

RESEARCH REPORT

Supporting Community-Based Organizations in Advancing Vaccine Equity

**Evaluation of Urban Institute's Technical Assistance and Grant Management
Support in the First Year of the Partnering for Vaccine Equity Program**

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Executive Summary

To address racial and ethnic disparities in adult vaccination rates, particularly for COVID-19 and influenza immunizations, the Centers for Disease Control and Prevention launched the Partnering for Vaccine Equity (P4VE) program in 2020 (Black et al. 2022; Hernandez et al. 2022; Kriss et al. 2022; Siegel et al. 2022). In 2021, the P4VE program allocated \$156 million to more than 500 national, state, local, and community-based organizations (CBOs) to improve equity in adult COVID-19 and influenza vaccination coverage.¹ CBOs participating in P4VE receive funding and technical assistance from skilled intermediary institutions to implement activities that promote equitable access to COVID-19 and influenza immunization in communities disproportionately affected by vaccine disparities.

The Urban Institute (Urban) is one of several national intermediary entities responsible for recruiting, overseeing, and supporting CBOs participating in the P4VE program. In the first year of the P4VE initiative (May 2021 to April 2022), Urban provided subgrant funding, grant management support, and tailored technical assistance to 29 CBOs in 14 states and DC. CBO awardees primarily focused on addressing barriers to COVID-19 vaccines in racially and ethnically diverse and underresourced communities. P4VE funding supports a broad range of activities designed to promote vaccine confidence and access, such as training trusted community messengers to become vaccine ambassadors, developing culturally effective vaccine education materials, and hosting vaccine clinics in partnership with local public health departments.

This report describes and assesses Urban's technical assistance and grant management support delivered to CBO awardees to help them implement program activities, comply with federal grant requirements, and grow organizational capacity to promote vaccine equity in the first year of the P4VE initiative. Based on analysis of program management records and surveys of CBOs, awardees took advantage of Urban-provided supports and found them valuable. Table ES.1 shows Urban performance on key technical assistance and grant management indicators.

TABLE ES.1**Urban's Performance on Technical Assistance and Grant Management Indicators***Year One of the Urban Institute P4VE Program, May 2021–April 2022*

| Indicator | Result |
|---|--------|
| Number of TA requests received | 61 |
| Number of unique topic areas of TA requests | 10 |
| Number of TA resources delivered | 71 |
| Share of CBOs engaged in individualized TA | 86% |
| Share of CBOs satisfied with TA | 100% |
| Number of grant management support engagements | |
| One-on-one check-in meetings | 143 |
| Site visits | 13 |
| Share of CBOs satisfied with grant management | 98% |

Source: P4VE program management data and CBO surveys.

Notes: P4VE = Partnering for Vaccine Equity; CBO = community-based organization.

Technical Assistance

In total, the technical assistance (TA) team conducted 61 engagements in Year One with 25 CBOs on a variety of topics, including assisting with vaccine education and outreach initiatives; supporting organizational capacity-building; connecting CBOs to relevant subject matter experts; and facilitating collaboration and information sharing across CBO awardees. Overall, all CBOs who participated in Urban TA were satisfied with the support they received, most reporting that TA helped them better understand barriers to vaccine equity and increase their organization's capacity to promote vaccine uptake.

Grant Management

The Urban grant management team conducted 143 one-on-one grant management meetings with CBO awardees in Year One, which assessed CBO progress on program activities and provided guidance on topics such as meeting grant requirements, submitting monthly invoices, and accessing TA and other available resources. In addition, Urban conducted in-person or virtual site visits to 13 CBOs to observe their P4VE project implementation activities and strengthen relationships. Nearly all CBOs (98 percent) found grant management check-in meetings useful to reflect and get support on the implementation of project activities.

