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# **Policy Brief: Enhancing Community Integration and Program Impact through the Latinx Immunization Access Program**

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**May 2024**

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## Glossary

ACC	Accountable Care Collaborative
CCN	Community Cultural Navigator
CED	Community Engagement Department
COA	Colorado Access
FEMA	Federal Emergency Management Agency
HCPF	Colorado Department of Health Care Policy and Financing
LIAP	Latinx Immunization Access Program
RAE	Regional Accountable Entity

# Executive Summary

## Background

Hispanics constitute 23% of the Colorado population, making the Latinx community the largest minority group in the state (U.S. Census Bureau, 2024). The onset of the COVID-19 pandemic, declared in March 2020 by the WHO, disproportionately affected the Latinx community in Colorado and other states. In 2020, Hispanics made up 22% of the population in Colorado but accounted for 38% of COVID-19 cases and hospitalizations (HCPF, 2021). This inequity underscored the urgent need for targeted interventions.

While efforts were underway to make the first vaccines available, many organizations developed interventions aimed at providing vaccinations to Hispanic populations and numerous studies were conducted to evaluate those interventions (Castellon-Lopez et al., 2022; Cervantes, 2021; DeGarmo et al., 2022; Demeke et al., 2022; Marquez et al., 2021; Nawaz et al., 2023).

The literature suggests that there are two main approaches for increasing vaccine uptake among these populations: interventions that increase trust in communications and interventions that support vaccine access (Demeke et al., 2022). Exhibit 1 summarizes the best practices in these areas.

### Exhibit 1: Summary of Vaccine Uptake Intervention Best Practices and Results from the Literature

Interventions	Best Practices	Results
Interventions that increase trust in communications	<ul style="list-style-type: none"><li>• Partnering with agencies that frequently work with target communities</li><li>• Utilizing target communities' preferred communication delivery methods</li><li>• Providing convenient and accessible education</li><li>• Using community messengers to promote vaccines</li></ul>	<ul style="list-style-type: none"><li>• Increased community-level knowledge of vaccinations</li><li>• Increased trust in public health</li><li>• Increased vaccine confidence, access, and uptake</li></ul>
Interventions that support vaccine access	<ul style="list-style-type: none"><li>• Creating vaccine sites that are geographically accessible</li><li>• Accommodating schedules and increasing the speed of the vaccination experience</li><li>• Having bilingual staff members on site</li><li>• Limiting the amount of information required for vaccinations</li><li>• Allowing walk-in vaccinations with no appointment required</li></ul>	<ul style="list-style-type: none"><li>• Increased satisfaction with vaccination experience</li><li>• Increased trust in vaccination site and vaccine itself</li><li>• Increased vaccine confidence, access, and uptake</li></ul>

Sources: Castellon-Lopez et al., 2022; Cervantes, 2021; DeGarmo et al., 2022; Demeke et al., 2022; Marquez et al., 2021; Nawaz et al., 2023.

In line with best practices, the Community Engagement Department (CED) of Colorado Access (COA) designed what was known later as the COA/CED Latinx Immunization Access Program (LIAP). The LIAP included multiple components aimed at increasing trust in communications and supporting vaccine access to increase COVID-19 vaccination rates among Latinx communities, focusing especially on the most vulnerable and underserved groups.

## Latinx Immunization Access Program Case Study

In 2023, the LIAP partnered with ResultsLab, a third-party data and evaluation firm, to tell the story of its evolution toward integrated community engagement and to elevate best practices by learning from recent case examples. This policy brief delves into the transformative effects of the LIAP on the CED's approach and work practices.

This brief outlines the LIAP's development from its inception in 2021 to its evolution into a comprehensive vaccination program deeply embedded in the Latinx community, employing diverse strategies shaped by community needs and preferences to address geographic, organizational, economic, cultural, linguistic, and technological barriers to vaccination.

The evolution of the LIAP is detailed through characterized by the learnings and innovations—such as the introduction of the Latinx Community Cultural Navigator role—and achievements. The last section describes the lasting imprint of these transformations on the CED's approach and work practices.

## Methods

This study entailed a review of official data sources, reports, internal documents, presentations, and records produced by the LIAP from 2021 to 2023. ResultsLab also conducted regular, biweekly meetings with the COA/CED and the LIAP team from January to May 2024 to underscore and refine the description of the LIAP's design as well as the program's evolution, achievements, and learnings.

ResultsLab initiated the study by developing a program model to identify the LIAP's main components and intended results. The first draft was created by reviewing an extensive body of program documents and contracts. The initial version was refined through working sessions and written feedback from the COA/CED and the LIAP team.

ResultsLab reviewed program documents and reports using temporal bracketing analysis to identify key events delineating phases of the LIAP's evolution between 2021 and 2023. For each phase, ResultsLab identified specific learnings, innovations, and achievements. ResultsLab's initial findings were refined with COA/CED and LIAP team feedback; they also identified the impact of these

learnings in CED work practices and future approach. ResultsLab triangulated these findings with a descriptive analysis of LIAP's vaccination event and community outreach data. This data includes only the events coordinated by the LIAP from September 2021 to December 2023. This data set was sourced from internal COA data collection for grant reporting.

## Key Findings

Between 2021 and 2023, the LIAP's targeted funding and innovations contributed to a significant increase in the COVID-19 vaccination rates for the Hispanic populations in Regional Accountable Entity<sup>1</sup> (RAE) Regions 3 and 5. This was accomplished by building trust within the Latinx community, reducing geographic, cultural, and linguistic barriers to vaccination, and responding to community needs and preferences. Key activities, such as "Vaccine Sunday" events held in collaboration with local Catholic churches, and the integration of new services to help vaccine event attendees enroll in Medicaid exemplified this approach.

*Although only 8% of vaccination events were held at Catholic churches, these locations accounted for 40% of the total vaccinations administered*

The LIAP improved Latinx community access to broader vaccination and healthcare necessities as the project evolved from 2021 to 2023 to include further services in response to community needs. The LIAP held 289 outreach events and 314 vaccination events targeting the Latinx population between September 2021 and December 2023. As a result, 15,998 vaccinations were administered. During this period, COA had an increased presence in the targeted communities, which facilitated the establishment of more culturally sensitive vaccine clinics. These clinics not only became more accessible in COA coverage areas, but they also specifically improved accessibility for children under 18 years of age.

