definitively reported that mask wearing does slow the spread of covid-19 and does not impact the oxygen saturation or the level of oxygen in a person's blood. Masks are not recommended for

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those who cannot safely wear masks, such as people that cannot remove masks either because they are physically unable to or mentally incapable of doing so, or if they have a condition that would preclude them from wearing masks. Generally speaking, masks are safe to wear and effective in decreasing the spread of covid-19. Next slide, please. The vaccines have been helping to protect the most vulnerable in our community -- our seniors. And this slide that I have been showing each week shows that there are new facility cases that have occurred in the past 14 days. The increase is from 32 cases to 56 cases. 13 facilities reported positive sample collections in the past week. And 8 from the previous week.

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Of the 25 resident cases, 24 of them were fully vaccinated. Of the 31 staff cases, 19 were fully vaccinated. The vaccine, however, is producing mild disease in the cases that are occurring in the long-term care facilities. And that is supporting our assertion that severe disease is something that is not seen

as frequently in people that are vaccinated. It is decreasing hospitalizations. These individuals have been able to stay in their long-term care facilities for care, so we continue to recommend vaccinations and we will be giving third shot boosters as -- as the next few weeks go on to help boost the immunity that's

[9:30:15 AM]

conferred by the vaccine. The next slide, please. I'm showing this slide once again just to indicate that the use of mitigation measures that's ongoing in our local bars and establishments have continued to mitigate the spread of covid-19. There are those protocols in there, establishments have kept their staff cases to a low number, even through this delta variant wave. And we've seen that we have had masks used in various establishments and those establishments across our city, which has helped to keep our businesses open and our economy going. As we look to events, events are also starting to employ

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mitigation protocols and measures to help slow the spread. And this we feel will help to keep our numbers down. As we're in stage five, we are looking at each event on a case-by-case basis, and not only assessing whether mitigations are being used, but also whether or not our public health, public safety, and health infrastructure can tolerate case numbers and crowd size. So going forward, each event will be assessed on a case-by-case basis as we're going through stage five and continuing to mitigate and hopefully continue to have our numbers of cases decline. Next slide, please. Next slide, please. This is just to familiarize everyone again about the

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antibody therapy. It can be delivered either by infusion intravenously or by subcutaneous injections and we are delivering the medication by IV. It is a treatment that is given where patients receive antibodies to covid-19. These antibodies cover the spike proteins so that they cannot bind to our cells and cause an infection. The treatment needs to be given within 10 days of symptom onset. It does decrease the symptoms fairly quickly. It is important that people seek the counsel and advice of a healthcare provider so they can be referred to the center if they're eligible. And they are -- we've seen a

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good turnout and a good response from not only our medical community, but patients who have undergone the monoclonal therapy have stated that they've had good response from the treatment. So we're happy that we're able to offer this treatment and we're hoping that the public will continue to get care early on so that they can avoid hospitalization. The treatment is available to those who are at risk for developing severe disease. And the criteria include age over 65. It's available to anybody over the age of 12 who has a medical condition or a history that would make them eligible. It's eligible for those who have

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lung disease, heart disease, diabetes, for those who are black or hispanic. It is for those who are at risk for severe disease and illness. And consult your healthcare provider if you're positive for covid-19 to see if you're eligible. Next slide, please. We are making excellent progress in our vaccine efforts, not only through aph, but our collaboration with partners throughout the city. When I first got here in early June, our vulnerable population sat at 20%, and we are now down to 9%, which is extraordinary. The vaccine uptake has increased. Our partners and aph employees have been working tirelessly through many, many different means, including those that were

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mentioned by the caller earlier. And this is the way forward and out of this pandemic. And I hope to be able to report very soon that we've reached that 70% mark of those over the age of 12 who are fully vaccinated. And with that I'll conclude my remarks. Thank you. >> Judge Brown: Thank you, thank you. Director Sturup? >> Good morning. So first I'll start out talking about testing. On the screen here you'll see that we have several options for folks to go in and to get tested. We're at the Joyce morales dove spring rec and at St. John's and we have in-home testing Monday through Friday, all you need to do is to call 311 or

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512-974-2000. And we're working with our facility partners to offer testing in homeless shelters and other places -- other congregate facilities. So, again, if you are sick, please get tested. If you are exposed to someone who tested positive, please get tested. When in doubt, please get tested. In addition to these free options offered by Austin public health, there are several providers in our community that are offering testing services. And just for context, our testing capacity is 5,900 per week, and you can see over the last week we administered just over 3,600 tests. And so now when we're talking about vaccines, we see our cumulative total for Travis

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county or for doses delivered by Austin public health and community care are at 455,706. Our weekly total is 1,522. According to dshs, 78.26% of our population 12 and over is vaccinated with at least one dose. And 67% of our eligible population is fully vaccinated. This data is current as of August 30th. We still have 250,000 eligible people who are unvaccinated. And so we will continue our efforts with our partners to ensure that we are reaching out to communities that we're providing access opportunities and information to support the choice of vaccination. And just for additional context,

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as of August 30th, Austin public health has administered over 340,000 doses of the covid vaccine. Of these, 300,000 have been administered through our static sites. Just over 10,000 have been administered through our pop-ups. And 9,556 through our mobile strike teams. And, again, this slide is from dshs, and it shows the data for the county broken out by race and ethnicity. The total number of shots in Travis county is just over 1.5 million. Items to note on this chart is that we're still seeing the disparities in black and hispanic communities with one-dose vaccination as well as percent of folks fully vaccinated. There were some questions last

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week about the other category, and this comes from the ways in which the different systems collect and report either folks who choose multiple races or ethnicities when disclosing on their form. And there's no way -- dshs doesn't break out biracial communities in the same way that we might do at a local level. When we look at our map, again, not too many changes, but it's still something that I like to see from earlier in July where we had a lot of red. And that red indicated that we had communities that were below the 50% mark for first-dose penetration. This map has a lot of green. And that means that the majority of our community is above the

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70% mark, and that's where we strive to be. The blue indicates those communities that are within 60% to 69%, and those are the areas that we focus on with our partners in the county to make sure that we are providing access information and shots. And the yellow category are those areas that are 50% to 59%, and that's at 78705 area. When we look at the second dose map, that red is still there but as we've

said before and we'll continue to say throughout this presentation and you will hear from the county collaborative, there are focused efforts on 78617 to make sure that we're providing access and opportunities for those residents to get their shots so that we can bring that zip code above the 50% mark. And, of course, we continue to

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work in the areas where there is no green. And so this information, along with other information from folks on the field, is used to inform our strategies for first and second doses. And so this slide here just gives the body some awareness on our vaccine incentives. So the intent was to focus on our hard-to-reach populations and encourage them to obtain their first or second dose of the covid vaccine. And this is really on that movable middle, folks that, you know, that have decided that they were going to get the vaccine and either were waiting for a convenient opportunity, or the full approval and the like. And so to receive the incentive we asked individuals to complete a survey, and that survey was designed to get more information

