

City Council Special Called Meeting Transcript (Joint Meeting with Travis County Commissioners Court) – 11/30/2021

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>> Judge Brown: We're meeting here at 700 lavaca street with everybody, we have commissioner gómez, Shea, Travillion and Howard and myself. And then I will hand it off to mayor Adler to call the Austin city council to order. >> Mayor Adler: Judge, thank you. I call to order the special meeting of the Austin city council here on November 30th, 2021, at 9:11. We have nearly a quorum, not quite, but I'm ready to convene this meeting since we're not taking any action. And I will announce quorum when it arrives. They say they can't hear me. >> Mayor, can you hear us? >> Mayor Adler: I can hear you. [Echoing audio] >> Yes, we can hear you, mayor. >> Mayor Adler: Can you hear me

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now? >> Yes. >> Mayor Adler: Okay. Judge, can you hear me? >> Judge Brown: Yes, I can hear you. >> Mayor Adler: Okay. We're convening the Austin city council meeting here on November 30th, 2021. Time, 9:12. We don't have a quorum present, but we will convene this meeting since we're not taking any action and I'll announce the quorum when it arrives. Judge, go ahead. >> Judge Brown: Thanks. I call to order the joint meeting of the commissioners court and the city council to receive briefing on covid-related matters. Larry, do we have any callers today? >> No, judge, not for the joint session, sir. No. >> Judge Brown: Okay. I don't think that there's anyone in person here to testify on anything. All right, so we'll go ahead and get started and I'll hand it over to Dr. Walkes and director Sturup. >> Dr. Walkes: Good morning. >> Judge Brown: Good morning.

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>> Dr. Walkes: Everyone have a great Thanksgiving. >> I'm sorry, Dr. Walkes, I thought that I saw -- >> Mayor Adler: Saw who? >> Six. >> Mayor Adler: Okay. We'll announce that after the presentation. I see councilmembers pool, I saw councilmember kitchen, and I don't see her now and I don't have a screen that lets me see everybody. Um... Kathie, I saw your block but I didn't see you, but I hear your voice. >> Councilmember Ellis is online and mayor pro tem harper-madison is also online. >> Mayor Adler: That gives us six then and a quorum. Let's go ahead and proceed. >> Mayor, I'm here as well. >> Mayor Adler: Got Ya. Sorry, Dr. Walkes, go ahead.

[9:14:49 AM]

>> Dr. Walkes: No problem, sir. Good morning, everyone. We're here to talk about the situation regarding covid-19 in our community. Next slide, please. And as I always do, I will start with this slide to give you some perspective on where we've been and where we are at this point. We've had five cases in the past several weeks. We've had a decrease in the numbers of cases in the last seven days from an average of 620 or so in the past seven days, we've had 435 cases. And if you go to the next slide, please. When we talked last time, I showed this figure from the U.T. Modeling projections report that suggested that our current

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hospitalization thresholds, if we just looked at those with regards to making recommendations for guiding our community on what mitigation strategies they should use with regards to masking, etc., that we would have a surge in cases. And the recommendation was to add to our guidance and ongoing risk assessment the community-based transmission rate, which looks at the number of cases per 100,000 in a seven-day period prior as a way of assessing what the spread was in our community and how many people were getting infected prior to the need for hospitalizations. This number gives us some guidance on what the activity of

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the virus is in our community. And so with the addition of that, you see in the graph on the right-hand side that the projections show that those surges could be averted. And so in these past couple of days we have been educating our community about that and if you will go to the next slide, please, you will see here a graph that we took from our CDC data tracker site which gives the definitions of what they're using to make the assessment of the community-based transmission. They're using two metrics. They're using cases per 100,000, the case rate per 100,000 seven days prior and the percent positivity rate. And they use whichever of the two of those is higher to assess

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what the community transmission rate is in a given community. Next slide, please. We've reassigned our risk-based chart and this is showing the vaccinated version of the risk-based chart that everyone is familiar with. In addition to the thresholds for our staging that we've

been using all along that look at the seven-day moving average of hospitalizations which here is represented on the left-hand side of the chart in our bar. We are also adding in here the transmission thresholds that we're seeing on that previous slide. We did have a breakdown of the

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low category from what the CDC showed, which was less than 10 to less than 10 and less than five, so that we would have the five stages that we're accustomed to in our community to guide us as we move forward with the pandemic. When we made these initial modeling projections, they looked at the delta variant and its transmissibility and its rate of spread, which is 1.65 or of 65% more likely to spread and they also looked at something that was twice as transmissible and 2.5 times as transmissible. And in each of those scenarios, the addition of this community-based transmission will allow us to guide the

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community on measures they can take to keep our numbers of cases that end up taxing our hospital systems down by guiding the community on ways to reduce spread. If we could go to the next slide, please. Similarly, we redesigned the dashboard with the help of our elected officials and their guidance on how to best communicate the complexity of what we're talking about. We moved things that we already were showing on the dashboard and highlighted them in boxes so that they were a little bit easier to allow the data that was being presented. We're going to do some redesigns