Throughout its implementation, the LIAP extended and strengthened COA collaboration with numerous community partners dedicated to serving the Latinx population. The LIAP partnered with 12 organizations, ranging from health departments to public health organizations, community-based organizations, and higher education, to organize vaccination events. The LIAP also collaborated with 124 community-based organizations in the targeted Latinx communities (See the Appendix for the full list of partnering organizations).

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<sup>1</sup> Regional Accountable Entities (RAEs) are organizations that coordinate the provision of healthcare services within specific geographic regions. In Colorado, RAE are designated by the Colorado Department of Health Care Policy and Financing (HCPF), agency that oversees the RAE program.

### The LIAP in Numbers

- 289 outreach events spanning at least 9 different zip codes
- 14,716 vaccination appointments for people identifying as Hispanic
- 314 vaccination events held in 39 different zip codes, 8 cities, and 5 counties (Arapahoe, Adams, Jefferson, Denver, and Douglas)
- 12 partner organizations for vaccine events
- 124 community-based organizations providing vaccination event support
- 15,998 vaccines administered at community-based events

Targeted initiatives to increase vaccination rates among vulnerable minority groups appear to have narrowed racial disparities in Medicaid populations within RAE Region 3 and RAE Region 5. As of January 2023, Hispanic COVID-19 vaccination coverage in these areas was 49.8% and 55% respectively, compared to 49.4% and 58.9% for non-Hispanic whites (Exhibit 2). This is a contrast to the broader disparities observed statewide in December 2023, where only 44.75% of Hispanics were vaccinated compared to 80.91% of non-Hispanic whites (CDPHE, 2023)

Exhibit 2. COVID Vaccination rates by ethnicity/race, 2023			
	Jan 2023		
	Hispanic	Non-Hispanic White	Gap
RAE 3 <sup>1</sup>	49.8%	49.4%	-0.4
RAE 5	55%	58.9%	3.9
Colorado <sup>2</sup>	44.75%	80.91%	36
	April 2021		
RAE 3	22.4%	25.9%	3.5
RAE 5	27.5%	33.3%	5.8

1. COVID-19 vaccination rates for Medicaid member 16 and above in RAE 3 and 5 as of January 2023.

2. Vaccination rates for the state of Colorado are as of December 2023.

Source: Colorado Department of Health Care Policy & Financing (HCPF), 2023

*In January 2023, Hispanic vaccination coverage for Medicaid members in RAE Region 3 and RAE Region 5 was roughly equivalent to that of non-Hispanic White members*

The learnings acquired throughout the LIAP's implementation helped the CED identify and adopt best practices in other programs targeting underserved minorities. These learnings will be used to guide future COA endeavors, especially as COA prepares its bid for the Accountable Care Collaborative (ACC) 3.0.

#### **LIAP Achievements**

- Contributed to an increase in vaccination rates in the targeted areas
- Effective outreach to Hispanic individuals with Medicaid coverage and Hispanic individuals who are uninsured
- Clinics at a wide variety of locations frequented by the Latinx community, increasing the accessibility and availability of vaccinations
- Culturally responsive approach, with vaccination events meeting the community where they are, bilingual outreach, and community needs driving clinics and expansion of services
- Enhanced and expanded collaboration with community organizations



## Description of the LIAP

The LIAP was designed and implemented by the COA CED to improve population health and health equity within the Latinx community through a community-led approach. The LIAP service area included: Adams, Arapahoe, Douglas, and Elbert counties as well as Denver city and county.<sup>2</sup>

The LIAP entailed multiple components, which, in line with best practices, used multiple strategies to both increase trust in communications and support vaccine access (Demeke et al., 2022).

Additionally, it put into place innovative practices and structures to foster capacity building. Exhibit 3 summarizes these components and the strategies aligned with each of them.

**Exhibit 3. LIAP Strategies by Program Goal**

Goal	Strategies
<i>Community Trust</i>	<b>Community outreach:</b> Events, presentations, and information sharing for Hispanic and Spanish-speaking populations. This outreach centered on events promotion, vaccine safety and efficacy as well as available services from COA.
	<b>Community partnership building:</b> Outreach and establishment of collaborative relationships with community organizations and businesses serving Spanish-speaking populations in the metro area.
	<b>Culturally responsive approach:</b> Design and implementation of a culturally and language responsive approach to vaccination events in partnership with a community liaison with strong community ties within the Latinx community and organizations.
<i>Vaccine Access</i>	<b>Accessible vaccination events:</b> Vaccine events strategically designed and implemented to cover wide area high concentration of the Latinx community, featuring diverse locations and varied hours to enhance geographic and organizational access, and delivered with a people-centered approach to ensure enhancement of cultural access and responsiveness to community needs.
	<b>Youth-focused vaccine events:</b> Vaccination events specifically designed to increase children's vaccination rates, through events such as Shots for Tots and other school-based events.

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<sup>2</sup> COA operates as a RAE for HCPF Regions 3 and 5, which includes: Adams, Arapahoe, Douglas, and Elbert counties (Region 3) and Denver county and city (Region 5).

<i>Capacity Building</i>	<b>Community Cultural Navigator (CCN):</b> Creation of the CCN position to supervise and support vaccination events; improve outreach effectiveness; recognize best practices; strengthen COA internal capacity to organize vaccination events; and expand and enhance COA collaboration with community organizations.
	<b>Program evaluation and learning:</b> Creation of a monitoring strategy to track and analyze program implementation and promote internal and cross-departmental learning.

Initially focused on COVID-19 vaccination efforts only, the LIAP evolved throughout 2021-2023 to address broader vaccination (i.e., flu, Monkeypox, and routine childhood vaccinations) and health needs (i.e., physical examinations and community resource referral) with a culturally adaptive approach focused on building trust within the Latinx community. Partnerships with trusted community figures and organizations were a key component, acting as a bridge between healthcare services and the Latinx community.

As this community-led approach and emphasis on cultural responsiveness holds promise for replicating similar initiatives in other underserved communities, the COA team sought to examine the LIAP's effectiveness and its potential impact on health equity.