Successes, Challenges, and Lessons Learned

Over the Year One P4VE performance period, Urban developed and adapted several practices, strategies, and lessons to reaffirm its role as an effective intermediary between the CDC and CBOs and more effectively support P4VE program activities and goals, including the following:

- tracking trends in COVID-19 myths and misinformation to inform responsive TA and effective communication strategies
- conducting in-person and virtual site visits to build stronger relationships between Urban and CBO awardees, enable more effective and hands-on delivery of TA, and monitor implementation of P4VE program activities
- connecting CBOs who experienced similar challenges, worked with similar populations, or shared geographic proximity to share experiences and best practices
- advocating for and working with the CDC to implement programmatic changes to better support CBOs, which led to reductions in administrative reporting burden and increased flexibility to use grant funding for vaccine incentives
- highlighting and disseminating CBO experiences to share best practices and inspire others working to advance vaccine equity

Implications for Policy and Practice

An important feature of the P4VE program is the inclusion of national organizations to serve as intermediaries and provide funding, oversight, and targeted supports to community-level health care, advocacy, and social services organizations that otherwise may not have the infrastructure or capacity to apply for or meet federal grant program requirements. Our findings suggest that coupling federal funding with enhanced grant management and technical assistance provided by skilled intermediary organizations is a promising strategy for including hyper-local, grassroots, and often lower-resourced CBOs in national public health initiatives. In addition, the intermediary-facilitated participation of local CBOs enables the federal government to “keep an ear to the ground” and respond swiftly to current developments and CBO feedback. Future research could provide a better understanding and evidence on the impact of this strategy, which will be informative not only for ongoing vaccine equity efforts but also for broader public health and health equity initiatives aiming to engage underserved communities.

Supporting Community-Based Organizations in Advancing Vaccine Equity

Introduction

A critical component of public health efforts is protecting individuals and communities from vaccine-preventable diseases, such as COVID-19 and influenza (Andre et al. 2008).² The benefits of vaccination, however, are not equitably distributed across the US, with large racial and ethnic disparities in vaccination rates against COVID-19 and influenza (Black et al. 2022; Hernandez et al. 2022; Kriss et al. 2022; Siegel et al. 2022). Unfortunately, groups experiencing disparities in vaccination coverage are also often disproportionately impacted by the health and economic impacts of COVID-19 (Tai et al. 2022; Zhang and Kolady 2022). Vaccine inequities have significant and far-reaching implications for public health, economic growth, community resilience, and social outcomes and could jeopardize inclusive recovery from crises such as the COVID-19 pandemic (Rodrigues and Plotkin 2020).³

Vaccine hesitancy is one of several factors contributing to disparities in COVID-19 vaccination rates. A national survey conducted by the Urban Institute (Urban) in December 2020 found that more than one-third of nonelderly adults⁴ indicated they would probably not or definitely not get a COVID-19 vaccine (Karpman et al. 2021). Hesitancy rates were particularly high among Black/African American adults (49 percent), though most vaccine-hesitant Black/African American respondents were still considering their decision about being vaccinated at the time of the survey. Survey participants' common reasons for vaccine hesitancy were concerns about side effects and vaccine effectiveness, feeling that they did not need the vaccine, and distrust in the vaccine development process. While public trust in the efficacy and safety of the COVID-19 vaccines has grown throughout the pandemic (Daly, Jones, and Robinson 2021), structural barriers continue to hamper equitable access to immunizations for COVID-19 and other common infectious diseases (Gonzales et al. 2021; Kuehn et al. 2022; Njoku, Joseph, and Felix 2021).

Strengthening vaccine confidence and removing structural barriers to access are imperative to ensuring all US residents benefit from vaccination. The Centers for Disease Control and Prevention's (CDC) Vaccinate with Confidence strategy provides a framework for addressing vaccine hesitancy by

building trust, empowering health care personnel, and engaging communities and individuals with culturally and linguistically effective education and communication strategies rooted in the latest evidence.⁵ Additionally, addressing structural barriers to vaccine access (e.g., lack of transportation) in local communities could help reduce racial and ethnic disparities in immunization rates and achieve vaccine equity.