[9:42:26 AM]

about their decision, make process to get a vaccine. We purchased 2,000 gift cards in amount of \$50. To date we have distributed approximately 1,650 of the gift cards with 350 left. We're still assessing the impact of this incentive on vaccine uptake. We're continuing to review partner cities and their experiences. Recently, had some interaction with Harris county who are reporting huge increases based on their incentive plan that is centered around a virtual or cash gift card, rather than a store gift card. And it's -- it's limited to first and second shots only -- not boosters. But we want to get our teams together to see what their

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approach was to have a more focused implementation. What we're seeing on the ground is here is that where we've had a lot of uptake it may not have been in the areas that which we would have liked and so if we were to do this again, wanting to not reinvent the wheel but really rely on lessons learned in sister cities to figure out the best way to implement. Vaccine operations continue this week at our static locations which are the southeast branch library, the little walnut creek library, and the Anna lark center. Those vaccines at the Anna lark center is staffed by the central Texas allied health institute, led by Dr. Jerica hawkaday and supported by funds from Austin public health. And the time will be in pflugerville at the science academy and at the list,

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technology building in Leander. And we expect that our mobile operations team will be at approximately 27 events this week. And those include various ACC campuses, select cap metro facilities, and once again we'll be at the montopolis flea market. You know, there's an abundance of vaccine in this community and, you know, we are -- again, working with partners, informing community. Visit us at [www.austintexas.gov](http://www.austintexas.gov) to find out where this week works for you. But we really want to have the community to take advantage of the amount of vaccine that's available in our community. And so just to talk briefly about some situational updates on activities related to boosters and the impact of the

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full F.D.A. Approval for the pfizer vaccine, and so for boosters, the advisory committee on immunizations practices, the acip, has recommended a third dose after 28 days following the second dose for immunocompromised individuals. And so we take that into consideration for our planning. We're also looking at CDC changes and recommendations to determine whether we need to include different populations or to determine shorter intervals between boosters or additional vaccines. So all of that to say is that all of our planning is based on guidance from the CDC. And what we know from the fda. And so to that end, we're still waiting for approval for the vaccines but we're planning on what our systems would look like

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in Austin health force. We're planning on what the staffing would look like, because pediatric immunizations are a very different animal from older youth and adult vaccines. So making sure that we identify any staffing needs or gaps early, and that we align our processes to meet that community need once it becomes online. And so, again, more about booster planning. What we know that's different from the first time is that we are not a hub, right? We're not a hub. There's plenty of community -- vaccine in community. There's not this kind of wait and see how many doses we're going to get from this date this week. We are taking into consideration in our planning whether the vaccines should be free. We're going to have both mrna vaccines available at all of our sites, so any individual, whether you've got pfizer or modern, you can come to aph and get your booster shot.

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Right now we are scheduling that third dose for immunocompromised, and you can either do that online or call 311, and those calls will be routed to our equity line. And that team can walk you through

scheduling and appointment. And, of course, you always have the option to walk up to any of our locations and get your third dose if you are immunocompromised. Pre-registration just means that your wait might be a wee bit shorter. And with all of this, you know, the main focus of our operations will still be on those that are unvaccinated, or not fully vaccinated. When we look at our median community outreach, um, we are using what has worked for us in the past. We have continued to use our pas that feature our community champions. We've partnered with Travis

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county and central health on the "Let's stick together" campaign and that that is a full digital marketing campaign on social, digital and television advertising. And we are expecting to start that later this week. We've resumed our weekly media q&a that gives the media opportunities to ask questions and for aph to provide guidance to communities. We continue to respond to interview requests and also requests from different bodies to give information. We have our aph Facebook page that's available in Spanish. We've worked with our partners to make sure that we've captured the cultural nuances that are necessary to reach our spanish-speaking population so that it's more than just simple translation. We continue to support -- to support ppe events in community. And at those events we take advantage of -- at times not

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only offering food and covering other basic needs, but making sure that we're giving out information about vaccine. And not simply where we're going to be, but answering any questions that we can about how vaccines work and impacts on bodies and being able to dispel any fears or miscommunication that out in the community. We support our mobile vaccine program, and that -- that is a great program that combines, you know, the on-the-spot education with vaccines. So if you get somebody and you talk them into the vaccine, they don't have to say to you I'll call aph tomorrow. You can get that vaccine right then and there. And as always, I like to try to end my slides with some visuals of our aph team in action. We continue to be a full service health department. Covid vaccines -- or covid is

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just one small part of our operations. And we will continue to be there and support our community. These are shots of an event that we held at St. John's where we did food distribution and provided ppe as well as information about vaccines. This week the team will be at fiesta grocery store, we'll be at the Terry road Baptist church we'll be at Gus Garcia, giving out ppe and food. And we'll also be at the east Austin neighborhood center. So another thing to mention -- and I thought that there was a slide -- and maybe I glossed over it when we're talking about immunizations, this is the time of year where the same

folks that are out there working on covid are getting ready for our flu season. And so we want folks to know, you know, that it is that time, if you got it on your calendar, please get your flu shot. There's a lot of talk about keeping our schools safe -- or keeping our kids safe in

[9:51:37 AM]

schools. So we continue to support parents with all of those necessary childhood vaccinations that kids need to stay safe. And so, you know, with that I'll end my remarks. And say thank you to the Austin public health team for the amazing work that you continue to do day in and day out. Thank you. >> Judge Brown: Thank you, director Sturup. I'll turn it over to chuck and chief Bailey and I think that we have Mr. Rodriguez today. >> Good morning, and thank you, judge, and court and council, chuck Brotherton for emergency services. I'd like to start by thanking director Sturup and Dr. Walkes for Austin public health's continuing partnership with our Travis county collaborative, Austin public health, of course, is Travis county's public health department as well. But the aph team is doing so much work in our community and the partnership that we've established with them I think is

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providing tremendous value. The testing that aph is able to do, they have significant capacity among their teams and the fact that they can focus on testing as well as delivering vaccines allows our somewhat smaller county effort to continue focusing exclusively on vaccinating our community. So, again, we appreciate the partnership. This morning court will hear from chief Ken Bailey with Travis county esd 11 and geronimo Rodriguez, the chief advocacy officer with the ascension Seton. Ascension Seton has been the collaborative's key clinical partner throughout our vaccination efforts that began back in January. So at this time I will turn it over to chief Bailey.