## LIAP Implementation, Learnings, Innovations, and Impact

This section outlines the key events in the LIAP's implementation, illustrating how the learnings acquired in each phase of the program informed innovations, such as the creation of the CCN role, and ultimately influenced the program's impact.

### Culturally Sensitive Initiatives and LIAP Formalization (September - December 2021)

As COVID-19 vaccination efforts began, COA closely monitored vaccination rates across different demographic groups. The rapid expansion of vaccination capacity in areas under RAE Regions 3 and 5 significantly boosted vaccination rates within the Hispanic communities in these regions. By July 2021, Region 5 achieved the highest COVID-19 vaccination rate (44.5%) for eligible Hispanic

Medicaid members aged 12 and above in Colorado, followed by Region 6 (42.5%) and Region 3 (40.8%) (HCPF, 2021).<sup>3</sup> (HCPF, 2021).

Despite these successes, the first half of 2021 revealed persistent racial and ethnic disparities in COVID-19 vaccination rates (HCPF, 2023). These disparities highlighted the barriers the Latinx communities faced in accessing vaccinations, such as mistrust in public systems, fears of deportation, and marginalization from healthcare services (Nawaz et al., 2023). These issues demonstrated that while expanding vaccination capacity was crucial, it alone could not overcome vaccine hesitancy, particularly among younger members of the Latinx community.

In response to these challenges, a targeted intervention was developed to increase vaccination rates among the Latinx population. This led to the creation of culturally sensitive vaccination clinics, designed to address the specific needs and concerns of the Latinx community.

In September 2021, the CED launched the LIAP pilot phase with FEMA funding. CED identified and hired a contractor with deep ties to community organizations to organize culturally appropriate vaccination clinics and implement an outreach strategy tailored to Latinx monolingual communities. In line with evidence (Demeke et al., 2022) supporting effective strategies to increase trust in communications—such as partnering with trusted messengers and using culturally appropriate materials informed by community insights—LIAP collaborated with a contractor deeply connected to the Latinx community. This partnership, alongside agencies that regularly engage with Latinx populations, aimed to reduce vaccine hesitancy and enhance the effectiveness of outreach events, ultimately improving vaccine uptake.

## Innovations

This phase was characterized by a strategic shift from bringing people to clinics to bringing vaccination clinics directly to the community. Research on providing vaccinations to Latinx communities suggests that vaccines and information should be brought directly into Latinx-heavy neighborhoods (Castellon Lopez et al., 2022; Marquez et al., 2022; Demeke et al., 2022). In a similar program, community members who used geographically accessible vaccination sites reported that their most important reason for choosing to get vaccinated was because the site was in their neighborhood (Marquez et al., 2021). During this phase, outreach events and vaccination clinics were delivered in a culturally sensitive and linguistically responsive manner and organized in various locations frequented by the Latinx community, such as restaurants, markets, churches, schools, and residences.

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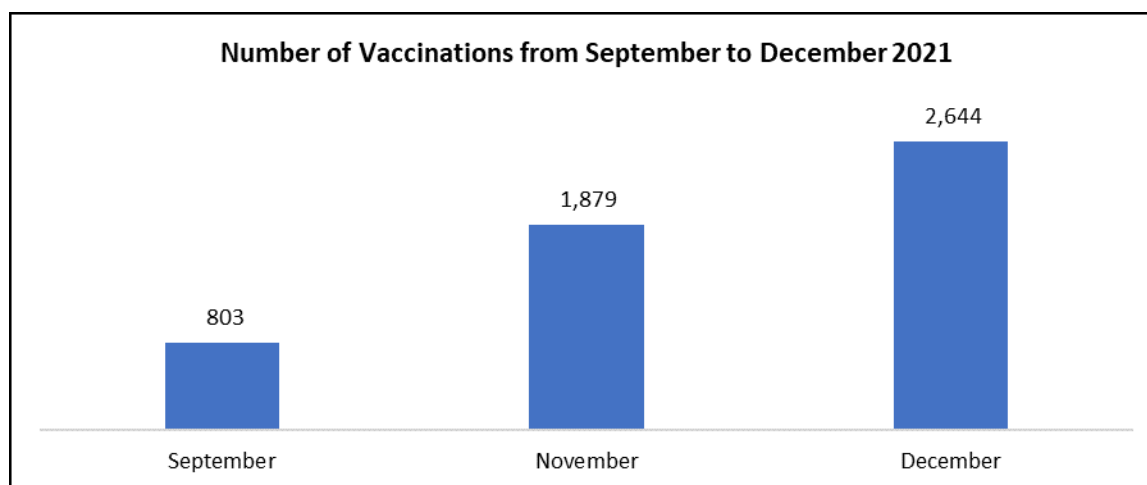
<sup>3</sup> These vaccination rates include Medicaid members who had received at least 1 dose of the COVID-19 vaccine.

Research highlights the importance of accommodating various shift schedules to improve vaccination access (Demeke et al., 2022; Marquez et al., 2021). For community members who work nights and weekends, it is important to have vaccinations available outside of their shift schedules (Demeke et al., 2022). Recognizing this need, LIAP vaccination events were offered during atypical, extended hours, expanding beyond traditional healthcare provider hours, with some starting in the morning and others extending until 10:00 PM. The innovations introduced were intentionally designed to overcome cultural, linguistic, and organizational barriers experienced by the most vulnerable populations among the Latinx community.

## Results

In less than four months, the LIAP held 36 outreach events and 30 vaccination clinics in collaboration with 17 community organizations. The events were distributed across at least 10 different zip code areas in Denver and Aurora counties. At these events, 5,326 vaccines were administered to some of the most vulnerable groups in the Latinx community. See Exhibit 4 for the distribution of vaccines for each month during this phase.

