



**METRO DENVER**  
PARTNERSHIP FOR HEALTH

# Immunization Ambassador Program

Overview and Final Report



MAY 2023

# Immunization Ambassador Program

## Overview and Final Report

3	Executive Summary
4	Immunization Community Ambassador Program Overview
4	Program Model
5	Program Background
5	Program Goals and Objectives
6	Program Structure
6	Planning and Recruitment
7	Ambassador Activities Overview
8	Communities of Practice
9	Data Collection Methods
10	Program Results
10	Ambassador Outcomes
13	Community Outcomes
15	Limitations
15	Lessons Learned
15	Successes
15	Challenges
18	Program Administration
18	Sustainability
18	Funding Acknowledgement
19	Appendix
20	Endnotes

## About MDPH

The Metro Denver Partnership for Health is a partnership of key stakeholders committed to improving health in metro Denver through regional collaboration and action. MDPH serves the seven-county Denver metro area, including Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties. MDPH partners include the area's local public health agencies (LPHAs), health systems, and Regional Accountable Entities (RAEs). MDPH also works alongside regional leaders in human services, behavioral health, environment, philanthropy, local government, education, and other areas to achieve its goals of promoting health and well-being across the region. CHI is the administrative, coordinative, and fiscal hub for MDPH. MDPH's work impacts over three million Coloradans — 60% of the state's population — who live in this region.

### On the cover:

(Photos at left and right): St. Benedict health and healing ministry; (center) Broomfield FISH vaccine event





FREE CLINIC ALL ARE WELCOME!

St. Benedict Health  
and Healing Ministry  
Vaccine Team

## Executive Summary

*The Metro Denver Partnership for Health (MDPH) and the Colorado Health Institute (CHI) are proud to present the final report on the MDPH Immunization Ambassador Program. MDPH launched this program in the fall of 2020. At that time, the high volume of both influenza and COVID-19 patients strained the health care workforce. The Immunization Ambassador Program aimed to improve vaccine uptake among priority populations in the metro Denver area. MDPH partnered with trusted local leaders from community-based organizations (CBOs) to promote the importance of influenza and COVID-19 vaccinations.*

This report gives an overview and highlights key findings from the three iterations of the program:

1. **Fall 2020 – Winter 2021:** Pilot Program
2. **Spring 2021 – Spring 2022:** Ambassador Program 1.0
3. **Summer 2022 – Spring 2023:** Ambassador Program 2.0

Throughout these iterations, MDPH partnered with 41 organizations that successfully disseminated culturally relevant COVID-19 and flu messaging and hosted tailored community events. Participating CBOs (referred to as “ambassadors” in this report) have reached over one million people with their programming through 94 vaccine events and 364 community events. The purpose of this report is to share details of the Ambassador Program model and showcase its outcomes, successes, and challenges. The report includes comments from ambassadors and other program participants obtained in survey responses or shared on digital whiteboards. Organizations, agencies, and partnerships aiming to advance health equity through partnerships with trusted local leaders may consider these findings to inform program planning efforts.

### Key Takeaways

- Ambassadors successfully built on the longstanding relationships and trust they had with members of historically underserved communities by leveraging already existing resources to connect with priority populations.
- The ambassador model improved bidirectional information and resource sharing between the community and health care sector.
- The ambassador model allowed the community to guide interventions to ensure cultural relevancy is at the center of the work.

*“[Community-based partner organizations] help bridge public health and the community by informing interventions; connecting groups, neighborhoods, or organizations who can help fill in gaps; and helping immunization planners understand historic barriers and challenges to vaccination.”<sup>1</sup>*

#### MDPH Operationalizing Equity in COVID-19 Vaccine Distribution

## Immunization Community Ambassador Program Overview

### Program Model

From November 2020 to April 2023, the Metro Denver Partnership for Health (MDPH) partnered with 41 community-based organizations (CBOs) serving as ambassadors to work toward greater uptake of both COVID-19 and flu vaccines. Ambassadors are trusted leaders in their communities and serve populations disproportionately impacted by COVID-19 and the flu. Research indicates that involving trusted community leaders to tailor culturally relevant messages can improve health outcomes.<sup>1</sup> The Ambassador Program model leverages and supports local networks and expertise.

Collectively, MDPH aims to support the health of its communities by building joint endeavors with partners who know and understand the issues facing their residents. This improves trust, addresses disproportionate population-level impacts, prevents future health disparities, and lays the foundation for new partnerships. Collaborating with the communities it serves is one of MDPH's shared principles.<sup>2,3</sup> The MDPH Immunization Ambassador Program uses the Health Equity Community Involvement Spectrum (Figure 1) to engage with

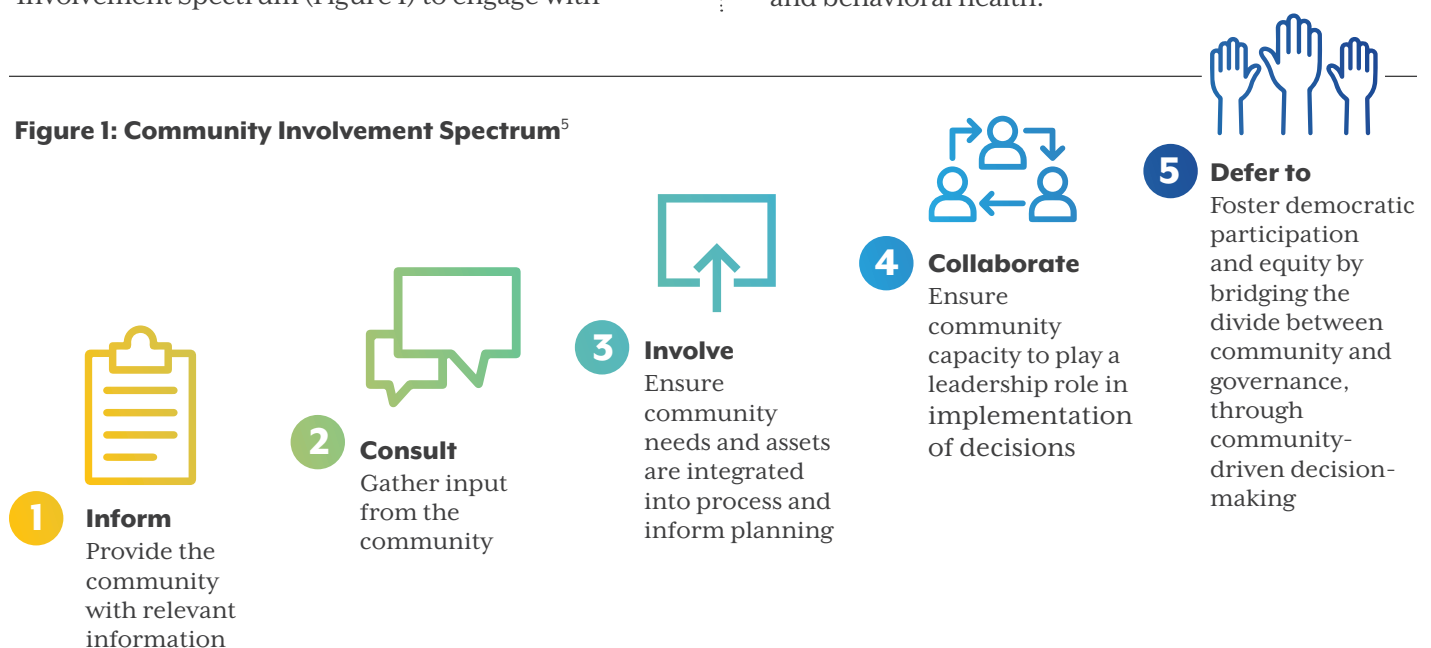
the community in planning and implementing interventions.

