

# **Facilitator's Guide:**

## **PRIORITIES FOR ALLOCATION OF COVID-19 VACCINE TO NYC**

### **ESSENTIAL WORKERS:**

### **VIEWS OF THE PUBLIC**

#### **Public Deliberation Aim & Overarching Questions**

The aim of the Public Deliberation is to provide guidance from a diverse cross-section of New Yorkers to the New York City Department of Health and Mental Hygiene on the following questions:

- 1. In what order should the following essential worker occupations be given the COVID-19 vaccine?**
  - a. Bus drivers
  - b. Child protective workers
  - c. Construction workers
  - d. Elementary school teachers
  - e. Grocery store workers
  - f. Sanitation workers
- 2. When prioritizing vaccine receipt, how should the health department take account of the following risk characteristics that some essential workers have?**
  - a. Age
  - b. Neighborhood
  - c. Race/Ethnicity
  - d. Underlying health condition
- 3. How should these risk characteristics be ordered?**

Public Deliberation Agenda Day 1		
Time	Staff	Activity
9:15-9:30 (15 mins)	Team	Participants join meeting
9:30-9:40 (10 mins)	Lead Facilitators	Welcome & Overview (including Zoom FAQs):
9:40-9:50 (10 mins)	Lead Facilitators	Pre-test Survey
9:50-10:10 (20 mins)	Lead Facilitators	Group Introductions (including DOH charge)
10:10-10:25 (15 mins)	Lead Facilitators	Group Guidelines & Day 1 Introduction
10:25-11:00 (35 mins)	Content Expert 1	Presentation 1 + Q&A: <i>Beth Bell, MD MPH – COVID-19 Vaccines &amp; Distribution</i>
11:00-11:05 (5 mins)	Lead Facilitators	Poll 1: <i>Vaccine Attitude</i>
11:05-11:20 (15 mins)	Small Group Facilitators	Small Group Activity 1: <i>Brief reflections on vaccine presentation</i>
11:20-11:25 (5 mins)	<b>BREAK</b>	
11:25-12:05 (40 mins)	Small Group Facilitators	Small Group Activity 2: <i>Prioritizing Essential Worker Occupations</i>
12:05-12:25 (20 mins)	Lead Facilitators	Large Group Report Back of Small Group Activity & Reason Giving Discussion
12:25-12:55 (30 mins)	Content Expert 2	Presentation 2 + Q&A: <i>Chip Ko, MPH – Impact of COVID-19 on NYC Essential Workers</i>
12:55-1:00 (5 mins)	Lead Facilitators	Closing

Public Deliberation Agenda Day 2		
Time	Staff	Activity
9:15-9:30 (15 mins)	Team	Participants join meeting
9:30-9:40 (10 mins)	Lead Facilitators	Welcome & Zoom 101 Refresher
9:40-9:55 (15 mins)	Lead Facilitators	Review of Day 1, Group Guidelines & Introduction to Day 2
9:55-10:25 (30 mins)	Content Expert 3	<u>Presentation 3 + Q&amp;A: Erika Blacksher, PhD – Approaches to Fairness</u>
10:25-11:20 (55 mins)	Small Group Facilitators	<u>Small Group Activity 3: Prioritizing Risk Characteristics</u>
11:20-11:30 (10 mins)	<b>BREAK</b>	
11:30-12:10 (40 mins)	Lead Facilitators	<u>Large Group Report Back of Small Group Activity &amp; Reason Giving Discussion &amp; Poll 2: “Consider this”</u>
12:10-12:45 (35 mins)	Lead Facilitators	<u>Large Group Activity: Poll 3-5: Prioritizing Risk Characteristics &amp; Essential Workers – Culminating Recommendations</u>
12:45-1:00 (15 mins)	Lead Facilitators	Post-test Survey & Closing

## Script for Facilitators: *Lead Facilitator starts*

*[Tech/ Meeting Organizer to show welcome slide – Day 1, Slide 1]*

Group welcome, overview & Zoom FAQs – Lead Facilitator

9:30 to 9:40 am

10 minutes

**Tech/Meeting Organizer– Stop Screen Share**

**Tech/Meeting Organizer – Sort Breakout Rooms (Don’t Launch)**

**Example Script:** Lead Facilitator

Good morning and welcome! Thank you so much for your interest in participating in a virtual public deliberation. My name is [name], and I will be facilitating today’s discussion, alongside [name of co-lead facilitator] and many other colleagues. We are very excited to have you with us as we conduct one of our first virtual public

deliberations! You'll notice that our team helping to put on today's event will have the name of their organization in parentheses in their name frame. This public deliberation is being carried out by The New York Academy of Medicine in collaboration with the New York City Department of Health and Mental Hygiene to learn about what New Yorkers' think is the fairest way to distribute the COVID-19 vaccine to groups of essential workers, recognizing supplies will be limited at first. Although, we are all hopeful that by the summer or fall there will be a great deal more vaccine available.

In a few moments we will go into greater detail for what we'll be doing during this 2-day process, but before that I'd like to briefly review a few Zoom basics, and who to contact if you're having any technical issues. You were all emailed a sheet detailing the various features of Zoom, and you reviewed that sheet over the phone with one of our colleagues. Let's review briefly as a quick reminder and get us all on the same page.

- Video:
  - you will see a video camera icon in the lower left-hand corner of your Zoom meeting screen. Please keep your camera on as much as possible. We know that a discussion by video might not be as engaging as one in person but seeing each other helps keep us connected. You can change the camera setting by clicking the video camera icon; when it is turned off there will be a red diagonal line through the icon. To turn the camera back on, click the icon once again.
  - You'll see that some of our team will turn their video off during the public deliberation. This is intentional. We want to keep the focus on you all, the participants of the public deliberation rather than our team members.
- Gallery View:
  - With this in mind, it's nice the other participants' faces next to one another, as tiles. You can do this by clicking "View" in the top right corner and selecting "Gallery View."
  - As a note, we'll have some presentations by content experts throughout our time together. If, during the presentations, the images of all of our faces are blocking your view of the slides, you can click the "View" button in the top right corner and select "side-by-side gallery." This will allow you to see the full slide and all of us at the same time.
- Audio:
  - Like video, you will know that your audio is muted if there is a red diagonal line through it. To unmute your audio, just click the microphone icon

located on the bottom left hand corner next to the video camera icon; the red line will disappear. Unless you are speaking, please mute yourself. This allows us to make sure the voices of those who are speaking are heard clearly and we can minimize any background noise (e.g., garbage trucks, construction, general NYC streets).

- There are quite a few of us and we are recording much of our discussion so that we can accurately report back to the NYC DOHMH on what you all said. While it seems simple, please do your best to not speak over folks. We want to make sure the audio is capturing what each of you says – it’s one of our main goals – and we lose your words if more than one person is speaking at a time.
- Comments: That said, we want to hear from all of you. It is so important that each one of you participate verbally, in both the small and large group discussions. If you could raise your hand, either physically or by using the icon, that will give us, as the facilitators, a visual cue.
- For technical issues, if you get disconnected from the meeting, or if you are having any issues participating you can contact our team via the chat function, email or phone.
  1. Chat: Click the thought bubble at the bottom of your screen that says “Chat.” It will open a white panel. Select “Everyone” using the drop-down menu, type your message in the message box and click “enter” or “return” on your keyboard to send.
    - a. It’s important to note that we will use the chat to reach out to you if we see you’re having a technical issue. Throughout our time together please keep an eye on that thought bubble and click it, if you see a notification.
    - b. If we cannot reach you via the chat, we will call you at the phone number you initially shared with us.
  2. Phone/Email: You can call [name of tech support person] at (XXX) XXX-XXXX or email them at [email address] and they can assist you.