**Exhibit 4. The number of vaccinations grew from 803 in September 2021 to 2,644 in December 2021.**



*Source: LIAP's vaccination event and community outreach dataset, 2021-2023.*

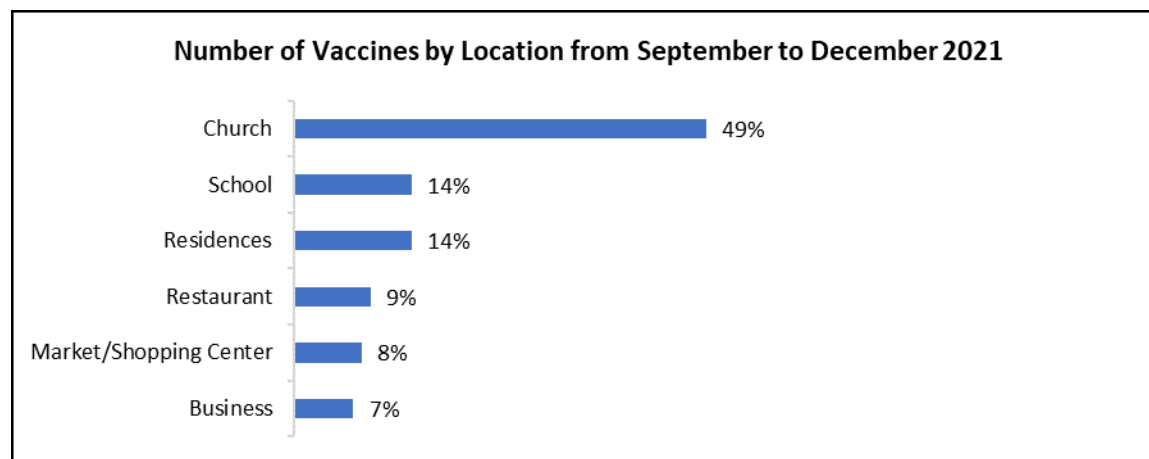
## Learnings

The overwhelmingly positive response to this phase's innovations highlights the critical importance of partnering with trusted community organizations and leaders. As noted in the literature, community trust is earned by building and maintaining effective relationships and working *with* Latinx and immigrant communities rather than developing interventions for them (DeGarmo et al.,

2022). The implementation of the LIAP with a Latinx liaison in collaboration with community organizations serving the Latinx community ensured the program was delivered with a culturally responsive approach.

The strength of the culturally responsive approach of COA was most visible in the LIAP's work with Catholic churches. To reduce barriers impeding vaccination within the Latinx community, the literature suggests holding events in convenient and trusted community locations, such as unions, churches, or schools (Demeke et al., 2022; Castellon-Lopez et al., 2022; Cervantes, 2021). In the LIAP, targeting churches for outreach and vaccination events proved to be successful and an efficient use of resources due to the strong Latinx ties to religion and attendance at weekly mass. Patterns in success in specific vaccination locations, such as Catholic churches, can be viewed in Exhibit 5.

**Exhibit 5. From September to December 2021, 49% of vaccinations were administered at church locations.**



*Source: LIAP's vaccination event and community outreach dataset, 2021-2023.*

For these reasons, this strategy was sustained in the following phase, though other locations were also included to expand the LIAP's reach to more distant, less accessible locations.

Regularly attendance at Sunday mass in the Latinx community is very high, often with full families in attendance. This eliminated the need for change in schedule to attend, and engendered trust and sense of community through participating.

LIAP's Community Cultural Navigator

## Scaling and Strengthening the LIAP (Jan 2022 - 2023)

With additional funding from the HCPF, the CED was able to continue implementing the LIAP from January 2022 throughout 2023.<sup>4</sup> The purpose of this phase was to boost COVID-19 vaccination awareness and rates among Health First Colorado members who are monolingual Spanish speakers. While LIAP vaccination clinics were open to everyone in the community, most appointments were made by Latinx-identifying individuals from 37 different zip codes. These zip codes include areas such as Denver, Aurora, Glendale, Commerce City, Brighton, Thornton, Castle Rock, Littleton, Sedalia, Lakewood, and Arvada.

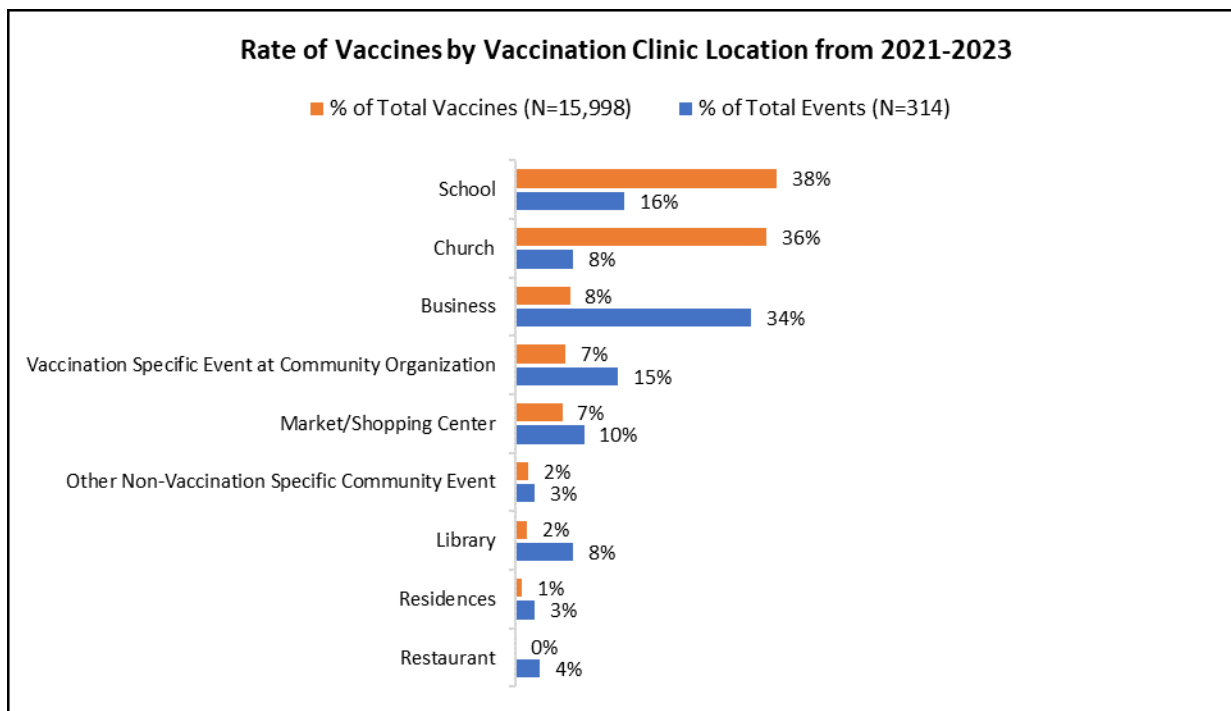
Most vaccinations went to Medicaid covered individuals, indicating that the LIAP successfully reached its target population. Specifically, 65% of all vaccination events had 98% to 100% attendance by individuals with Medicaid coverage.