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Judge, I apologize, I'm not hearing from the chief. So perhaps geronimo, if you are ready, can you proceed? >> I am ready. Judge brown, councilmembers and mayor Adler. As chuck mentioned, I serve as the chief advocacy officer for ascension Texas and the medical response unit is providing the vaccination reports to me. I have to say that the last time that I was with you all I talked about the importance of relationships and teamwork and collaboration. I think you're seeing it with Adrienne and Dr. Walkes and chuck's comments and presentations. As always, the goal of the Travis county mobile vaccine collaborative is the same -- the health and safety of our community, by providing barrier-free vaccines with an equitable approach to our hard-to-reach and underserved communities. This last week, the mobile vaccine collaborative gave out a total of 1,688 shots, 967 were

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second doses. And for the month of August, the collaborative has given a total of 6,771 shots to our high covid-19 affected communities. And in that same month, our outreach teams have contacted a total of 7,133 people, 1,200 of those were contacts done by direct mail. And as we continue to focus on areas in the eastern crescent and zip codes affected by covid-19, obviously 78617 is on top of mind right now. We continue to push forward to educate people in the hard-to-reach areas to get vaccinated and to wear masks. And the collaborative -- I would like to thank our city and county partners and local non-profits for all of the hard work they're doing in the community. Just in the past week we thank Bruce elfont and Vanessa have necessary Fuentes and Brigid Shea and Ann

[9:55:54 AM]

Howard for all of their help just in the last week as I mentioned. We also want to recognize, obviously, the county judge Andy brown for continuing to help to provide access to our underserved communities. We are now providing five teams of six staff members, five days a week, and coming up, the Travis county mobile vaccine collaborative will be focusing on pflugerville, the communities of mustang, ridge and creedmore and the Mexican consulate, and the market and foothill farms in pflugerville. In closing, I know that we're heading into labor day, and I just want to share some words of appreciation for the day in, day out work of over 100 individuals from precinct 4, from the constable's office, esd 11, ascension Texas, the Travis emergency center and the National Guard. Five days a week, sending out

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fliers, doing mobile clinics. The weekends at the expo center. And I just want to recognize chuck Brotherton, Patrick, George morales, chief Bailey and Fred, Toby Hatton, and April Burge, and John Lawler for all of their work. Thank you, judge. >> Thank you, and, judge, if I could add a couple points. Chief Bailey did let me know that he would not be available, I simply missed it in his email this morning. So my fault. But I just wanted to update the court on our -- the collaborative booster planning. As you heard from director Sturup, aph is already providing third doses to the immunocompromised. Likewise, as well, it's been a fairly small uptake to this point, but we're doing that at our expo drive-thru as well as in our strike team efforts. But we are planning for a larger

[9:58:01 AM]

effort later in September as the push begins in -- on September 20th, we will be prepared at expo with the larger footprint, more resources. We are taking the approach -- initially, we're working with our partners at community care who were with us at the beginning of our collaborative efforts back in January. The initial drive-thru efforts that we did at the precinct 4 office in January and early February, the group of patients that appeared there will be contacted by community care to sign up for their third doses at the rosewood clinic that is operated by community care. And we are interested to see what the response is to that outreach, see what the uptake is, and that is that we're hoping that will give us an indication for what we might expect going forward into September and October for the patients that we saw at the

[9:59:01 AM]

circuit of the Americas coming back to us at expo for their third doses. So we are staffing up, making preparations to be ready to handle significant numbers. And we are hopeful that the uptake is, of course, broad. This week we are standing up a call center. As the collaborative begins growing, our in-home vaccination effort with our field teams, putting literature on doorknobs with information and a phone number to call back in. And if you cannot, if people are unable to get to one of our vaccine locations, then we will work with them to deliver vaccination in their homes. And a call center is being stood up this week. At the clerk's office. We'd like to thank the county clerk for providing that staff and the space. And that will be spinning up this

[10:00:04 AM]

week, 845-shot, the number has been active, but the calls have been taken by constable 4's office, but we will begin transitioning that number over to the call center. Would like to thank our emergency management team for all of the great work that they are doing at expo as we have expanded the services that are available at the county expo location. In addition to our drive-through vaccination efforts that continue every weekend, we are now also doing, as you heard from Dr. Walkes and director Sturup, we are delivering -- providing space for the regional infusion center for the monoclonal antibody treatments. In September we expect Austin public health to begin doing testing at our drive-through location at expo. And then we are also making preparations for, should it be needed, for an alternate care

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site out at the expo as well. So, all of that work is happening at a single location on Decker Lane. And again, our team is doing incredible work. But, again, it's also in partnership with Austin public health, with Ascension Seton and other clinical partners that are working with us, including the state. And

finally, just a note that we did 6,500 shots through our strike teams in August. That's up from 4,500 in July. I think that's a good indicator that the demand for vaccine continues to grow and that we -- our outreach efforts are succeeding. All that said, we will be standing down significantly for the labor day holiday, Saturday, Sunday, Monday this coming weekend to give our hardworking teams a very well-deserved break. But with that said, I would like to share, as I like to do, share

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with court and council our online vaccination information that's readily available at the Travis county website, at the city of Austin website, and also at vaccines.gov. So on Travis county's landing page online, click on either in the upper left, or here, et your covid-19 vaccine and it takes you to our calendar and you can see all of the different events, both aph, Travis county collaborative, as well as some of the commercial sites that are operating today, Tuesday, owing August 31st. Click on any one of these and you will get the location information, the type of vaccine that's available, and the hours of operation. Again, very convenient. I'd like to thank our web team and our public information folks for pulling that together. On austintexas.gov, coronavirus, covid-19, this is the city's landing page, again,

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find a location for free covid-19 vaccinations. Information is readily available with just a click or two. And then at vaccines.gov, for folks who are interested in finding a local pharmacy, vaccines.gov has ready information based on zip code, five covid-19 vaccines. Type in your zip code and a map pops up with all of the, again, commercial pharmacies that are delivering vaccinations. And that's it for us, judge. We will now turn it back to you and the mayor for questions. >> Judge Brown: Thanks, chuck. So we'll go ahead through the question portion. And as always of late, we've got something after this, so if we could try to keep it to one question each. I'll start with, let's see, commissioner Gomez, if she has any questions. >> Gomez: I don't have any

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questions, I just have -- I'm so thankful to everybody who has really given a lot of their hours and time and attention to getting people vaccinated, which is the main goal of our efforts. And it sounds like we're making progress, even if it's just a little bit at a time. But we're getting there and we're reaching more people. And I'm most appreciative of the collaborative team, of course, for all of their focusing on this issue and reaching a lot of folks who are hard to reach. And so I'm most appreciative and most thankful to everyone for all of their efforts. >> Judge Brown: Thank you. Commissioner Shea? >> Shea: Yeah, thank you. I agree with commissioner Gomez and offer my weekly thanks to all of the staff and our elected

