

Why start a Vaccine Ambassador Program (VAP)?

A Vaccine Ambassador program can dramatically improve trust and knowledge about vaccines, which often leads to vaccination compliance among priority populations.

Who should start?

- Federally Qualified Health Center (FQHC) Leaders
- Other interested groups

What are first steps?

- Review the 10 tips to start a Vaccine Ambassador Program, then select the areas you'd like to prioritize at your health center.
- Use [**NACHC's Community Needs Assessment HERE**](#) to inform your program's development

Who Are Vaccine Ambassadors?

- Vaccine Ambassadors are people who promote vaccine education, acceptance, and uptake in their local communities.
- Ambassadors are most effective when they are trusted community members who share health beliefs and practices with their peers.
- Ambassadors may be health professionals, community health workers, health educators, social workers, and trained community members.

10 TIPS

TO START A VACCINE AMBASSADOR PROGRAM

1

EXAMINE YOUR ORGANIZATIONAL READINESS



2

ENGAGE LEADERS FOR SUPPORT



3

DEFINE AMBASSADOR ROLE
(A CHW can wear many hats)



4

BUILD DATA AND SUPPLY CAPACITY



5

LEVERAGE PARTNERSHIPS



6

DEVELOP A PATIENT-CENTERED WORKFLOW



7

DEFINE YOUR VACCINE SCOPE OF SERVICES



8

PLAN FOR TRAINING AND DEVELOPMENT



9

ESTABLISH RESOURCES
(Funding & Partnerships)



10

CHOOSE IMPROVEMENT MODELS TO GUIDE THIS WORK



This Vaccine Ambassador Project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,500,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

TIP

1

EXAMINE YOUR ORGANIZATIONAL READINESS



WHO NEEDS THIS SERVICE?

Old, young, special populations, people with high-risk medical conditions, and people in specific community settings.

WHAT STAFFING MODEL IS POSSIBLE?

Community Health Worker, Pharmacist, Medical Assistant, Nurse, Social Worker, and/or Health Educator.

WHAT HIT/EHR CAPACITIES ARE NEEDED?

Health Information Technology and Quality Improvement staff are needed to help track vaccine data. Start in the planning phase.

WHEN AND WHERE COULD YOU OFFER THIS?

ARE THERE COMPETING PRIORITIES?

Considerations to Start Your Vaccine Ambassador Program (VAP)

► Establish Buy-In

- Board of Directors, Executive Team, Leadership
- Community Advisory Boards
- Community stakeholders
- Providers
- Partners
- IT and quality team

► Create Alignment

- Does the VAP align with the health center's mission, values, and vision?
- Does it align with your Community Needs Assessment and Strategic Plan?
- Can Vaccine Ambassadors align with other staff or volunteer roles?

► Define Staff Roles

- Check staffing capacity and resources
- Define and visualize the relationship of Ambassador work with other responsibilities
- Train all staff on roles of Ambassadors and joint workflows
- Promote vaccine Ambassador outcomes among staff

► Collect and Use Data

- Review data on who needs vaccines
- Examine data for health disparities in vaccinations
- Capture data on outreach encounters and vaccinations
- Evaluate the data for gaps

“CHWs wear many hats and those hats keep getting bigger and bigger”

— Rhonda Hauff, CEO Yakima Neighborhood Health Services

TIP

2

ENGAGE LEADERS FOR SUPPORT



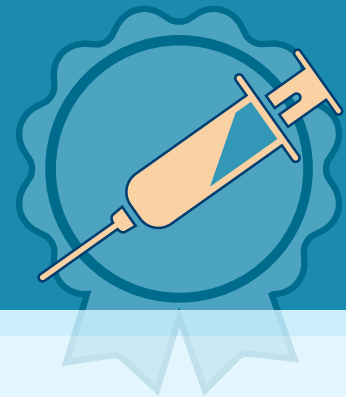
- Introduce the Board of Directors to the value of a VAP
- Link clinic's core mission with this work
- Identify and onboard a leadership champion
- Determine funding and resource needs
- Show how Ambassadors are integrated into the clinic flow
- Identify and record measures of success

