

**Interim Findings – Impact to Date
April 2021 – November 2021**

Together We Protect – Colorado’s COVID-19 Vaccine Equity Fund – was a collaborative effort that provided support to organizations working in communities disproportionately affected by COVID-19. The goal of this effort was to ensure that people who face systemic barriers had culturally appropriate information about the COVID-19 vaccine and could easily access the vaccine.

From April through November 2021, Together We Protect made 135 grant awards totaling \$6.8 million to community-based organizations across Colorado.

Initial estimates show that grantees’ outreach and education efforts on COVID-19 reached more than 2 million Coloradans, with an estimated 240,000 adults and 37,000 children and youth (5-17) receiving vaccines.

Our thanks to OMNI Institute for providing this initial report and to the foundations and organizations that partnered to make Colorado’s COVID-19 Vaccine Equity Fund a reality. A special thank you to each of the grantee organizations – their dedicated staff and volunteers – who provided culturally responsive, trusted information about COVID-19, along with equitable access to the vaccine. Achieving high vaccination rates across all Colorado communities can help mitigate the disproportionate impacts of the COVID-19 pandemic and prevent widening disparities going forward.

Together We Protect Grantee Survey Results

November 2021

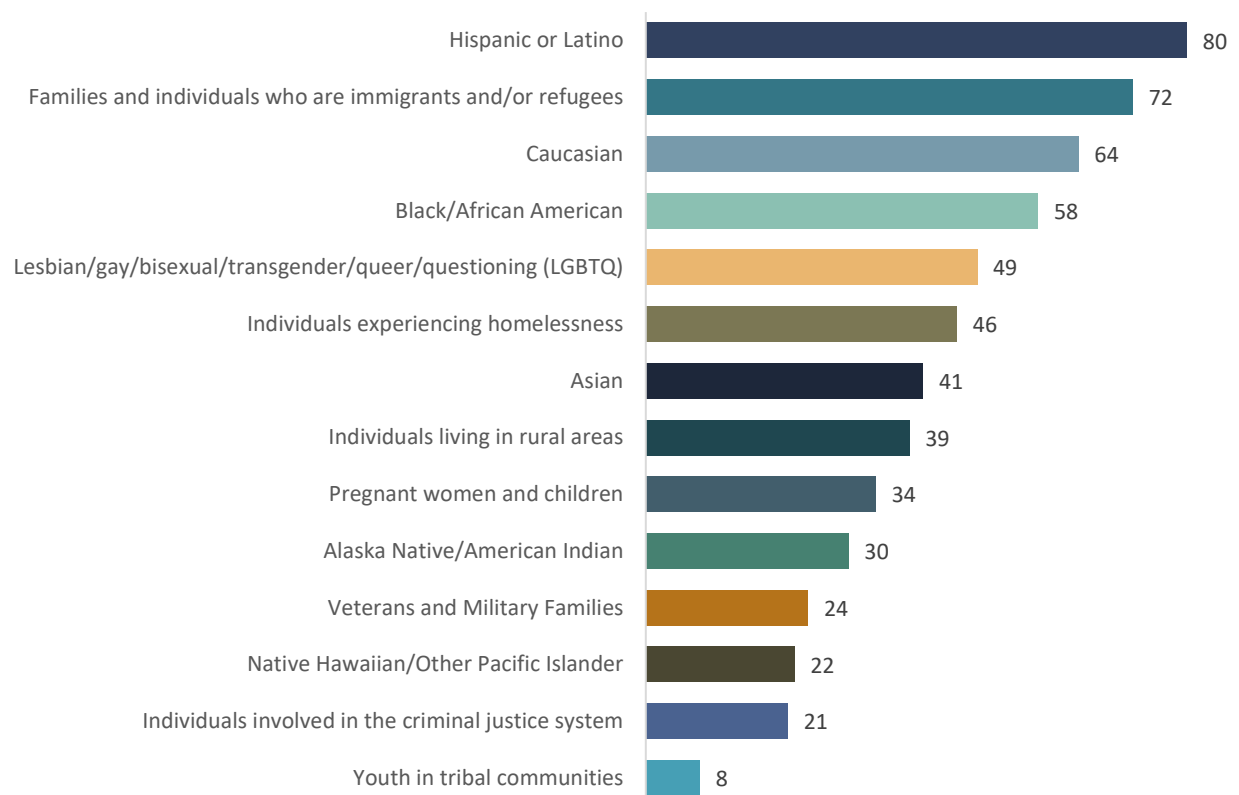
In November 2021, Caring for Colorado, with the assistance of OMNI Institute, surveyed Together We Protect COVID-18 Vaccine Equity Fund (TWP) grant recipients on their efforts regarding implementation of vaccinations, and vaccine outreach and education. Only one response from grantee organizations was sought, and each organization that completed the survey and provided contact information was eligible to receive a \$250 incentive to be used to benefit their staff, organization, or efforts.