### **Pre-test Survey– Lead Facilitator**

**9:40 to 9:50 am**

**10 minutes**

### **Example Script:**

Now that we have reviewed Zoom, let’s move on. Before we begin the presentations and discussions, we’d like to get a sense of your opinions of the questions we’ll be

deliberating on over the next two days. So, we'd like you to respond to a brief survey right now. At the bottom of the screen, you'll see an icon of a thought bubble labeled "chat." Please click that icon. It will open a white panel on the right side of the screen where you'll see a link. Please click the link and follow the prompts to answer the questions. Please take about 5 minutes to complete the survey. When you are done, please "raise your hand."

## **Group Introductions & DOH Charge – Lead Facilitator**

**9:50 to 10:10 am**

**20 minutes**

### **Example Script:**

Thank you for completing the survey. Let's get started with introductions. We will be interacting with each other quite a bit today and tomorrow. Let's go around and have each person say their name, what neighborhood they live in, and why they were interested in participating today (in one sentence). If you're part of the research team or with the health department, please let us know and include your role in the PUBLIC DELIBERATION as well. We'd like each person to introduce themselves in 30 seconds or less, and Maya (please wave) will be keeping time. Maya will raise her hand once the time is up so we know we need to move onto the next person.

I'll read aloud names from my Zoom screen. I apologize in advance for any mispronunciation, and please do correct me!

I can go first. Once again, my name is [name], I am the lead facilitator for this public deliberation guiding you all through the various activities and large group discussions, and keeping us on schedule. I live in [neighborhood] and am here today because [reason...]

**[Start with public deliberation team first, then participants]**

...

OK, now that we all know a little about one another, let's hear from Dr. Torian Easterling, the First Deputy Commissioner and Chief Equity Officer from the New York City Department of Health and Mental Hygiene about what the DOHMH is hoping you will accomplish and how it is useful for their work to determine vaccine prioritization among essential workers.

*[Dr. Torian Easterling Charges Participants – 5ish minutes]*

**Group Guidelines & Introduction to public deliberation Day 1 – Both Facilitators**  
**10:10 to 10:25 am**  
**15 minutes**

**Example Script: Co-lead facilitator**

Thank you, Dr. Easterling. As you may know, COVID-19 has further revealed and increased social inequities in the United States with people of color and low-income persons particularly hard hit, and we have seen its devastating impact on older people, people with pre-existing health problems, those living in institutional settings, and on people who are essential to the functioning of the country and who cannot work from home.

We know that a vaccine to prevent COVID-19 is important in order to protect the U.S. population against illness and death, and there are now promising vaccines in the news. However, at the start, as vaccines first become available, it is clear there won't be enough for everyone immediately.

Several decisions as to who has gained priority for vaccination have already been made. Frontline health care workers and first responders – Emergency Medical Technicians (EMTs) and Firefighters are prioritized to receive the vaccine first. Next are people who are at high risk because they live together – in “congregant” living situations like nursing homes and assisted living facilities. The next group down are likely to be individuals who are “essential workers.” For your work here, the Department of Health has asked that you focus your discussions on the group of “essential workers” who cannot work from home.

*[Tech/Meeting Organizer shows Day 1, Slide 2 - Essential Workers]*

Who are they? “Essential workers” are those individuals who are needed in order to continue critical infrastructure and maintain the services and functions Americans depend on daily. Many are people who cannot work remotely and who work in close quarters to others. Subcategories of essential workers may be designated in different localities depending on local needs but the major sectors are the same. In addition to frontline health care workers and “first responders” there are an additional 80 or so million people who the Centers for Disease Control and Prevention (CDC) have considered as essential workers. They’re individuals who work in childcare, water supply, energy supply, agriculture and food production, critical retail (grocery, hardware, auto mechanics), critical trades (construction workers, electricians, plumbers), transportation workers, and social service organizations.

Essential workers across the nation have borne a high burden of illness and death not only from exposure to COVID, but because a large number (16%) of them have characteristics that increase their risk including being over the age of 65, or living with someone who is, 40% are members of racial and ethnic minority groups, 23% live in low-income families and 10% have no health insurance. Many have health issues that make them more vulnerable to COVID-19 including diabetes, obesity, lung or kidney disease, heart disease or cancer. All these factors are known to cause more severe consequences from COVID. You’ll hear more about the experience of New York City’s essential workers through the presentations today and through your own discussions.

As a community of New Yorkers, you are being asked to weigh in on what occupations and types of risk should be prioritized when determining the order for which groups of essential workers receive vaccines first. By the end of the two days the Health Department has asked for your guidance on the following questions:

*[Tech/Meeting Organizer shows Day 1, Slide 3- Deliberative Questions]*

*[Tech Support team member adds word document of overarching public deliberation questions to chat]*



1. In what order should the following essential worker occupations be given the COVID-19 vaccine?
  - Bus drivers
  - Child protective workers
  - Construction workers
  - Elementary school teachers
  - Grocery store workers
  - Sanitation workers
2. When prioritizing vaccine receipt, how should the health department take account of the following risk characteristics that some essential workers have?
  - Age
  - Neighborhood
  - Race/Ethnicity
  - Underlying health condition
3. How should these risk characteristics be ordered?

You'll have noticed that the six occupations chosen do not cover the full range of jobs New York's essential workers hold. Rather, these six have different levels of potential exposure to, and transmission of, COVID-19, and they are critical to keeping the life of New York running. None of them can do their job, as intended, remotely. Understanding your priorities regarding these six essential worker occupations, the Department of Health hopes to use your views here to create more general guidance that can be applied to other occupations with similar risk characteristics as the 6 highlighted here.

Now back to [lead facilitator name] who'll share some additional information about the process of public deliberation, this deliberation, and what we'll be doing during our time together...

### **Example Script: Lead Facilitator**

What is public deliberation? Public deliberation is a method of community engagement used to provide guidance to a decision-maker on a value-laden issue for which there is no clear "right" answer. Public deliberations involve engaging a diverse cross-section of individuals who will be affected by a policy or a decision. Participants are provided background information from experts working in areas relevant to the discussion and have the opportunity to question them.

A public deliberation is designed to foster an interactive process. You will be asked to consider the overarching questions that [name of co-lead facilitator] just mentioned. To answer these questions, you will hear from content experts, and participate in activities in small groups where you will be asked to consider your responses, in the context of the information provided and the perspectives of other participants who bring different experiences to the discussions. Specifically, you will “deliberate” with them, testing your experiences and viewpoints next to theirs. You’ll be working in these small groups part of the day, and as a larger group the rest.

You will be asked to support your views and choices by providing “reasons” to the group. “Reason-giving” is a key part of a deliberation and facilitators will be asking you “why” you think what you do. When you are asked “why,” it is because we want to better understand how you arrived at your belief.

We request that you get in the habit of asking your fellow participants “why” – learning to understand why their views may differ from your own. It is important that this happens with respect and without judgement -ultimately, there are no right answers. You are here as a local expert, having observed the needs of your family, your friends and your own communities as well as those across the City both before and during this pandemic. It is your collective experiences and values, as New Yorkers, that we want you to use to answer today’s questions.

(Are there any questions?)

Here you can see how we’ll be spending our time for the next few hours.

*[Tech/Meeting Organizer to shows Day 1, Slide 4 - abbreviated agenda]*

Over the course of this deliberation, you will hear—and talk—about different ways to think about prioritizing various types of essential workers, who cannot work remotely, for initial COVID-19 vaccine receipt. We want you to think together about what is fairest, and in the best interest of New Yorkers and to provide reasons for why that is so. To help inform your thinking and the groups’ discussions, you’ll hear from a few different content experts.

