



## November Community Panel Meeting Minutes

<b>Date</b>	3 November 2021
<b>Time</b>	2.00-4.00pm
<b>Venue</b>	Zoom
<b>Attendees</b>	Aram Kim, Hafsa Ahmed, Jordon Milroy, Michelle Mascoll, Sarah Sparks, Chloe Kincaid, Martin Rodgers, Amber Bill and Rory McKenzie. Guests: Rob Huddart from the Reconnecting New Zealanders programme team.
<b>Chair</b>	Sarah Sparks
<b>Minute taker</b>	Chloe Kincaid
<b>Apologies</b>	Api Talemaitoga, Anthony Taueki

### Item 1: Welcome and apologies

1. Sarah Sparks welcomed members with a karakia, then introduced Martin Rodgers to the Panel members.
2. Martin is the new Manager, Governance and Engagement in the COVID-19 Group at DPMC.
3. Martin has joined the COVID-19 Group on secondment from Oranga Tamariki where he was Manager, Sector Engagement. Throughout COVID-19, Martin has also worked with the Ministry of Social Development to provide information and guidance to the wider social services sector in relation to the pandemic. Martin has held a number of other engagement and strategy roles within government, non-government and local government organisations.
4. Chloe asked for agreement on the previous minutes which were agreed to.

### Items 2-9: Minutes and Actions

5. Sarah provided an update on her current work with faith leaders, supporting DPMC to bring them together to discuss vaccination uptake and faith-based gatherings under the new framework.
6. She discussed how the faith leaders would contribute to the wider group of stakeholders that the Panel reaches and asked the Panel if they have other suggestions of faith leaders that she and/or DPMC should be connecting with. The Panel agreed to send any suggestions through to Sarah for contact.
7. Aram discussed how he belongs to a Korean multicultural Presbyterian church and there has been a lot of kōrero on not creating a division between vaccinated and unvaccinated worshippers but they are waiting for broader direction. Some people are also unsure about

returning to faith-based gatherings given the risk to vulnerable groups, freedom of choice comes with the responsibility to protect vulnerable groups.

8. Sarah then talked about the difficulties of church doors being closed and not being able to pray or gather in person at faith institutions. Starting a dialogue on this issue will help to resolve this situation in future scenarios.
9. **Sarah then gave an update on a newly created Māori vaccination campaign: Ira Dot** which is targeting 12-15 year olds and was created by rangatahi. Ira means 'dot' in Te Reo and trying to change the current narrative from 'jab' and 'shot', both of which can have very negative connotations for Māori. Ira can also mean genes and has a spiritual connection with the body. The campaign is already on social media and is a great example of collective action to try and solve the issue of younger generations not getting vaccinated. The first event took place on 6 November and is centred around the Auckland population.
10. **The discussion then moved on to resilience and wellbeing initiatives.** Sarah invited each Panel member to share experiences with resilience, wellbeing and vaccination uptake initiatives that they are seeing in their communities.
11. Margaret talked about support that she is seeing in the rural community. She said there are small initiatives like people coming together through the rural schools and schools lending their buses to help take people to vaccination centres.
12. Margaret also talked about the differences in perception of the pandemic in rural communities. When it seems like it is far away from your community, it's difficult to see vaccination as a priority and to engage people with preparing for the possibility of the pandemic spreading to further communities.
13. Sarah pointed out that there seems to be a lack of support, buy-in from locals and contingency planning in many rural areas where the risk is starting to be exposed. An example she gave was where a non-vaccinated farm hand was visiting his girlfriend in Auckland city, returned to work on the farm, realised he had been exposed to COVID-19 through her and then exposed all of the other staff on the farm and they all had to isolate, effectively shutting down most of the dairy operation. The staff who were ambivalent about vaccinations prior all went and got their first vaccination after that.
14. Callum then shared examples from the tech sector where some companies are incentivising vaccinations by offering staff days off when they reach certain vaccination targets etc. This has started a lot of conversations in the workforce about vaccinations.
15. Michelle talked about the 'my why' campaign currently underway in Waitakere which is people talking to others about why they are getting vaccinated to encourage others to do so.
16. Michelle then discussed some of the issues that are still arising in the LGBTQ+ community.
  - a. There is now a card that is provided by a rainbow organisation working with DHBs that states your personal pronouns. This has had mixed results.
  - b. Michelle has still heard numerous examples of issues when getting vaccinated, such as people being deadnamed or being subjected to racist or homophobic remarks.
  - c. There are people in her community who are anxious about accessing a vaccination certificate with the correct name given that these issues are ongoing.
  - d. Michelle suggested something such as a '10 golden rules' or similar to provide to vaccinators when vaccinating diverse populations.

