

Agenda

Meeting Date	Meeting Time	Location
2/9/2022	11am-12pm	Microsoft Teams

Participant Name	Present	Participant Name	Present	Participant Name	Present
Korin Parrella	X	David	X	Melissa Alardo	X
Dr. Ige	X	Rochel Jungreis (BPJCC)	X	Ellie Kastel (BPY)	X
Alyssa Masor	X	Malky Hertz (BPJCC)	X	Jessica Chen	X
Andrea Bertucci	X	Mimi Knoll (JOWMA)	X	Heidi Exline	X
Daphne Brown	X	Denice Ochola	X	Maureen Miller	X

Action Items from last meeting	Responsible Person/Team	Due Date

Meeting Agenda

Topics	Responsible Person	Time Allotted
1. Overview of 11279 vaccination rates – data by race, age, and place	Dr. Ige	
1. Overview of CDG	Dr. Ige	
1. Review of BPJCC's Health Needs Assessment	Dr. Ige	
1. Introduce DOHMH Jewish Community Liaison	Alyssa	
1. Discuss strategies/ next steps	All	

Action Items	Responsible Person/Team	Due Date
1. Set up a follow-up meeting in ~2 weeks, focus on Midwood specifically	Korin to coordinate scheduling via email	
1.		
1.		
1.		
1.		

Parking Lot

Detailed Meeting Notes

- Overview of 11279 vaccination rates
 - NYC – 80% vaccination rate, only 57% in 11219 (for one dose)
 - ZIP code with the lowest vaccination rate in NYC
 - Race and ethnicity – 11219 as a whole is diverse, but DOHMH recommends focusing on Hasidic and Haredi Jewish communities have been identified as needing the most support based on age, race, and place data
 - Large population of Asians are 100% vaccinated

- Small population of Black NYers are 88% vaccinated
 - Hispanic population is 87% vaccinated
 - White – 19% vaccinated → priority population for engagement within the ZIP code
- Age –
 - 65–70-year-old white adults are the closest to 70% (they are at 63%)
- Place –
 - There are vaccination sites in the neighborhood
- Burden of COVID:
 - >21,000 confirmed cases in BP alone
 - Weekly case rate is consistently a bit higher than the city average
 - Weekly percent positivity is currently higher than city average
- CDG overview:
 - Objectives:
 - increase access to COVID-19 prevention, testing, and vaccination
 - Build collective action to address racial disparities and resource needs for longer term recovery
 - COVID is not the only thing we want to address; we recognize that these communities have other needs as well
- Want to engage community in culturally and linguistically appropriate ways
 - How: Through trusted messengers
- Review BPJCC's Health Needs Assessment
 - Midwood 11230 and BP 11219 are two priority areas for engagement
 - Catchment area has a very large number of children comparatively (30% compared to 20% for NYC)
 - Need to look beyond English as the primary language for communication and tailored messaging
 - Listening sessions:
 - Engagement with the community demonstrate that the community is interested in receiving more information about COVID and the vaccine and are willing to have conversations
 - Most questions focus on vaccine efficacy – how can we tailor our messaging to focus on efficacy?
 - Prevention focuses on reducing the impact of the health outcome (COVID) as opposed to ensuring that it never happens
 - Present updated available data on fertility (year-long study)
 - Recommending utilizing multiple channels to help people make an informed decision – such as receiving information from community leaders, peers, not just PCP and health providers
 - Overall, listening sessions demonstrated significant gaps in how people are processing public health information
- Discussion:
 - Agency resources – partners would like copy of Dr. Ige's presentation
 - Keep the conversation going regarding what works and what doesn't in terms of strategies, needed support
 - Alyssa: Orthodox Jewish community liaison
 - Misinformation is the largest barrier, not access or language

- Concern about lack of staffing in pediatric offices to administer vaccines
- For more info about the Haredi Health Coalition please contact Alyssa Masor, Amasor@health.nyc.org
- Identify trusted leaders who know how to engage the community and provide them with the support and resources
- Goal is not to compel people to get vaccinated, it's to ensure that they have the information they need to make an informed decision
 - Information needs to be communicated in a way that resonates
- Strategies:
 - Focus on wrap-around services instead of leading with vaccination helped within communities of color
 - Storytelling – hearing other people's stories can help people feel reassured, perhaps even more so than data
 - Provide spaces for conversation with no pressure
 - “if you're not ready to make the decision today that's fine, here is a home test kit”
- Follow-up meeting in 2 weeks?
 - Potential deep dive into Midwood

Post-Engagement Recommendations:

1. Look beyond English as primary language for tailored messaging
 - a. Provide messaging and information about vaccine efficacy & fertility/reproductive concerns
1. Leverage multiple channels of engagement for tailored messaging
 - a. Religious leaders, community groups, local providers, trusted messengers
1. Follow up on resources for pediatric vaccination
1. Focus on leveraging wrap-around services instead of leading with vaccination
1. Using storytelling
 - a. Engage storytelling support from PHC communications
1. Create spaces for conversation without pressure
 - a. Schedule community conversations with Patria/Tailored Engagement