Our first content expert, Dr. Beth Bell, who you'll hear from today, is Chair of the sub-committee on COVID-19 vaccine for the Advisory Committee on Immunization Practice, also known as ACIP, that advises the Centers for Disease Control and Preventions. ACIP is charged with determining which vaccines are ready to distribute and the order in which they reach the states. You will also hear from Chip Ko, an expert from the health department who will show the impact of COVID-19 on various communities across NYC, including its essential workers. Tomorrow, you'll hear from Dr. Erika Blacksher, an ethicist who will share various ways that people have thought about fairness and approaches you might consider when making your recommendations.

You'll have an opportunity to ask questions of each of the experts after their presentations to help you answer the questions that the department of health has asked you to consider.

We want you to draw upon your experiences in your conversations with one another. You have been invited to participate in this deliberation because of the different backgrounds you come from, the work you have done, and the communities you live in. The Department of Health and Mental Hygiene wants to gain the advice of a diverse group of New Yorkers as they consider the critical work of prioritizing vaccine distribution. Agreement, or "consensus" regarding priorities would certainly be helpful to the Department. But it is not required. We understand that people see things differently and want to hear about those different perspectives. These differences and the discussions you have, sharing your thinking with others, are vital to the success of the deliberation.

*[Tech/Meeting Organizer shows Day 1, Slide 5 - Deliberation Guidelines]*

With that in mind, let's review some guidelines for discussion to ensure we have effective and meaningful discussions and hear everyone's views on all the topics. We have started a list here. We ask that you:

- Actively participate
- Be respectful
  - Equal airtime
  - Keep the discussion on the topic, not on the individual
- Keep an open mind
- Give your reasons (share why you do or don't agree)
- Keep outside interruptions to a minimum

- Respect participant & deliberation confidentiality (those in your household OK!)

Is there anything missing from this list? Interesting suggestion, thank you.

### **Presentation 1 & Question & Answer – Content Expert 1: Beth Bell, MD, MPH**

**10:25 to 11:00 am**

**35 minutes (15 minute Presentation, 20 minute Question & Answer)**

#### **Objectives:**

- Explain what vaccines are generally and specific to COVID-19
- Describe how vaccines are evaluated for effectiveness
- Describe the process of vaccine approval
- Describe Advisory Committee on Immunization Practices (ACIP), how it functions
- Describe current views of priority groups

#### **Example Script Lead Facilitator: Co-lead facilitator**

You are now going to hear from Dr. Beth Bell. Dr. Bell is a family physician and a public health expert who is the former director of the National Center for Emerging and Zoonotic Infectious Diseases at CDC where she provided leadership for the prevention and control of a broad spectrum of infectious diseases, including rare but deadly diseases like Ebola and Anthrax. She is currently at the University of Washington as a clinical professor of Global Health. She's here with us today in her capacity as overseeing the Advisory Committee on Immunization Practice working group that guides the CDC approach to evaluating and distributing safe and effective vaccines against COVID-19.

We are grateful to have her here with us today. She'll speak for 20 minutes or so. At the end of her presentation, you'll have the opportunity to ask questions about her presentation. We encourage you to do this and ask that you direct your questions to things that will be important to answering the deliberative questions you are taking up. (This means, please refrain from asking questions that are specific to your own circumstances (e.g., a family member).

Again, the presentations are intended to assist you in gaining background information to help you respond to the overarching questions we highlighted previously.

*[Tech/Meeting Organizer shares Day 1 Presentation Beth Bell and then returns to Gallery View for Q&A]*

*[Co-lead to watch for raised hands to call on people for Q&A]*

#### Poll 1: Vaccine Attitude

11:00-11:05 am

5 minutes

#### Example Script: Lead Facilitator

Before breaking into our first small group activity, we'd like to get a sense of where you fall regarding your willingness to take the COVID-19 vaccine. We are starting a poll, which you will see on your screen. The question is:

*[Tech/Meeting Organizer opens Poll 1]*

*Once a COVID-19 vaccine is approved, it will be available at no cost. Will you get a COVID-19 vaccine as soon as it becomes available? Please select from the options below.*

- *Definitely yes*
- *Probably yes*
- *Probably no*
- *Definitely not*
- *Don't know*

*[Tech/Meeting Organizer shares image of poll results]*

As you can see, there are (are not) differing opinions around the room. Bear in mind that the purpose of this deliberation is not to discuss whether a vaccine is safe or not or whether you may or may not be inclined to take it. Rather, in order to achieve our goals here, we ask that you come to the questions and conversations with the assumption that there will be a vaccine that is safe, and effective, but there will not be enough to cover everyone at first.

Now, you'll be broken out into small groups to share your thoughts after hearing the presentation by Dr. Bell. You'll be joined by someone from our team who will ask some questions to get the discussion going. We'll have 15 minutes for these reactions, and then a 5-minute break, followed by another small group activity.

We will “move” you virtually into your group; you do not need to click or do anything for this to happen. At the end of the activity, we will again bring you back to the larger group at the appropriate time. You do not need to click or do anything for this to happen.

*[Tech/Meeting Organizer starts breakout groups]*

*(Timer for 15 minutes, 5-minute warning and 1-minute warning)*

### **Small Group Activity 1: *Brief reflections on vaccine presentation***

**11:05-11:20 am**

**15 minutes**

**Objective:** To provide a brief opportunity for participants to engage with each other on Dr. Bell’s presentation.

#### **Small Group Facilitator:**

1. Have participants re-introduce each other by name briefly.
2. Read example script and facilitate conversation using the suggested prompts.
3. You do not need to identify someone for reporting; we will not be sharing reflections with the larger group.
4. Facilitate the conversation in gallery view; no need for screen sharing here.

#### **Co-Facilitator: *[Do not share your screen during note-taking]***

1. Start the recording of the small group conversation and choose to save the recording as a local file to your computer (vs. the cloud). (One group will have a NYAM join their group to record).
2. Take notes using the small group co-facilitator note-taking form.
3. You do not need to share your screen for this activity.

#### **Example Script: Small Group Facilitator (15 mins for reflection)**

Hello! Welcome to small group activity 1: *reflections on Dr. Bells presentation*. My name is [name of small group facilitator] and I will be your small group facilitator, alongside my co-facilitator [name of small group co-facilitator]. We will be helping to guide our conversations today, but you all will do most of the talking. This will be our small group for the remainder of our time together. Before we jump in, let’s briefly go around and say our names and where we live in NYC again to get reacquainted with one another. If you have direct experience with COVID-19, either having it yourself or someone in your

circle, or if your community has been a COVID-19 hotspot and would like to share that too, please do so.

OK, great. For our remaining time for this activity where we'd like to hear any brief reflections you have after listening to Dr. Bell's presentation.

**Suggested probes:**

- What stood out most to you from Dr. Bell's presentation?
- Was any of the information presented surprising?
- Did this presentation change your thinking about whether to take the COVID vaccine or not?

OK. That's the end of our time together. Now, we have a brief 5-minute water/bathroom break. **Please return to your seats by 11:25 am so we can continue with our next small group activity.**

*[Tech/Meeting Organizer to end breakout groups and mute all meeting participants during break.]*

**Break**

**11:20 to 11:25 am**

**5 minutes**

**[Tech/Meeting Organizer Mutes Everyone]**

**Introduction of Small Group Activity: Prioritizing Essential Worker Occupations**

**Example Script: Lead Facilitator**

OK, as you saw before, you're not all (you are all) of the same opinion about taking a COVID-19 vaccine. However, for the rest of this deliberation, we want you to come at the questions you're being asked assuming that the vaccines are safe, effective, and there will not be enough for everyone who wishes to take one, at first.