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officials who are devoting so much time to try to keep our community safe. Could we just get a summary and highlight of the number of new infections and hospitalizations that are from unvaccinated? I saw some percentages on the screen. They didn't square with what I was hearing and I'm not completely clear what that is. Is it roughly 90% of people hospitalized, 80%? If you can just re-highlight just those stats. And then what is the total number of cases of infection in our Travis county schools. That's the other thing I think that is just so incredibly alarming. And I don't even have words for how reckless and dangerous it is that the governor is preventing school districts from requiring masks for a population in

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elementary and secondary school that legally cannot be vaccinated. I just think it's outrageously dangerous. And I don't understand why many people just seem to accept it. I think it's appalling and he should be held accountable for every one of those children that ends up in a hospital. >> Commissioner, the total number of people who are in-hospital right now for the period of time August 16th through the 29th are 841. And we have recorded 81% unvaccinated. However, 369 are reported with an unknown status. And so that number is likely

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higher with regards to those that are unvaccinated. >> Shea: If I could just restate, 81% of those in the hospital are unvaccinated, and there's -- confirmed to be unvaccinated. Then there's 300 -- I have to say, are we not able to -- when people come into the hospital, are we not able to get that medical information on them as to whether or not they're vaccinated? There's a record of it, isn't there? >> We can get that information for most cases, but it's not always available. The records for certain providers that are vaccinating are delayed with regards to their entry into immtrac. So we don't always have that information. So the information that I'm giving you is the information that's been vetted by our

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epidemiology team. >> Shea: So we know for certain 81% are confirmed unvaccinated and we believe that the percentage is actually higher than that because we can't verify -- >> Yes, ma'am. >> Shea: The vaccination status for how many, 365 we can't confirm. >> 396. >> Shea: Okay. Thank you. >> And then with regards to the cases in the schools, right now for the past week's reporting there were 817 cases

total. 694 were in students and 121 were staff cases. 2 were other cases, likely janitorial and kitchen staff. We had 17,240 identified as close contacts who were supposed

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to be quarantining, however, quarantine is not something that is supported by the current T. T.E.A. Guidance for a lot of the school districts, so many people are not quarantining their children or themselves. >> Shea: I did notice that the federal government has put on notice a number of states whose policies they believe may indicate people's civil rights because of this reckless prohibition on mask-wearing in schools. And I didn't see that Texas was on that list. Does anyone know why we wouldn't be? >> I don't have an answer for that, sorry. >> Shea: Okay. Thank you. >> Thank you, ma'am. >> Judge Brown: Commissioner Travillion? >> Travillion: Well, we certainly should be on that list. First of all, once again, let me thank you for all of the efforts that have been made to reach out

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across the community. It is clear that progress is being made. However, when I look at the math and I see all the green, and then when I look at the numbers and see that the African American community is still under 40%, it tells me that something else is needed as well. And I think the same thing is true for the latinx community as well. I know that we are making efforts. I'm not taking any digs at the efforts that we're making. I just want to make sure that we are continuing to build upon the tools that we have every week. And I'm interested in knowing what have we done in the last week to expand our reach into the trusted community leaders. I have a recommendation, but I'd like to know what we did last week that was different than what we did the week before.

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>> I can't say that we truthfully have done anything that is different. But we continue to expand the partnerships and talk about ways we can invest in communities. As a one-off there is a provider that has a good program that combines vaccination with workforce development. And she has partnered with another historically serving black organization. And so how do we leverage existing contracts within aph to either augment their services or to have them pivot so that they are using their platforms to either give information or to drive people to vaccines. I will have to say, you know, amongst partners in the big cities coalition -- and those are health departments across

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the United States -- we're having the same issue, how to undo years of medical racism in a few short weeks to get the outcome that you desire. And the thought is, from the experts, that there is no quick and easy fix. But the good news is that for our community, our efforts are mirroring what we are seeing across the country with respect to the disparities that we're seeing in African American and latinx communities. So, happy to hear any suggestions you have, commissioner. >> Travillion: So, I appreciate that, because there have been a number of African American vendors that I have been pushing towards trying to work with the system. And many have found it difficult to access. And many of them have stellar records and work in the community for a long time, and have had difficulty doing business with us. And I want to make sure that we address that. I think, judge, we have a meeting later this week to

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address that specific thing. But what I'm proposing is -- and we are working with our. F.U.S.E. Executive intern is to put together a listen tool. Oftentimes we see -- we are dismissive of reasons that folks decide, particularly minorities, decide that they may not want to take the test, or take a vaccine. I want us to sit down with specific churches, organizations, community leaders, and medical professionals from the communities, from the latinx community, from the African American community, from the Asian community, and get feedback from the community, process it through our network of professionals and folks that are working in the field, and redouble our efforts to reach out to those communities, because I think if we work with

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our community institutions like churches -- and I know that we've done some of that. And if we work with our doctors who are relied upon by a lot of people in churches and in neighborhoods, that we can go a little further, dive a little deeper into the communities that have been hard to reach and hard to serve. So we're specifically putting together a listening tour. And I would invite anyone who wants to participate in that to do so. And I specifically want to get your support personnel from Dr. Walkes and Ms. Sturup as well to make sure our office is coordinating with you, so we're not doing anything you don't know about and the things you're doing we can talk to the community as we blanket it and make a public education effort

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not to question why people don't want to take the shot, but to give them more and better information to make them understand that it is safe. And it does protect you. >> Judge Brown: Thank you,

commissioner. Commissioner Howard? >> Howard: Thank you. And commissioner Travillion, that sounds like you could get some base data also from what the data the city's been collecting on the incentive project. I think they've been asking some of those questions and maybe you can test -- there could be a design to test some of that in the community. Thank you, thank you to, you know, staff who've been working so hard. And also just want to give a shoutout to volunteers who are serving as school board members. You know, I'm hearing that this is some of the most difficult work ever. And for all of us who have been

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involved in public schools for a long time, it's always hard. But this apparently is just a challenge that's really rough. And I just want to appreciate people for being servants of the community in a time when it's hard. So, thank you. And we're not done yet, so we've got to keep it up. Thank you very much. >> Judge Brown: Thanks, commissioner. Just want to back up what commissioner Travillion brought up. I know that he and I have talked about this for several weeks, and trying to make sure that we're making progress in -- if capacity is a limit on what we're doing with these strike teams, let's figure out how to get more capacity on it. I think the work that Geronimo described, that Chief Bailey and Constable Morales and the county team and Ascension and others are doing is amazing work.