[9:21:02 AM]

on color as we go forward, just to make it a little bit more self-explanatory. We tried to get this up before Thanksgiving because that was a large holiday, long holiday weekend, and we wanted to really get the message out about masking indoors in public places. But the idea is that we'll take this information and update it daily to inform the public on where we are in this pandemic and how our hospital systems are doing as a result of measures that are being taken by our community. So as you know, we've been in stage three for some time now. And the reason is that we've been on the threshold of stage three and stage two for quite some time. And throughout our country and

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in Europe, we have been seeing some increases in the numbers of cases and surge in hospitalizations. So mindful of that, we've had been waiting for a trend downward to put us solidly in stage two. And we've at the same time seen a high rate of community transmission. Prior to yesterday, our numbers last week were in the 50, 60 range, which would put us in a substantial rate of community transmission. And the positivity rate, however, was 4.9, which

from our brief look at that graph earlier, put us at a low positivity rate. But with we track the community transmission rate, particularly

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the cases in seven days per 100,000, we're seeing that that number goes up typically prior to a surge in hospitalizations. We've been talking to our community about this for the last couple of weeks, and urging them to increase masking in indoor public spaces where they're not familiar with the people that they're around, don't know their vaccination status or their health status. And there has been some increase noted in that behavior in our community. And now as of yesterday, our community transmission rate for cases per 100,000 was noted to be 36.7 cases per 100,000. We're hoping that this is something that we'll continue to see tracking going forward. This may be due to the period of

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time that not only our offices at aph but the federal government offices were closed for the holiday weekend, if this is indeed true, it truly is a testament to the effects of the community coming together and using masking to help prevent spread. In any case, at this point in time we see that the community transmission rate is as listed, 36.7. And our hospitalizations, seven-day moving average, is at 13. So we're still on that cusp of stage three and when those numbers continue to trend downward, then recommendations could be made for moving into a lower stage. But at this point, particularly given our current notice of a

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new variant, the omicron variant, we're being very cautious about moving our staging downward and relaxing those recommendations for masking indoors and in public places. You will also see on this dashboard that we're including the number of individuals hospitalized. Those in icu, those on ventilators in that top blue box. We're looking at our new cases in the last seven days. The new cases that were reported to aph as of yesterday, doubling time in the beige boxes in the center portion on the right and then for comparison we're looking at the community transmission for Texas and for the United States to give you some idea as to how we're faring as compared to our neighbors in

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our state and nationally. Next slide, please. And given the spread of the highly transmissible delta variant, the CDC has advised that local decision makers should assess the factors listed on this slide -- community spread, or transmission, the health care system capacity, which we do with our seven-day moving average of hospitalizations, vaccine coverage. That includes not only those who are receiving the first series of vaccine, but also those who are requiring boosters. And then detection of cases. And the assessment of our at-risk populations, particularly our senior citizens and those who are unable to be

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vaccinated, or children under the age of 5. As always, vaccines will prevent this vaccine preventable disease. And use of masking and social distancing will help also with preventing the spread of this disease. Next slide, please. Last week we had 75 admissions to hospital. This is the first time in several weeks that there was a significant increase in admissions in this reporting period over this last month. And if you go to the next slide, please, we continue to see the impacts that we're having in our communities of color and the black and hispanic communities

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in particular. There's still a higher impact in those communities. There's an equal distribution of the impact by race. And the ages of those who have been impacted by this delta variant are younger as noted in previous presentations in the 30 to 49-year-old age group. Next slide, please. Our vaccination is still protecting those who are getting covid-19, are almost all unvaccinated. We do know that there's some waning immunity that we're seeing with regards to the vaccine and booster has been recommended. And yesterday the CDC recommended that those over the age of 18 should get their booster shot to increase and

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improve their protection for covid-19 from the delta variant, which is what we have circulating now in our community at a 99% rate. But also in anticipation of any possible variants that we may encounter, including the omicron variant. Next slide, please. I show this slide to, again, to emphasize that vaccinations are important. This shows that our most vulnerable population early on in the pandemic, those living in long-term care facilities who have been vaccinated and now have been receiving boosters, have had the protection of vaccine. The one case that's been shown here on this slide in the last 14 days is an individual who is

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a staff member who was unvaccinated. We've seen historically throughout this delta surge that those in our long-term care facilities have been protected by vaccine, and those that have had the breakthrough illness have largely had mild illness and not required hospitalization as much as they would have if we had not been able to protect them with vaccine. So we continue to stress the importance of vaccination protection and coverage for not only our long-term care facility residents, but all of our community. If you could go to the next slide, please. This slide shows the deaths that have occurred since vaccines were deployed in our community in late December of 2020. And we've had 613 deaths this

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year. We've had 1,188 deaths overall since the beginning of the pandemic. I show this to emphasize the fact that vaccines are important. They continue to protect those who are vaccinated from severe disease and hospitalization and death. There were 8% of those deaths that have occurred since vaccines were available, occurred in those who had chronic disease and had compromised immunity as a result of that. So we need to get those in our community who are unvaccinated vaccinated and anyone who is eligible for a vaccine, and that would be anyone who was vaccinated before June the first of this year, that they're