We're now going to move on to another small group activity. For the next 40 minutes, we'd like you to turn your attention to ranking a set of 6 essential worker occupations in the order you think they should receive vaccine. We know that our set is by no means an exhaustive list of all the jobs that essential workers in NYC do. But each of these

occupations has characteristics they share with others that are not highlighted here, and your insights here will be helpful to the department of health as they think about a broader range of essential workers.

It's important to provide your reasoning for why you are prioritizing one occupation over the other. Each group will again have someone from our team to help facilitate the conversation. Each group should select one person to share back what was discussed in their group, with the larger group. We will all “meet” back here at **12:05 pm**. You may see [name of co-lead facilitator] and I pop up in your small group – we aren’t monitoring anything, we’re just there to have a pulse on the conversation before the large group discussion. As before, we will “move” you virtually into your small group; you do not need to click or do anything for this to happen. At the end of the activity, we will again bring you back to the larger group. Again, you do not need to click or do anything for this to happen.

*[Tech/Meeting Organizer to start breakout groups for small group activity 2]  
(Timer 40 minutes, 5-minute warning and 1-minute warning)*

**Small Group Activity: *Prioritizing Essential Worker Occupations***  
**11:25 to 12:05 pm**  
**40-minutes**

**Objective:** For participants to discuss how they would rank their top 3 essential worker occupations and why (e.g. the contributions they associate with each essential worker occupation).

**Small group facilitator:**

1. Identify one group member to share back main reasons for prioritization of essential workers (prioritizing #1 and top 3 essential workers to receive vaccine + main reasons) with larger group.
2. Read the example script, have each group member rank their top essential workers on their own using a pen and paper, and then facilitate a discussion using the suggested prompts.
3. Before ending the discussion, ask members which essential worker occupation they would choose as #1 to receive the vaccine, and who is in their top 3.
  - a. Complete for each essential worker occupation.



- b. For note-taking, one option is for small group facilitator to ask about the prioritizations and verbally tell the co-facilitator so they can add the correct # in the table (it is difficult to both count the # of people prioritizing each essential worker occupation and take notes while sharing screens).

### Co-facilitator:

1. Ensure you have been granted access as a co-host.
2. Check to make sure the recording is still going (usually shown as a red dot and “recording” on the screen).
3. Copy and paste essential worker occupations into small group chat (listed on note-taking form).
4. Share your screen to take notes during conversation.
5. Take notes of conversation using the Small Group Co-Facilitator note-taking form, under Small Group Activity 2.
  - a. Fill out the table in the notes section showing the number of people who rank each essential worker occupation as their #1 and in their top 3 for vaccine receipt.
  - b. Email this table to [name of 1 of the co-facilitators] for the large group report back.

### Example Script: Small Group Facilitator

Hello again, and welcome to small group activity 2: *prioritizing essential worker occupations*! For the next 40 minutes we’ll be working together as a small group. I will help guide this group through a conversation and [name of co-facilitator] will be taking notes. After this activity we’ll need someone to present back the main reasons for why our group prioritized certain essential worker occupations over another. Who would like to do this? [*CHOOSE ONE PERSON TO SHARE BACK*]. When we report back, we’ll need to:

1. *Show the table of the essential worker occupations (top 1 and top 3) to prioritize to receive the vaccine.*
2. *Describe what our groups’ reasons are for prioritizing the essential workers as we did?*

Before we start, let's each take a moment to look at these essential worker occupations [name of small group co-facilitator] typed into the chat. We’d like you to look at this list and rank order your top 3 essential worker occupations for vaccination, using a pen and

paper on your own. I'll give you a few moments to do this. After, [name of co-facilitator] will share her screen and we'll have a larger conversation about these rankings.

*[Small group co-facilitator shares screen showing Qs to answer, essential worker occupations, and table for note-taking]*

**Suggested Probes: (~35-40 mins)**

1. Does anyone want to start off and share their top rankings (maybe your #1 or top 3) and share your reasons for your prioritization?
2. What does it mean for NYC if X occupation can/cannot continue to work during the pandemic?
3. Of the reasons you have identified, are there some you consider more important than others? Why?
4. Do you notice any similar types of reasons for prioritization across occupations?
  - a. If so, do you prioritize these occupations differently? If so, why?
5. **Before ending the discussion, we'd like to know who each of you would choose to receive the vaccine first, as well as which essential worker occupations would be your top 3 to receive the vaccine first.**

*[Co-lead facilitator communicates with Tech/Meeting Organizer about when to send reminder banner to small groups to start essential worker prioritization table for report back.]*

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*Small Group Activity Notes: Prioritizing Essential Workers*

Overarching questions:

1. *How would you prioritize these occupations for vaccine receipt (aka who should get it first)? Why? (focus on the why)*  
*(If participants are able/open to discussing it)*
2. *How does each occupation contribute to NYC and how important is that contribution?*
3. *When you think about your priority for how quickly people in that occupation are vaccinated are you more concerned with the risk for those individuals in that occupation, or the risk that they will transmit the virus to others?*

<u>Occupation</u>	<u>Reasons for Prioritization</u>
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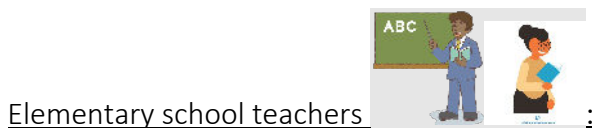
Bus drivers:



Child protective workers



Construction workers



Elementary school teachers



Grocery store workers



Sanitation Workers

\*All images are from <https://publicdomainvectors.org/> and permitted to be used and shared for free.

Essential Worker Occupation Rankings: Who is your #1? Who is in your top 3?		
Essential Worker Occupation	# of group members who prioritized essential worker occupation as their #1	# of group members who prioritized essential worker occupation in their top 3
Bus drivers		
Child protective workers		
Construction workers		
Elementary school teachers		
Grocery store workers		
Sanitation workers		

*\*Small group co-facilitator note: Send completed table to [1 of the small group co-facilitators] for large group report back.*

*[Tech/Meeting Organizer ends breakout groups and brings participants back to Gallery View]*

**Report Back on Small Group Activity: Prioritizing Essential Worker Occupations**  
12:05 to 12:25 pm  
20 minutes

*Ask participants to stand up & stretch for a few moments before beginning report back.*

*[Tech/Meeting Organizer continues recording of large group discussion]*

**Objectives:** To hear groups' rankings and main reasons for essential worker prioritizations.

**Lead facilitator:**

- Takes a few moments and ask participants to get up and stretch.
  - (This will allow small group co-facilitator time to receive and set up tables from Small Group Activity 2 notes).
- Asks [name of small group co-facilitator organizing tables] to share her screen containing each groups' completed table of EW prioritizations.
- Asks representative from each accompanying small group to share their reasons for prioritization.
- Ask each small group facilitator if they have any additions to what group member shared.
- After all groups have gone, encourage participants to discuss similarities and differences in rankings, and associated values of essential worker occupations across groups.

**Small group facilitator:**

- After group member reviews main points from small group discussion, add any important parts of the conversation they left out.

**Small group co-facilitator:**

- Compile each group's completed table of essential worker prioritizations and share screen showing notes as each group rep reviews.

**Note-Taker:**

- Takes notes on large group report back discussion using note-taking form.

*[Small group co-facilitator shares her screen as each group representative provides their report back]*

Suggested script:

OK, let's take a moment and stretch. We've been sitting for a long time. [go through stretch for a couple of minutes].

Thank you! As each group representative reports back on their discussion, I'd like to ask that you focus on the reasons that your group prioritized one essential worker occupation over another – both the main ones and if people have very different perspectives within your group.