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It's needed and doing really great stuff. And we can see that in the numbers, that they're increasing each week in the communities that we are trying to get the numbers up in. If we've hit -- if we're at a place where that's the capacity where we are for that, let's look at other potential vendors. And I know commissioner Travillion you and I have talked about this a lot and would love to see some action on that. With that, I will pass it on over to the mayor and the city council. Thank you very much. >> Mayor Adler: Judge, thank you. [ Clearing throat ] We're going to start, colleagues, this time with district 10 and work our way to the mayor pro tem. I'm going to call for Alison. I know she's traveling and was watching this as best she could. Wasn't sure if she could actually participate. So we would go then to Kathie Tovo. >> Tovo: Thank you, mayor, and thank you to all of our staff

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and our community partners for all the tremendous continued work. I wanted to ask our Austin public health if they could provide us with an update if it's available on the work that you're doing with the University of Texas to address the West Campus area, and the student population generally, 78705 continues to be a yellow on the map. And I know we want to be sure that our college students and our others associated with the University of Texas are well-vaccinated. >> Thank you, councilmember. I don't

have a specific update on activities. I know that U.T. Continues to lead those efforts, and Austin public health is supporting as needed. They're testing all students before they come back on campus. And they seem to be self-contained with their efforts to vaccinate or drive students to vaccination

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resources within community. But I can -- I know staff is listening. They usually send me a text when I say I can't answer that right away. If there is something new, I expect within the next five to ten minutes I'll have a more substantive response. >> Tovo: Thank you. Can you give us some sense -- I know there's conversations each week and on the website about requesting a mobile vaccine clinic. Can you give us some sense of how many individuals -- like for what size groups is that an appropriate method? So if there's somebody watching who wants to schedule a mobile vaccine clinic, at what scale of audience would you like for them to have before they reach out to aph to do so? >> I think we just want to get the shots in the arms. So we'll work with folks to

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accommodate. If you're talking about an event where there's hundreds of people, that's not appropriate for the mobile vaccine team. That would take some more planning and diversion of resources. We'd probably call on our partners at the county to see if they can assist. But we've done -- you know, they've been to construction sites. They've been to different restaurants to support employees. We've been out to capmetro. We've been to different facilities. And so I don't want to give a hard and fast rule, because wherever we can make it work with the community residents to provide services, that is our goal. But I will say if you're talking about hundreds of folks, that wouldn't be an appropriate use of those resources. >> Tovo: Thank you. That helps us get a sense of scale for those mobile units. I appreciate it. I appreciate the examples. >> Mayor Adler: Okay. Let's go then to councilmember

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Ellis. >> Ellis: Thank you, mayor. Is there any further update on the timeline expected for the vaccines for 0-5 and 5-12? I know every week we're always wanting more information, but I wanted to see if there was any more expectation of those being readily available anytime soon. >> No, not yet. We're still waiting for the completion of the data that they've requested to check on safety, so it still stands that it's going to be sometime before the end of the year, but we're not sure when. >> Ellis: Is there any expectation that it might come sooner rather than later? >> We haven't had any word that it would be sooner rather than later. >> Ellis: Okay. That's very much appreciated. I certainly appreciate the efforts of folks who are trying to keep the kids safe in the schools, and especially as someone who represents areas of aid and Eames, they've had to

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get creative, separating the ones who are wearing masks from those who are not to try to minimize spread. I know there was an unfortunate situation where a parent took a mask off of a teacher who was wearing one and that is completely unconscionable and not what we need to be doing as a group who is trying to make sure our children are educated and safe. That behavior is unacceptable. But I really appreciate the school districts doing everything they can and working with our public health officials to make sure we're keeping kids safe who can't get vaccinated yet. >> I agree. Thank you. >> Mayor Adler: Okay, thank you. Councilmember pool. >> Pool: Thanks. Just real quick, if we could look at the very first slide from Dr. Walkes' presentation. I noticed that it looked like the spike was beginning to retreat a wee bit. And I wanted to ask -- it looked like the longevity of it was similar to the previous spikes. If you could just toss that

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slide back up there and maybe help us with a little bit of insight into what you think that may be showing us. I think I picked the right slide. >> Yes. You're correct. It looks as though there's a plateau that's occurred. And we are cautiously optimistic about that. The concern, though, however, is that our ICU admissions still remain high. And the course of COVID is such that people may be in ICU on ventilator for several weeks. And seem as though they've turned the corner and then will have more deaths occurring. And we are starting to see some increase in the number of deaths, which is unfortunate. And because the population represented now are younger, we

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are seeing 20s and 30-year-old, parents of young children who are passing away. So that is a big concern. But yes, that curve does appear as though it's turning downward. And we're hoping that if we can continue the efforts that have worked so well in the past with our schools, using distancing, masking, etc., that we won't have more cases in the younger-age population that are child-bearing ages, that we'll continue to see that go down. It really is going to take the left hand working with the right hand, the domino effect being stopped by masking, so. Thank you for that question. >> Pool: Sure. And last, do you -- this may be a concrete example of the outcomes of the additional push that we are having to get more

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people vaccinated, which I think it was either -- it was one of the other speakers after you and director Sturup spoke, one of the gentlemen said something about the increase in the percentage of people and the numbers of jabs in the arms that happened just in the last week to ten days. We're having improvement in the number of people who are getting the vaccination. Would that also tend to be proven out by these numbers dropping? >> The vaccine's impact's going to be more of a longer-term effect. And, you know, that's going to be important going forward, but really this is community behavior change. This is our partners working in business and in schools and just across our community working together to ensure that people are masking, social distancing. This is people staying home,

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doing curbside. All of that's what you're seeing in that curve. And the more we do that, the sooner we'll get out of this. The vaccines are going to help us sustain the improvements that we've seen. >> Pool: Thanks so much. >> Thank you. >> Mayor Adler: Thank you. Councilmember Kelly. >> Kelly: Thank you. My question today really has to do with our unhoused neighbors. I'm just wondering, it's been a while since we talked about the strategy to reach them and the outreach that's being done to provide vaccines to them. So I was wondering if you could update us on that. Thank you. >> We are in communication with the homeless shelters and with the community care physicians and healthcare providers that provide care to individuals who are unsheltered and homeless.

[10:27:36 AM]

And we are monitoring the situation there. We're assisting with testing and have offered to -- the monoclonal antibody therapy. We're also providing isolation facility access to our unsheltered and homeless individuals who are either testing positive or close contacts of those in shelters who have become positive. And a vast majority of the people who are in our isofac facilities right now are people who are experiencing homelessness. >> Kelly: Thank you. Just as a followup, could you talk a little bit about what some of the barriers might be, or some of the objections that people who are unsheltered or homeless might have to getting the vaccine? >> There are many of the same concerns that we're hearing in other parts of our community. They're concerned about safety.