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eligible now for vaccine booster shots. And we urge all of those who have not gotten that booster yet to get out and to get their booster shot. Next slide, please. Of the 122,630 confirmed cases of covid-19 that we've had in our community, only 9,902 have been vaccine breakthrough cases. And we have delivered over 1.8 million doses of vaccine in our community to date. So that is another testament to the protection of vaccine, of the 9,900 people that had

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breakthrough cases and that we have been able to reach those individuals. 90% of the cases that were reported and investigated were symptomatic. 99 of the 9,900 were hospitalized. 50 females, 49 males. The age range was between 21 and 97 years of age. We had the 49 deaths that I mentioned earlier. And the age range of those individuals who died was from 17 to 98. 15 of those were long-term care facility residents. And, again, as I mentioned had chronic medical conditions, including things like renal disease and cancer. Next slide, please.

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I show this slide again to remind us that there can be asymptomatic transmission from a vaccinated individual to someone who is unvaccinated. And so it's important for us to protect our loved ones, those who have compromised immune system or are at risk for a severe case of covid-19. By wearing a mask and getting vaccinated, and if eligible, getting booster shots. Next slide, please. And to finish this presentation, I want to briefly go over what we know about the omicron variant. The b11529 version of the covid-19 virus. It originated in South Africa. Unfortunately, it was reported

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quickly by the south African public health officials to W.H.O. And scientists around the world that are now working to quickly ascertain what the impact of this variant is going to be on all of us. As you know, viruses mutate, and this virus has mutations, some have reported as many as 43. I heard a report from someone at nih that there may be as many as 50 mutations on this particular variant of covid-19. We have not had any reports in the United States as of yet, however, there are two cases that have been reported in Canada. And the assumption is that there are already those who have this variant in our community in the United States.

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But we've not identified that as of yet. And the point is that this is another variant of covid-19, just as we initially had the delta variant, and then the U.K. Variant before that and the strain from Wuhan before that. So it's still the same measures that we have been using all along to protect ourselves. We now know and have this vaccine that protects us from developing this vaccine preventable disease. We have yet to find out how let vaccine will protect us, but we have reports that the cases that have been seen in South Africa have been mild, so we assume that there will be some level of protection from the vaccines that we have.

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And it is important that those who have not received a vaccine, that they go and get vaccinated. And for those who are eligible for boosters, that they go and get their booster vaccination. Yesterday in a press conference at the white house, the president and Dr. Fauci said that it is a time for concern, not panic. This is a variant of concern because it seems to be spreading more rapidly, although that is something to be determined as the weeks go by and we gather more information. And we have to take the actions that we know work to fight this virus -- get vaccinated, get boosters, wear masks in indoor public spaces. The bottom line is, if you're sick, get tested. Stay home. And contact your health care provider for advice to see if

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you qualify for treatment with monoclonal antibody therapy or to see if you need any other additional health care from your provider or in hospital. And with that, I'll end my report. Thank you. >> Judge Brown: Thank you, Dr. Walkes. Go ahead, director Sturup. >> Good morning, everyone. I'm happy to be here. We heard about the science and now I'll talk to you a little bit about the services that Austin public health is providing. On this first slide, you can see an overview of our response operations for the month of November. We've given out a total of 1,099 first doses, 825 of those were P.D. Doses of pfizer. Excuse me.

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And we've given out quite a few booster shots this month. You can see the total there, all the way over to the right, at 5,049. When we look at testing, the numbers at the expo are new, so no comparison, but we see at the other sites, saint John's and with mobile testing we have seen some decreases in the number of tests that were performed. And that brings us to the slide about our testing operations. And just to reiterate what Dr. Walkes just said, if you are sick, get tested. If you are exposed to someone who tested positive, get tested. And if you are not sure, get tested. We still have in-home testing opportunities by calling 311 or 512-974-2000, and we'll come out to your house if you're unable to get to one of our sites. If you have insurance, there are

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other testing options and providers available. We suggest that you call your local doctor to get more information about those testing services. But as for what aph is offering, we're still at the George morales dove springs rec center and now at the expo center for a drive-thru option. And, again, I mentioned the mobile or the in-home testing options where you can call and make appointments, 311 for in-home testing, for mobile tests, it's 512-972-5560. And we continue to support our partners at senior living facilities, homeless shelters, and other facilities with testing. When we look at our vaccinations by week for Travis county and this information is pulled from the Texas department of state health services, and also from imtrak, we can see that we had that little bump up, and that was probably early on when it

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was available and now we're still trending off. Travis county at this point is 67.53% fully vaccinated for those 5 and older. The fully vaccinated rate for 12 and older is 74.5%. The 5 and up kids are more than 114,000 kids in our community that need to be vaccinated. And that increases the eligible residents or the eligible population to 1.2. Year-to-date we have -- or there have been 1.8 million doses administered in Travis county. When we look at the cumulative vaccine distribution in Travis county by age, and, again, this information comes from dshs, you can see that 5 to 11 range is not what we would like.