The program involves partnering with community leaders to ensure health resources and processes are culturally appropriate and are responsive to community needs and preferences. At the collaborative level, MDPH aims to foster community leadership through decision-making. Power rests with the community to direct interventions and strategies.

Many people are unable to access traditional methods of receiving vaccines and vaccine information or prefer to seek care in other, non-traditional settings. Community organizations serving as ambassadors can offer alternative locations for vaccine access in addition to existing health systems and retail pharmacies that have resources to support vaccine administration and promotion.

This program provides an opportunity to prioritize community input on a range of health needs, including immunizations, social barriers to health, and behavioral health.

**Figure 1: Community Involvement Spectrum<sup>5</sup>**



## Program Background

Data reported from across Colorado aided public health in understanding who was more affected by COVID-19. These data show that the pandemic disproportionately impacted communities with higher proportions of non-English speakers, people of color, and individuals with less than a high school diploma. The rate of COVID-19 diagnoses among these populations was 10 times greater than in places that fared best. Various systemic factors contributed to the disparities in hard hit areas, including crowded housing, inability to telecommute, and less access to health care.<sup>4</sup>

Figure 2 shows the weekly percentage of case rates in Colorado by race and ethnicity from November 2020, when the pilot flu program started, and April 2021, at the start of Ambassador Program 1.0. These case rates are compared with racial and ethnic breakdowns of Colorado populations. During this period, there was a significantly disproportionate percentage of cases among the Latino<sup>‡</sup> population across the state, particularly in November 2020.

## Program Goals and Objectives

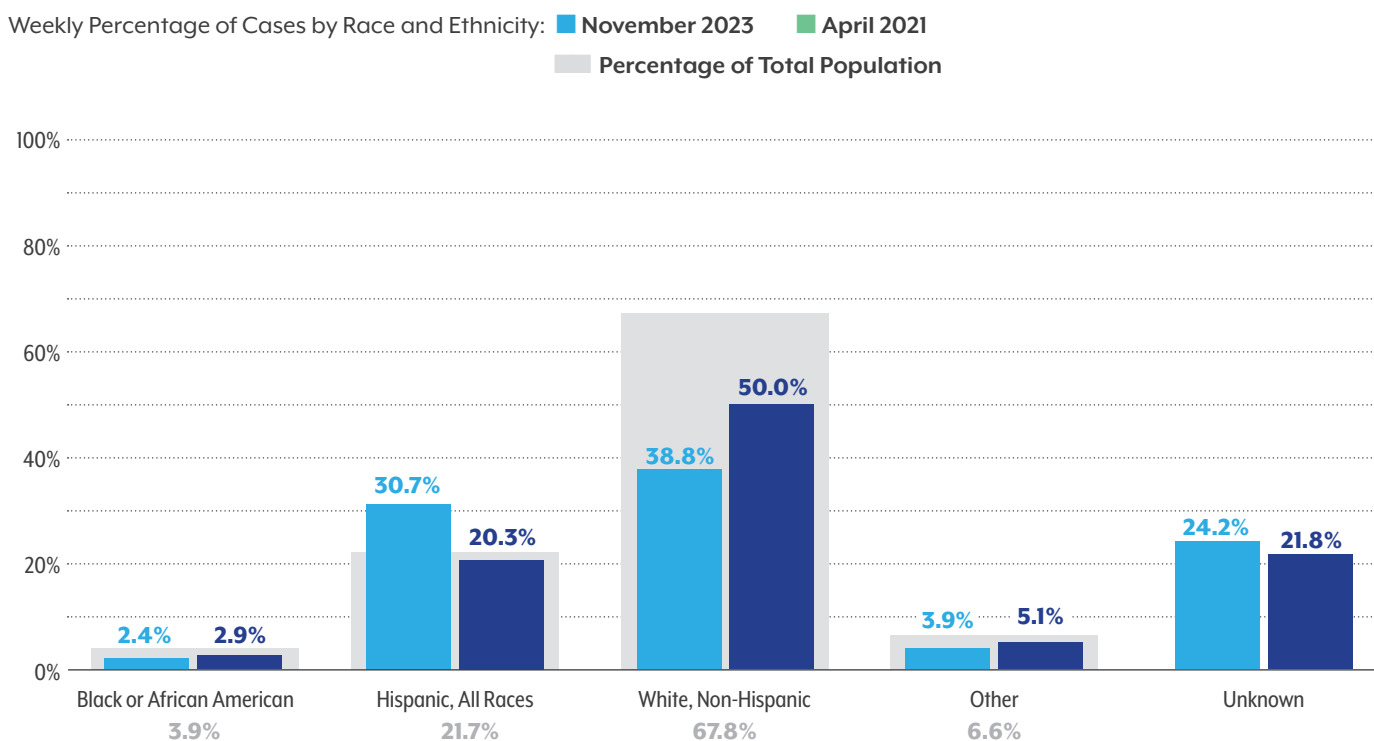
The MDPH Immunization Ambassador Program aimed to improve vaccine uptake among priority populations in the metro Denver area by:

Promoting COVID-19 and influenza vaccinations by partnering with community-based organizations (ambassadors) to implement culturally relevant vaccination outreach and education activities

Improving bidirectional information sharing and best practices through regional Communities of Practice meetings with CHI, liaisons, and ambassadors

Building and strengthening partnerships and trust between CBOs and local public health partners.

**Figure 2. Weekly Percentage of COVID-19 Cases in Colorado by Race and Ethnicity, November 2020 and April 2021**



From Colorado Department of Public Health and Environment, Colorado's COVID-19 Data, Accessed April 2023. <https://covid19.colorado.gov/data>

<sup>‡</sup> Source data from CDPHE uses the term “Hispanic,” to refer to this population, this program uses “Latino.” For the purposes of this report, “Hispanic” and “Latino” are used interchangeably.



## Program Structure

MDPH used a hub and spoke model to work with ambassadors (Figure 3). Through this model, LPHA, RAE and health care partners served as liaisons. Liaisons have subject matter expertise and connections to vaccine resources to aid ambassadors participating in this program. Liaisons trained, engaged, and equipped ambassadors to function as influential messengers and were the initial and primary points of contact to ambassadors.

CHI was the administrative hub of the program, supporting regional coordination, common messaging, evaluation, fiscal management, and grant reporting. This model supports health care and public health staff members in building long-term and sustainable relationships with CBOs.

During each iteration of the program, ambassadors could choose to participate in one of two funding tiers, receiving up to \$15,000. Organizations funded at the first tier focused on developing communication products to promote vaccines. Ambassadors combined their knowledge of their communities with best practices suggested by MDPH liaisons and CHI to develop social media content, flyers, email blasts, and more. In addition to first-tier activities, organizations funded at

the second tier hosted or supported vaccine-related events, such as clinics. Organizations funded at this level also presented at regular ambassador meetings, called Communities of Practice (CoP).