[10:28:38 AM]

And some just do not want to have any kind of vaccination. But our partners that working in healthcare and that part of our community are trying to answer the questions and promote vaccinations when they can. >> Kelly: Great. Thank you. >> Mayor Adler: Thank you. Councilmember kitchen. >> Kitchen: I want to say I appreciate all the questions that my colleagues have asked. It's really helped. I think it helps inform the public, and asked many of the questions I would ask. I do have two related, kind of, questions

that have to do with information out to our community and sources of information that the community can trust, because -- so, one relates to variants. I'd like to understand what we're seeing so far in our community. Of course we're all very focused

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right now on the delta variant, because that's what's in front of us. We see the spike that we've seen that has sent us to phase five. I'm hopeful information we have right now about addressing that. But we are seeing around the world other variants coming up now. So, can you just speak to two things. Are we seeing any other variants in our community right now? And then can you just speak to the importance from a community perspective of vaccinations and masking, and working together as a community to make us less vulnerable to variants as we get past this wave? >> Certainly. At this point, the predominant variant is the delta variant. We have not had any reports of

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any -- on the horizon headed our way. You bring up an excellent point. Vaccinations will protect people from becoming infected. And the ability for this virus to mutate occurs when it has the opportunity to infect someone, to play with its DNA as it reproduces and change how it looks, acts, responds, and can be fought against by our vaccines. So, the importance of everybody protecting themselves with vaccinations cannot be overstated, because we do not want to give this virus the opportunity to change itself to become a stronger variation of itself. And vaccinations are really the key to that not happening. >> Kitchen: Thank you. And then my second relate question, quick question is, I'm

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wanting to understand where people can look for -- what role if any the city can take in addressing misinformation. I don't know the extent to which we're seeing this in our community, but also we're seeing it nationwide, about the misinformation that's taking advantage of people's fears and desire to be safer. So, for example, the suggestion that ozone tools or ozone devices can be used to make people safer when in fact there's a lot of information out there about the dangers that using ozone devices can create for people. So there's that. And then there's information we're hearing, which I've heard more nationally, about people taking drugs that are not

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intended. A while back we were hearing one kind of drug that our president had mentioned. But now we're starting to hear a drug that's really intended for horses being discussed. Is there a place -- do you see a role for aph, at least on our website, to try to start to have information to debunk these kinds of misinformation that's out there, just to help people understand that there's places that they can look? I know there's -- there are national efforts going on. But I'm just curious about what you all are seeing locally and the extent to which you think from a public health perspective it's important to -- you know, to put information out there. >> I don't think it's -- not only our place, it's our responsibility to make sure that -- >> Kitchen: Okay. >> The public has appropriate information. And so I'll let Dr. Walkes talk about the specifics, but I believe that every opportunity that we have to talk about the dangers of those home-grown

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remedies, we will take advantage of that. My preference is to stay away from the website and really use the boots on the ground approach and community conversations to make sure that folks understand the dangers. At the direction of acm hayden-howard we're going to expand our social media push to address this issue and have a whole campaign around dispelling these dangerous myths. So, yes. >> Kitchen: Thank you very much. I think that that would be helpful. And I will share with you what I'm hearing in case it's relevant for information that you all need to send out. >> Mayor Adler: Thank you. Councilmember Casar. >> Casar: Thank you, mayor. I just wanted to appreciate the work looking into how our incentive program has worked. I shared this with the folks at Austin public health recently, but it sounded like in Harris county there was a really significant bump and up-take for

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their incentive program. They had fewer people, percentage of people vaccinated when they launched theirs than ours. That may have contributed. But we may have an opportunity if we up the incentive to really get a big bump, talking to elected officials in Harris county and colleagues and friends there, it sounded like there was just a real sense of really fast, there is right now this particular incentive and it created this sense of urgency. So if, in looking at their program and other programs we sense that we might want to increase ours for a limited period of time, I'd say it might be good for all of us to participate and for us to get roped into making sure that there's a high level of awareness around any increased incentive that we might provide so that it's not just about the amount of the incentive, but also the number of folks in the community that would be aware of that -- of the urgency and the limited amount of incentive,

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potentially at an increased level. So, of course we should do whatever the data is pointing us towards. But if it does point us towards the idea that maybe we do increase the amount of incentive on that first shot, I think the announcement might be worth just about as much as the incentive is worth. So now that we're in this meeting together with all of my colleagues and everybody at the county that might be something that we really all want to focus on that moment, if that time comes. >> Mayor Adler: Okay. Thank you. Go ahead. >> I was just going to say I agree and that, you know, one thing to note is that Harris county is well below the 70% market. And so I think there's some differences in the population that they're trying to reach. And I agree that we should do more incentives, but I really want to make sure that we're using that to work in our areas,

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del valle and the other places where we're not seeing the up-take that we need. So, totally agree, but I believe that we would probably have a more focused approach versus what we're seeing in Harris county, since they're still trying to get to the 70% mark. >> Casar: That makes good sense to me, director. Thank you. >> Mayor Adler: Councilmember Renteria. >> Renteria: Thank you, mayor. My question is, I've noticed that there is a lot of people in their 60s to 80s that are being admitted into the hospital. Do you know whether these seniors are -- have been vaccinated, or are they the ones that -- or are they in nursing homes? I would like to find out, you know, how many are there being admitted that have been

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vaccinated. >> So, the data that we have shows that 81% are unvaccinated. I don't have it broken down specifically by age and vaccination status at this point. But the overall majority of the people that are -- almost all of the people that are admitted right now are unvaccinated. And the ones that I mentioned from the nursing homes that are having the mild disease and who are vaccinated are having just that mild disease. And those will be the people that oftentimes would be immune immunocompromised. As we age, our immune system does not have as robust a response to the vaccinations. So this would be the time for booster shots for them. So that's going to be undertaken in the next several weeks, I'm

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sure, by the nursing homes. >> Renteria: And is it because -- you know, I hear, like, even the governor got his third shot. How -- priority right now because of their age and their immune system? Shouldn't it be available right now, immediately for them, too? >> So, the choice for that to happen can be made by their healthcare providers. And I know -- I'm assuming that that's going to be something that will happen in the next several weeks as booster shots are starting to be given. >> Renteria: That direction --

administer those to the seniors. Is it the state? Who decides when they get it? >> Providers can give it now. And there have been over a million people that have already

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gotten their vaccine, their third dose. So that's something that's ongoing right now. We're giving them at aph. So everybody's started to give the third shot. >> Renteria: Okay. Because I haven't heard exactly how they could just go out and get it now. I hear that there is a lot of discussion about it, but it's more like let's wait. And you're waiting for two weeks because y'all need to get everything set up? If I wanted to go get my booster shot, could I just call my doctor and say, take your shot, if he has it? >> The way it's set up right now it's for immunocompromised people. And there's a definition that's given for that. And so people can walk into a pharmacy and self-attest, say that they're immune compromised and get the vaccination. That's how some individuals are getting it. The government has said that as

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of the 20th of September, then we can start doing the third shot for those individuals who are eight months out. But, again, no one's required to prove that they're immune compromised, nor that they are eight months out from their shot. So we're going to see people going to get the shot. And you'll hear about them getting the shot. And it's going to be a lot less organized than it was in the previous rollout that we had earlier in the year. >> Renteria: Okay. Mayor, that's all. >> Mayor Adler: Thank you. Councilmember Fuentes. >> Fuentes: Thank you. Yes, thank you, councilmember Renteria, for your questions. And I think, you know, last week the council adopted a resolution calling for a booster shot plan. Just getting to the questions that you just highlighted and the responses you received, ask