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But there is some solid progress. Unfortunately, that is a trend that we're seeing nationally. Parents are still weighing the risks versus the benefits for getting their kids vaccinated. But as Dr. Walkes just explained, you know, the science is there. Vaccines work to protect from covid. So we encourage all parents to consider getting their children vaccinated. When we look at the distribution of pediatric vaccines by race and ethnicity, unfortunately, we're seeing the same trends as we have seen in the other age groups with some underrepresentation in the black and hispanic populations. When we look at the number of Travis county residents who have not received their second dose, that's approximately 127,000,

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and the amount of folks that are unvaccinated is 265,000. And that number has jumped up because we've now included the 5 to 11-year-old age group. Again, when we look at our vaccine data by race and ethnicity, we do see in all of the groups that there is some dropoff. Again, of concern is our hispanic and our black or African-American populations, at 45% and 34% respectively. And so, you know, we continue to work as a department, and with our Travis county partners, to figure out what are the best strategies to make sure that we're not only making vaccines available, but we're also providing people good information to combat disinformation that is, unfortunately, out there on a lot of social media outlets. So that folks can have, you

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know, a solid footing when they're trying to make a choice about their vaccine status. When we look at the maps for the first dose, not any significant changes. The green means that that zip code is over 70%. The blue means that we're in the 60% to 69%. And the yellow is at 50% to 59%. So the good news is that we don't have any communities that are below the 50% mark for first dose when we look at the fully vaccinated or second-dose map. A little more colorful here. We have that below 50% in the

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78705. That brings me to our vaccine operations, as a reminder to the community, we do offer walk-up appointments, so rather we have walk-up clinics, where no appointments are necessary. We do acknowledge if you make an appointment, your visit will go a little faster. We don't require any identification, there are no fees associated with the vaccines we give out at any of the locations. If we look at the resource fair will have vaccines at that event. The pflugerville library, at the activity center since elementary and at saint James missionary Baptist church this Saturday. Other mobile events include

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being out at the middle school, north early -- northeast early Colle so we usually have a slide that gives all of the communication outlets or the places that we have shared our messaging and we felt that it was really important this week to remind our elected as well as our community, that no matter where you see it, that these are the key things that we're trying to communicate to our community. And the community transmission rate is a critical piece of information that allows the public to make good choices to keep themselves and others safe from covid-19 and to help us to prevent another surge. Hands down, getting vaccinated is the best way to protect ourselves from all variants of covid-19. Most people can now, as Dr. Walkes mentioned, can get their boosters as well. That guidance has been updated

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and masking. We know that masking in public will help to reduce the spread of covid-19 and protect our hospital system. And something that Dr. Walkes said earlier really resonated with me. And every time that the virus spreads to an unvaccinated person, it gives it -- it gives it, rather, the opportunity to mutate. And so if you're a vaccinated person, you do your part, because you show that the second to the last slide where 25% of transmission comes from vaccinated people. So we're walking around and we're all saying that we're good but it's also important for our community that we take that extra measure to protect those who might be immunocompromised, who might need their booster, or who are unvaccinated. And taking that extra step, we do our part in helping to reduce the appearance of more variants of concern. When we look at community

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outreach over the past few weeks, over a thousand individuals that were reached, we were at the St. John's fall fest, and at St. James, and we're at the Bella vista apartments and the Riverside town homes and the wildwood apartments and at the reconciliation church of Austin, and also at greater Baptist church. What is significant about these areas is that they're all in zip codes where we're seeing that lag in vaccination rates, and they're either a high percentage of residents that participated in worship services, or who live in the residences that fall in those populations that we're really trying to focus on and support making a choice to get vaccinated. And so then as usual, I'd like to end with a picture of our awesome teams at work. So this week, not only do we have aph staff but staff from

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the watershed department handing out ppe bags and giving out information about where folks can go to get vaccinated. And with that I thank you for your time this morning. >> Good morning, judge brown, mayor Adler, and court and commissioners. I'm chuck Brotherton, the Travis county executive for emergency services here this morning to provide y'all with just a brief update of the activities that our mobile vaccination collaborative have been doing, which are supplementing the wonderful work that Austin public health is continuing to do in our community. The mobile vaccine collaborative continues doing strike teams and pop-up clinics seven days a week. We are appearing on weekends, of course, at the Travis county expo center on Saturdays and Sundays from noon to 4:00. And then six days a week, Monday through Saturday, we are in a variety of locations including

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the J.D. Markets and other retail locations in the eastern crescent. And in October and November, we have been intensely focusing on getting into our title I schools in the eastern crescent to vaccinate the pediatric populations, ages 5 through 12. Helps us in that effort are the UT school of nursing, the central Texas allied health institute, our long-time partner ascension Seton, of course, and Travis county constable precinct 4, constable George morales. So you will hear this morning from Todd Hampton who is the central Texas allied health institute's campus president, and also from constable morales, and I will turn it over now to constable morales. >> Good morning, commissioners, councilmembers, judge, mayor. We continue to focus on outreach and education, doing the work to ensure that our teams are