## Planning and Recruitment

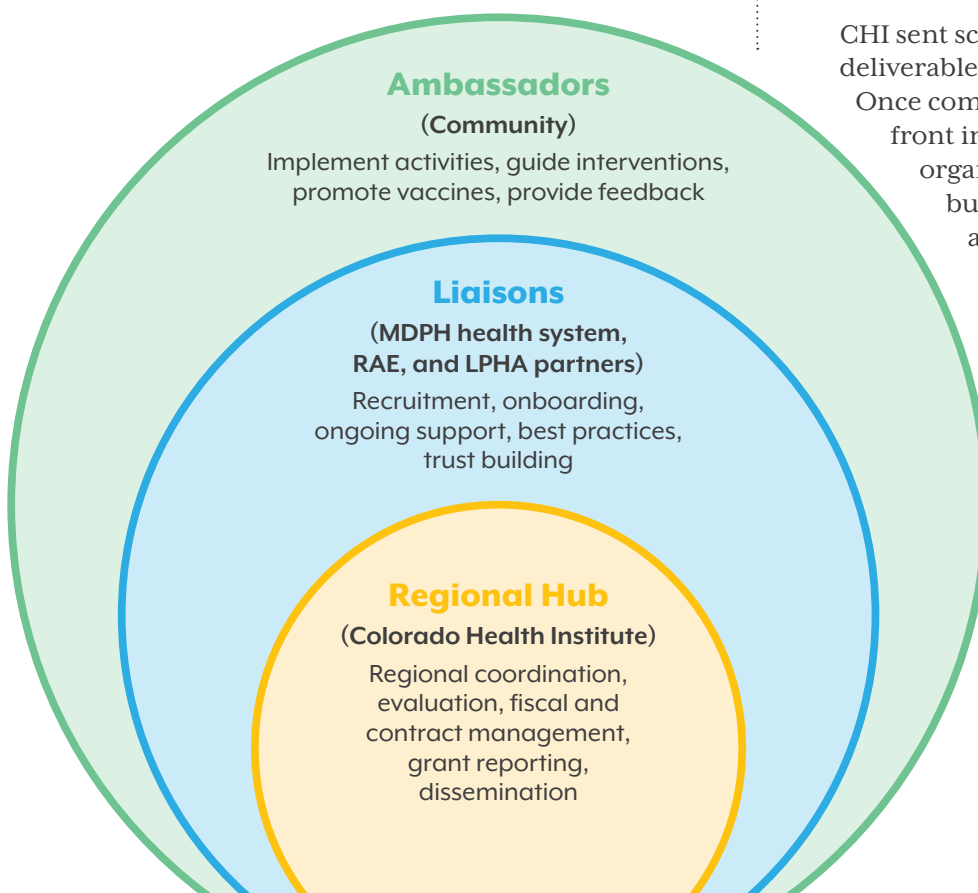
MDPH liaisons and CHI staff went through an iterative process to identify the CBOs with which MDPH should partner. They used data to identify communities and priority populations disproportionately impacted by vaccine-preventable diseases or had low vaccination rates. MDPH used maps that overlayed ZIP codes and census tracts with vaccination rates to identify neighborhoods with low uptake and monitored vaccination rates by race and ethnicity. Based on these data, MDPH prioritized partnering with organizations that serve Black or African American and Latino communities, people in need of housing, Medicaid enrollees, and individuals living in congregate care settings in the seven-county region.

MDPH spoke with interested organizations to determine fit and whether they had the capacity to achieve program goals and carry out elements of the program tiers. MDPH identified organizations for each program iteration, prioritizing organizations based on funding tier and budgets, and notified awardees via email.

CHI sent scopes of work that included deliverables to identified organizations.

Once complete, CHI paid ambassadors up front in one lump sum. MDPH's partner organizations have a range of operational budgets; the up-front payments allowed ambassadors to start planning right away rather than waiting to be reimbursed. This addressed potential barriers to participation in the program and was a key component to building trust with ambassadors.

**Figure 3. MDPH Hub and Spoke Model**



## Ambassador Activities Overview

Ambassadors first designed programming that suited their community and organization. Each month, they completed a program report. The next section provides more information on these monthly reports.

Organizations led a variety of activities to increase vaccination rates based on its internal capacity and level of funding from MDPH. Ambassadors tailored these activities to best suit their communities' needs and interests.

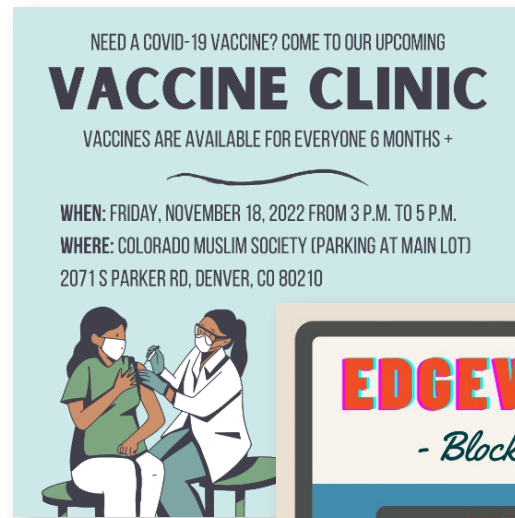
Activities conducted by ambassadors include:

- Sharing information via social media, newsletters, newspapers, or community boards
- Leading community events
- Assisting with or holding vaccination clinics, in partnership with vaccinators such as the state or local public health departments
- Having one-on-one conversations
- Hosting radio shows
- Distributing COVID-19 containment and mitigation materials

Liaisons connected ambassadors to resources such as traveling vaccination buses or interpretation support and suggested best practices for having vaccine-related conversations. They met regularly with ambassadors to talk over challenges and remind them of the deliverables they were responsible for providing.



