

June 6th, 2019

Notes from the Haredi Health Coalition

NYC DOHMH tick borne disease Presentation (suggestions from attendees)

- There should be more clear and streamlined messaging for providers – seems that there is a mix of information for providers and it would be important to get a recommended messaging
 - Urgent care centers are giving incorrect information, are not diagnosing appropriately, providing the wrong treatment, or doing a combination of all of the above.
 - Make more concerted efforts to increase ‘Lyme disease literate’ clinicians
- Suggestions for NYC DOHMH re: Lyme disease:
 - Conduct a CME webinar that lists all clinicians that participated, make this list available online and include as part of community messaging
 - Conduct Lyme disease community forums, ongoing
 - Partner with CDC and target centers that promote “alternative” treatments to Lyme disease.
 - Have a better pulse on the various alternative treatments that are being made available in the community, e.g., ILADS (they offer certification pathways for alternative methods to treating Lyme disease). The participants underscored the connection between ILADS and anti-vaccination propaganda. Having a better pulse on what is being made available in the community is one more way to preempt any misinformation about Lyme disease and its treatment.

Blima Marcus measles presentation recommendations and suggested ‘next steps’

- Identify community members, mainly mothers, who do not trust medical providers
- Conduct home workshops, small living room conversations. These become opportunities to counter misinformation and provide a space for 1:1 Q&A
 - Limitation: these are small groups and require staffing resources and a lot of time
- Increase train-the-trainers (TOTs) for clinical staff to broaden the community outreach and small group trainings
- Identify/educate community champions, key stakeholders that feel empowered to carry out school yard conversations with other mothers that need/seek more information but are too shy to ask.
 - Findings:
 - Women, families want information and do not want to feel pressured / forced into making choices that impact their children
 - They want real numbers and concrete information or stories, however, they do not want to hear, “Go to the CDC website for information” or “recommendations to read the latest study in support of vaccinations”
 - Mothers want their concerns validated

- Community outreach conducted to date shows that there is a pattern of mob theory psychology (a.k.a. crowd psychology)
- Important to have more personalized messaging, including personalized per child/per vaccine information
- Messaging and outreach, recommendations:
 - Develop unbranded messaging (without CDC or NYC logos!)
 - Develop videos with personal stories, narratives from families or providers – these should play repeatedly in waiting rooms
 - Develop messaging that also targets men - currently, most outreach/messaging focuses on women
 - Conduct train-the-trainers (TOTs) for men
 - Conduct a large community forum, something like a ‘science fair’ with disease specific tables that can serve as ‘info tables delivering mini info sessions’
 - Provide support to conduct male outreach
 - Provide the same level of mobilization and outreach to Williamsburg, it seems that Borough Park is receiving most of the targeted outreach.
 - Align vaccination / measles messaging throughout all City agencies – DOE commissioner contradicted DOH stipulations in Staten Island and allowed an unvaccinated child into the school
 - Remove religious exemptions
 - Be more strategic in how to best utilize the resources and capacity available from the stakeholder in the Haredi Health Coalition
 - Develop improved provider communication around the use of titers to prove immunity, we are seeing many false negatives
 - Email distribution to medical providers is **not** effective, community prefers snail mail