

COVID-19 and Colorado Youth and Young Adults: A Youth-Informed Research Effort to Understand Vaccination Rates, Perceptions, and Barriers

a collaboration between: Out Boulder County El Centro AMISTAD Unwoven Ventures

funded by: Together We Protect - Colorado's COVID-19 Vaccine Equity Fund

Youth-Led Vaccine Initiative

- LGBTQ & BIPOC youth
- Out Boulder County & El Centro AMISTAD
- Paid youth internships: input and outreach

nothing about us, without us



Survey Basics

- 37 Questions total with skip logic (no one answered all Qs)
- 5-10 minutes to complete
- English and Spanish
- Aug 19 Oct 31, 2021
- 420 valid responses
 - 413 English
 - 7 Spanish
- In subgroup comparisons, a respondent could be a member of more than one subgroup
- Cohort groups mutually exclusive





Respondent Demographic Data Highlights

- Youth, 12-17 years: 68%
 Young Adult, 18-24 years: 31%
 no answer: 1%
- Boulder County: 49% other counties: 49% prefer not to answer: 2%
- BIPOC: 44%
- Spanish as primary lang.: 19%

- AFAB: 75%
 AMAB: 20%
 no answer: 5%
- LGBTQ: 57% Nonbinary: 17% Trans: 13% Cisgender: 63% another gender: 6%
- Neurodivergent: 26%
- Disabled: 8%



Interesting Findings: Vaccination Rates

Higher

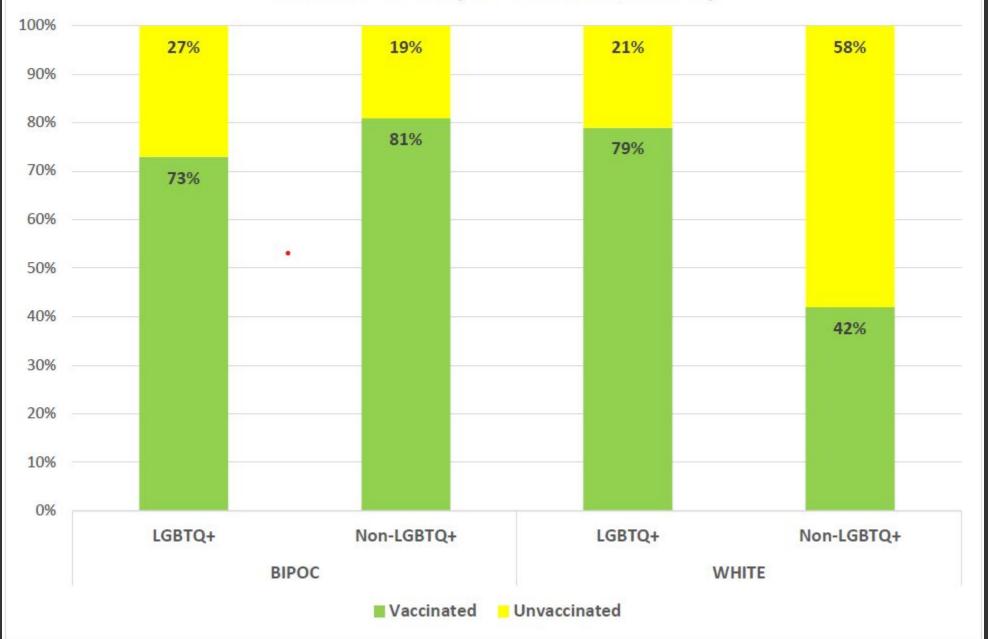
- Spanish as primary language (81%)
- Transgender (83%) & Nonbinary (81%)
- LGBTQ (77%)
- young adults aged 18-24 years (82%)
- Boulder County (89%)

Lower

- English or another language (not Spanish): 70%
- Cisgender (67%) (cisgender identifies with assigned sex and gender)
- Non-LGBTQ (65%)
- youth aged 12-17 years old (67%)
- other counties overall (55%)