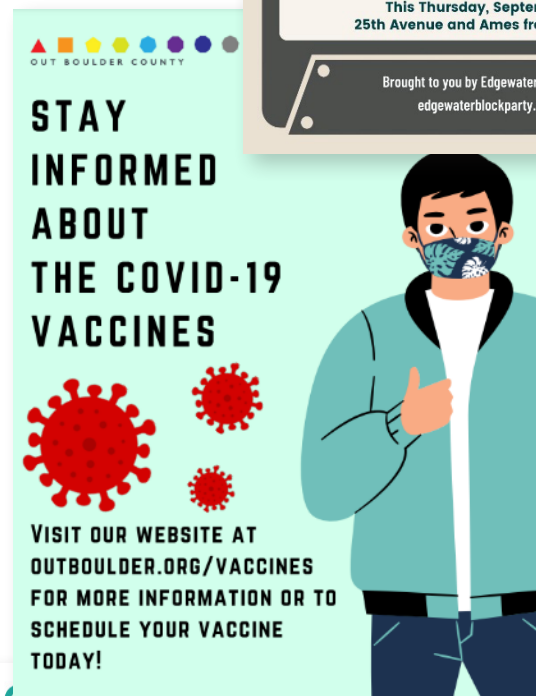
**Broomfield FISH vaccine concert**



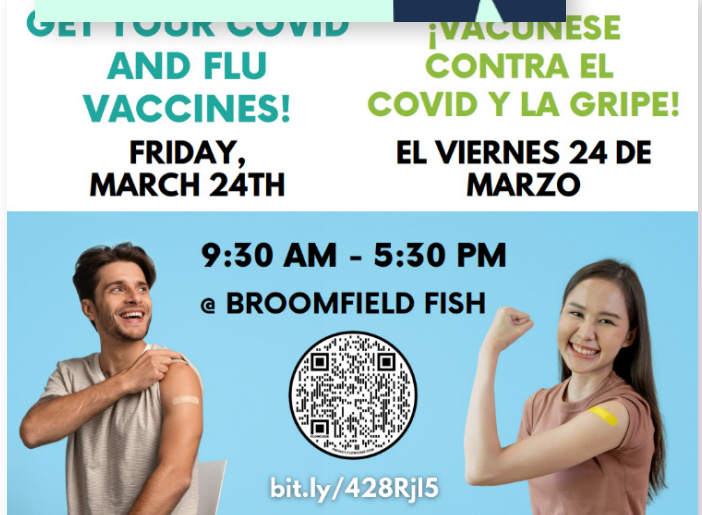
**African Chamber of Commerce**



**Edgewater Collective**



**Out Boulder County**



**Broomfield FISH**



Broomfield FISH vaccine family fun event

## Communities of Practice

MDPH hosted monthly CoP meetings with program ambassadors and liaisons to foster learning from each other and build skills, knowledge, and confidence related to COVID-19 response and recovery efforts. Through the CoPs, MDPH strove to:

- Increase the knowledge and skills of community organizations through training on identified topics ways to support vaccine response, health equity, and COVID-19 recovery efforts
- Enhance peer learning and innovative strategies used by organizations to inform local strategies
- Create a regional structure to listen and respond to community concerns and needs to inform metro-wide approaches for COVID-19 response and recovery

The CoP sessions were open to all MDPH-funded community ambassadors as well as any other interested partner or CBO. They took place on Zoom in English with live Spanish interpretation. The topics covered in CoPs changed between cohorts based on priorities identified by CHI, MDPH liaisons, and ambassadors.

During Ambassador Program 1.0, MDPH held CoPs more often due to the ever-changing COVID-19 climate. These meetings at first aimed to give ambassadors the knowledge and skills needed to speak accurately and confidently about vaccinations. Based on ambassador feedback, CoPs also provided time for individual ambassador presentations. In post-CoP surveys, all participants either agreed or strongly agreed that the content of these sessions was relevant to their work in COVID-19 response and recovery.



## Example Communities of Practice Discussion Topics

### Ambassador Program 1.0

- Motivational interviewing training for vaccine conversations
- Monoclonal antibody treatment
- Updates on COVID-19 vaccines, variants, and boosters
- Resources for combatting misinformation
- Pediatric vaccine resources
- Open forum to share activities and challenges faced

### Ambassador Program 2.0

- COVID-19, flu, and monkeypox vaccine updates
- Guidance on vaccine incentives
- Routine immunizations
- Individual ambassador presentations and feedback on program successes and challenges



## Data Collection Methods

MDPH used a variety of methods to collect information on program progress.

**Monthly Report:** Ambassadors submitted monthly reports outlining their activities, successes, and challenges; hours spent on the project; number of new partnerships with local organizations, coalitions, and/or community partners to promote COVID-19 and/or flu vaccine information; and vaccine clinic information. Liaisons used the reports to check in regularly with ambassadors.

**Ambassador Surveys:** Ambassadors completed a survey asking about their knowledge of vaccine information, comfort having conversations about vaccinations, and level of partnership with or willingness to partner with local public health agencies or other organizations. In Ambassador Program 1.0, respondents answered questions on a scale of 1-5, with 1 being low and 5 being high. This questionnaire was administered as a post/pre survey, meaning that ambassadors, at the end of their contracts, answered questions about their current state as well as their feelings before participating in the program as it relates to COVID-19 and flu vaccines. In Ambassador Program 2.0, respondents completed the same survey at the beginning and at the end of the program, answering questions on a scale of 0-100, with 0 being low and 100 being high. This survey included questions on both COVID-19 and flu vaccines.

**CoPs:** During monthly CoPs, ambassadors were periodically asked for feedback using digital whiteboards such as Google Jamboards or through the chat function on Zoom. MDPH worked to continuously improve the program based off this feedback.

**Vaccination Rates:** MDPH used public vaccination data from the Colorado Department of Public Health and Environment to measure rates over time among priority populations in the seven-county region and across Colorado. This included rates by race and ethnicity. This information informed recruitment efforts for potential ambassadors.



St. Benedict Health  
and Healing Ministry  
vaccine event

## Program Results

### Ambassador Outcomes

#### *Knowledge, Confidence, Comfort and Integration*

MDPH and liaisons aimed to improve ambassadors' knowledge about vaccine resources, confidence in supporting community members in getting vaccines, comfort in having vaccine-related conversations, and integration of vaccine-related activities into existing programming. Table 1 shows ambassadors' average level of self-reported knowledge and confidence on a scale of 1 (low) to 5 (high) before the 1.0 program compared with after. Table 2 outlines ambassadors' level of knowledge, confidence, comfort, and integration on a scale of 0 (low) to 100 (high) before and after the 2.0 program.

These results suggest that ambassadors' knowledge, confidence, and comfort in promoting COVID-19 and flu information and resources improved throughout the program. The monthly CoP meetings aimed to improve this knowledge through sharing resources, providing vaccine guidance updates, and hosting subject-matter experts to answer questions.

Ambassadors may have entered the program feeling somewhat confident and comfortable because these organizations already have experience working with community members in a variety of ways. However, it is likely confidence and comfort levels rose as ambassadors learned more about COVID-19 and flu through participation in this program.

