

## Vaccine Ambassador Pilot Program Evaluation Report

### Context

Nearly 80% of Hamiltonians have received two or more doses of a COVID-19 vaccine, and achieving this milestone required resident trust and community collaboration. To guide Hamilton's COVID-19 vaccine rollout, a group of health, education, social service, and community organizations and representatives met regularly between December 2020 and May 2022. The group, the Vaccine Readiness Network (VRN), shared information about vaccine planning and distribution, and discussed how to work together to improve vaccine access and confidence, particularly among priority populations. The work of the VRN enhanced the equitable distribution and promotion of COVID-19 vaccines in Hamilton, including leading to the creation of a Vaccine Ambassador Program.<sup>1</sup>

At a meeting coordinated by members of the VRN, the Hamilton Black Health Community Leaders Forum<sup>2</sup> met with Hamilton Public Health Services (HPHS) to discuss vaccination in Black communities. Evidence has shown that Black, Indigenous, and racialized communities have been disproportionately impacted by COVID-19 due to pre-existing health inequities. In Hamilton, local data indicate that Black and racialized Hamiltonians experience higher rates of COVID-19 infection.<sup>3</sup> As one strategy for increasing vaccine uptake and reducing these disproportionate impacts among Black communities, the Hamilton Black Health Community Leaders Forum proposed creating a Vaccine Ambassador Program. For the Vaccine Ambassador Program, the City of Hamilton would hire Black, Indigenous, and racialized community members with expertise in community engagement to share information about the COVID-19 vaccine in their communities. Through this approach, language and cultural interpretation would be provided to address access barriers to immunization and promote vaccine confidence. Further, vaccine ambassadors would help build trust for communities that

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<sup>1</sup> The impact of the VRN are further described in the report, "[Community Impact on Equitable Vaccine Delivery in Hamilton.](#)"

<sup>2</sup> The Hamilton Black Health Community Leaders Forum is a group of Black health professionals that work to increase access to health services and address the social determinants of health within their communities.

<sup>3</sup> Black and racialized community members experienced nearly half of Hamilton's COVID-19 cases between March 1, 2020 and April 21, 2021 (45%), yet 19% of Hamilton's population identifies as Black or racialized. Data are from HPHS. Data have limitations, including with data quality. About two-thirds of those surveyed (64.9%) in COVID-19 case investigations provided information about their race. Non-response answers (e.g., do not know, prefer not to answer) are excluded from the data above.

have been and remain mistreated by the healthcare system. Specific communities were identified and prioritized based on census data, percent of COVID-19 cases, and perceived vaccine hesitancy. The program was approved through the City of Hamilton's Emergency Operations Centre in February 2021.

The program was co-developed with the Hamilton Black Health Community Leaders Forum and remained connected with many VRN members through outreach by vaccine ambassadors. From February to April 2021, the Hamilton Black Health Community Leaders Forum and HPHS developed the job posting and, along with VRN members, promoted the posting in their networks. In addition, various community members were involved in the hiring process to ensure vaccine ambassadors had the relevant skills and expertise. The program was launched in May 2021. The program was guided by the Vaccine Ambassador Community Table, which consisted of representatives from the Hamilton Black Health Community Leaders Forum, VRN, and members of the hiring committee. Once hired, vaccine ambassadors built relationships with community organizations, including organizations sitting as part of the VRN and the Hamilton Black Health Community Leaders Forum.

### What is the Vaccine Ambassador Program?

The Vaccine Ambassador Program was designed to improve COVID-19 vaccine confidence among Black, Indigenous, and racialized communities through a team of vaccine ambassadors. Vaccine ambassadors shared information, provided support, developed resources, and created strategies to promote COVID-19 vaccine uptake in their communities, often in partnership with community organizations.

The **desired outcomes** of the Vaccine Ambassador Program, as identified by the Vaccine Ambassador Community Table, were that the program would:

- Reduce barriers to, and hesitancy about, COVID-19 vaccination;
- Build trust and community relationships;
- Ensure vaccine ambassadors felt trained, supported, and able to connect with the community; and
- Generate evidence that explored the value of these roles.

This evaluation report describes program impacts in three sections: 1) sharing information to address hesitancy; 2) strengthening trust and community relationships; and 3) increasing access and reducing barriers.