**Suggested Probes: Lead Facilitator**

***\*Note to facilitator: point out notable similarities and differences & asks participants to comment***

1. Can someone from X group tell me why members of your group (in general) prioritized essential worker "A, B, and C" as part of your top 3 to receive the vaccine?
  - a. I see Y occupation was not prioritized. Can you share a bit about your group's reasons for that?
2. Did anybody within the group have a different perspective?
3. What contributions were particularly important when determining your rankings?
4. ***When you thought about these occupations, to what degree were you influenced by whether people in these occupations were likely to be transmitters of COVID-19 as distinct from whether they were personally at risk? (Example: Asymptomatic bus driver)***
5. Anything else?

*[Small group co-facilitator stops sharing screen to bring us back to gallery view]*

**Presentation 2 & Question & Answer - Content Expert 2: Chip Ko, MPH**

**12:25 to 12:55 pm**

**30 minutes (15 minutes. Presentation, 15 min. Q&A)**

**Objectives:**

- Describe distribution of sickness and death of COVID-19 across NYC
- Factors impacting risk for various communities and among essential worker occupations
- Present COVID-19 seropositivity rates within various occupations of essential workers across NYC

### **Example Script: Lead Facilitator**

To see the effect COVID-19 is having on NYC, it's useful to have a visual representation of hospitalizations and deaths from COVID-19 to help understand community characteristics that might increase or decrease risk in local areas. It is also useful to understand some of the risk characteristics of individuals in the occupations you will continue to discuss.

For the next part of the day, you'll hear from Chip Ko, an epidemiologist, studying the distribution of disease and risk factors of COVID. Chip is currently the Integrated Data Team co-lead in the Incident Command Center now during the COVID-19 epidemic and usually works as an Epidemiologist, in the Bureau of Alcohol and Drug Use Prevention Care and Treatment.

He will speak for 15 minutes or so and you will have the opportunity to ask questions that can help you consider the deliberative questions posed earlier.

*[Tech/Meeting Organizer shares Chip Ko slides. After presentation, Tech/Meeting Organizer returns meeting to Gallery View for Question & Answer]*

*[Co-lead facilitator pays attention to raised hands for Question & Answer time]*

### **Closing**

**12:55 to 1:00 pm**

**5 minutes**

### **Example Script: Lead facilitator**

Today, we've heard from Dr. Beth Bell about vaccines, and from Chip at the health department on the epidemiology of COVID-19 in New York City and risk characteristics for different occupations and communities. We've also engaged in discussion on how and why you would rank the EW occupations. For tomorrow, we'll take what we've learned from today and add onto it, considering notions of fairness.

For tomorrow, we will see you all again at the same time, 9:30 am. Look out for an email from us later today that will include the Zoom meeting link for tomorrow, the slides from the expert presentations for your reference (to not be shared externally), and a list of descriptions of essential workers for tomorrow's discussion. If you are having trouble finding it, please email [name of tech support] and they can help you. Their email address if you don't have it already is: [email address]. Thank you for engaging in the 1<sup>st</sup> day of our virtual public deliberation and for all the input you've provided! We'll see you all tomorrow afternoon for Day 2!

## **DAY 2 PUBLIC DELIBERATION Scripts**

### **Welcome & Zoom 101 Refresher**

**9:30-9:40 am**

**10 minutes**

#### **Example script: Lead Facilitator**

Good morning everyone and welcome to deliberation day 2! We hope you had a restful evening and had time to reflect on all that was presented and discussed yesterday. As a quick reminder, here are a few Zoom 101's:

- Video:
  - you will see a video camera icon in the lower left-hand corner of your Zoom meeting screen. We would like you to keep your camera on as much as possible. We know that a discussion by video might not be as engaging as a discussion in person but seeing each other helps keep us connected. You can change the camera setting by clicking the video camera icon; when it is turned off there will be a red diagonal line through the icon. To turn the camera back on, click the icon once again.
  - As a reminder our staff may turn their video off to keep the focus on all of you, the participants.
- Gallery View:
  - It's important that we're all on video to interact with one another today. To see the full group of participants during our large group discussions, please use the Gallery View setting by clicking "View" in the top right corner and selecting "Gallery View."

- If during the presentations the images of all of us are cutting off your view of the slides, you can click the “View” button in the top right corner and select “side-by-side gallery” that will allow you to see the full slide.
- Audio:
  - There are quite a few of us and we are recording much of our discussion for future review, so that when we report back to the NYC Department of Health and Mental Hygiene, we can be accurate in capturing what you are saying. Next to the video camera icon, you will see a microphone icon in the bottom left-hand corner of the Zoom meeting screen. Like video, you will know that your audio is muted if there is a red diagonal line through it. To unmute your audio, just click the microphone icon; the red line will disappear. A reminder as we begin the day, please minimize the sounds around you, as much as possible. If there is background noise, please use headphones. And please stay muted if you’re not speaking.
- For technical issues, if you get disconnected from the meeting, or if you are having any issues participating you can contact our team in via the chat function, email or phone.
  1. Chat: Click the thought bubble at the bottom of your screen that says “Chat.” It will open a white panel. Choose “Everyone” using the drop-down menu, type your message in the message box and click “enter” or “return” on your keyboard to send.
    - a. Please keep an eye on the chat for notifications. This is the first way that our team will reach out to you if they notice you are having difficulty. If we can’t reach you by the chat, we’ll call you at the number you shared with us.
  2. Phone/Email: You can contact [name] at [phone number and email] and she can assist you.

Are there any questions about any of these technical issues before we move on?

OK, here are the overarching questions that we’re asking you to provide guidance on. [Name of tech support] is also sending them via the chat so that you can have them on your personal computers, for those who are able to do so.

*[Tech/Meeting Organizer shows Day 2, Slide 1 - Deliberative questions]*



I want to remind you that the essential worker occupations that you are discussing are for jobs that are ***done in person*** (i.e. they can't stay home and do their job as intended).

Lastly, we're asking you all make 3 assumptions when coming to these conversations: 1) there will be a vaccine that is safe, 2) it will be effective, and 3) there will not be enough for everyone, initially.

## Review of Day 1, Group Guidelines & Introduction to Public Deliberation Day 2

9:40-9:55 am

15 minutes

*\*Note to Tech Support – type guidelines into Chat (including additions from Day 1)*

### Example Script: Lead Facilitator

As a reminder and quick refresher for our conversations today, the guidelines we agreed to yesterday were as follows:

- Actively participate
- Be respectful
  - Equal airtime
  - Keep the discussion on the topic, not on the individual
- Keep an open mind
- Give your reasons (share why you do or don't agree)
- Keep outside interruptions to a minimum
- Respect participant & deliberation confidentiality (household is OK!)
- + additional guidelines from Day 1

Yesterday you were asked to rank the essential worker occupations in your small groups.

***[Tech/Meeting Organizer shows Day 2, Slide 2 - Top 3 ranked essential worker occupations and reasons from Day 1]***

Here are a few things to note about these rankings:

- Comment on differences in rankings & contributions

We heard from Dr. Beth Bell who shared that vaccines are being reviewed for safety and effectiveness and approval. After Dr. Bell we heard from Chip Ko who described the distribution (epidemiology) of COVID-19 across NYC, and more specifically noting:

- There are hotspots where people are becoming sicker / dying at a higher rate than in other areas.
- The risk for contracting the disease is not the same for everyone. Certain characteristics can increase risk of infection and serious illness, including age, race/ethnicity, comorbidities, and where people live (for example more crowded apartments or buildings).
- People in these occupations come from different parts of the city where COVID-19 infection rates vary.
- Certain other risk factors like age and obesity are more prevalent in some occupations than in others.

Where there any additional points from Chip's presentation that you would like to add?