During this phase, the LIAP expanded into childhood vaccinations, dedicating 35% of outreach events to school clinics and childhood vaccinations. Consequently, 4,002 vaccines, accounting for 38% of total vaccines, were administered at 45 school-based events (16% of total vaccination events). See Exhibit 6 for additional information. This indicates the success of the LIAP's childhood outreach and vaccination strategies.

**Exhibit 6. From 2021-2023, most vaccines (74%) were distributed at vaccination events held at schools and churches, though these locations made up only 24% of total events.**

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<sup>4</sup> As of June 2024, the LIAP is still being implemented, though this evaluation examines the program's developments between 2021 and 2023.



Source: LIAP's vaccination event and community outreach dataset, 2021-2023.

*Although only 16% of vaccination events were held at schools, these locations accounted for 37.5% of the total vaccinations.*

## Innovations

A key innovation at the beginning of this phase was the creation of the CCN position in March 2022. The CCN's main functions were to:

- Strengthen COA partnership with community organizations
- Supervise, support, and inform the LIAP's implementation with observed needs and preferences of the Latinx community
- Improve the LIAP's effectiveness, through logistics improvements and staff trainings
- Influence broader CED strategies with LIAP best practices
- Coordinate efforts with other COA departments that could either inform the work or assist at the events.

The CCN identified community misinformation and the need for specialized support to access resources during the events. In response, the CCN created the following positions: Enrollment Specialist, Customer Service Representative, and Outreach Specialist. These roles were designed to provide information about coverage and assist attendees in enrolling in Medicaid. Furthermore, the CCN implemented a bilingual requirement for new staff and recommended simplifying the information needed to receive services. The CCN also encouraged allowing walk-ins and streamlined the appointment scheduling process and introduced vaccine scheduling strategies to maximize dose completion.

The LIAP continued to implement innovative ways to reach the community with the intention of reducing barriers to vaccination, increasing trust, and adapting to community needs and preferences. For example, the LIAP advertised vaccination events in both English and Spanish through radio, posters, email listservs, and community meetings, and engaged community messengers to promote vaccines. The literature emphasizes the importance of using Spanish-language materials and bilingual staff members to make education more accessible (DeGarmo et al, 2022; Marquez et al., 2021; MDPH, 2023; Demeke, 2022). Research also suggests that these types of multipronged outreach strategies, which incorporate multiple methods, can increase vaccination rates (Nawaz et al., 2023).

The program continued to offer vaccines in a wide range of location types and zip codes and implemented its outreach strategy through multiple culturally responsive initiatives. Research has shown that Latinx and immigrant communities generally express a preference for in-person outreach (Castellon-Lopez et al., 2022; Demeke et al., 2022). The LIAP conducted outreach in a variety of methods, including in-person, targeting different age groups with events including Vaccine Sundays, childhood vaccinations, and promotion at schools.

## Results

This phase marked a period of strategic scaling and strengthening, addressing the critical need for adaptable, community-responsive strategies to enhance healthcare access and efficacy. This phase also solidified CED's internal capacities and COA integration with community organizations.

The CCN role was crucial in planning and executing vaccine events effectively. The creation of this role led to the enhancement of internal processes, improved logistics, and more profound understanding of the community's needs. The innovations promoted by the CCN enhanced the comprehensiveness of care through wrap-around services, leading to increased Medicaid enrollment and new on-site services, thereby improving healthcare access.

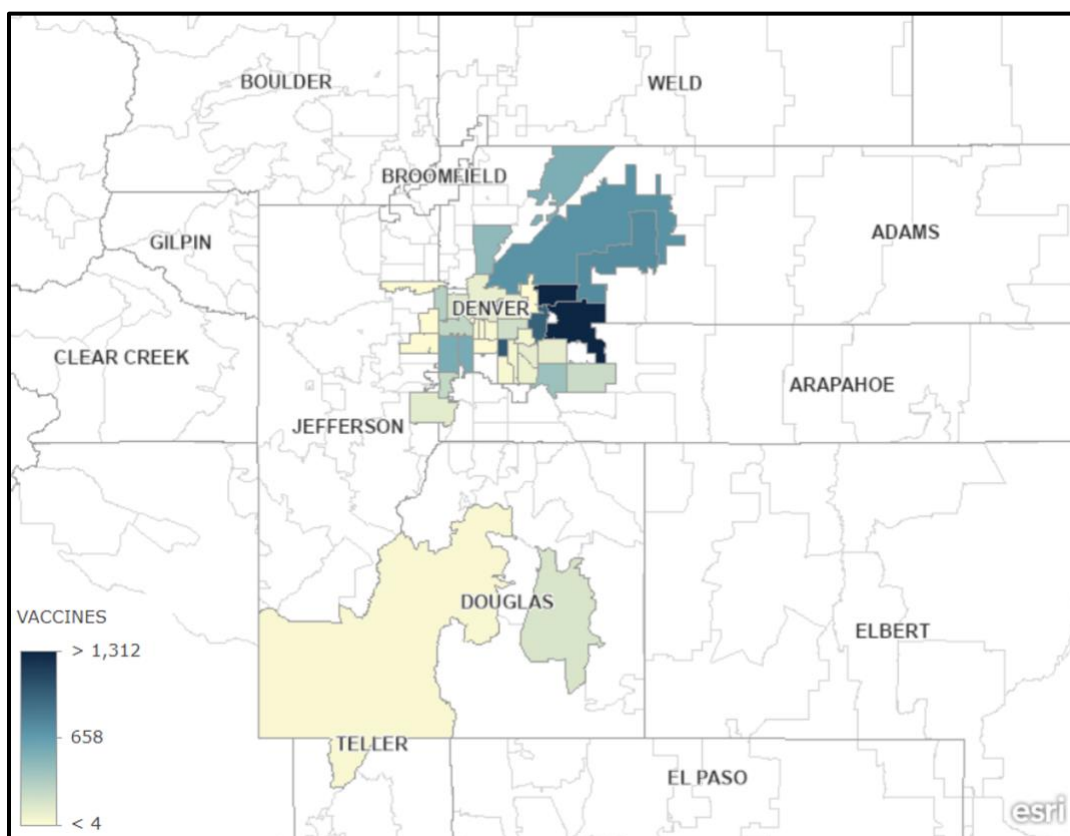


The CNN position helped bridge gaps between the CED and the community, thereby enhancing trust and cooperation. Internally, the CCN contributed to aligning various departmental efforts and elevating the importance of adapting service delivery to minorities' needs and preferences. During this phase, the LIAP was able to scale its efforts and reach due to the learnings of previous phases, innovations in outreach methods, funding stability, and improvements promoted by the CCN.