## How was the program evaluated?

The Vaccine Ambassador Program is a pilot program, meaning it was a new initiative meant to be implemented for a specific duration. The evaluation aimed to understand the program's impact and capture how the program was implemented (e.g., components of the program and strategies used). The evaluation activities were:

- Engagement with the Vaccine Ambassador Community Table to seek feedback about the program and the evaluation
- Two facilitated discussions with vaccine ambassadors
- A survey sent to community partners engaged in the program
- Interviews with program staff (i.e., vaccine ambassadors, program leaders, and other staff involved in the program)

## What impacts did the program have in the community?

It can be challenging to capture the full reach and impact of peer programs like the Vaccine Ambassador Program, especially considering how vaccine uptake has many individual and social determinants. However, the evaluation found that:

- **Vaccine ambassadors supported booking thousands of vaccine appointments for Hamilton residents.** During the peak of the Omicron wave, the program influenced at least 535 individuals to get vaccinated (November 22<sup>nd</sup>, 2021 to February 6<sup>th</sup>, 2022). This short period is the only time where vaccine ambassadors could accurately track appointments they booked, as individuals were able to walk in to appointments after this time.
- **93% of community partners surveyed said they were satisfied with the program**, with 77% of partners indicating that they perceived the program increased vaccine uptake in their community.
- **17 languages are spoken by vaccine ambassadors**, enabling them to communicate with many people in their first language when sharing information, answering questions, or booking appointments.
- **The vaccine uptake gap for first and second doses of COVID-19 vaccination narrowed between Hamilton's most and least racialized neighbourhoods.** As of July 2022, the neighbourhoods with more racialized populations have a similar vaccination rate (83.5% primary series completion) compared to the least racialized neighbourhoods (82.6% primary series completion). This suggests that efforts to increase uptake in Black, Indigenous, and racialized communities by

vaccine ambassadors, community organizations, public health, and health care partners have been effective.

- **The program continues to have an impact.** Even as COVID-19 vaccination slowed in the community in May and June 2022, six ambassador-partnered GO-VAXX clinics administered 153 total doses, including 20 pediatric doses. At one clinic in particular, 52 doses were administered, including nine first doses (ages 12 and older). For these clinics, vaccine ambassadors helped identify locations in priority neighbourhoods, worked with community partners to organize the clinic, and provided on site translation and support. Vaccine ambassadors have also expanded their focus to include catch-up of publicly funded vaccines for students, such as Hepatitis B, HPV, Meningococcal ACYW-135, and Tetanus-Diphtheria-Pertussis vaccines. This helps address one of the deficits of care that emerged as a result of the COVID-19 pandemic.

### Sharing Information to Address Hesitancy

Vaccine ambassadors worked in collaboration with community partners to identify strategies and opportunities for information sharing. As one vaccine ambassador described, the role is “not pushing people to take the vaccine. Instead, giving information... encouraging people to challenge their own beliefs.” Vaccine ambassadors and community partners provided many examples of how they worked together to share vaccine information and build confidence. Strategies included posters, flyers, one-on-one conversations, WhatsApp and other social media, Q&A sessions, town halls, videos, community events, webinars, information sessions, help sessions, and in-person meetings. As a result, community partners almost all agreed that the program educated community members about the COVID-19 vaccine (93%).

The number of strategies used highlight how the Vaccine Ambassador Program focused on sharing the right information, at the right time, in the right way (i.e., translated, in plain language). The following quotes further describe this strategic approach:

“When you bring the right information to the right people it is successful. We cannot stick with one strategy, we never stopped changing and revising our strategies.” –

Vaccine Ambassador (Interview)

“I actually had a teenage boy say to me “hey, I'm really sorry I lied about already having my shots. I've seen you guys around and finally decided to get it” ... [It] proves a point that people are busy and have their own things, and so we don't always want to seem

like we're trying to shove another flyer at them or sell them on anything. The consistency of us showing up, people knowing where to find us was enough." – Vaccine Ambassador (Interview)

As stated in the first quote, vaccine ambassadors and community partners adapted their strategies to maximize their impact. While it was important to evolve their approaches, the second quote highlights the importance of consistency. Both approaches are effective ways to share information and support the community depending on the context. Strong community partnerships and having vaccine ambassadors work in small teams enabled the program's ability to be responsive to community needs.