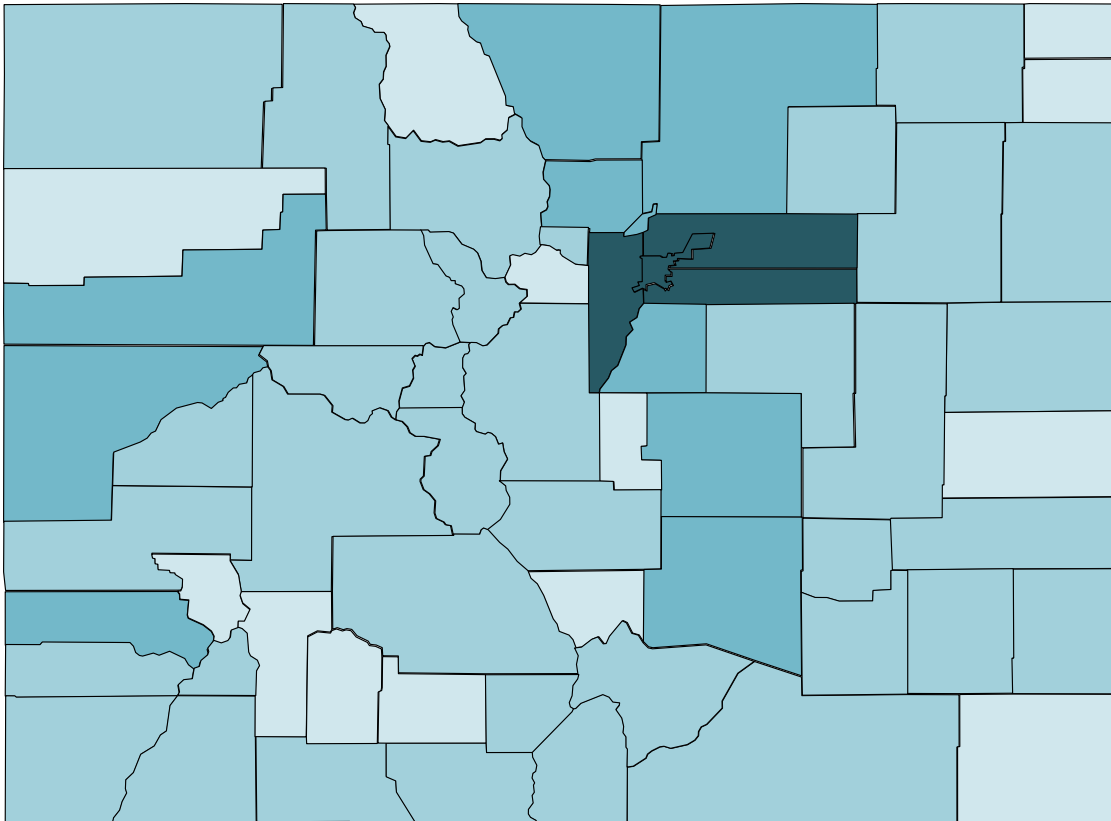
94 unduplicated responses yielded viable survey data. Grantees reported having supported COVID-19 vaccine equity efforts for from **1 to 21 months**, with an **average of 9 months** of work.

Outreach, Education, and Vaccinations

Grantees were asked to estimate the extent of their efforts with both youth and adults. An estimated total of **2,060,480** individuals were reached through outreach and education on COVID-19 vaccines.

Number of grantees that indicated these population(s) were reached with outreach and/or vaccinations





Reach

Grantees indicated which counties served as the primary location or target of their vaccine equity efforts. The map above shows for each county how many organizations indicated it as their primary location. 4 organizations reported their efforts as **statewide**.

County was the primary location for:

Over 20 grantees

Denver, Adams, Arapahoe, Jefferson

5-20 grantees

Aurora City, Boulder, Broomfield, Douglas,
El Paso, Garfield, Larimer, Mesa, Pueblo, Sam
Miguel, Weld

