



Benioff Community Health Outreach Worker Model: Considerations for Vaccine Ambassador Programs

As communities embark on COVID-19 vaccine campaigns, they are confronting a long history of discrimination and negative encounters with medical services that people experiencing homelessness and racial and ethnic minority groups often experienced. In order to address the distrust of the medical community and encourage testing among people experiencing homelessness in San Francisco, the [Benioff Homelessness and Housing Initiative](#) (Benioff) developed a cross-discipline program model early during the pandemic that paired medical teams with community health outreach workers (CHOWs). They estimate that by combining CHOWs—who had lived expertise of homelessness and the neighborhoods in which they were working—with encampment-proximal testing sites and incentives, they more than doubled the individuals who were willing to be tested.

As the COVID-19 vaccine is rolling out to people experiencing homelessness, some communities are using a similar model (sometimes called Vaccine Ambassadors) to build confidence in the vaccine. This brief outlines key lessons learned from the CHOW model that are applicable to local [Vaccine Ambassador programs](#).

Lived Expertise Was Critical to Success

Benioff built teams of experts to go into encampments to initiate testing. This included pre-testing efforts to promote the initiative and address neighborhood residents' questions and concerns. The teams were comprised of healthcare providers, who were the technical experts, and CHOWs, who were the content experts on the neighborhoods in which they were working. To determine when and where to set up testing, the team counted on the CHOWs' innate knowledge of the area, such as corners to be avoided so they did not interfere with the regular flow of neighborhood life and the general movement and politics of the neighborhood. CHOWs also had critical insights into the experiences and concerns of people who were living in neighborhood encampments, which informed engagement strategies. The Benioff team attributes the success of their model to the way each member of the team was valued and listened to, and to their strategy of paying medical staff and CHOWs (excluding volunteers) as experts.

CHOWs Steered Efforts to Build Trust

A major driver of community acceptance and trust was handing over power to CHOWs, who gave the medical teams legitimacy and provided expertise regarding the neighborhood and its residents. CHOWs led with empathy to offer a service, not demand compliance. They spent time providing peer support, listening to individuals' concerns and fears, and working to resolve those issues. They modeled these behaviors for other members of the team so that everyone could effectively interact with residents. They set out to build long-term, not transactional relationships, and were at the center of the team's two-way feedback loop—teams would disseminate information about testing and then gather input from people in encampments about which strategies were successful and which needed to be modified.

Engagement, Communications, and Adaptability Were Key

Initially, the Benioff team developed a health fair model, where individuals could come for services such as a veterinary clinic and general health checkups, while also engaging people in public health education and offering COVID-19 testing. CHOWs began to hear that traveling even a couple of blocks was a major barrier to many who would have to leave their possessions unattended. In order to lower barriers in the next neighborhood, the team shifted the model to go directly into encampments. They were joined by clinicians who could offer support with other preventative and non-urgent medical needs. The CHOWs mapped the encampments and initiated contact with residents prior to testing events to provide information, answer questions, and field concerns. Given how frequently people living in encampments are forced to move, information about the testing event was provided to people no more than 48 hours prior.

Intensive Training Allows for Meaningful Participation

Benioff worked with CHOWs, medical staff, and volunteers to build [structural competency](#), which is a concept used by healthcare professionals to understand and build [awareness of the forces that influence health outcomes](#), such as social and economic conditions. All team members were trained on each step of the testing process as well as on the options available to people who tested positive for COVID-19. For instance, the CHOWs were equipped to discuss isolation and quarantine (I/Q) options and specifically trained to be transparent, to listen to concerns, and to respect the autonomy of the individuals in the encampments. If individuals did not want to go into I/Q, CHOWs discussed other, safe options without passing judgment. The multi-part Zoom video trainings included:

- The testing process.
- Frequently Asked Questions (FAQs).
- How to dispel myths regarding COVID-19 and COVID-19 testing.
- Anticipating issues/concerns.
- Dialogue facilitation and “respecting the no.”
- Building structural competency.
- De-escalation skills.

Application to Vaccine Rollout

The Benioff team offered some key considerations for using a CHOW-like approach for Vaccine Ambassador programs:

- Start Early, End Late:
 - Begin now to establish relationships with trusted community organizations and identify folks who could serve as Vaccine Ambassadors.
 - Send Ambassadors to shelters/encampments with food and supplies to begin building vaccine confidence at least two weeks prior to the vaccination event.
 - Continue outreach after the event, particularly with those who are reluctant.
- Consider leveraging people already working as peer-specialists to fill the role, including those working with local direct service organizations; look to tenant advocacy boards or other trusted agencies already organized to do this type of work.
- Pay Vaccine Ambassadors as content experts.
- Create predictability:
 - Develop rotating shifts that go to each location once a week, at the same time of day, in order to set up stability and consistency so individuals know what to expect.
 - Give Vaccine Ambassadors a caseload of individuals to engage for at least a month as they complete a two-dose regimen.
- Utilize Vaccine Ambassadors to educate residents about the potential and expected side effects, to monitor symptoms, and to provide support and linkages to care and temporary respite.

Summary of Key Success Factors

- Mobile teams are critical: go to where people are residing (i.e., encampments or services).
- Create a welcoming environment at vaccination sites, offering other supports people may want such as food, pet supplies/services, and healthcare services.
- Hire people with lived expertise from the communities with which you are working and rely on their community knowledge and understanding of residents’ experiences and concerns to strengthen your approach.
- Facilitate two-way communication prior to vaccination/testing events, get additional information for individuals who have questions you do not immediately know the answers to, and “Respect the No.”
- Invest in meaningful training!