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and knowing that once the booster shots become widely accessible we need a concerted approach and a plan that's rooted in equity so that we're ensuring our most vulnerable know about the booster, know about the importance, the science behind it, and that we have a plan to be equitably distributing those vaccines. And part of that resolution calls for us looking at lessons learned from the initial vaccine rollout and that we continue to build off of our collaborative approach that we've had. I was really thrilled to hear from the Travis county collaborative your thought process in already planning to reach out to those who were vaccinated in January and February from the Cota site, knowing that you're already thinking about what does that outreach look like. It's music to my ears. I'm excited to hear more from aph on what our efforts will look like when it comes to that

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booster shot strategy. And also to know that, you know, it's not only the booster shots, getting those shots out, but once the fda approves vaccines for our littlest austinities, that's also going to create an increased demand. So we could be in a position in just a few weeks or in a few months that calls on us to be vaccinating a lot of people at a given time. And so we have to ensure that we have all of these pieces coordinated not just with you aph, but with private providers and community partners all working together to get our community to the other side of this pandemic. The question -- I also wanted to mention, commissioner Travillion, I love your idea of a listening tool and having that opportunity to hear feedback from our community. Just seeing the chart where we can very clearly see how our black and brown communities have been disproportionately dying from covid, having that laid

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out, it just gets to the importance that we have to ensure that we're being proactive in our approach. And then my question is around the vaccine incentives, just to echo what councilmember Casar was saying. We really need to think about increasing our incentive, knowing that we have to be more focused and targeted in our approach. We have already had more than 1600 of our incentives utilized by austinities. So we know that they are getting out there. They are working. U.T. Announce that had they agreed they are doing a weekly \$10,000 cash raffle for those who get vaccinated. And I know HT is also considering their vaccine program. So I'd also just like to highlight that we do have other stakeholders, and also did a vaccine incentive that so there are also some good information and data that we can capture from those

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type of vaccine programs that are being rolled out. I would like to see an increased amount from a \$50 gift card to \$100 cash, I think that those would help to move the needle in the targeted areas where we have less than 50% fully vaccinated. And director Sturup, I was glad to hear that we did a survey of those who participated in the aph vaccine program. Would you mind sharing a little bit about any feedback that you had from that survey and the data that is collected and any highlights that we should be aware of? >> Um, I -- my preference is to -- the perfectionist in me, it to have compiled results and present at the next meeting anecdotally what the staff has shared with me is that most of the people that showed up for the incentive -- this wasn't the thing that swayed them. It was the thing that just made them make the appointment sooner, rather than later. And so we need to look at what

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that sweet spot is about what's actually going to change someone's mind about the vaccine. And what I'm hearing from my colleagues across the region and in other places is that, yes, incentives aren't changing anybody's mind, it's just making that movable middle move a little faster to get the vaccine. So we'll have a full report out of the preliminary meeting. I do want to -- some of the comments that you made about the booster. So when we rolled out vaccine, we relied on trusted community partners and community-based organizations. And they used their lists to give us names and information of folks that needed help scheduling appointments. And those partners have begun to reach out to us again to prepare for that. And we have increased the capacity of the equity call center, and we're engaging 311 again so that we have additional phone resources to make sure that we can accommodate everyone from an equity perspective who

[10:47:03 AM]

doesn't have the time or the ability or the technology to schedule something online. To that end, we are still offering walk-up appointments with the caveat that your process will go a little faster because you will have to register when you come on-site. But you not being able to get through the equity line or not having access to a it computer is no longer a barrier. When we are talking about the online platform, we've updated it, we have the languages in place. We continue to make improvements so that it's user-friendly. When you're talking about the pd shots, the conversation this morning with the team was we don't want folks to have to make an email for a 5-year-old, what can we do in Austin health force so folks who already have an account with have like a custodial access for their kiddo. And within our system, and that includes all of the people that we see in our safety net programs that fall in the

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category of, you know, disproportionately impacted by disease or other factors in community -- we're preparing to do proactive calling to those folks, not only for the booster, but also to make sure they have received the first and second doses of the shot. So definitely lessons learned. Like I say to people all the time, when I was a kid I only wanted to get that punishment one time. You know, you might have to punish me a second time but it sure wouldn't be for the same thing. So I'm a big proponent of lessons learned and that the team is activating that as well as learning from what is going on in our region and across the nation with that. So thank you for daylighting those things during this conversation today. And your leadership on the recent item from council. Much appreciated. >> Thank you, director. And thank you for your responses and your feedback. I think that is really important information so I just want to

[10:49:05 AM]

extend gratitude to you and your team for all that you're doing. It's really important for our community here, that type of work, that they understand and they can hear and know about the important work that our public health department is doing. And just, again, thank you all for what you're doing. I will want to reframe a little bit of what you have mentioned about how the incentives are helping people to get scheduled. I think that is a clear indicator that the incentives are working. You know, we really are in a race against time right now, trying to get as many people vaccinated as quickly as possible. So these vaccines are the little tipping point that help people to get scheduled and we're getting them through the door a lot sooner, I think that is a great indication that the incentive program is working, thank you. >> Mayor Adler: Mayor pro tem. >> Harper-madison: Thank you, mayor, I appreciate it. And the members on the council have asked all of the questions and expressed the care and fears

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that I share. And I wanted to share briefly two stories that I'm thinking through when we have these conversations about what inspires people, what actually persuades somebody to get the shot. I talked to somebody yesterday, an artist in my neighborhood, who was hesitant to get vaccinated. Hesitated and only recently -- last week -- got their first dose. And only did so because they were disallowed from visiting their parents. Their parents said, hey, this is a choice that you've made and we appreciate it, that you want the autonomy to make this choice for yourself and your life, but we need you to know that this choice affects the people that are around you, including your family. So you are not allowed to visit until you are fully vaccinated. His brother wouldn't sit in the same room with him. And so he missed his family. He got vaccinated because he missed his family. Also, I wanted to say, much like

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many parents of covid kiddos, you know, especially our middle schoolers really struggled last year -- really struggled. And seeing the difference, the night and day difference, in my now 12-year-old that she's able to be around her friends and have that social interaction, that is so critical to their development. And this developmental period of their lives. She's a different kid. She's so happy. She's so much happier. And I want her to be able to continue to go to school. So when I'm talking to folks about what might just motivate them I'm putting out there for my 12-year-old to keep smiling and coming home and telling me silly stories. I want her to continue to be happier. So, please consider getting the vaccination so that we can keep everybody safe and healthy and well. You know, and really get back to