1-5 grantees

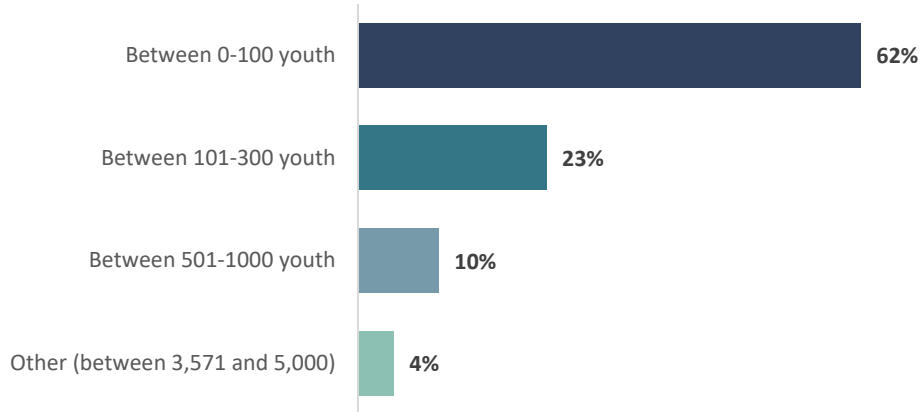
Alamosa, Archuleta, Bent, Chaffee, Conejos,
Costilla, Crowley, Delta, Dolores, Eagle, Elbert,
Fremont, Gilpin, Grand, Gunnison, Huerfano,
Kiowa, Kit Carson, La Plata, Lake, Las Animas,
Lincoln, Logan, Moffat, Montezuma,
Montrose, Morgan, Otero, Park, Pitkin,
Prowers, Routt, Saguache, San Juan

0 grantees

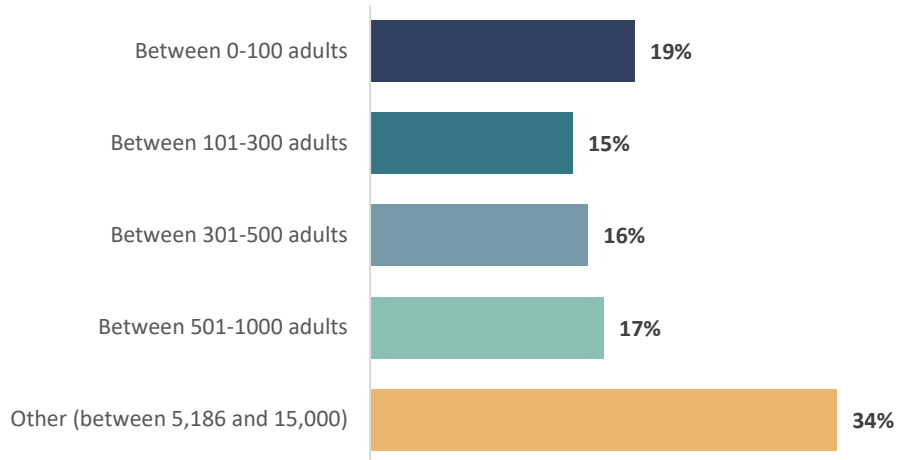
Baca, Cheyenne, Clear Creek, Custer, Hinsdale,
Jackson, Mineral, Ouray, Phillips, Rio Blanco,
Rio Grande, Sedgwick, Teller

Vaccinations

Most grantees estimated **between 0 and 100 youth** (under 18 years of age) had received COVID-19 vaccines because of efforts



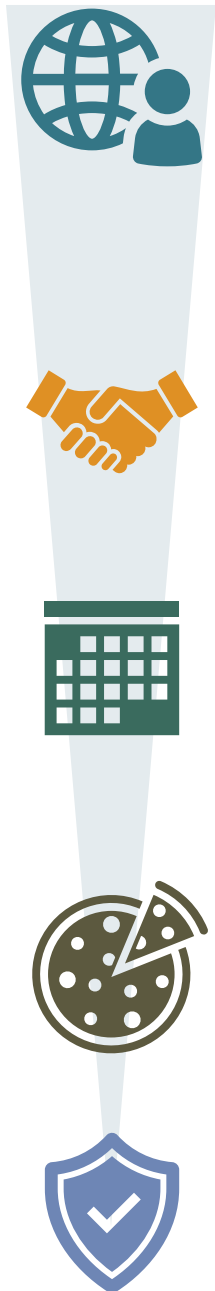
Most grantees reported between **5,000 and 15,000 adults** had received COVID-19 vaccines due to their efforts



Successes, Challenges, and Resources Needed

Successes

Grantees shared the successes they'd experienced related to their COVID-19 vaccine equity projects. The 5 themes below were found in the responses and are listed from most to least frequent.



Cultural competency. By far, cultural competency and being culturally sensitive and adaptive in all outreach efforts was the top theme in successes. Grantees focused their efforts on specific populations of need, set up bilingual assistance in making appointments, translating materials, providing interpretation, and held events at cultural and neighborhood centers.

Collaboration. Grantees mentioned positive collaborations with existing retailers, health departments, businesses, and other vaccine providing organizations. This was a central aspect of success.