To improve equity in adult vaccination rates, particularly in COVID-19 and influenza vaccination coverage, the CDC launched the Partnering for Vaccine Equity (P4VE) program in 2020. In 2021, the program awarded \$156 million in funding and technical assistance (TA) to over 500 national, state, local, and community-based organizations (CBOs) working to increase vaccine awareness, access, availability, and confidence.⁶ The program's vision is "to improve equity in adult immunization across disproportionately affected populations, including racial and ethnic minority groups, through partnerships that drive community-level action."⁷ This multiyear, multimillion-dollar investment in vaccine equity presents an opportunity to build knowledge and evidence on increasing vaccine coverage during the COVID-19 pandemic and future vaccination efforts.

Under the P4VE initiative, Urban provides subgrant funding and TA to a group of CBOs developing and implementing strategies to increase vaccine access and confidence among populations from racial and ethnic minority groups. This report describes Urban's TA and grant management supports offered to its CBO awardees in the first year of the P4VE initiative and presents results from an evaluation of these supports. The following sections provide a more detailed description of the P4VE program and Urban's role. After describing the evaluation methods and limitations, the report discusses Urban's performance in achieving the program goals and the challenges and successes in supporting its CBO awardees in advancing vaccine equity. The report concludes with a discussion of key takeaways and lessons for the P4VE program and broader population health and health equity efforts.

The P4VE Program

The P4VE program provides funding and resources to participating organizations nationwide to build vaccine confidence and support vaccine uptake in communities experiencing vaccine inequities.⁸ The P4VE program has two overarching, long-term goals:

- to increase influenza and COVID-19 vaccine confidence among populations and communities disproportionately affected by influenza and COVID-19, at greater risk for lower vaccination coverage, or both (i.e., people who are American Indian/Alaska Native, Asian American/Native Hawaiian/Pacific Islander, Black/African American, and Hispanic or Latinx American)

- to increase access to immunization among populations and communities experiencing disparities

Urban is one of the national intermediary organizations that supports the implementation of the P4VE program by providing subgrant funding, grant management support, and tailored TA to a subset of participating CBOs to help them achieve the P4VE program goals. Short-term objectives of the P4VE program include the following:

- to increase the number of trusted community messengers supporting vaccine education and delivery
- to increase the availability of culturally and linguistically effective community- or population-specific vaccine messages
- to increase the number and diversity of vaccination opportunities in communities currently experiencing disparities
- to increase the number and range of partnerships or collaborative activities between health care providers and community organizations to improve access to vaccines
- to increase the number and range of health care providers recommending COVID-19 and influenza vaccines to patients
- to increase the number and range of health care organizations implementing accountability processes and practical guidance to improve equity in vaccine administration

Urban also manages the P4VE Learning Community, which provides access to timely information, resources, tools, and subject matter expertise to over 500 organizations participating in the P4VE program to support their vaccine equity efforts.⁹

Urban's Role in Supporting CBO Awardees

In the grant management and TA role, Urban is responsible for funding CBOs and supporting and monitoring their efforts to improve equitable access to COVID-19 and influenza vaccination in their communities. The grant management support and oversight broadly include the following activities:

- developing and managing a competitive request for proposals process to solicit applications for funding from a broad range of CBOs serving underresourced communities across the country
- evaluating, selecting, and onboarding CBO awardees

- monitoring awardees' performance implementing P4VE vaccine equity projects
- reporting on CBOs' progress to the CDC, including supporting CBOs in fulfilling their reporting requirements

In addition, Urban provides tailored TA and trainings to CBO awardees to assist them in implementing various project activities designed to improve vaccine confidence and access, such as training vaccine ambassadors, developing effective communication campaigns, and fostering partnerships with local organizations and health care providers.