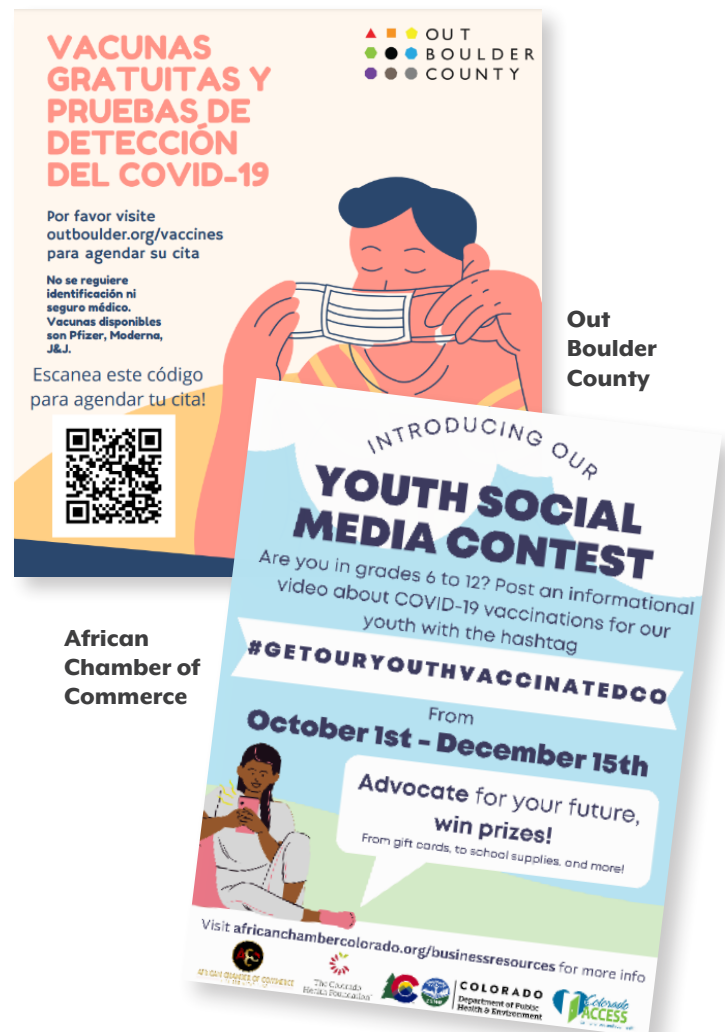
It is important to note that the "COVID-19 climate" was very different at the start of Ambassador Program 1.0 than it was at the start of Ambassador Program 2.0. During the Ambassador Program 1.0, news, guidance and information about the pandemic and vaccines changed rapidly. So, it is not surprising that the percent change in knowledge and confidence was greater in 1.0 than in 2.0.

Notably, the average level of integration of COVID-19 vaccine activities into organizations' programming in Ambassador Program 2.0 decreased somewhat. This is most likely due to the survey response rate and use of a different response scale. Due to having, at most, 8 ambassadors responding to the survey at a time,

one low response was able to bring the average response level down significantly. Integration is a fluid process that depends on ambassadors' priorities throughout the year. Reports of low levels of integration at the end of the program could be that the organizations' priorities no longer align with vaccines.

MDPH also asked ambassadors to reflect on changes in the community related to vaccinations. Tables 3 and 4 show the average answers for Ambassador Program 1.0 and 2.0 before and after the program.

These average survey answers demonstrate an increase in community-level knowledge about how and where to get vaccinated as well as the importance and benefits of the vaccines. As noted above, COVID-19-related information and resources changed almost daily at the start of the Ambassador Program 1.0. It is likely intense publicity about the pandemic boosted community knowledge as well as the ambassadors' close connections and consistent interaction with their communities.





**Table 1. Average answers on survey on scale of 1 (low) to 5 (high)  
as it relates to ambassadors' perception of themselves in Ambassador Program 1.0.**

Question	Average survey answer before program	Average survey answer after program
What is your level of <b>knowledge</b> about resources available to your community as it relates to <b>COVID-19</b> vaccine resources?	3.2 / 5	4.3 / 5
What is your level of <b>confidence</b> in your ability to support community members to get the <b>COVID-19</b> vaccine.	3.6 / 5	4.5 / 5

**Table 2. Average answers on survey on scale of 0 (low) to 100 (high)  
as it relates to ambassadors' perception of themselves in Ambassador Program 2.0.**

Question	COVID-19		FLU	
	Average survey answer before program	Average survey answer after program	Average survey answer before program	Average survey answer after program
How <b>knowledgeable</b> or “in the know” do you feel about current and emerging COVID-19/flu information?	80.3 / 100	85.7 / 100	72.4 / 100	82.5 / 100
How <b>confident</b> are you in supporting community members to get the COVID-19/flu vaccine?	90.4 / 100	90.4 / 100	85.5 / 100	87.9 / 100
How <b>comfortable</b> are you having conversations about the COVID-19/flu vaccine with community members?	83.9 / 100	87.4 / 100	82 / 100	88.4 / 100
To what extent has your organization <b>integrated</b> COVID-19/flu vaccine activities into your existing programming?	85.3 / 100	84.9 / 100	62.3 / 100	83.6 / 100



**Table 3. Average answers on survey from scale of 1 (low) to 5 (high) as it relates to ambassadors' perception of community in Ambassador Program 1.0.**

Question	Average survey answer before program	Average survey answer after program
To what extent are community members knowledgeable about <b>how and where</b> to get the COVID-19 vaccine?	3.2 / 5	4 / 5
To what extent are community members knowledgeable about the <b>importance and benefits</b> of the COVID-19 vaccine?	3.3 / 5	4.1 / 5

**Table 4. Average answers on survey on scale of 0 (low) to 100 (high) as it relates to ambassadors' perception of community in Ambassador Program 2.0.**

Question	COVID-19		FLU	
	Average survey answer before program	Average survey answer after program	Average survey answer before program	Average survey answer after program
To what extent are community members knowledgeable about <b>how and where</b> to get the COVID-19/flu vaccine?	58.5 / 100	72.2 / 100	58.8 / 100	69.5 / 100
To what extent are community members knowledgeable about the <b>importance and benefits</b> of the COVID-19/flu vaccine?	59.7 / 100	75.6 / 100	60.7 / 100	77.8 / 100



**Vaccination clinic at the Día de los Muertos celebration in Longmont**

## Trust and Partnership with Public Health

To further their efforts in spreading messaging and in hosting events, ambassadors used this funding to establish new and strengthen existing partnerships. Cooperation between public health organizations, health care providers, and CBOs generates collective interest and action and sets the stage for future collaborative opportunities.

Over three-quarters (78%) of 1.0 program ambassadors reported they are very likely to work with public health or health care partners to address future challenges, barriers, and needs in their communities compared with one-third (33%) before the program. In the Ambassador Program 2.0, all ambassadors reported being somewhat likely or very likely to partner or work with local public health agencies or other health care partners both before and after participating in the program.

Ambassadors reported 120 new partnerships. Through these partnerships with LPHAs and other organizations, ambassadors increased opportunities for community members to get vaccinated.

*“Latinas Community Connections was able to build a partnership with Denver Health so that community members could have access to more vaccine sites and access flu vaccines as well. Through these connections, 164 COVID-19 vaccines were given, and nine flu vaccines were given.”*

Ambassador,  
Latinas Community Connection

## Community Outcomes

### Reach

In their monthly reports, ambassadors explained their activities to promote vaccinations. They created flyers, hosted workshops, published newsletters, recruited knowledgeable speakers, such as doctors, and more. Ambassadors hosted 364 community events and created over 1750 communication products. Through these efforts, ambassadors reported over 1.1 million connections to community members since the start of the program.

### Tuning in

#### Rocky Mountain

**Welcome Center** partnered with Spanish-language radio to present three shows featuring doctors who spoke about COVID-19 and the flu. The radio show has an estimated 250,000 listeners per episode. After several shows, listeners started calling in and asking questions, demonstrating the impact of this initiative.