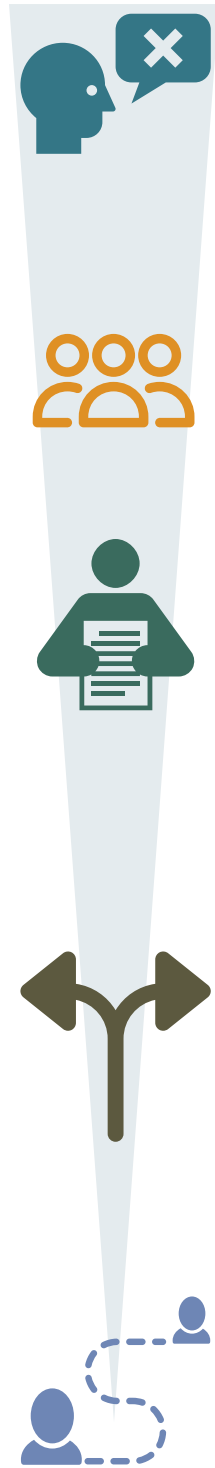
Coordination. Using innovative vaccine scheduling and coordination techniques, and having a strong online presence. Using online communication channels, adapting to the schedule needs of community members, and making appointments as easy as possible to set up removing barriers to success.

Incentives. Offering creative **incentives**, and transportation. Efforts that included providing incentives, such as free items, activities, events, transportation, and other tangibles were highly successful.

Trust. Creating, engendering or leveraging existing trust with the community was a common theme for success.

Challenges

Vaccine equity projects were not without challenges to overcome. These were top 5 most prominent themes regarding challenges.



Vaccine misinformation, hesitancy, and resistance.

Combatting misinformation, anti-vaccination attitudes or political ideologies and messages, and vaccine hesitancy (including hesitancy from parents for their children) was replete among grantees as the most pernicious challenge that impeded their efforts.

Staffing. Many grantees experienced staff turnover, burnout, or generally not enough staff to implement their vaccine projects. This also includes the inability to pay staff or having to over-rely on volunteers.

Cultural, literacy, or technology barriers. Vaccine outreach materials not available in participants' native language or culture, or in a manner that did not align with recipients' literacy levels proved an added barrier to information dissemination and building trust and/or feelings of safety. Additionally, confusing, unreliable, or inadequate tech systems for scheduling, tracking, or coordination were a challenge.

Unsuccessful collaborations. Grantees sometimes mentioned unfruitful, or in a few cases contentious situations when collaborating with some community partners. Examples include inability to prevent duplication of efforts, administrative "gatekeeping" (i.e. restricting access to spaces or clients), or competing organizational needs.

Inaccessible populations. The supports needed to reach special populations, such as non-ambulatory, rural, or those otherwise needing additional transportation were not readily available to grantees.

Resources Needed

The supports, investments, resources, etc. grantees expressed they needed to extend their work or have a greater impact seemed to align with the challenges they had experienced.



More funding. The top reasons for more funding included: supporting incentives, outreach/advertising efforts, ensuring equity in efforts, being able to pay staff (and paying more), and combatting vaccine misinformation.



Technology and education. Needed tech and education resources included: participant tracking, case management and vaccine appointment systems; access to the latest vaccine-related research (including resource to combat vaccine hesitancy); and continuing education for workers.



More staff. Grantees expressed the need for additional staff and/or volunteers, more youth staff to serve as vaccine peers/champions/ambassadors, staff with clinical skills.



Cultural competency aids. Grantees mentioned needing more strategies for considering the cultural and linguistic needs of the individuals they served, including translated materials, interpretation, and literacy aids.



More time. Often grantees said they need more time and continued support in their efforts. Many grantees expressed gratitude for the support they receive from their TWP grant.

Working with Youth

The majority of grantees (82%) indicated they were supporting efforts to encourage and support COVID-19 vaccinations for young children (ages 5-11). Below are the strategies they most often pursued in these efforts.



Information dissemination/outreach. Grantees' strategies most often involved education/outreach to youth and parents about vaccinations information and availability, namely through social media or media campaigns.

Incentives. Providing fun activities or incentives was central to youth involvement. Efforts were offered at youth focused events or places (gyms, parks, zoos), and grantees emphasized a festive atmosphere. Incentives included those to help individuals in need too, such as food or gas cards.

Connecting with parents. Grantees addressed/educated parents directly, whether it be calling parents, face to face interactions, sending information/permission slips home, social media, town halls, or webinars. Parents as well as other caregiver family members were seen as critical to accessing youth.

School collaboration. Most grantees collaborated with schools to hold vaccination clinics at school locations, either during or after classes.

Pediatric agency collaboration. Similar to schools, grantees collaborated with supporting pediatric organizations, such as existing clinics, and youth-focused public health agencies.