TIP

3

DEFINE AMBASSADOR ROLE

(A Community Health Worker can wear many hats)



- An Ambassador always does vaccine promotion and education but also may vaccinate
- Ambassadors often promote the full range of health center services
- Ambassadors as vaccinators require:
 - licensing
 - training and outreach capability
 - more time for training

TIP 4

BUILD CAPACITY FOR DATA AND SUPPLY TRACKING



➤ Data Needed

- National and State vaccine registry information
- Vaccines status
- Demographics
- Encounters
- Events
- Vaccines offered
- Vaccines received
- Other services provided

➤ Record Keeping

- EHR/EMR directly
- Tablet
- Phone
- Manually with paper and pen
- Can this data be integrated into existing vaccine reports?

➤ Reporting

- Jurisdiction requirements
- Clinical reports
- Data Sharing Agreements
- Auditing and quality control

➤ Supply Tracking

- Vaccine log
- Storage of vaccines
- Chain of custody of vaccines

➤ Tracking Encounters

- How can all Ambassador encounters be recorded and counted?
- Where should non-patient records be kept?
- Is there a way to overcome Internet barriers?

➤ Registries

- Coordinate data exchange with existing registries
- Train staff in how to use registry and EHR data
- Avoid duplicate questions (demographic and vaccine-related)

➤ Trauma Informed Care

- Train staff on interview techniques
- Establish a policy to release information if needed
- Consider how to obtain special population data when needed (patient-centered approach)

➤ Patient Feedback

- Consider QR codes for surveys on patient satisfaction and experience
- Track preferred uptake—center-based, walk-in, appointment
- Run regular reports on key performance indicators

TIP

5

LEVERAGE PARTNERSHIPS



Where should Ambassadors go to talk with priority populations?

- Schools
- Shelters
- Faith communities
- Food Bank and Grocery
- Bank/Credit Union
- Library
- Employers
- Warehouses
- Fire Station
- Needle Exchange
- Re-Entry Programs
- Hair Salon, etc.

TIP

6

DEVELOP A PATIENT-CENTERED WORKFLOW



Who needs the vaccine?

Patients and outreach to community members who are not (yet) patients.

Who will provide in-reach?

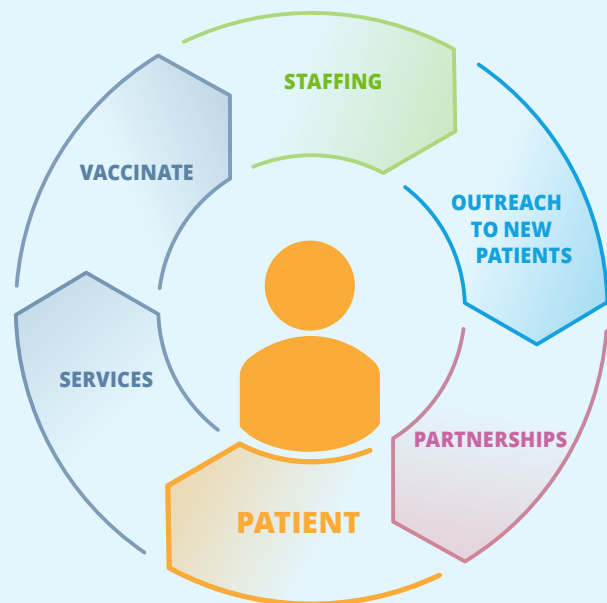
Call center staff, front desk staff, medical assistants, nurses, behavioral health staff, and clinicians

Who will provide outreach?

Outreach workers, harm reduction specialists, case managers, community health workers, and social workers

Who will provide the vaccine?

Providers, pharmacy staff, nurses, medical assistants, and all licensed individuals



TIP

7

DEFINE VACCINE SCOPE OF SERVICES



What is the Scope of your Vaccine Ambassador Program?

- One vaccine type or many?
- One brand or more?
- Free or fee-based?
- In clinic or out?
- What populations will you prioritize? (special populations, or disease-focused, or all interested?)
- Schedule vaccine efforts around seasons?
- Are vaccines combined with other services?