Amigos de Mexico

## Vaccination and Case Rates

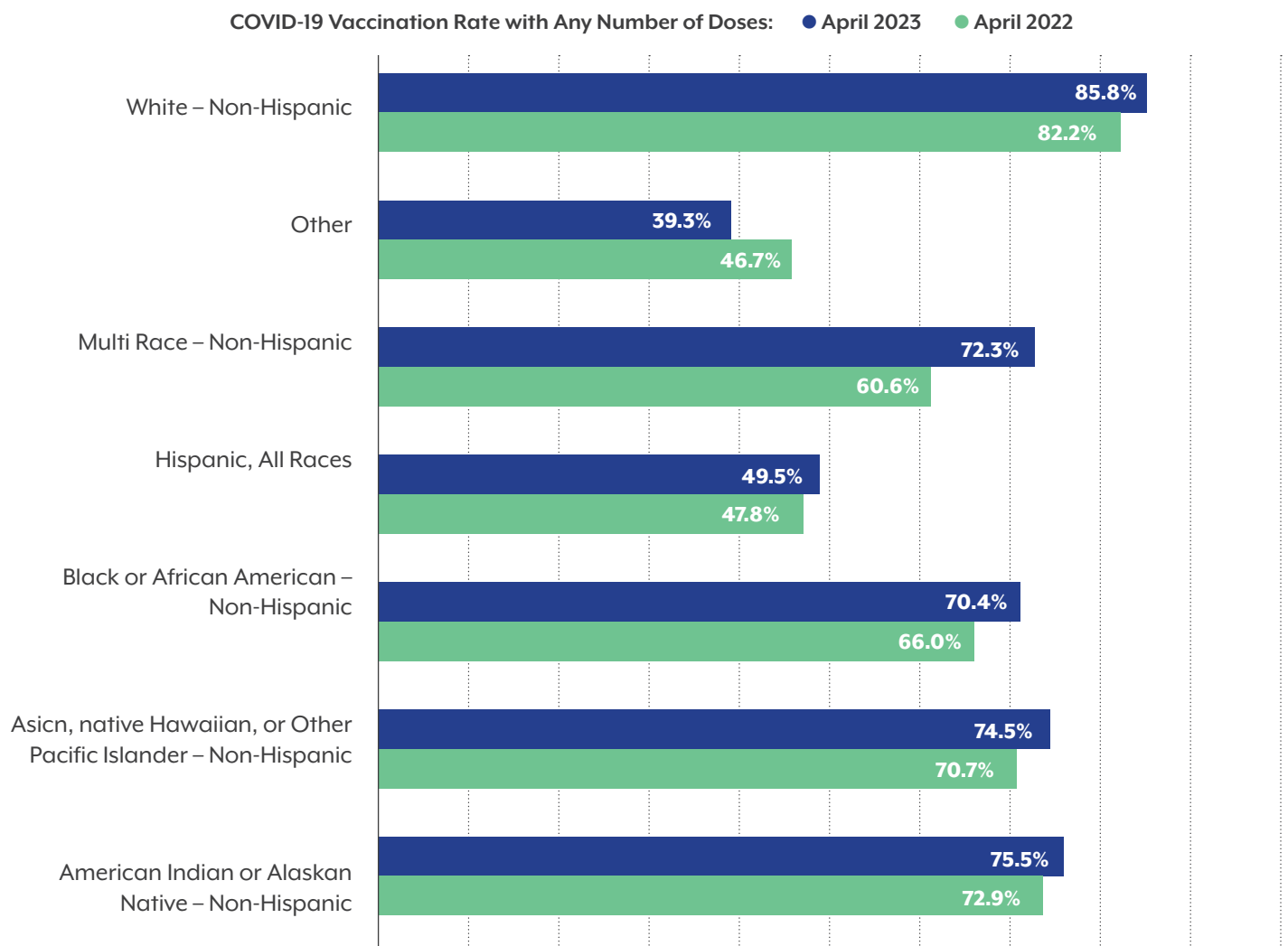
Since the launch of Ambassador Program 1.0 in spring 2021, ambassadors held 94 vaccine clinics and reported the administration of over 2,544 shots, at least 652 of which were given to members of the priority populations. It is important to note that this number is not reflective of the total number of vaccines given as a result of this program. This number does not account for one-on-one conversations that changed minds about becoming vaccinated, ambassadors helping to make vaccine appointments at local public health agencies, or communication products that spread information about how and where to get vaccinated. This number is limited to organizations that had the capacity to host vaccine events and

keep track themselves of the number of vaccines administered.

Figure 4 shows the Colorado Department of Public Health & Environment's data on percentage of populations immunized with 1+ COVID-19 doses by race and ethnicity in April 2022 compared with April 2023.

The rates of the priority populations immunized with 1+ doses of COVID-19 vaccine in Colorado have increased. While Black or African American and Hispanic vaccination rates are lower than some other populations, the numbers show a substantial increase from when the Ambassador Program 1.0 began in spring 2021.

**Figure 4. Rate of Population Immunized with 1+ COVID-19 Doses by Race and Ethnicity in Colorado**



From Colorado Department of Public Health and Environment, Colorado's COVID-19 Data, Accessed April 2023.



## Limitations

Measuring the reach or outcomes of community events, clinics and messaging can be difficult for CBOs, especially those with limited staff or capacity. Ambassadors often did not give shots themselves and clinic hosts did not always provide data. Additionally, the monthly reports do not ask for unique connections made, so many reported connections made could have been duplicated people.

MDPH is committed to improving processes and evaluation efforts to improve data quality and respond to community needs. During each iteration of the program, liaisons and CHI reviewed ambassador survey questions to see what could be improved. These changes, while necessary, made comparing data over time challenging. For example:

- The surveys asked questions about similar themes in slightly different ways.
- MDPH administered a post/pre survey during Ambassador Program 1.0, rather than a pre/post.
- The ever-changing social and political climate surrounding COVID-19 likely influenced how respondents answered certain questions.

## Lessons Learned

Through monthly reports and surveys, ambassadors shared their successes as well as the challenges that arose during implementation. This section describes lessons learned throughout the three iterations of the program.

## Successes

Trust flourished across all programmatic levels.

**Communities trusted the ambassadors serving them.** Ambassadors connected with communities that have been historically marginalized and underserved, including immigrants and unhoused people. In-person conversations and incentives promoted interest in vaccinations among members of these communities.

An organization that primarily serves unhoused individuals reported a 90% success rate for people returning for their second COVID-19 shot. This is significant because this population often has a hard time getting vaccinations on schedule. The success reported by this organization demonstrates how building trust helps to overcome the challenges of vaccinating a historically underserved population.

“We partnered with new organizations like Metro State University. To do outreach in higher education locations has been a goal. We were able to gain the trust and be a resource for the Oromo and Somali communities.” – An Ambassador

### **Program structure encouraged trust.**

MDPH liaisons have been instrumental in improving outcomes. They met regularly with CHI staff to discuss challenges, opportunities, evaluation plans, and questions. They oversaw program adjustments and provided connections to subject matter experts. The CHI team developed best practices, suggesting regular check-ins between liaisons and ambassadors and creative approaches to collecting data from the community about program progress.

MDPH leaders and partners rolled out the innovative Ambassador Program early in the pandemic in preparation for the release of COVID-19 vaccinations. MDPH was thus ready to act as soon as vaccines became widely available in spring 2021. MDPH distributed funds quickly to CBOs and responded promptly and consistently to the needs of ambassadors and liaisons. Each player in this program — MDPH, liaisons, and ambassadors — had a vital role, and the initiative would not have worked if trust did not exist at every turn.