Vaccination Rates by Race and LGBTQ+ Identity



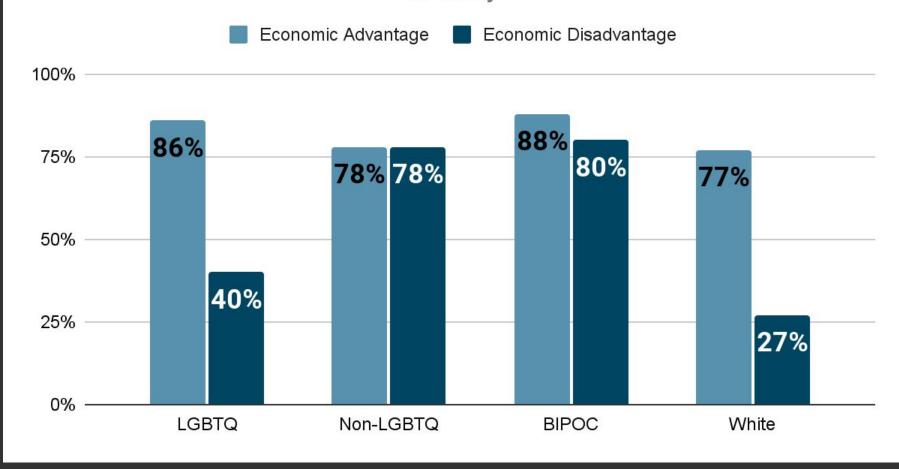
Key Finding

Economically disadvantaged respondents have lower rates of vaccination. Financial status impacted some groups more than others:

- more impact on LGBTQ respondents
- more impact on white respondents
- more impact on young adult respondents

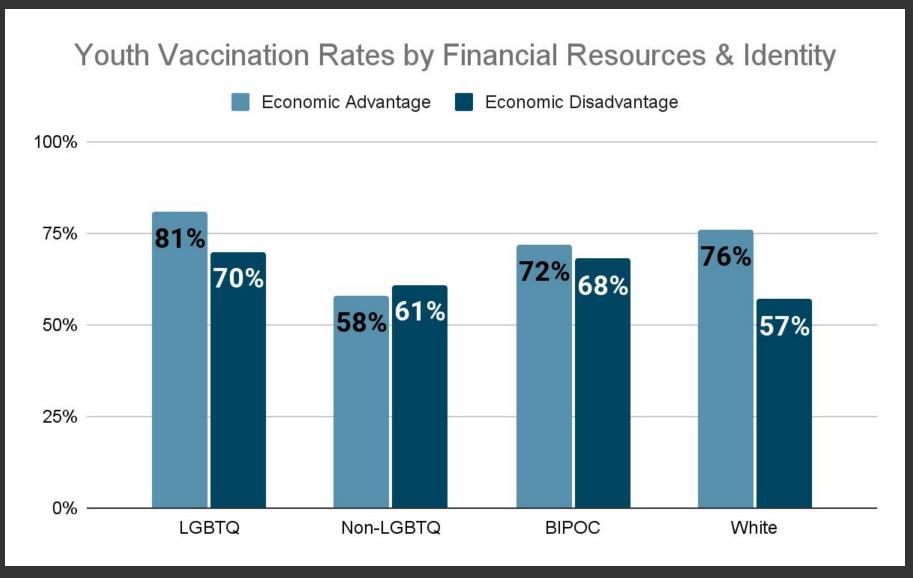


Young Adult Vaccination Rates by Financial Resources & Identity



Young Adult (18-24 years of age) economic dis/advantage based on self-report of having enough financial resources to meet most or any of their important needs (e.g. to pay bills, seek medical and/or mental health care, access transportation, etc.) or not.

Similar, though less significant, trend for economically disadvantaged youth (ages 12-17).



Youth (12-17 years of age) economic dis/advantage based on self-report of receiving school food assistance or not.