*[Tech/Meeting Organizer shows Day 2, Slide 3 – Day 2 Agenda]*

Here's a look at what we will be doing for the rest of our time together:

Example Script: **Co-Lead Facilitator**

Today, you're being asked to think about what you heard and discussed yesterday and to add some new considerations. Specifically, we're going to ask you to think about "fairness" as you answer these questions:

*[Tech/Meeting Organizer shows Day 2, Slide 4 – Day 2 Questions]*

- How should the health department take account of the risks that some essential workers carry that make it more likely they will experience serious consequences from contracting COVID-19?
- Should essential workers living with certain risks gain greater priority for vaccination over those with other risks? If so, which kinds of risks are more important to take account of?

We will also return to the main question we grappled with yesterday, about how essential worker occupations should be ranked, and see if your discussions have changed your thinking at all.

*[Tech/Meeting Organizer stops sharing question slide and brings group back to Gallery View]*

There has been a lot of debate about the best way to distribute COVID-19 vaccines in order to protect this country. Some people have thought it most important to protect the “transmitters” of COVID in order to halt the spread and get society back working again. Others believe it is more important to protect the most vulnerable – the people at greatest risk of severe illness and death from the virus. There are likely varied perspectives among those in this virtual room and you’ll have the opportunity to discuss that further today as you return to discussions regarding which of the occupations highlighted should gain priority.

As you return to thinking about which essential worker occupations should be first up, there are other factors to consider in terms of what is “fair” in the context of protecting people from the virus. As you have heard from scientists in NYC’s Department of Health, there are a number of risk factors that make people more vulnerable to serious illness and even death from COVID-19, including older age, underlying health conditions (such as diabetes, high blood pressure, obesity), race, ethnicity, and the part of the city that people come from (for example, neighborhoods where apartments and buildings are crowded).

Yesterday Dr. Bell told you that the ACIP thought carefully about establishing priorities for vaccine distribution at the national level in a way that was “just” and contributed to health equity. Because circumstances vary across the country depending on who lives in an area, what industries and occupations take place there, and what the burden of COVID-19 has been in an area’s different communities, local health departments, including the NYC Health Department, have to make decisions about what’s fair for a particular area or community. You are now going to have the opportunity to hear from Dr. Erika Blacksher, a bioethicist, who studies questions of responsibility and justice that are raised by health inequalities. She is the John B. Francis Chair at the Center for Bioethics and a Research Professor at the University of Kansas, both in Kansas City. She will talk about how bioethicists have considered this idea, when prioritizing some groups over others in the face of shortages. Sometimes this is about how to decide who gets transplanted organs, sometimes it’s about treatment that is in short supply, and now it is about vaccine. She will speak for 15 minutes. You’ll have the opportunity to ask questions at the end of the presentation.

**Presentation 3: Erika Blacksher, PhD**

9:55-10:25 am

30 minutes (15 minute Presentation & 15 minute Question & Answer)

### Objectives :

- Identify important distinctions between the various ways to think about fairness.

*[Tech/Meeting Organizer to share content expert slides and return to Gallery View after presentation for Question & Answer]*

*[Co-lead facilitator to look for raised hands]*

### Introduction of Small Group Activity: Prioritizing Risk Characteristics

#### Example Script: Lead Facilitator

For this next activity, you'll be working in your small groups for 45 minutes to discuss which risk characteristics you think are most important to consider when determining who should get the vaccine first.

You will first return to the jobs you discussed yesterday. This time, though, there will be additional information about people we've created for you to think about who hold those jobs. We've created these people to assist you in thinking about what types of risk might affect priorities for vaccination. These descriptions of essential workers are based off data from the department of health. As you'll see... [describe each person]

*[Tech/Meeting Organizer shows Day 2, Slide 5 – Essential worker occupation descriptions]*

We want you to discuss how the personal information provided affects your thinking about the priority individuals who hold these jobs should get. As you did yesterday, please make sure to identify one person from your group to present to the larger group and be sure to share your "why" during your conversations with one another. We will "move" you virtually into your group; you do not need do anything for this to happen. At the end of the activity, we will again bring you back to the larger group. Again, you do not need to do anything for this to happen.

*[Tech/Meeting Organizer breaks folks out into small groups]  
(Set Timer 45 minutes)*

## Small Group Activity: *Prioritizing Risk Characteristics*

10:25-11:20 am

55 minutes

SMALL GROUP FACILITATORS:

### Objectives:

- **Part 1.** To engage in a brief discussion on Dr. Blacksher's presentation on different ways people think about fairness. (~10-15 mins)
- **Part 2.** To discuss how and why participants ranked their top 3 people for vaccine receipt. (~15-20 mins)
- **Part 3. (report back on this part of discussion).** To discuss how and why participants ranked the risk characteristics as they did (i.e. how they decided which are most important to consider). (~20-25 mins)

### Small group facilitator:

1. Identify one group member to share back main points of Part II. with large group.
2. **Part 1.** Engage in a brief discussion and reflection on Dr. Blacksher's presentation, using the suggested probes below.
3. Review descriptions of the essential workers (as a split screen with note-taking form).
4. **Part 2.** Ask participants to prioritize 3 essential worker fictional characters, on their own.
  - a. Facilitate a discussion, on how participants determined rankings using the prompts below. This is exploratory (your group does not need to reach consensus).
5. **Part 3.** Ask participants to rank order the risk characteristics, on their own.
  - a. Facilitate a discussion on how and why participants ranked the risk characteristics, using the prompts below. Again, you don't need to reach agreement as a group (but OK if it happens).

*\*When possible, try to reflect back to participants whether their reason is prioritizing an equity-based, equality-based, or "greatest good for the greatest number" approach. \**

### Small group co-facilitator:

1. Ensure you have been granted access as a co-host.
2. Use a split screen to see the descriptions of the visual characters and the note-taking form at the same time.

3. Share your screen to allow participants to see the descriptions / notes.
4. Check to make sure you are still recording small group discussion (and not paused by accident).

### **Example Script:**

Hello! Welcome to small group activity: *risk characteristic prioritization*. For the next 55 minutes we'll be working together. Like the previous activity, we'll need one person to present the main points of our conversation to the full group. Specifically, we'll need to report back on:

- The main reasons for how our group was thinking about character prioritization. If there is group consensus about the top 1 or 2 characters, we can share that (but we don't need to come to a consensus).
- The main reasons for how our group was thinking about risk characteristic prioritization. If our group is aligned on the top 2 risk characteristics, we can share that as well.

Who wants to present? [CHOOSE ONE PERSON TO SHARE BACK].

*[Small group co-facilitator shares split screen, showing character descriptions and note-taking form]*

### **PART 1. Reflections on Dr. Blacksher's Presentation: ~10-15 mins.**

Before we dive in, let's think briefly about Dr. Blacksher's presentation on fairness and the different ways people talk about it. Some people feel we have a duty to protect the people whose health is most fragile because of underlying health conditions or older age. Others feel that fairness involves thinking about people who are most vulnerable because of the social circumstances of their lives – their risk comes from characteristics of race, ethnicity, low income, living circumstances. Others believe that in the case of COVID-19 vaccination we should think more about equality, in that everyone has the same access to the vaccine, like in a lottery. And still others think what is the fairest is whatever creates the greatest health for the greatest number, no matter who they are.

### **Suggested Probes:**

Thinking back to the presentation you just heard...

1. Who thinks that a lottery system (I.e. an equality-based approach) would be the fairest approach to prioritizing vaccination? Why?
2. Who thinks that distributing the vaccine based on vulnerability is the fairest approach (i.e. An equity approach: provide based on need vs. Everyone receiving the same)? Please explain.