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successful. Our vaccine collaborative gave 1,620 shots this past week in November, for the total our mobile vaccines gave a combined shots of 4,695. For the month of November, 1,004 were pediatrics, 5-11. With the help of central Texas allied health and Seton and, of course, we did a clinic with Dells children. We handed out a total of 7,400 fliers to our highly affected zip codes

along with 1,673 phone calls. We targeted the areas of 77857, 77824, 41, del valle and the 77844. And we will continue to work with our asd title I schools that are in highly affected zip codes. This week we're completing 48 clinics, with four school districts in the eastern crescent along with our static

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locations of J.D. Supermarkets and our poco locos and they include ISD, and manor ISD and pflugerville ISD and that's a total of 24 schools, elementary schools. We work with the consulate also. So event this is week at the local districts, we have del valle schools, Popham, and del valle middle school, hillcrest, Daley, Smith, del valle opportunity center. We have pflugerville, which is river oaks, timberton, copper field, Ruth Barron and Caldwell, along with manor ISD, blue bonnet and shadow blend, manor new tech, and decker middle school. We are doing three with Alison elementary, and I'll turn it back over to chuck.

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>> Constable, thank you. Mr. Hamilton, I'll turn it over to you to hear an update from central Texas allied health. >> Thank you, chuck, I appreciate it. Good morning, everyone. Central Texas allied health institute for the month of November has completed 689 total shots. During this time, we have worked with Austin ISD and manor ISD. And then we have -- we do have our independent static location on 1400 Tillery. The 689 shots are 293 adults and 396 pediatrics, with the ISDs it breaks down to 86 adults and then 278 adults for Austin ISD. And manor ISD, 98 adults and 81 pediatrics and at our independent sites we have done 109 adults and 37 pediatrics. We worked diligently and try to

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get the word out around the eastern crescent around our pediatric -- excuse me, around our independent site, handing out fliers and going to different businesses around the community to let them know that we are there and we are there to service the area. Even though we are going through reconstruction and remodeling right now, we are still open and ready for people to come in at any time. And I'll turn it back over to chuck. >> Thank you, Mr. Hamilton. Judge brown, mayor Adler, thank you for allowing us to be here this morning and turn it back to you for any questions. >> Judge Brown: Thanks, chuck, and constable, and thank you, Todd Hamilton and director Sturup and Dr. Walkes. So at this time we're going to go through the question part. We are about to have a hugely full agenda today, so I ask folks if you can to keep it to one question to the folks that presented today. I will start off on our end with commissioner gómez and see if you have any questions.

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>> Gómez: You say that y'all gave to children? >> Judge Brown: Constable, are you able to hear? >> I'm sorry, I couldn't hear her. >> Judge Brown: How many pediatric shots did you give? >>

4,108 pediatric shots. >> Gómez: Thank you. >> Judge Brown: Great. Commissioner Shea. >> Shea: Just really a huge shout out and thanks to everyone who is onboard and I'm really thrilled with the results from our newest participant with Dr. Thomas Hawk Day's group. With the emergence of the omicron variant, I hope that the people who -- for reasons that I still don't understand -- are claiming this isn't real or that masks are a huge infringement on their freedom, will start to understand that it's largely in the unvaccinated population that this virus is mutating. Yes, some breakthrough, but the

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majority is in the unvaccinated population. So I just hope that people will get that message and I think that we need to reinforce it as strongly as we can. But thank you all for your great work. >> Judge Brown: Thank you. Commissioner Travillion. >> Travillion: Once again, I want to thank you for the -- for the tremendous work that you've done, particularly the work that you've done to work in our Title I schools to go to the communities where families are. And my only question is, as it relates to the walk-up clinics, have we -- are these clinics on bus lines? And, if so, have we reached out to Capital Metro to see if we -- particularly if they are pick-up Zones, have we reached out to Capital Metro to see if there's some way to arrange transportation for people who would like to get boosters, but don't have the transportation to

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get there? I know that they -- they are willing to work with us as it relates to helping community folks. Have we reached out to them to see where -- how close our operation centers are to public transit Zones and what they might do to help us facilitate getting people to and from the area? >> We haven't had those >> We haven't had those conversations recently, but in the early stages, CapMetro was a very good partner so I will ask the staff to follow up and see what, perhaps, we can arrange. >> Travillion: Llanes Banks is the person that I think you ought to reach out to. And if he is not a part of the coordination, he can guide you to the folks who will be. >> Commissioner, a lot of our static locations are on bus lines and within the community,

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all elementary schools. We do monitor that area so that rides are needed, we can take a shot to the home, 854-shots. With the communication we have with our call centers, some of that stuff is being completed as we speak. >> Travillion: Appreciate your hard work. Thank you. And I guess the only other question is, is there anything else we can do to be helpful in the process? Is there something that you have discovered since we met last time that we should be doing that maybe we aren't doing yet? >> Commissioner, we are constantly reviewing and refining our operations looking for ways to improve. I don't have anything top of mind. Director Sturup may. But we certainly -- when we come up with an idea, anybody that comes up with an idea, it's quickly communicated up the chain and we will bring it to you.