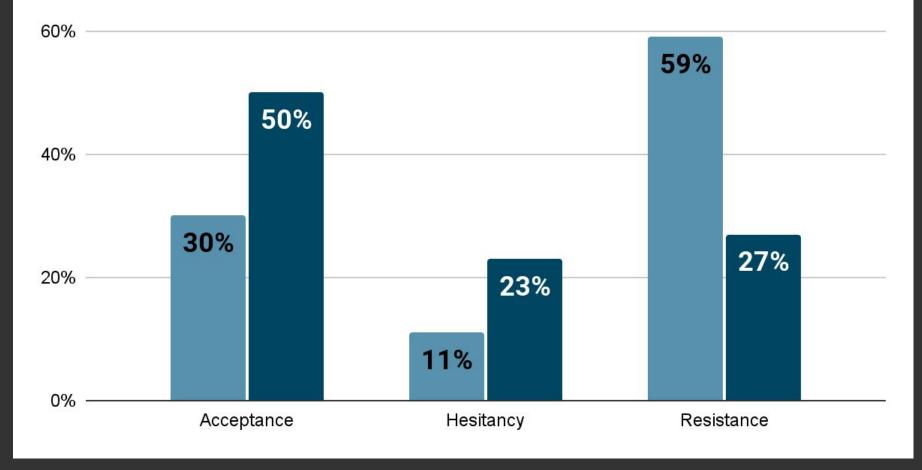
Key Finding Economically disadvantaged youth have higher rates of vaccine acceptance and hesitancy, and lower resistance. If the COVID-19 vaccine were available for you to receive today and you could get it easily, would you want to get the vaccine?

- acceptance = "yes"
- hesitant = "unsure"
- resistant = "no"



Youth Vaccine Perceptions by Financial Resources

Economic Advantage 📕 Economic Disadvantage



Youth (12-17 years of age) economic dis/advantage based on self-report of receiving school food assistance or not.

Barriers to Vaccination among Unvaccinated

107 unvaccinated respondents

Top barriers:

- parent-related
- side effects
- safety
- overall effectiveness



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Top cited barriers

My PARENTS don't want me to get vaccine	55%
SIDE EFFECT concerns	52%
SAFETY concerns	44%
My parents have MAJOR CONCERNS	42%
OVERALL EFFECTIVENESS concerns	34%
Don't believe vaccine is NECESSARY	30%
Don't trust GOVERNMENT	27%
Had confirmed or probable COVID case	23%
Don't trust/feel comfortable with MEDICAL est.	21%
VACCINE BRAND EFFECTIVENESS concerns	19%
HEALTH reasons	19%

Vaccine Barriers/Concerns by Perceptions

ACCEPTING

- My parents don't want me to (76%)
- My parents have major concerns (46%)
- Don't have transportation (24%)
- Don't know where to get it (17%)
- Cost concerns (15%)

HESITANT

- Side effects (78%)
- Safety (50%)
- My parents don't want me to (44%)
- My parents have major concerns (39%)
- Effectiveness (2

RESISTANT

- Side effects (79%)
- Safety (77%)
- Don't believe it's necessary (65%)
- Effectiveness (63%)
- Don't trust the government (58%)





Educational Opportunities

Educational outreach should include common concerns:

- impacts on fertility
- interactions with other conditions
- associated costs
- accessibility & availability of vaccines

Key targets: Parents Young Adults Financially disadvantaged





Everyone is concerned & impacted.

Regardless of vaccination status, all respondents have concerns. Overall, mental health (65%) and physical health (58%) are the greatest

concerns.





Full Report Findings

Vaccine uptake, perceptions, and barriers are analyzed in much greater detail based on population cross-sections:

- age
- race & ethnicity
- language
- level of schooling
- county

- LGBTQ status
- sex on birth certificate
- gender identity
- disability
- neurodivergence status
- financial resources
- household vaccination status
- flu vaccination uptake status
- COVID-19 diagnosis





Closing Thoughts

- Partnering with community-based organizations serving historically underserved communities is essential
 - who are partners serving financially disadvantaged?
 - financially disadvantaged white community members
- We see evidence of positive outcomes from our targeted outreach to LGBTQ & POC communities locally
- How do we reach the remainder of the population?



Thank you.

We will persevere.

www.outboulder.org