**Note for facilitators:** Vulnerability can be based on socially mediated factors like race, ethnicity, neighborhood disadvantage and/or it can be based on individual factors like age and underlying health conditions. It would be good to make a connection that increased underlying health conditions are often a marker of socially mediated factors. (this point is made in Erika's presentation and can be referenced).

3. Who thinks that the fairest approach would be to create the greatest good for the greatest number of people? (A health "maximization" view that says it doesn't matter who gets the vaccine, just that it is targeted to people who are most likely to decrease the spread of COVID-19)

## Part 2. (~15-20 min)

**Example Script:** Now, we'll begin with Part 2 of small group activity: prioritizing risk characteristics by talking more about the people we presented earlier, each of whom is an essential worker. Using these people as a starting point, we'd like you to discuss whether the risk categories that could affect people in these essential worker occupations impacts your thinking on who should get the vaccine first. **Remember, these characters were designed to help you think through how important these risk categories are and how to prioritize them among essential workers for vaccine receipt.** Let's review the 6 fictional characters that were described earlier:

Essential Worker Occupation Descriptions		
<b>Miguel, Bus driver</b> <ul style="list-style-type: none"> <li>▪ 40's</li> <li>▪ Man</li> <li>▪ Hispanic/Latinx</li> <li>▪ Lives in Morrisania (high COVID-19 incidence)</li> <li>▪ At home: Spouse, 2 children in middle school, Mother-in-Law (75 y/o)</li> <li>▪ Subway to work</li> </ul>	<b>Yvonne, Child protective service worker</b> <ul style="list-style-type: none"> <li>▪ 60's</li> <li>▪ Woman</li> <li>▪ African American</li> <li>▪ Lives in Harlem (avg. COVID-19 incidence)</li> <li>▪ At home: Lives alone; widowed</li> <li>▪ Walks to work</li> </ul>	<b>José, Construction worker</b> <ul style="list-style-type: none"> <li>▪ 30's</li> <li>▪ Man</li> <li>▪ Hispanic/Latinx</li> <li>▪ Lives in St. George (high COVID-19 incidence)</li> <li>▪ At home: One child (6)</li> <li>▪ Ferry to work</li> <li>▪ No underlying health conditions</li> </ul>

<ul style="list-style-type: none"> <li>Overweight and high blood pressure</li> <li>Insured</li> </ul>	<ul style="list-style-type: none"> <li>Diabetic</li> <li>Insured</li> </ul>	<ul style="list-style-type: none"> <li>Uninsured</li> </ul>
<b>Leslie</b> , Elementary school teacher <ul style="list-style-type: none"> <li>50's</li> <li>Woman</li> <li>White, non-Hispanic</li> <li>Lives in Park Slope (low COVID-19 incidence)</li> <li>At home: Mother (80 y/o)</li> <li>Citibikes to work</li> <li>Immunosuppressed from arthritis medication</li> <li>Insured</li> </ul>	<b>Jenny</b> , Grocery store worker <ul style="list-style-type: none"> <li>20's</li> <li>Woman</li> <li>Chinese immigrant</li> <li>Lives in Flushing (low COVID-19 incidence)</li> <li>At home: 5 undocumented roommates aged 20-60</li> <li>Subway to work</li> <li>No underlying health conditions</li> <li>Uninsured</li> </ul>	<b>Mike</b> , Sanitation worker <ul style="list-style-type: none"> <li>30's</li> <li>Man</li> <li>White, non-Hispanic</li> <li>Lives in Howard Beach (slightly high COVID-19 incidence)</li> <li>At home: Lives alone</li> <li>Subway to work</li> <li>Obese, Asthma</li> <li>Insured</li> </ul>

***\*Note to facilitator: now ask group members to take a moment to select the top people they think should be prioritized, on their own (anywhere from 1-3). This is a starting point to dive into discussion about risk characteristics.***

### **Suggested Probes:**

- Before diving into discussion, which 3 individuals from the characters described do you think should gain priority? Why did you choose these three?
  - Can you say why you chose that approach / why you think that is the fairest way to prioritize vaccine distribution?
- Are the rankings today different from your Day 1 rankings of essential worker occupations? (when we prioritized who was our #1 choice and who was in our top 3?)
  - What changed from prioritizing X occupation yesterday to today?
- Thinking back about how you ranked the essential worker occupations yesterday, how does thinking more about fairness and learning more about the circumstances of these individuals changed how you ordered them to receive the vaccine?

***\*Note for small group facilitator: Comment on emerging themes taking greatest priority and ask participants to provide reasons.***



4. How did you think about the transmission risk associated with someone's occupation as compared to their own risk of experiencing serious consequences from COVID (because of their vulnerability to it)? (Example: Asymptomatic bus driver vs. older adult teacher with underlying health conditions)

*\*Note for small group facilitator: we are trying to get at participant's views on risk of transmission vs. protecting the most vulnerable among essential workers who cannot work remotely.*

*[Small group co-facilitator stops sharing screen here, so Part II of activity is in Gallery View.]*

*[Co-lead facilitator communicates with Tech/Meeting Organizer about sending reminder for small groups to begin Part II of small group activity 3]*

### Part 3. (~20-25 mins)

#### Example Script:

Now let's start Part 3 of small group activity: prioritizing risk characteristics. Please look at the risk characteristics being considered to determine which people within essential worker occupations may need earlier access to the vaccine. Take a moment to write down on a piece of paper how you would rank the risk characteristics in order from most important to least important to consider when determining who (of the essential workers) should get the vaccine first. The four characteristics are:

- Age (65+)
- Neighborhood
- Race/Ethnicity
- Underlying health condition (like Hypertension, Obesity, Diabetes)

If ranking all 4 is proving too difficult, please select the 2 risk characteristics that you feel are most important to consider for essential workers.

#### Suggested Prompts:

1. Let's start by seeing how a few of you ranked these risk characteristics and then your reasons for doing so.
2. What were you considering when you created your rankings?

- a. What was your goal – to reduce the number of deaths overall? To reduce the transmission? To keep NYC functioning?
3. Does anyone think any of these risk characteristics should not be considered by the health department when determining prioritization of individuals within essential worker occupations? If so, why?

*\*When possible, try to reflect back to participants whether their reason is prioritizing an equity-based, equality-based, or “greatest good for the greatest number” approach. \**

Before we break, let’s look at our notes quickly to see what we said, and collect our thoughts before we report back to the larger group. As a reminder we are being asked to report back on:

- The main considerations that impacted how group members thought about prioritizing the characters for vaccine receipt (and to share which were the top characters chosen, if there was agreement).
- The main considerations that impacted how group members thought about ranking the risk characteristics among essential workers (and which are your top choices, if there was agreement).

*[Small group co-facilitator shows notes from small group activity 3]*

Its 11:20, so we’re going to break for 10 minutes and then we’ll have [name of group member] report back to the larger group. **Please be back in your “seat” so we can continue by 11:30 am.**

*[Tech/Meeting Organizer to end breakout groups and mute all meeting participants during break.]*

Break

11:20-11:30 am

10 minutes

Report Back on Small Group Activity: Prioritizing Risk Characteristics

11:30-12:10 pm

40 minutes

**Objective:** To understand each group's main considerations that impacted their thinking when prioritizing characters and risk characteristics.

**Lead facilitator:**

- Asks each small-group co-facilitator, in turn, to share their screen containing groups' notes.
- Ask representative from each small group, in turn, to share the considerations impacting their group's thinking when prioritizing essential worker characters and risk characteristics.
  - Ask to share top characters and risk characteristics, if there was agreement.
- After all groups have gone, encourage participants to discuss similarities and differences in rankings, and associated reasons across groups.