*“It is so important for us as an LPHA to have trusted ambassadors in the community to reach more people than we could on our own.”*

*A liaison*

**Ambassadors reached communities in unique and innovative ways.** Ambassadors are close to their constituents and know how best to tailor their communications. They learned new techniques and capitalized on tools they already had to maximize their reach, using WhatsApp, YouTube, Instagram and other platforms. These outlets are also ones that public health and health care leaders have not traditionally used.

*“We were able to reach 460+ families with our backpack giveaways and put actual (flyers), tests, and masks in their hands to tell the importance of getting vaccinated.” An Ambassador*

*“The highlight of the month was being able to start up the WhatsApp group and have community leaders, as well as people of the community, give information to those who needed it. People are free to come and go from the group and ask for information on resources such as testing, vaccination sites, basic resources for utilities, and rent.” An Ambassador*

**Ambassadors created lasting partnerships with new and diverse organizations.**

Ambassadors forged creative partnerships with LPHAs and CBOs to promote vaccinations among community members, especially among underserved populations. These partnerships will continue past this program, paving the way for future coordination between organizations.

*“We have also been very successful in establishing new partnerships both as a result of the work through the Ambassador grant and additional funding, which has allowed us to provide support services to organizations and schools, where they do not have the budget to provide some of the services we have been able to offer.”*  
An Ambassador

**Ambassadors made the most out of already existing resources to connect with community.** Ambassadors hosted events or provided educational materials at popular community locations. They promoted COVID-19/flu vaccine resources at events such as food drives or block parties. People’s needs extend further than vaccines, and ambassadors offered support for many health concerns. Additionally, organizations utilized funding to support bilingual staff members who translated educational materials for people who do not speak English.

*“We were able to connect with one of our local elementary schools and CDPHE so that we could have COVID-19 vaccinations available during parent-teacher conferences. We have heard on a regular basis that people want vaccines at places where they are already attending an event, like a school, instead of at another place.” An Ambassador*

*“I think offering biometric screenings, which included blood pressure, glucose, cholesterol, body mass index, and pulse oximetry checks, are a great way to address preexisting conditions which influences one’s chances to become infected with COVID-19. Many communities are emotionally drained by COVID-19. We are intentionally rebranding, with a broader purpose than COVID-19.” An Ambassador*

*“The biggest success was the vaccine event at the Edgewater Block Party. The line for vaccines was steady for two hours and sixty-five community members were vaccinated. It was much more successful to include vaccines with an already existing event than just having a vaccine event. We will continue to see how we can pair vaccines with outdoor community events over the next few months.”*  
Ambassador,  
Edgewater Collective

*“Having bilingual advocates at Broomfield FISH allowed us to meet more participants in the community.” Ambassador,  
Broomfield FISH*

**Ambassadors had direct access to immunization resources, best practices, and materials.** CoPs and partnerships gave ambassadors direct access to a variety of resources to help them to choose best practices to engage with and cater to their communities and priority populations.

*“We have been able to identify two additional organizations that Cherishing Life will be working with to purchase mitigation resources for the entire year that community leaders, teachers, and directors will be able to access to serve their constituents as the COVID-19 funding ends in May.”* Ambassador, Cherishing Life

## Challenges

**Ambassadors encountered a variety of beliefs and opinions about vaccinations.** The social and cultural norms surrounding vaccines fluctuated throughout the COVID-19 pandemic as did trust and confidence in public health and health systems. In later months of the pandemic, ambassadors reported waning interest in the COVID-19 vaccine compared with the beginning when demand was higher than what ambassadors could keep up with.

Additionally, ambassadors encountered a range of views about vaccines. Some people were very hesitant to get vaccinated based on long histories of being marginalized or harmed by the medical community. Some organizations encountered anti-vaccine activists who organized protests at various events. So, ambassadors learned ways to address differing interests and beliefs. One technique taught in an early CoP was motivational interviewing, which is a counseling approach designed to elicit behavior change. Organizations trusted by their community also combined COVID-19 vaccine conversations with discussions of other health needs as a way to make conversations more approachable.

*“Most people would rather bury their heads in the sand than discuss COVID-19. I think the community has reached their emotional limits.”* An Ambassador

**Coordination challenges affected vaccine availability.** Some ambassadors reported challenges in communicating and coordinating services when developing new partnerships. For example, scheduling and confirming vaccine clinics did not always go as planned, and some ambassadors didn't receive timely confirmations from providers when advertising upcoming vaccine events.

*“I continue to struggle with scheduling and coordinating clinics... It is time consuming, and the confirmations are always too late to get into the newspaper, so I have to take a chance and advertise anyway.”*

An Ambassador

### Limits on capacity created obstacles.

Ambassadors reported that limits on staffing and volunteers were one of the biggest obstacles they faced in carrying out the aims of the program. Ambassadors had trouble determining their main point of contact due to many transitions in LPHA staffing. Even when it was clear who their liaison was, it often was difficult to find time to connect. Additionally, the vaccination effort may have been more aligned with the mission of some organizations than others.

Culturally relevant resources were also difficult to access at times. Translating materials and hiring bilingual staff to aid in community events required significant time and funding. Many community members had trouble finding updated information in their language. This was especially challenging at the beginning of the pandemic when relevant information often changed.

*“A challenge we have dealt with in the past month is our ongoing search...for medical doctors who speak Spanish fluently enough to participate in our live radio shows.”*

An Ambassador

*“We still continue to struggle with having enough manpower with only one FTE (full-time-equivalent). That said, our volunteer nurses really stepped up in November often working several days in a row to help us get everyone vaccinated. The need continues to be greater than what we can meet—but we did our best to make a difference!”*

An Ambassador



## Program Administration

Administrative lessons learned may be useful to others considering an Ambassador Program.

**Addressing community needs outside of the program's scope.** Ambassadors often fielded questions about other health-related topics from community members. Liaisons and MDPH were able to support ambassadors in combining other health-related topics with vaccine conversations and connected ambassadors to organizations or resources that were able to help. Future ambassador programs may proactively equip CBOs to address a variety of issues and concerns that may arise.

**Not all CBOs have the same capacity and resources.** Many CBOs are working with a limited number of staff members or volunteers. This makes it difficult to participate in programs with significant administrative requirements. MDPH took steps to mitigate burdens on ambassadors and promote trust. CHI paid ambassadors in one lump sum up front, rather than requiring monthly invoices. MDPH also ensured that contracts were simple to understand with limited deliverable requirements.

Additionally, MDPH continually reminded ambassadors about program requirements and deliverable due dates in multiple formats, including a one-pager that outlined deliverable due dates that ambassadors could print or save; calendar reminders; and regular check-ins via email, text, or through individual meetings. At each CoP, CHI reminded ambassadors of upcoming deliverables.

That said, some ambassadors had trouble meeting their obligations, particularly when one or two staff members were tasked with implementing and managing projects for the entire organization. Despite streamlined administrative requirements, they still can be a barrier to participation for some CBOs, and these requirements should be continually assessed.

## Sustainability

MDPH is grateful for the partnerships developed and bolstered throughout the past three years. Ambassadors are key change agents, and we are excited to continue partnering with them on other health care issues and to use the lessons learned during the Ambassador Program to inform future initiatives.