### Strengthening Trust and Community Relationships

"The ambassador is flexible and accessible. She is able to connect with those who have questions and if she does not have the answers, she consults with others and brings the answers back to clients." – Community Partner Survey Respondent

"Hosting the community event in partnership with Ambassador...gives credit to the event, trust from our members and confidence to be vaccinated." – Community Partner Survey Respondent

"[What is working well in the program is] outreach to community members, community collaborations, [and] building relationships between community members, community groups, and public health." – Community Partner Survey Respondent

As described in the quotes above, the program was well-received by community members and community partners, and trust was strengthened. In interviews, all vaccine ambassadors reported being able to build relationships with the community. Similarly, community partners almost all agreed (93%) that the program built relationships. The program was particularly effective at creating new relationships. Two-thirds (67%) of survey respondents shared that their relationship with HPHS was formed through the program. In addition, half (50%) of community partners surveyed had sustained engagement, meaning they had been working with the program for at least six months.

Several strategies for building relationships were described. Vaccine ambassadors leveraged programs and networks that were already established by community partners. These included connecting with seniors' groups, ESL programs, faith associations, workplaces, community housing providers, social media groups, and

language speaking groups. Vaccine ambassadors and community partners both described that attending community events was another effective strategy, since it enabled vaccine ambassadors to share information with a large group of people or accompany people from an event to a nearby clinic. Lastly, building relationships with influential people within the communities, such as religious leaders, was also effective. Vaccine ambassadors worked directly with these leaders to create strategies to share information and build vaccine confidence in their communities.

### Increasing Access and Reducing Barriers

“I believe with the presence of the vaccine ambassadors some of the misinformation was effectively countered and paved the way for the uptick in vaccine enrollment in the Black communities.” – Vaccine Ambassador Community Table Member

“Working with Vaccine Ambassadors has especially helped to get people vaccinated, especially those who were struggling to work through the normal online booking system - having someone to set up appointments quickly and easily really encouraged people to get vaccinated.” – Community Partner Survey Respondent

Increasing access to the COVID-19 vaccine is another impact of the program. In Hamilton, the COVID-19 vaccine rollout focused on increasing access by providing different opportunities for vaccination through large scale, pharmacy, primary care, and mobile clinics held throughout the city. Vaccine ambassadors often promoted or supported these clinics, and also addressed access barriers that affected their communities. In particular, vaccine ambassadors reduced access barriers by providing support in multiple languages:

“Those unable to speak English can get information from the ambassadors in their own language. We are able to refer clients who were hesitant to have the vaccine because of being able to ask specific questions and getting answers they fully understand from the ambassador.” – Community Partner Survey Respondent

Being able to share information and support community members to get vaccinated in multiple languages was a critical component of this program. Further, vaccine ambassadors described how they kept a list of the languages other vaccine ambassadors spoke with their phone number. This enabled vaccine ambassadors to call each other if support was needed in a language they did not speak themselves. This strategy was useful when vaccine ambassadors were doing community outreach or attending clinics, and also highlights the importance of having a team of vaccine ambassadors.

The program increased vaccine access in other ways. Vaccine ambassadors had reserved times that they could use to book appointments for community members, promoting equitable access. In addition, the program actively partnered with other teams within HPHS, community organizations, and GO-VAXX to provide on-site translation and support to their vaccine clinics. Vaccine ambassadors also arranged transportation to clinics. Finally, vaccine ambassadors provided input into potential clinic locations. Vaccine ambassadors would identify locations based on information from community partners and their own knowledge about neighbourhoods where their communities lived or gathered. As a result, when feasible to implement these clinics, they were often successful.

### What were the program's enablers and barriers?

In addition to capturing the program's impacts, the evaluation also sought to understand how the program was implemented. Above, many of the program's *enablers* – or factors that increased the program's ability to be implemented successfully – were shared. These include vaccine ambassador skills and expertise (e.g., speaking multiple languages, community engagement experience), having a large vaccine ambassador team, and having strong community support for the program. The evaluation also looked at the program's *barriers*, or factors that challenged the program's ability to be implemented successfully.

Most barriers were challenges experienced by vaccine ambassadors and other program staff when implementing the program. Vaccine ambassadors had a well-defined role to promote vaccine uptake using best practices in vaccine promotion and community engagement. However, the program launched during a period of significant COVID-19 infections and outbreaks in Hamilton. This meant that vaccine ambassadors began outreach while being oriented due to the urgency of the COVID-19 response and need for vaccine ambassadors in the community. This led to vaccine ambassadors feeling like there was a lack of role clarity or that they were using strategies that were not necessarily best practices in their communities. This significantly improved over the course of the program, particularly as relationships were built with community organizations, vaccine supply increased, COVID-19 activity decreased, and vaccine ambassadors became involved in community vaccine promotion strategies.