As a result, the LIAP held 253 outreach events promoting the vaccination of adults, the vaccination of children, and healthcare for the uninsured population. These events were held in at least 8 zip code areas, primarily in Denver (60% of outreach events) as well as in other areas such as Commerce City, Thorton, and Edwards.

A total of 284 vaccination clinics were held, and 10,672 vaccines were administered in a variety of locations, such as businesses, churches, community centers, libraries, schools, and other Latinx community meeting points. See Exhibit 7 for more details on the geographic distribution of vaccinations. This expansion of vaccine event locations increased the LIAP's accessibility for the Latinx community in the targeted counties.

**Exhibit 7. From 2021 to 2023, the LIAP administered 15,998 vaccines in 38 Colorado zip codes.**



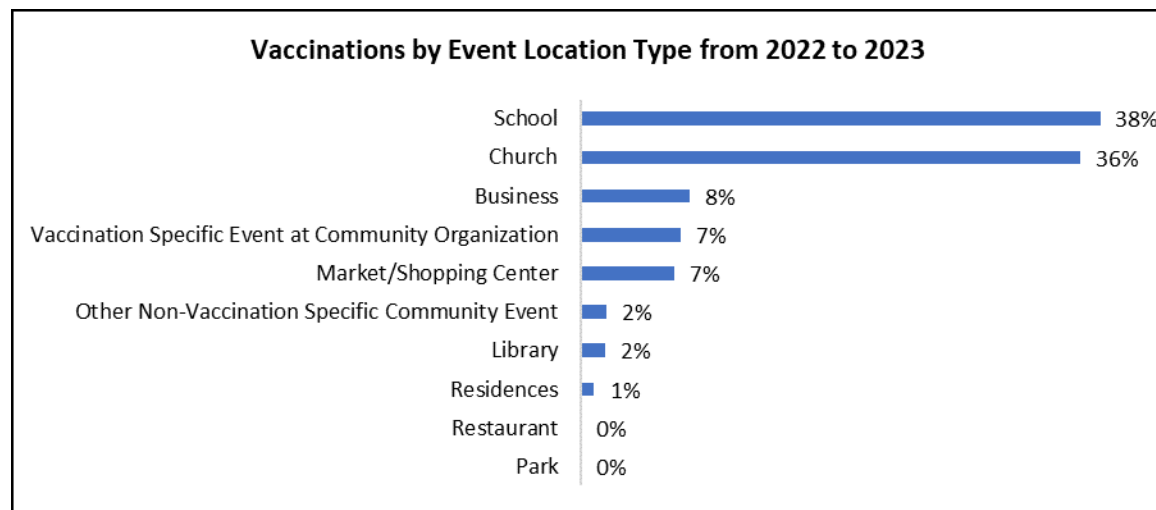
*Source: LIAP's vaccination event and community outreach dataset, 2021-2023.*

During this phase, in addition to COVID-19 vaccinations for adults, the LIAP grew to include:

- Childhood vaccines/routine pediatric vaccinations
- Flu vaccinations
- Mpox vaccinations
- Shingles vaccinations
- Primary care physicals
- Sports physicals
- Information about coverage and support for Medicaid enrollment

Between 2022-2023, 53 vaccination events (19% of total events) offered pediatric routine vaccinations. 60% of these vaccinations were offered at school-based vaccination events; some were also offered at community-based events, as well. See Exhibit 8 for detailed information on vaccine distribution by event location type during this phase.

**Exhibit 8. From 2022 to 2023, most vaccines (74%) were administered at school and church event locations.**



*Source: LIAP's vaccination event and community outreach dataset, 2021-2023.*

## Learnings

During the pilot phase, the CED relied heavily on external contractors. While this was beneficial, it revealed the strategic need for COA to take more direct ownership of the work by building in-house expertise and deepening its direct partnerships with community organizations. As a result, the COA increased its ownership of LIAP initiatives to gain more autonomy and ensure that the strategies implemented were closely aligned with broader COA goals.

As part of this process, it became clear that successful program implementation demanded not just the expansion of services but also a strategic adaptation to community needs. Addressing the need for specialized support to combat misinformation and improve resource access demonstrated LIAP's evolution. By creating new roles and simplifying processes, the CCN enhanced outreach and built community trust. The bilingual staff requirement and streamlined procedures emphasized inclusivity, making services more accessible. Effective vaccine scheduling further highlighted a proactive public health approach. These innovations set a precedent for future programs, showing the importance of listening to and evolving with community needs.

Overall, the partnership with trusted community organizations and improvements in culturally responsive outreach and community-centered services led to reduced vaccine hesitancy, which can be seen in the increased rates of vaccine uptake. This suggests improved satisfaction with the vaccination experience, which is in alignment with LIAP staff observations during the events.

## The LIAP's Footprint on COA's CED

The implementation of the LIAP has profoundly transformed the CED's work practices and approaches. This section outlines these significant changes, emphasizing the strategic enhancements that have enabled the CED to better serve minority communities, particularly within Black/African American populations.

### Comprehensive and integrated approach

One of the cornerstones of LIAP's success was the development and execution of a targeted strategy that seamlessly integrated with other universal efforts, creating a comprehensive vaccination approach. This strategy ensures equitable access to health services and is particularly effective in addressing health disparities among minority communities. The CED has learned valuable lessons from these efforts, which are now being applied through the CCN role.