17. Aram followed Michelle's discussion with his own insights from communities he is involved in:
- a. He has heard from some of the Chinese population that they have been reluctant to access vaccinations. This is for many reasons, including:
    - i. International students who are concerned about their parents consenting to the vaccine.
    - ii. Parents not understanding the safety of the New Zealand vaccination.
    - iii. Concern about the Pfizer vaccine being accepted when/if they return to China.
    - iv. Some rely more on Oriental medicine than on Western medicine.
  - b. People with poor mental health are at risk of further complications if they contract COVID-19 but some can have difficulties accessing the vaccine as they may live alone, not have a GP, and/or have drug or alcohol dependencies.
  - c. Aram discussed that there is a group of Korean GPs and medical professionals (that he is a part of) that have opened a help line for answering questions about the vaccine.
  - d. There are similar issues coming from questions from people, including:
    - i. Those who have had a bad experience with their first vaccination and are scared about getting their second dose but are required to for their work.
    - ii. Concerns from those vaccinated earlier on who worry about the waning effectiveness of the vaccination.
    - iii. Those who are embarrassed to ask these questions of people in their social circles or they don't want to pay to see the GP just to ask these questions.
  - e. Rory mentioned that there is a service available through Healthline where you can ask for an interpreter, the only barrier being that you have to be able to articulate in English in some form that you need interpreting and what language.
18. Sarah then discussed a recurring 'service gap' issue currently where people who both have COVID-19 or are a close contact of a case are needing to home/self-isolate but they aren't receiving any information or support until around day 5-7 after notification or a positive result.
19. The discussion then moved to questions and issues raised about using vaccination certificates and members discussed that there is still a lot of confusion on when and how the vaccination certificates will be used.
20. Amber gave a brief overview of how MyVaccinePass will work:
- a. People will need to show the QR code that they've been issued which will then need to be scanned by an app and will either show a tick or a cross for vaccinated/unvaccinated accordingly.
  - b. There is an expectation that this will only need to be in place for a finite amount of time to manage risks involved with large gatherings or indoor settings.
  - c. Amber noted that there may be some equity issues as you will either need a digital device or to carry around a paper, printed version.
21. Sarah talked about the modelling that Counties Manukau DHB has done where it looks likely that Māori vaccination rates won't reach the 90% target until March 2022. She raised that there are Te Tiriti issues where Māori need to be consulted and not just have the system thrust upon them. She

suggested that a rōpu of rangatira Māori who are not public servants but external to the government, be involved in the decision-making processes.

22. The new member, Hafsa Ahmed, then joined the meeting and introduced herself:
- a. Dr Hafsa Ahmed is a Lecturer at Lincoln University with expertise in comprehending stakeholder ecosystems. She has professional work experience of over 20 years in private, public and not-for-profit sectors in India and New Zealand. Hafsa has also held board positions in different organisations in the not-for-profit sector over the past decade. She is the current Chair of Canterbury Interfaith Society and serves on the Board of Ako Ōtautahi – Learning City Christchurch. She is also the co-founder and trustee of Lady Khadija Charitable Trust. Hafsa believes her purpose in life drives me to make a meaningful impact and empower others to do the same.
23. Rob Huddart, Programme Director for Reconnecting New Zealanders then joined the meeting to provide members with an update on the Reconnecting New Zealanders programme:
- a. On 12 August at the Reconnecting New Zealanders forum, the Prime Minister signalled importance of elimination strategy having given us options for phased approach to reopening and shifting from a country-based risk approach to individual traveller based risk approach.
  - b. He talked about how COVID journey has changed over past three months and how the new COVID-19 Protection Framework will work in with the Reconnecting New Zealanders programme.
  - c. The intent to maximise vaccination levels and look at safe reconnection at the border. Proof of vaccination is already required for overseas travel and there will be proof of vaccination required to enter New Zealand. The first travellers from self-quarantine pilot arrived this week.
  - d. The health information process updates are the first phase, due to be completed by the end of this year and the system needs to be ready by the end of Q1 2021.
  - e. The first step is immediate response which is the current settings. The second step is increasing vaccinations and trialling tools. The third step is new travel pathways based on risk. The fourth step is quarantine-free travel for all vaccinated travellers.
  - f. The risk-based pathways (low/medium/high, e.g. low for countries from the Pacific) will remain in short to medium term and MIQ will mainly be for high-risk, unvaccinated New Zealanders.
  - g. Medium risk travellers are likely to have modified home isolation requirements.
  - h. The next steps that Rob would like is to engage further with Panel. He proposed a combination of updates from Rob and from work stream leads at each Community Panel meeting moving forward, which the Panel agreed to.
24. After Rob's update, Hafsa then wanted to discuss well-being impacts and what support there is available to families of ethnic backgrounds.
25. Aram supported Hafsa's question and raised that the loneliness many ethnic families suffer gets worse as lockdowns continue longer. In person contact cannot be fully replaced with Zoom and video communication. He also raised an issue that when families were able to be reunited, relatives of ethnic families may need support to travel to New Zealand to manage new border processes but there may not be anyone to provide that support as they wouldn't be citizens or residents.