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>> Travillion: Thank you for your hard work. I appreciate what you're doing for the community.
>> Judge Brown: Thank you. Commissioner Howard. >> Howard: Thank you to everyone for your hard work. I had a question for Dr. Walkes. Over the holiday weekend, I heard from three different families who were not vaccinating with the justification that they had had covid -- you know, a positive test. Could you comment on the need for vaccination despite having had covid? >> Certainly. Thank you for that question. We know that we -- our bodies do make antibodies when we have been ill, including from this virus, that causes covid-19. However, those antibodies, we think do not confer -- give us protection for longer than about 90 days, is what the rule of

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thumb is. And we recommend that people who have had covid, as soon as they've been told that they are recovered, which for most individuals is after ten days after symptom onset, that they go and have the vaccination for covid-19. The vaccine gives a much stronger and longer-lasting level of protection for the covid-19. And it's important, particularly with this new variant that we're anticipating will be here soon, that everybody have that protection. So we strongly urge those who have had covid-19 to go and get their vaccine. >> Howard: Thank you, judge. >> Judge Brown: Thanks. Hey, Dr. Walkes, I'm trying to do some math on the fly, which is never a good idea. It seems like everybody in

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Travis county has vaccinated 24% of kids 5-11, which is not where we want to end up, but we're making good progress on that. I can't tell from the state website what the population is for comparison. I see statewide they vaccinated Texas as a whole, 335,000 kids 5-11 but I can't find the -- whatever, denominator of how many kids 5-11 are in Texas. Do you know what the statewide rate, by any chance? >> The last time I checked was last week and it was somewhere between 3 and 5%, but I can have someone check and get back to you, sir. >> Judge Brown: Just knowing that comparison, because it looks like -- my math could be off. It looks like we're doing well compared to the state average. Thank you. >> Sure. >> Judge Brown: Mayor, I will pass it on over to you. >> Mayor Adler: Thank you. We're going to start with the mayor pro tem and work our way to district 10.

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Mayor pro tem, are you with us? We'll come back to the mayor pro tem if she joins us. I believe she was here earlier. Councilmember Fuentes. >> Fuentes: Thank you. Good morning, everyone. My question is for director Sturup. I wanted to ask about, you know, recently Austin city council invested in community health workers and we received federal funding to also expand our community health worker workforce, and as part of that funding, we've partnered with community organizations and we've also recently had a career fair to hire community health workers, and I believe later in December the city will be releasing an rfp to partner with

more community organizations who can help us with our community health worker strategy. Can you talk us through how the community health workers are currently helping with

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getting -- filling the gap on getting folks vaccinated and also with the booster strategy as well, and with kids? How are we utilizing that part of our workforce to help during this time? >> Certainly. Thank you for the question, councilmember Fuentes and for your unwavering championing of community health workers in our space. They are definitely a valuable resource when we're talking about behavior change and personal health. And a lot of the interactions that I talked about at the different churches were done by community health workers. I was in the office the other day and two of them came in and are like, can we see what you look like without your mask? We were talking at a distance and they were sharing with me about how fulfilling it was to be able to have those very

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personal conversations. And these were two women talking about how they were conversing with moms, and they were able to connect, you know, on that basis of wanting to protect your kids and trying to understand to do what's right. And they managed to get a couple of people to say that they would go to a site. And so it's those incremental interactions that are really going to make a difference when we're talking about those behavior changes and supporting folks, and making that next step. And so we continue to recruit and to train the community health workers. Our disease prevention and health promotion unit works to create a toolkit of sorts where they can go down and pick up different flyers to take out with them to their outreach events. They're always armed with where we're going to be in terms of testing and vaccination. And so we really hope that as we grow that workforce and get more folks on board, that we'll be

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able to deploy them into all of the areas that we talk about every other week that are lagging behind. They have been key for that personal interaction. >> Fuentes: Wonderful. Thank you so much for sharing that tidbit. I greatly appreciate it. Thank you for all that you're doing. It's good to hear how that level of investment is working, and it's an important and critical part of our strategy to get more folks vaccinated and protected. Thank you. >> Mayor Adler: Thank you. Councilmember Renteria. >> Renteria: Yes, mayor, I just want to also say thanks to all the providers and volunteers that are out there. I went down there last week and saw that they were administering vaccine shots there to our people, so I want to say thank you. I also want to remind the public that, you know, the cold and flu season is here.

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So please take care. I know three people, my friends and family, that already have caught that. So, it's out there and it's coming. And I just want to make sure y'all take all the prevention and don't go to work sick, because you're just going to get your colleagues sick. So I just want to make that public announcement. Thank you. >> Mayor Adler: Thank you. Councilmember Casar. >> Casar: Thank you, mayor. So, considering that we're trying to get those pediatric numbers up, can we get a status report on how it's going with the school permission slips and signups? The process of children getting vaccinated at school just through the -- sending a slip in kids' backpacks? >> For aph, I'm going to have to ask staff to send me that answer. I don't have it off the top of my head.