TIP

8

PLAN FOR TRAINING AND DEVELOPMENT



Train Vaccine Ambassadors to understand and be able to provide:

- Safety
- Infection control
- Outreach and vaccine handling
- Vaccine education
- Misinformation awareness
- Vaccine handling and storage
- Record keeping, including notes on social drivers of health
- Cultural care
- Motivational interviewing

TIP

9

ESTABLISH RESOURCES (Funding & Partnerships)



PART 1: Evaluate your budget

How will this program be funded?

How will this program be sustained?

Can costs be saved with cross-training?

What existing resources can be used?

Consider EXTERNAL Sources for Financial Support

➤ Go local first

- Bank mini-grants
- Educational facilities
- Housing programs
- Other health care organizations
- Foundations and grant opportunities

Consider INTERNAL Sources for Financial Sustainability

Ambassadors can support many projects and clinical outreach goals: How can current staffing or projects work with Vaccine Ambassadors?

➤ Interns

- Volunteers
- Medical students

➤ Workforce

- Everyone can be trained as an Ambassador
- Co-mingled grants or projects (braided funding) can use Ambassadors

➤ Creativity

- Resources
- Staff
- Bundle with a billable service

PART 2: Leverage Existing Partners

DEVELOP Develop a consistent relationship with partners.

THINK Think outside of your organization's historical partnerships and look to your community for support.

SUPPORT Support partner events too—there should be a mutual benefit for all.

► **Examples of Partnerships**

- Emergency responders
- Parks and Recreation
- YMCA/YWCA
- Farms
- Distribution Centers
- Other Health Care Organizations

► **Online Resources from National Partners**

Collaborate with National agencies to reduce organizational cost. For example:

• **MHP SALUD**

MPH Salud is a resource-sharing organization for community health workers (CHWs). Their website has free CHW grant making resources, and they offer CHW grant making workshops for a fee.

• **NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC)**

NACHC is HRSA funded for technical and training assistance. NACHC works closely with health centers, PCAs, and HCCNs to provide evidence-based research and resources.

• **NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL (NHCHC)**

NHCHC is HRSA funded to offer technical and training assistance for health centers providing care to individuals who are unhoused.

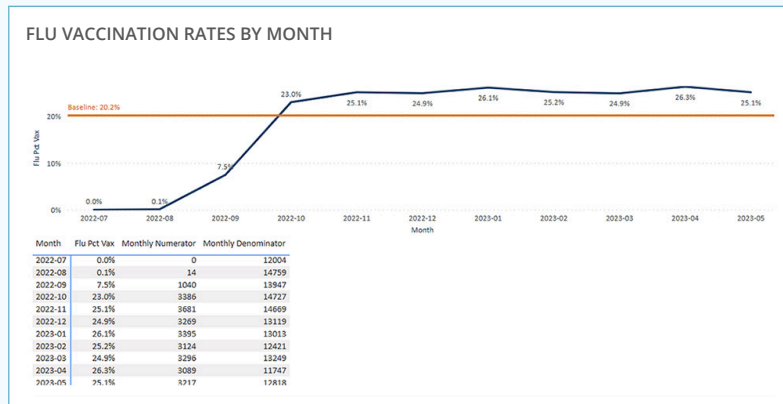
10

CHOOSE IMPROVEMENT MODELS TO GUIDE YOUR WORK



- SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats)
- Persona design
- Root Cause Analysis and Fishbone Diagrams
- Plan Do Study Act (PDSA) cycles ([Toolkit](#))
- Fishbone Diagram (Also called “Cause and Effect Diagram”)
- Run Charts
- Patient Focus Groups and Surveys
- Community Needs Assessment
- Story Board Development
- Key Performance Indicators (KPIs) examples in the link

EXAMPLE OF RUN CHART



How is Data Driving your Improvement Work?

- Identify populations with the greatest need
- Close gaps in care
- Identify strategies that yield the best outcomes



RESOURCE

NACHC's Quick Guide to Conduct Your Health Center's Community Needs Assessment
<https://www.healthcenterinfo.org/details/?id=3919>