MDPH is supporting a similar mental health Ambassador Program and exploring Ambassador Program options to address community health needs more holistically. This would allow participating organizations to be nimble and responsive to the needs of their target communities. MDPH is seeking alternate funding opportunities that would allow this flexibility.

Building trust and providing accurate information about immunizations and other health-related concerns to all populations and communities in the metro-Denver area can be challenging. However, strong partnerships make this task easier. Ambassador programs and other similar community health efforts are crucial in fostering sustainable relationships between local public health, health care partners, and CBOs. CBOs are not only trusted sources of information but also know and understand issues facing their communities, which helps them to develop local and culturally relevant solutions. Measuring the impact of this program, whether through communication products produced or the number of people vaccinated, can be challenging. Nevertheless, MDPH takes pride in supporting innovative programs that help communities create lasting and significant changes. Through this model, MDPH aims to improve health outcomes, and immunizations are just the starting point.

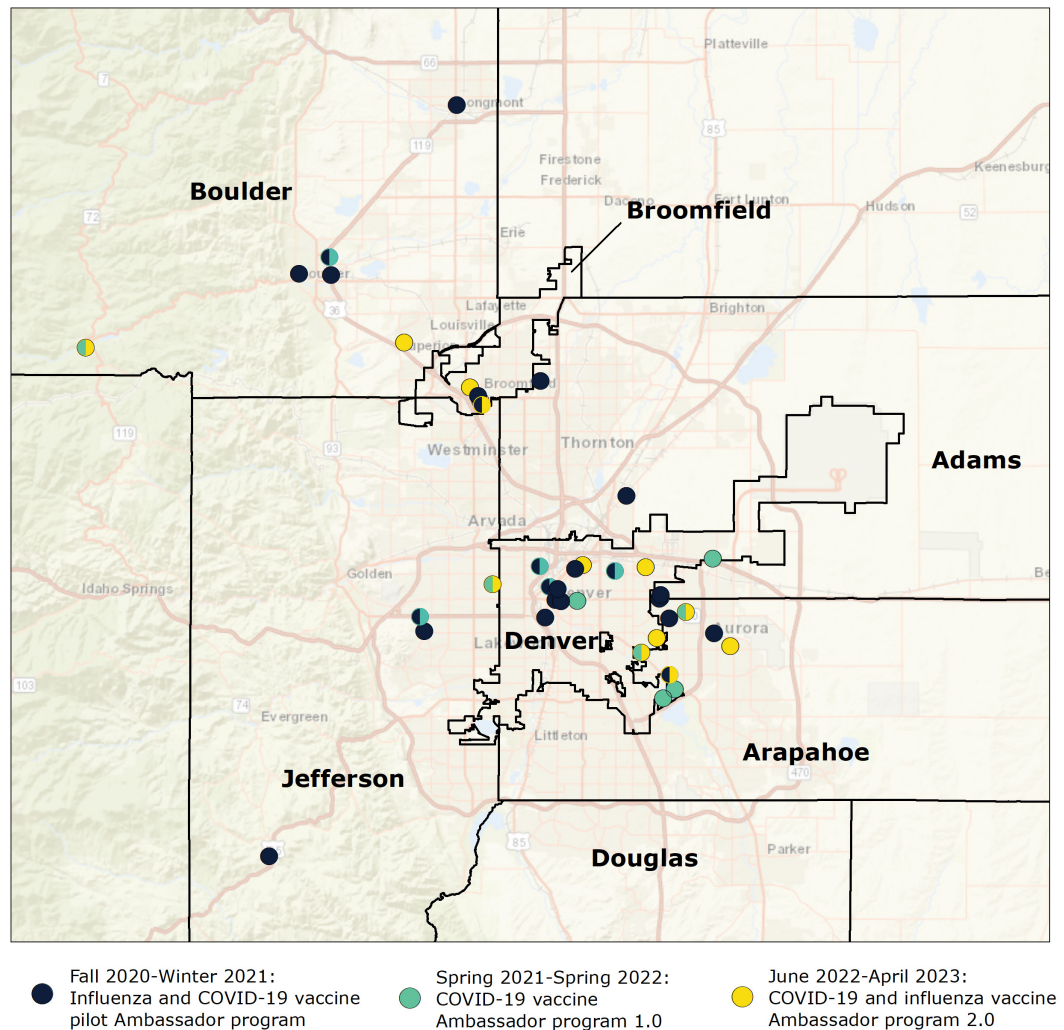
## Funding Acknowledgement

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# Appendix

## List of Ambassadors

- OutBoulder
- El Centro Amistad
- Intercambio
- El Comite
- Chamba LLC
- First Hmong Baptist Church
- Colectiva
- Vuela for Health
- Council of Churches
- Center for African American Health
- CREA Results
- Conectando (previously Adelante Jeffco)
- Benefits in Action
- Mountain Resource Center
- Triad Early Childhood Council
- Aurora Community Connection
- Adelante Community Development
- Spring Institute
- iNOW
- Aurora Health Alliance
- City of Aurora Office of Immigrant and Refugees
- Project Worthmore
- Colorado Black Health Collaborative
- El Grupo Vida
- Sisters of Color United for Education
- Caring & Sharing Community Resources and Transformation Center
- Colorado Changemakers Collective
- Springs Rescue Mission
- Nederland Food Pantry / Peak to Peak Housing and Human Services Alliance
- St. Benedict Health Ministry
- Inner City Health Center
- Edgewater Collective
- African Chamber
- Amigos de Mexico
- African Youth Advocate
- Equal Language / MIEL Foundation
- Broomfield FISH Food Bank and Family Resource Center
- The Refuge
- Cherishing Life Youth Transformation Services
- A Precious Child
- Rocky Mountain Welcome Center



## Endnotes

- <sup>1</sup> Butler M., McCreedy E., Schwer N., et al.. Improving Cultural Competence To Reduce Health Disparities. (2016) Comparative Effectiveness Review No. 170. (Prepared by the Minnesota Evidence-based Practice Center under Contract No. 290-2012-00016-I.) AHRQ Publication No. 16- EHC006-EF.  
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- <sup>2</sup> Metro Denver Partnership for Health. Operationalizing Equity in COVID-19 Vaccine Distribution. (March 2021) Colorado Health Institute.  
[https://www.coloradohealthinstitute.org/sites/default/files/file\\_attachments/Vaccine%20Equity.pdf](https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Vaccine%20Equity.pdf)
- <sup>3</sup> Metro Denver Partnership for Health. COVID-19 Public Health Strategies for Priority Populations. (June 2020) Colorado Health Institute.  
[https://www.coloradohealthinstitute.org/sites/default/files/file\\_attachments/Priority%20Populations%20June%202020\\_1.pdf](https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Priority%20Populations%20June%202020_1.pdf)
- <sup>4</sup> COVID-19 Diagnoses by Census Tract: CHORDS Data Show the Disparate Impact of the Pandemic on Front Range Neighborhoods. (July 2021) Colorado Health Institute.  
<https://www.coloradohealthinstitute.org/research/covid-19-diagnoses-census-tract>
- <sup>5</sup> The Spectrum of Community Engagement to Ownership. (2019) Movement Strategy Center.  
<https://movementstrategy.org/resources/the-spectrum-of-community-engagement-to-ownership/>



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