**Small group co-facilitator:**

- Share screen showing notes from Small Group Activity 3, scrolling over info as group rep reviews.
- After group representative reviews discussion, add any important parts of the conversation not shared.

**Note-taker:**

- Takes notes on report back using form.

**Example Script: Lead Facilitator**

Yesterday, we ranked essential worker occupations based on various factors, including their contribution to NYC. Today, we have complicated that conversation by adding various risk characteristics to characters who work in each of the EW occupations. Now, we'd like to hear about what came up in your discussions. Can each group representative please share:

- The main considerations impacting your groups thinking when prioritizing the essential worker characters, and which were the top characters for your group (if there was agreement).
- The main considerations impacting your groups thinking when prioritizing the risk characteristics among essential worker occupations (and which were the top risk characteristics, if there was agreement).

*[Small group co-facilitators share screen and add any information that group rep left out]*

### Suggested Probes:

1. How did your group consider the different risk characteristics as they apply to essential workers? Did any risk characteristics feel more impactful than others?
  - a. Were there other factors that felt important to consider outside of the risk characteristics presented?
2. Where did you land on choosing to protect the most vulnerable within each essential worker occupation vs. reducing the risk for transmission (among those whose jobs inherently subject themselves and others to greater risk)? (For example: An asymptomatic bus driver vs. older adult teacher with underlying health conditions)
  - a. What does choosing X mean to you? (Are you protecting the most vulnerable? If so, is it individual vulnerability or population vulnerability?)
  - b. What was your goal – to reduce the number of deaths overall? To reduce the transmission? To keep NYC functioning?
3. Thinking about those characters and the risks each carry, should some risk characteristics give individuals greater priority, no matter what occupation they come from?
  - a. For example, should a healthy [name 1<sup>st</sup> essential worker occupation from group] always be prioritized before an [name 2<sup>nd</sup> choice for essential worker occupation from group]?
  - b. Does your answer change if the [2<sup>nd</sup> choice essential worker occupation] is [name top risk characteristic]? Why?

### Example Script: Co-lead facilitator

In thinking about how you answered these questions about prioritizing risk, it will be helpful for the Health Department to understand whether it is occupational risk overall or, the risk that some of the people within the occupations carry that should determine peoples' priority for early receipt of the vaccine. You'll see a pop up on your screen. Please take a moment to answer the following question:

*[Tech/Meeting Organizer shows Day 2, Slide 6 - "Consider this"]*

*If some jobs have a workforce made up of people with greater numbers of the risk factors than other jobs, should that be a reason to advance the priority of that occupation overall?*

OR –

*Should the Health Department, within a given job category, give priority to individuals at highest risk, without changing the priority of the occupational overall?*

Here are two examples to help illustrate this:

**Prioritizing an occupation overall:**

- Elementary school teachers tend to be older, as compared to grocery store workers, so the entire occupational group of elementary school teachers would be prioritized ahead of grocery store workers.

**Prioritizing individuals at highest risk within an occupation (without changing the priority of the occupation overall):**

- Elementary school teachers who are older and have underlying health conditions would be prioritized over younger, healthy elementary school teachers.

***[Tech/Meeting Organizer shows Poll 5: “Consider this”]***

**Final Large Group Recommendation Activities**

12:10-12:45 pm

35 minutes

***[Discussion should take place in Gallery View.]***

**Objective:** To hear participant’s final recommendations for the department of health on the overarching public deliberation questions by answering 3 polls: (~10 min per poll & accompanying discussion)

- 2 risk characteristics to prioritize among essential workers
- 3 essential worker occupations to prioritize
- 2 risk characteristics to prioritize for the general population of NYC

**Note-taker:** Takes notes using the word document form.

**Example Script: Lead Facilitator**

Now, thinking back about the presentations you’ve heard, the questions you’ve asked, and the discussions you’ve had in your small groups...The department of health asked us to focus attention on providing guidance on **how to take account of risk and how to prioritize the list of essential worker occupations.**

Ultimately, what are your recommendations to the Department of Health around prioritizing risk characteristics (age, race/ethnicity, neighborhood, underlying health conditions) among essential workers?

You'll see a poll pop up on your screen. Please select the top 2 most important risk characteristics you think the health department should consider when prioritizing vaccine receipt for essential worker occupations (those who cannot work from home). ***Only select 2 risk characteristics.***

***[Tech/Meeting Organizer starts Poll 2: Risk Characteristics & shares results with group.]***

So, for risk characteristics to prioritize for essential workers it looks like [read poll results aloud.]

#### **Suggested Probes: Lead Facilitator**

1. Does anyone who feels strongly about the order they prioritized want to talk about why they selected the risk factors they did?
2. Does anyone have a differing view on ordering risk categories and wish to comment on that?

Now we're going to return to the essential worker occupations and do a poll to see how you currently prioritize them. This may not be how your group as a whole thought about it, this is for how you personally think. Please take a moment now to choose the 3 essential worker occupations you think should be prioritized to receive the COVID-19 vaccine. ***Only select 3 essential worker occupations.***

***[Tech/Meeting Organizer starts Poll 3: Essential worker occupation prioritization and shares results.]***

It looks like [state poll results]. Who would like to share why they selected [choose from poll results]? Do others agree? What about someone who selected [name other essential worker occupation]? What were some of your considerations?

#### **Suggested script: Co-lead facilitator**

Finally, let's return for a moment to the risk characteristic rankings. You have been asked to think about risk characteristics as they apply to essential workers. Do the risk factors that are most relevant for essential workers—those who cannot work from home—apply to all New Yorkers? Other New Yorkers might have social and economic characteristics that are different from people who cannot work from home, they might be wealthier, more likely to be white, etc.

For example, Dr. Blacksher pointed out that an older essential worker most likely continues to work because she does not have enough savings to retire, but her circumstances may differ from other older New Yorkers, where, as Dr. Blacksher pointed out, older age is likely a marker of social advantage.

We would like to know how you think these risk characteristics (age, race & ethnicity, neighborhood, underlying health conditions) should be prioritized for the general population of NYC, not just essential workers who cannot work remotely. If you were to rank your top 2 risk characteristics for the DOH to prioritize for the general population (not just essential worker occupations) which 2 would you choose?

*[Tech/Meeting Organizer shows Poll 4: Top risk characteristics for the general population & shares results]*

\*Note for facilitator: Comment on results & note differences from previous risk characteristic for essential worker occupation poll\*

I see that [name a difference between these poll results and previous risk characteristic poll results].

Suggested probes:

4. Can someone who chose [X risk] before but didn't now, explain their thinking?
  - a. What about others?
5. How did your considerations shift now that you were prioritizing risk for the general population and not just essential workers?

**Post-Survey & Closing**

**12:45-1:00 pm**

## 15 minutes

Now that we've discussed and ranked both the essential worker occupations in our small groups, and again as a large group, we have a few final questions for you. For our last activity before we close out, please open the chat window, at the bottom of your screen. You'll see a white panel open to the right of your screen with a link. Please click this link and follow the prompts. It's important to fill out this survey in order to receive a gift card (at the end, you will notice we ask for your gift card preference and the best email address to send it to.)

Once you are done please raise your hand. That's it! Thank you all so much for participating in one of our first virtual public deliberations! We so appreciate the time you have taken to engage with us, your willingness to share your opinions and perspectives and your help providing guidance to the department of health regarding the prioritization of vaccine receipt for essential workers. In the next few days, you will receive an email from either Amazon, Target or a NYAM staff member with your electronic gift card as a thank you for your participation – so please be on the lookout and reach out to us if you have any questions. Lastly, this is one of 5 public deliberations that we are conducting; and in mid-winter we will be sending out a summary report of the findings to all the participants – so please watch out for that email as well.

Thank you so much!