26. Rory discussed the funding available from the Ministry for Ethnic Communities, the Ethnic Communities Development Fund which is a multi-year fund available for ethnic communities to grow their skills, celebrate their culture and take part in society. It can also be used for communities dealing with COVID-19 related difficulties. Although funding is only one part of support, this is an option for some community groups.
27. Hafsa then discussed that communication on risk-based pathways for entering New Zealand when the borders reopen will have to be clear. Her point of view was based on international students entering the country.
28. She asked about vaccinations and when will alternative vaccinations be available to those that are concerned about the safety of Pfizer?
29. Amber said that this is currently being worked through. NB: since the meeting, Minister Hipkins announced that the Astra Zeneca vaccination will be available as an alternative for anyone who needs this.
30. In light of the vaccination discussion, Michelle raised the point of people who are in New Zealand or will be coming to New Zealand who have been vaccinated with a different overseas vaccination fitting in with the COVID-19 Vaccination Certificates.
31. Sarah added to this by acknowledging that there are still issues in accessing the vaccine and not everyone is at the same starting point. There will be ethical impacts on communities that have longstanding disparities and this will only be worsened through COVID.
32. In response, Amber asked how we can bring the date forward for communities to reach 90% vaccinated status in order to protect the vulnerable further?
33. Sarah said that it would be connecting the right relationships, using a high trust model (trusting communities to use resources responsibly provide for their people), providing resources and support to communities and curbing reporting requirements to be appropriate to funding/resources provided. Keeping a kaupapa driven philosophy in mind is important when working with whānau and not having too many processes or protocols to work through.
34. Michelle raised an issue that often application forms (even for COVID-related resources) are very burdensome and bureaucratic and the level of reporting needed is not commensurate to the funding provided.
35. She also raised issues ongoing mask poverty which impacts many families. An example given was that Auckland Transport is providing free travel using your AT Hop card to get vaccinated but you still need to have a mask to access this. She asked whether it would be possible to do mask drops in particular communities where these would be needed.
36. Sarah raised a related point about families with children accessing education materials. She said that there was a cohort of tamariki (children) that didn't receive hard copies of education material and did receive an iPad but they didn't have access to WiFi and some that had access to WiFi but no devices to learn with.
37. Aram then raised that there are still difficulties for many families in accessing health services, as Michelle said, some families are putting off medical issues until they need to go to hospital due to the severity as they can't afford GP appointments.
38. Hafsa and Sarah both discussed community responses, Hafsa detailed the response to the Christchurch earthquake and how the response from the grassroots level creates the most difference to how things happen.

39. Aram wanted to acknowledge the new video on vaccinations in different language and the hard work he's seeing in different parts of his community.
40. Sarah wanted to echo acknowledgments of the kaupapa and she is grateful for the support of the Panel. She also invited Panel members to indicate to Sarah if they were interested in joining her for any media opportunities that might arise over the next month or so.
41. The **key insights** that came from the panel discussion were:
- a. There is still a way to go with ensuring that many vulnerable and rural communities reach the 90% vaccination target to keep them safe as we move to the new framework and the borders reopen next year.
  - b. There is currently still a lot of confusion and misunderstanding about how MyVaccinePass (the COVID-19 Vaccination Certificate) will be used and this needs to be communicated, clearly and as soon as possible.
  - c. There needs to be further support for those that are needing to self-isolate because of either contact with a positive COVID case or when contracting the virus themselves. Central services are struggling to keep up with increasing case numbers so support and resources need to be provided to communities to support their people.
  - d. Many ethnic communities are struggling with the length of lockdown and the lack of support available (as their families are often overseas) and more support needs to be available to people in these communities.
  - e. When we are providing support and resources to communities to support their people, the bureaucratic requirements (e.g. reporting) need to be commensurate to the support provided and not burdensome to community groups.

### Item 9: Final thoughts and wrap up

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42. Amber thanked the Panel for their time and their honest and challenging kōrero.
43. The meeting closed at 4.00pm with a closing karakia from Sarah.

### Action register – Live actions

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	Date of meeting	Action	Responsible owner	Due date	Comments
1	03/08/2021	All Panel members to sign and send confidentiality and conflict of interest documents.	Panel members.	01/09/2021	COMPLETE
2	03/08/2021	Send amendments to the Terms of Reference before next meeting.	Secretariat.	01/09/2021	COMPLETE
3	03/08/2021	Secretariat to provide Panel with wording to use if asked about Prime Minister's public forum next week.	Secretariat.	06/08/2021	COMPLETE

	Date of meeting	Action	Responsible owner	Due date	Comments
4	1/09/2021	Provide feedback on the Reconnecting New Zealanders presentation and the stakeholder mapping from DPMC before the next meeting.	Panel members.	01/10/2021	COMPLETE

Proactively Released