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But I did get the answer for the 5-11, and statewide we're at 12% that are vaccinated or have received one dose. And I will ask staff to give me that information and circle back to you. >> Casar: That would be great. Thank you. >> Mayor Adler: Councilmember kitchen. >> Judge Brown: 11.6% statewide compared to 23.8% of Travis county, does that sound right, those two numbers? >> Yes. They rounded up for me, but, yes. >> Judge Brown: Okay. Cool. Thank you. >> You're welcome. >> Mayor Adler: Councilmember kitchen. >> Kitchen: Yes, I quantity to want to add my thanks to the work that you all are doing. It's been a long marathon and appreciate everybody's efforts. Particularly concerned about the kids right now, so I'm wondering, director Sturup, have we reached out to the

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medicaid programs in the city? There are -- those -- a lot of the participants in those medicaid programs are children. And so they -- I know that the medicaid programs have done quite a bit of work in the past to help make sure that their members are vaccinated. So there may be an ally there for you in terms of reaching out to the children. And they have community health workers and care coordinators that work with these families and kids. So that may be something you're already doing, I just wanted to bring to your attention if you hadn't. >> It is not something that we're doing, but I wrote it down on my long list of things to follow up on, and we can get with the staff to see what kind of headway we can make there. That is a very good idea. Thank you. >> Kitchen: Yeah, I'm happy to help with contacts, if that's helpful. I'm thinking particularly of the

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children. And the medicaid programs work with our most vulnerable kids. And it might be a good way to try to help reach those. >> Thank you. >> Mayor Adler: Okay. >> Yes, ma'am, we have been talking with our partners at community care's central health and some of those larger groups that are caring for children in that population. >> Kitchen: That's great. I'm also thinking of the actual medicaid programs themselves, in addition to the providers. So that's excellent. All those partnerships are really what we need to reach into the community, particularly since I think I heard you say that part of the issue -- or maybe it's most of the issue -

- is concerns on the part of parents. Is that what I heard, you're hearing? >> Yes. There's some uncertainty with parents on the safety and belief that vaccines are safe and

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necessary for children in that age group. We did a survey of parents in Austin, in aid, and there was a large majority of parents who were still on the fence, but a lot who were just kind of like, eh, I don't believe it's necessary at this time. So it is going to take a lot of communication and education for folks to understand that there is safety, and the benefits outweigh the risks. And since I'm on the mic, if I could go back to councilmember Casar's question, is that okay? >> Mayor Adler: Yes. >> Kitchen: Absolutely. That's all the questions I have. The only other question I had that you might speak to, point us to some documents or information that we can use to send out to our districts. >> I will have a package created for each of the councilmembers, and if the commissioners would

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like as well, I'll send it to Mr. Brotherton so everyone will have it. For most of the clinics, parents are on-site, so that hasn't been an issue, but there are some clinics where we are providing the permission slips ahead of time and unfortunately, that process is hit or miss. And so in working with our school-based partners, the staff felt that it's more viable to offer a clinic when parents can be available, because the school can't force the child -- even if the parent signs off and the kid gets into the room and decides not today, friend, there's not too much that that practitioner can do to convince them, so we're trying to have parents on-site, hence the hours that we're making the clinics available so that it can be part of the parent's workday, or after the parent's workday, rather. >> Casar: Thanks for laying that out. We just heard from so many -- I

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heard from multiple parents in similar meetings that people work all sorts of hours or multiple jobs, and having that option available is helpful. But it's good to know from experience what's working and what isn't, so thanks for checking in on that. >> You're welcome. >> Mayor Adler: Thank you. Councilmember Kelly. >> Kelly: I have no questions at this time. >> Mayor Adler: Okay. Councilmember pool. You're muted. >> Pool: Have any -- >> Mayor Adler: I think I heard you say you don't have any questions at this time. Thank you. You were breaking up. Councilmember Ellis. >> Ellis: Thank you, mayor. I certainly appreciate all the hard work that's going into this to make sure, as many folks in our community can be vaccinated as possible. I've enjoyed seeing the pictures of the kids who are excited to get their vaccinations. It's exciting to see those young ones who have had to wait for so long finally be able to get one. Since I've asked over many months when the under 18

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vaccines would open, now I'll change my question to under 5. What is the expectation? Will it be everyone from newborn to 5, will it be 2-5, what kind of timelines are we looking at for anyone who's not eligible yet? >> We don't have the timeline at this point. They are still working on that age group. Hopefully it will be very soon, but we don't know as of yet. >> Ellis: I will keep my eyes and ears open. Thank you. >> Mayor Adler: Councilmember Tovo. >> Tovo: Thank you to the staff and partners working to get vaccinations out. Yesterday, councilmember Alter and I and several of the Travis county commissioners had an opportunity to hear more about outreach to school districts, and the way in which the

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pre-education programs at those schools are really helping answer some of the questions and address some of the concerns that families have. So, thank you for that approach. I think that seems really, very smart just in my communications with some of my younger family members, I know they have some concerns about vaccinating their 5-12-year-olds, and so addressing this concern seems really important to making sure that we're getting those vaccinations into the arms of children in our communities and making sure they're as safe and protected as possible against this virus. And I think director Sturup, you said earlier in a conversation about the booster shot that people should contact their practitioner. I wanted to invite you to -- [coughing] >> Tovo: Don't have their own family doctor, and they want options beyond Austin public health, it was my experience that it was very easy, it was less than a 24-hour wait to get one at a local pharmacy.