### Enhanced Community Engagement: Overcoming Vaccine Hesitancy and Healthcare Barriers

The LIAP has underscored the transformative impact of elevating community voices in overcoming vaccine hesitancy and breaking down healthcare barriers. For the CED, this initiative has illuminated the pivotal role that trusted community organizations play in public health strategies.

Through the LIAP, the CED realized the game-changing potential of partnering with organizations deeply rooted within the communities that they serve. These organizations possess an intrinsic understanding of the community's perceptions, needs, and preferences. Their credibility and established trust are crucial in effectively countering widespread disinformation and navigating the prevalent hesitations around vaccinations. Through this strategy, the COA has advanced its larger

goals of facilitating closer relationships with community organizations and businesses that serve the Latinx community.

By investing in culturally competent approaches, the CED has significantly enhanced vaccine accessibility. This strategy involves not only disseminating information in a culturally relevant manner, but also engaging community leaders and influencers in the planning and implementation of healthcare initiatives.

### **Role and Impact of the Community Cultural Navigator**

While initially focused on Latinx communities, the CCN role has probed its potential to facilitating better communication and understanding between the CED and other minorities. Serving as a liaison, the CCN role has also created partnerships with trusted community organizations. This role will be essential in replicating these successful strategies across different minority groups, thereby enhancing the overall outreach and effectiveness of other health programs spearheaded by COA.

### **Enhanced Departmental Capabilities**

The autonomy, knowledge base, proficiency and CED ability to deliver culturally responsive services have been substantially enhanced through the integration of the CCN. The department now better understands and adapts its services to meet the specific needs and preferences of minority populations. This tailored approach has been particularly impactful in vaccination efforts, contributing to a decrease in health disparities.

### **Future Directions**

While these changes are currently unique to the CED, they present a model that could potentially be replicated across other departments within COA.

These findings, coupled with an analysis of the strengths and opportunities of the available data to assess program achievements, could inform future evaluation and monitoring improvement efforts led by the Quality Improvement Department.

The ongoing success of this initiative offers a blueprint for future work and underscores the potential for broader organizational transformation aimed at enhancing community integration and health equity.

## **Key Takeaways and Conclusion**

The LIAP exemplifies the potential of targeted, culturally responsive interventions implemented in partnership with community organizations to enhance public health strategies. The program

contributed to an increased vaccination rates among a vulnerable population and enriched the organizational approach of the COA CED, setting a precedent for future health equity initiatives.

By aligning its operations with the needs of the communities it serves, the COA CED has not only improved its service delivery, but also set an example for how public health organizations can effectively engage with and support minority communities. This evolution marks a significant step forward in achieving health equity and demonstrates the tangible benefits of culturally informed community engagement.

The results clearly demonstrate the need to sustain and further develop this model.

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# Appendix

## LIAP's Funders, Vaccination Partners, and Collaborating Community-Based Organizations

### Funders

- Colorado Department of Health Care Policy and Financing (HCPF)
- Federal Emergency Management Agency (FEMA)

### Vaccination partners

1. Colorado Alliance for Health Equity and Practice
2. Tri-County Health Department
3. Denver Health
4. Public Health Institute at Denver Health
5. CDPHE
6. 9 Health: 365
7. Shots for Tots and Teens
8. State Equity Bus
9. Adams County Health Department
10. Douglas County Health Department
11. Arapahoe County Public Health
- 12. REGIS UNIVERSITY

### Collaborating Community-Based Organizations

1. AID Center
2. All Saints Church
3. Annual Back to School Kick Off/ Black Family Advisory Council
4. Archway Communities
5. Arrupe Jesuit High School
6. Ascension Catholic Church
7. Ashley Elementary
8. Athmar Park Library
9. Atlantis Community
10. Aurora Fire Station
11. Barnum Elementary School
12. Barnum Library
13. Bayaud Enterprises



14. Benedict Fountain Park
15. Bob Ragland Branch Library
16. Boston P-8
17. Bryant Webster Elementary
18. Bryant-Webster Dual Language School
19. Burwyn Enterprises
20. Carla Madison Rec Center
21. Carniceria Taqueria la Pasadita
22. Center for African American Health
23. Central Park Shopping Center
24. Centro San Juan Diego- Church
25. Clayton Early Learning
26. Colorado Bar Association
27. Commun Denver
28. Compare Carniceria
29. Cure d' Ars Catholic Church
30. Denver Health Pride Kick Off-Denver Sweet
31. DPD Summer Kick off
32. East Middle School
33. Edgewater Plaza
34. Escalante Biggs Academy
35. Excalibur at Rita Bass
36. Family Resource Center
37. Far East Center
38. Florida Pitt Waller School
39. Ford Warren Branch
40. Fulton Academy of Excellence
41. Global Fest
42. Goldrick Academy
43. Grant Ranch K-8 School
44. GRASP Youth
45. Green Valley Ranch Library
46. Habitat ReStore
47. Hadley Library
48. Hamilton Middle School
49. Hampden Library
50. Hobby Lobby
51. Jewish Family Services
52. Kentucky Circle
53. KIPP Colorado Public Schools
54. KIPP Colorado Public Schools- KNDLA
55. KIPP Denver Collegiate High School (KDCHS)
56. KIPP Northeast Denver Leadership Academy

57. KIPP School
58. La Plaza Colorado
59. Laradon
60. Little Saigon District Vaccination Day
61. Lowes Mercado
62. Lowes Mercado Family Dollar
63. Market Square
64. Maxwell Elementary
65. McGregor Square LaDoNA National Night Out
66. McMeen Elementary
67. Metro Migrant Education
68. Mi Pueblo Market
69. Milk Market
70. Monarch Montessori of Denver
71. Montbello Middle School
72. Montbello Branch Library
73. Montclair School of Academics and Enrichment
74. New America Lakewood
75. New Hope Baptist Church Health Fair
76. Pelicano/Aurora
77. Our Lady Mother of the Church
78. Our Lady of Grace
79. P2P Recovery
80. Paris Elementary
81. Park Hill Day of Legends
82. Park Lane Elementary School
83. Project Office Resource Center REVIVE Apartments
84. Re:Vision
85. Rising Star Baptist Church
86. Rocky Mountain Spice CO
87. Ross Barnum Branch Library
88. RTD: Colfax and Havana
89. Ruby Hill Residences
90. Sabin World Elementary
91. Save A Lot- Montbello
92. Sedalia Elementary School
93. Simple Homes
94. South Ridge Elementary School
95. Special Olympics Colorado-Denver Regional Flag Football Tournament
96. St. Augustine Catholic Church
97. St. Joseph Catholic Church
98. St. Mary Magdalene
99. St. Michael the Archangel Parish