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doing the things that make us happy and help us thrive. So I wonder if there's a way to not make it so personal and really just scale those kinds of stories in our engagement and outreach. Thank you, everybody, for all the work that you have put into keeping us informed so frequently. It's very helpful. I can't tell you how many times I tell people to go back and watch the joint work session for them really to get the most accurate up-to-date data. So this is very helpful. Thanks for having us. >> Mayor Adler: Those are two great stories, mayor pro tem, thank you. I want to thank you as well as everybody else has this army of people who are doing just such phenomenal work. And one additional name, Dr. Thomas, Harry Thomas, I think he has a hundred

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physicians signed up on his voluntary list. And also out giving vaccines. I had the opportunity to be with him and his crew giving vaccines in conjunction with others this past weekend. And you have been out with that group before, probably others of my colleagues have. They were able to vaccinate 100 people when they were there and with el Buen doing just phenomenal work. And two things to register, I think that anecdotally that worked out there. One was -- it was cash. \$50 in cash got people going. I note that in Houston, while they were using a card, and it wasn't just tied to one store. It was like a Visa card and people could spend anywhere they took Visa, I guess. So I just give you that

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anecdotally as you're doing that kind of comparison work. The other one is reported too that sometimes it might be more than the incentive, and literally calling everybody that was a candidate. And they were calling every day and you can remember that it's three days, remember it's two days -- remember that it's tomorrow. And I think to the point that we've been hearing all along from commissioner Travillion and councilmember Casar and others, what we're hearing from the advocates that it seems to be working. But I wanted to just point those groups out as well. Director Sturup, in one of the report pages that you have, page 19 of the presentation, which is the vaccine data for Travis county by race and ethnicity, showing how -- what's happened in the most recent time period, I can't

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figure out if you look at that chart what the time period is. It looks as of August 29th? But I can't tell, you know, the number of additional vaccines that were given. I think that it was 11,000 first doses and 12,000 second doses. Do you know what time period the sixth column and the ninth column are? >> I'm pulling it up on my screen here. >> Mayor Adler: Okay. Some of the data that we see as it is reported tells us numbers by race and ethnicity going way back. And you all are getting more focused and better as you learn

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over time. So looking at some of the numbers to see how we're doing more recently I think is an indication of whether, in fact, we're getting better meeting our goals on that. I say that because if you look at the increase for first doses by race and ethnicity, the increase in percentage -- the percentage increase for the black population is 53% higher than the increase for the white population. And the increase for the hispanic population for the first dose is 90% higher than the increase for the white population. And our second dose is similar, the increase in the black community second dose fully vaccinated in whatever this time period is, is 37% higher than the increase in the white community and the hispanic community, is 74% greater than the increase in the white community. You know what time period we're

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looking at? >> I believe that is cumulative for -- >> Mayor Adler: It's the additional 11,818 people that have gotten one dose? And I don't know what period of time the last 11,000 were. >> Okay. >> Mayor Adler: Or 12,000 for both doses? If you could check on that and let me know what that time period is. Because whatever we were doing in that time period seems to be having the kind of results that -- that we're all trying to shoot for in getting to. And I mention that again because if you look at the other data, Dr. Walkes, that you handed out, you had again for the most recent period of time, which is the last two weeks, the additions that we're seeing by

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-- by race for the black community appears to be 5%. 5% admissions in that period of time. Which is closer to the overall proportion in the community. And the data that you presented for that same period of time on admissions, for ethnicity at 36% of the admissions in the last two weeks were folks -- hispanic folks. Which, again, is closer to their percentage of the community. Which, again, makes it look like something that we're doing may -- you can't extrapolate from one data point and I sure hope that is something that is able to maintain itself. If we look at the numbers in the icu, we see the same -- same thing. 5% admissions by race, African-American community. So, again, tracking the

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population. So if we could continue to take a look at that data over more recent time periods, that cumulative going right back, I think that is a good indicator of the work that you're doing and the strategies that are -- that are being -- being employed. With that, judge, I'll turn it back over to you. >> Judge Brown: Thanks, mayor. Yeah, so I think that all of this to me -- I just want to reemphasize again that we're seeing the numbers go up. I think that state wide the last surge period have gone up 11%, I think of new people getting vaccinated. I think that we're seeing similar numbers here. So to me it means that we need to -- and based on the success of what the collaborative is seeing when they offer the vaccines in the communities that we want to offer them to, people are taking them now. And, you know, as sad as it is, it is obviously a motivating

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factor, because covid is so terrible in our community right now. But I think that the action item for us is to make sure that we are providing as much access and opportunity to the vaccine as possible right now. And so I look forward to talking more with commissioner Travillion and aph, and county staff, to make sure that we are -- that at this very moment when people are willing to take the vaccine more than they were two months ago, that we're taking full advantage of that by making it easily accessible to the communities that we want. >> Travillion: Judge, I wanted to hammer the point home here that a lot of people never go to the doctor unless it's almost on their deathbed. Because whenever they go they stand in a long line and often are humiliated. And what we've got to demonstrate is that there's no humiliation here. There's no judgment here. And we will serve you and your family. I can't make that point hard enough that some people never go

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to the doctor because they -- they are made to feel less than when they do. So we've got to talk to people who can look them in the eyes and say we're not going to do that to you. This is something that can help you. But they're not going to believe it right off the bat. So it's going to take time and effort to make sure that we're giving them a message that they can trust. So I just wanted to hammer that home. A lot of us can't relate to that because we've always gone to the doctor. There's some people that never go to the doctor. And, you know, if you live in colonade park, you have two buses and they come every hour. And then you have to ride and change several buses before you get somewhere where a doctor is. So we've got to think about all of the barriers, historic barriers, and what we've got to do right now to say, you know, I need you -- I need you to trust

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me, because we want to help. >> Judge Brown: Thanks. And thanks again for everybody on this call and in particular for the people out in the field giving vaccinations and testing and doing all of the hard work every single day of the week. With that, mayor, I think that we're going to adjourn until -- or recess, I guess, until 11 -- 10 after 11:00 and I'll pass it over to you to do the same. >> Mayor Adler: I appreciate you doing that. I have one last thing. Dr. Walkes, the page 8, you have the mortality rate over time comparing us to other urban counties. You also have that broken out by race and ethnicity for us. If you could provide that same race and ethnicity information for the other urban counties, so we can see how our race and ethnicities are doing. Also relative to those urban counties. I think that would be good information and I think we have asked for that so if we could see that, that would be helpful with.

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That, judge, we're going to go going to go ahead and end our meeting here August 31,2021, our portion of the joint session. Colleagues, we have the txdot presentations which we're going to jump right on. And we lose our experts, our councils from one of our executive session items at 2:00 so we'll take those things during that period of time. And lunch, we'll have to fit in there somewhere. So 11:10, let's come back quickly -- and we are adjourned. Thanks.