A challenge that persisted throughout the program occurred when developing resources. One of the program's goals was to share information, and vaccine ambassadors developed many resources that were requested by the community. The volume of requests meant that the program required flexible and dedicated

communication support that enabled vaccine ambassadors to create tailored resources quickly. However, obtaining this type of support could be challenging due to the time requirements of review processes combined with staffing pressures during the COVID-19 pandemic.

Two other challenges emerged related to the program model. The program was launched as a six-month pilot and vaccine ambassadors were hired as temporary contract staff. However, the program was extended several times due to the ongoing demand of the COVID-19 response, the need for vaccine ambassadors in the community, and the success of the program. This created challenges for ambassadors and the organization. Vaccine ambassadors reported that being in high demand combined with the precarity of their roles contributed to fatigue, burnout, and not feeling valued.

The other program model challenge was that Hamilton was not eligible for funding for these types of roles through the Province's High Priority Communities Strategy. Locally, the City of Hamilton's Emergency Operations Centre and HPHS prioritized establishing ten vaccine ambassador roles from COVID-19 response funding. Vaccine ambassador positions were allocated based on each community's population size, percentage of COVID-19 cases, and perceived vaccine hesitancy. Due to the diversity of Hamilton's population and the funding available, it was not possible to select a vaccine ambassador from every community. Once the program was established, vaccine ambassadors proactively engaged with communities that did not have an ambassador to identify opportunities to support them. However, some communities may have been missed, or not engaged in the best way for that community.

Lastly, community partners also suggested opportunities for improvement in the survey. These included increasing the number of vaccine ambassadors, increasing vaccine ambassador participation in community activities, and more outreach. Community partners also expressed a need and desire for the program to evolve beyond COVID-19 with a broader health promotion focus to continue connecting community members with resources.

## **What lessons were learned through the program and evaluation?**

**"It was a great idea that you had consulted the community members prior to implementing the Vaccine Ambassador program and continuing to collaborate with the different communities after the program was implemented."** – Vaccine Ambassador  
Community Table Member



“The vaccine ambassador who has been in contact with our organization is excellent. They have reached out to us from the very beginning to present the program and see how we could collaborate/support community uptake for vaccinations. Having ambassadors who speak diverse languages and can provide information to community in such languages is crucial.” – Community Partner Survey Respondent

Programs like the Vaccine Ambassador Program are not new to the community or HPHS. The Vaccine Ambassador Program is a peer program, meaning that the program was created, implemented, and effective because peers (i.e., vaccine ambassadors) share key characteristics with communities they are intending to reach. These shared characteristics foster trust and allow peers to operate through both partnerships with community organizations and social networks. In turn, peers are often able to reach more community members, including those who may not be connected to services or are hard to reach. In the case of the Vaccine Ambassador Program, the program focused on hiring vaccine ambassadors from Black, Indigenous, and racialized communities to promote the COVID-19 vaccine in their communities. However, many other shared characteristics beyond race facilitated the program’s effectiveness as identified by vaccine ambassadors and partners, such as language, culture, gender, being a parent, living in a certain neighbourhood, and being a newcomer. The described program impacts further the value and effectiveness of programs like these.

In addition to the need for dedicated communications support, there were other lessons learned that can help inform future programs. With a large vaccine ambassador team, having a program supervisor was essential for providing day-to-day support. Regular small team meetings (e.g., among vaccine ambassadors that worked with Black communities) and full-team meetings were useful, since they promoted sharing and coordinating work. The program also benefitted from connecting vaccine ambassadors with other experts. For example, health promotion specialists shared information about increasing vaccine confidence, and vaccine ambassadors met regularly with nurses to learn about COVID-19 vaccination. Future programs should consider adopting similar program components.

Lastly, the success of the program is an outcome of the community engagement and support for the program. The program impacts reinforce the necessity of involving the community in programs intended to improve their health. In this case, community organizations and representatives proposed the program, co-developed the job posting, sat as members of the hiring committee and Vaccine Ambassador Community Table, and partnered with vaccine ambassadors. These mechanisms contributed to community partners all agreeing that the program was a good model for collaboration between

community organizations and the City of Hamilton. Future programs like these need to embed community engagement in their program development, implementation, and governance for success.