- 100. St. Pius X Catholic Church
- 101. Stampede Night Club
- 102. Street Frat Food Bank
- 103. Strive Prep
- 104. Sun Valley Kitchen
- 105. SWIC
- 106. Tamarac Shopping Center, Hampden and Tamarac Target
- 107. Tattered Cover Book Store
- 108. Thorthon High School
- 109. Tiffany Plaza, Hampden and Tamarac Wells Fargo
- 110. Unify Health Medical Supply
- 111. Villages at Gateway
- 112. Gateway Apartments
- 113. Los Dos Amigos/Castle Rock
- 114. Mariachi Loco en Real de Minas/Aurora
- 115. Mariscos el Rey
- 116. Yael Belleza y Salud
- 117. Valdez Perry Library
- 118. Vaughn Elementary School
- 119. Vega Collegiate Academy
- 120. Villa Monaco Shopping Center
- 121. Virginia Village
- 122. Walmart on Tower Rd
- 123. Washington St. Community Center
- 124. Westwood 20th Anniversary

## Graphs

Figure 1. LIAP Approaches to Community Outreach

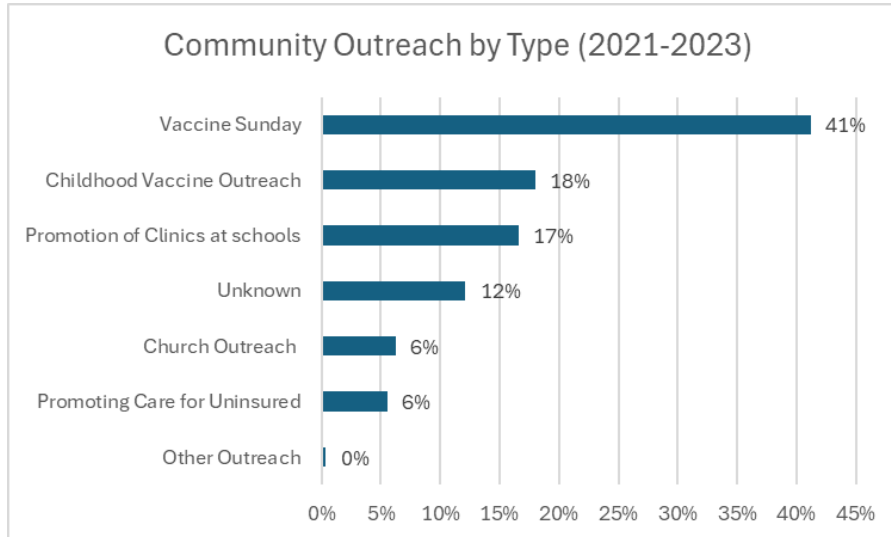


Figure 2. Growth in Breath of Vaccination Events and Location Types

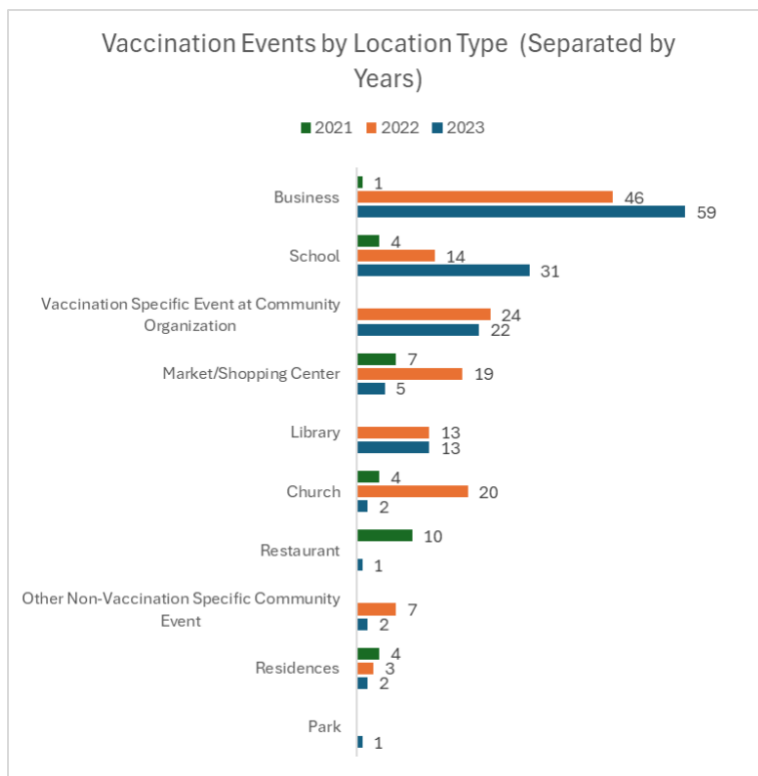


Figure 3. LIAP Childhood Vaccination Events by Location

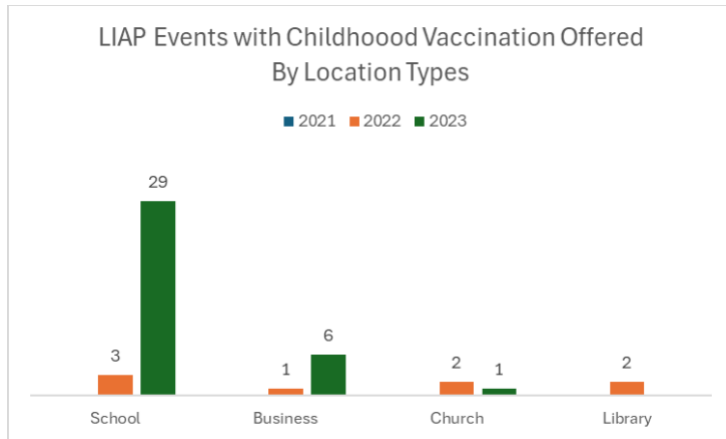


Figure 4. LIAP vaccinations by zip code from 2021 to 2023

