



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

Study Focus: Vaccination rates, perceptions (acceptance, hesitancy, and resistance), and barriers to vaccinations among youth (aged 12-17 years) and young adults (aged 18-24 years) with special attention to the following identities: LGBTQ, BIPOC, primary Spanish-speakers, neurodivergence, disability, and economic disadvantage. At the time this survey was designed in collaboration with adult staff and hired youth interns, there was no state or county data on vaccination rates of youth and young adults belonging to historically marginalized groups. 420 responses from Aug-Oct 2021.

Key Findings: Economically disadvantaged respondents have lower rates of vaccination. Economic disadvantage impacted some respondent groups more than others, including: LGBTQ, white, & young adult. Economically disadvantaged youth have higher rates of vaccine acceptance and hesitancy, and lower resistance. This combination presents a good opportunity to increase vaccination rates.

Barriers to Vaccination: Of the 107 unvaccinated respondents, specific concerns varied based on respondent perception of vaccination.

Accepting	Hesitant	Resistant
My parents don't want me to (76%)	Side effects (78%)	Side effects (79%)
My parents have major concerns (46%)	Safety (50%)	Safety (77%)
Don't have transportation (24%)	My parents don't want me to (44%)	Don't believe it's necessary (65%)
Don't know where to get it (17%)	My parents have major concerns (39%)	Effectiveness (63%)
Cost concerns (15%)	Effectiveness (28%)	Don't trust the government (58%)



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 Out Boulder County, Unwoven Ventures, and El Centro Amistad



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Abstract

The survey consisted of 37 total questions with skip logic: 1 informed consent, 24 related to demographic information and 12 related to the COVID-19 vaccine, virus or pandemic more broadly. Incentives were offered for completing the survey. Extra care was taken in the survey introduction to explain informed consent given the target population included youth ages 12-17 years. The survey was advertised by the staff and youth interns via several channels. A total of 420 responses, including 413 from the English version and 7 from the Spanish version, met the inclusion criteria. Categorical survey data were analyzed for the entire sample with comparative subgroup analyses also performed where numbers in comparison samples were sufficient. Vaccination uptake and vaccine perception findings were statistically significant at the 95% confidence level.

Several interesting findings were identified, many in contrast to general assumptions promoted at the onset of the pandemic and vaccination efforts. These findings include higher vaccination rates among the following populations: respondents with Spanish as their primary household language (81%), transgender (83%), nonbinary (81%), and LGBTQ (77%) respondents. The intersectional analysis also revealed a significantly lower vaccination rate among white non-LGBTQ respondents (42%) as compared to white LGBTQ (79%), Black Indigenous and People of Color (BIPOC) LGBTQ (73%), and BIPOC non-LGBTQ (81%) respondents. Another striking finding was the impact of economic disadvantage on vaccination rates. Though economic disadvantage was correlated with lower vaccination rates overall, the degree of influence impacted some sub-groups more than others, specifically the LGBTQ, white, and young adult sub-groups. Even so, economically disadvantaged respondents reported higher rates of acceptance and hesitancy, and lower rates of resistance. The top barriers identified cited parent-related concerns, side effects, safety, and overall effectiveness. Specific top barriers changed based on vaccine perceptions (accepting, hesitant, vs resistant).

The survey results can be used to inform educational outreach campaigns to address vaccination barriers and increase vaccination rates. According to the results, additional education efforts should address key concerns such as impacts on fertility, interactions with other conditions, associated costs, accessibility and availability of vaccines and target key groups, specifically parents, young adults, and the financially disadvantaged. Additional work to address parental barriers is key to increasing vaccination rates. The results also reverse commonly held assumptions about vaccination experiences.

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