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And I know many of our pharmacies and other places as well are offering those booster shots for adults in our community. And I wanted to invite you to verify that and make sure that people in our community know that if they don't have their own family doctor and one of the sites in Austin public health is not convenient or is not on their immediate path home, that they can pretty easily get one with a very short wait at one of our local private partners. >> Indeed. And so if you don't have a primary care physician and you have questions about the vaccine, you can call our nurse line, and you can get those questions answered. And then you're exactly right, you can go to almost any retail pharmacy. I made mine at a CVS and got an appointment the next day. They do ask for insurance information because I believe there is an opportunity for providers to receive

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reimbursement, but there is no out-of-pocket cost for you to receive the vaccine at the retail pharmacy. And if you don't have insurance, that is not a barrier as well. So, you're right, it was quick and easy. I got my flu and my booster, same day, same arm. So I encourage the community to look into all of the options that are available. Thank you for raising that. I appreciate that. >> Tovo: Sure. And just one other thing, I know councilmember Casar, I will just say anecdotally, I noticed several schools are sending home the permission slips for flu

vaccinations, so I appreciate you asking the question about the covid vaccination, but at least the flu is getting out through prior permission slips, so that's a good thing. >> Mayor Adler: Councilmember alter. >> Alter: Good morning. Thank you, Ms. Sturup, for raising the flu question. I think it's great that, you know, our community can get both

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of those shots at once if they haven't already gotten their covid vaccine. It's super important. My question has to do with the booster shots for those who are under 18, particularly the 12-18 range, some of whom are now that certain period after their second vaccine. When do we anticipate authorization for booster shots for that 12 to up to 18 age range? >> We've not been given guidance on that yet. I know there's discussion about it, but we still don't have that guidance, so we're just waiting for it from the CDC and fda. >> Alter: And do we know that they're working -- they haven't given any sense of a timeline of when they will have any of the studies or anything done? >> No, not yet. But I'm anticipating that it's going to be top of mind, especially with the coming variant, so more to come on

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that. >> Alter: Okay. Thank you. >> Thank you. >> Mayor Adler: Dr. Walkes, how are we doing with respect to flu relative to last year -- not last year, but the years before that? >> We still have low numbers of flu cases. I don't have a report from last week because of the holiday, but the prior week's numbers were low and continued to be lower than previous years. >> Mayor Adler: Okay. That's helpful, if you could put that back into the report that you give to us so we could see that, that would be helpful. I see the flu number is on the website now and I really appreciate that. I just couldn't find a context for it so someone looking at it sees the number but doesn't know if that number is high, or low, or what that number is. So I'd appreciate that. I do want to acknowledge the change in the website. I think that's really helpful as

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you're working through that. One of the challenges we have in the community right now is as many people have pointed out, getting the information to folks so that they recognize that the risk associated with not getting the booster, not vaccinating children, the risks are greater than the potential harms. We need to get that information out to those people that -- with information would make a different decision, or would make a decision. So, getting out that information is real critical. The other challenge that we have, even recognizing that we're doing so much better than our peers and so much better than the state as a whole, which is a testament to the work and, aph, the county and are partners are doing, when you look at those numbers, 200,000 plus people not vaccinated, 100 plus thousand people not getting their booster shots, some of

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these people we can move. I think that what people are feeling in part is that we're doing so well. People are feeling the numbers going down, the numbers on the dashboard from last week to this week have gone down. So it's just remembering the messaging that it's good if they go down, but if we relax they'll go back up again, and now is the time to make up the stagger so that we don't go back up again when everybody else does, in another three weeks, four weeks, we could be wishing we had done a better job over these next three weeks in getting to that place. That's the hard part with messaging. When things are looking better and people are feeling better, it's really not a time to relax. We need to get the boosters and get the vaccines. So that chart that you have, the message board post, the

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dashboard, which will provide that early warning system, the additional factors that you have put on there now will give an earlier indication when they start going sideways, if they do. So I appreciate that work on that dashboard and giving that additional information, not only so people can understand why it is we're staying at level three, because there is ambiguity in the number, but also so that people can really see that early warning system. So, thank you for the work that's being done there. Judge, I'm going to go ahead and turn it back to you. >> Judge Brown: Thanks, mayor. And thanks, everybody, for your hard work on this. So, we will adjourn or recess I guess. We're going to recess or adjourn our meeting for five minutes, commissioner, is that good? All right. So we'll come back at -- maybe seven minutes, 10:30 we'll be back here.

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And with that, I'll pass it over to you, mayor, to adjourn your meeting. >> Mayor Adler: We're going to toadjourn on November 30th, our portion of the joint meeting.