In the first year of the P4VE program, which ran from April 30, 2021, to April 29, 2022, Urban provided P4VE funding of up to \$100,000 each to 29 CBOs located in geographically diverse localities in 14 states and DC. Twenty CBOs began implementing their vaccine equity projects in June 2021, and nine additional CBOs were added in October 2021 to specifically include more organizations from the Southern states. About two-thirds (19) of CBO awardees can be broadly described as social service organizations, while the remaining CBOs were health care organizations. Collectively, the 29 CBOs served racially and ethnically diverse populations, including Black/African American and Hispanic/Latinx communities (90 percent), Asian American/Pacific Islander communities (41 percent), and American Indian/Alaska Native communities (14 percent), representing over 30 languages. In addition, populations served by CBOs awardees intersected with other marginalized identities, including refugees, migrants, and immigrants, people experiencing homelessness, and families living in poverty. Key features of Urban CBO awardees are summarized in Appendix A and their experiences implementing vaccine equity projects in Year One can be found in a companion report (Heinrichs et al. 2023).

Methods

The evaluation was structured to assess Urban's performance at supporting its CBO awardees in achieving the program objectives, including documenting challenges and successes Urban experienced implementing its TA and grant management activities. The main goal of this evaluation was to assess the usefulness of Urban's TA and grant management supports to CBOs and identify best practices and lessons that can inform both the P4VE program infrastructure and practices and broader public health efforts that involve intermediary-facilitated partnerships between the federal government and CBOs serving underresourced communities.

Several key performance indicators were developed and tracked by the Urban team to capture the scope and breadth of its activities aimed at supporting CBOs, including the following:

- number of TA requests received
- number of unique topic areas of TA requests
- number of TA resources delivered
- CBO engagement and satisfaction with TA delivery
- number of grant management support engagements
- CBO satisfaction with grant management support

The primary sources of data on Urban team performance were program management records and participant feedback data gathered through semiannual surveys of CBO awardees. Program management records included a TA tracker and agendas and notes from grant management and TA meetings, site visits, and trainings.

CBO awardees were invited to participate in two rounds of surveys in December 2021 and April 2022 to provide input on their TA needs and preferences and rate their satisfaction with TA and grant management supports from Urban. The surveys were created using the online survey platform Qualtrics and were distributed to 29 Urban CBO awardees via direct email communication from Urban's TA and grants management teams. No incentives were offered to survey respondents because participation in this activity was expected as part of the program.

The December 2021 survey was fielded in two versions; the first cohort of 20 CBOs that began participating in the P4VE program in June 2021 received a more detailed survey that included rating of Urban's support, while the remaining nine CBOs that joined the program in October 2021 received a shorter version of the survey focused on their TA needs only. The April 2022 survey was fielded in one format to all 29 CBOs. A total of 26 CBOs responded to each round of the surveys, 19 out of 20 from the first cohort and 7 out of 9 from the second cohort, for a response rate of 89.6 percent.

This evaluation has several limitations which should be considered when interpreting the results. First, the performance data were tracked and self-reported by the Urban team, who were simultaneously overseeing and providing support to participating CBOs, and as such, there is a potential for bias in how data were interpreted and reported. The evaluation plan was not finalized until December 2021, which resulted in missing data and inconsistency in how data were recorded for specific metrics. In addition, benchmarks for many of the indicators were not designed to assess the

effectiveness of the activities. Finally, a few CBOs did not participate in surveys, so some important perspectives and ratings of Urban's performance may be missing.

Findings

This section of the report presents detailed findings from the evaluation of Urban's performance in the first year of the P4VE program, presenting performance on key indicators, a description and examples of Urban's supports offered to CBOs, and a summary of successes and challenges the Urban team experienced. In Year One (May 2021 to April 2022), most CBO partner activities focused on COVID-19-related vaccination efforts in underserved communities affected by inequities in COVID-19 infections, adverse outcomes, and disparities in vaccination rates. Key barriers to vaccine uptake among the populations CBOs served included (1) mistrust of government and health care institutions, (2) misinformation and lack of reliable information about vaccines, and (3) limited vaccination opportunities because of structural barriers such as lack of transportation, inflexible job hours, or lack of paid sick leave (Heinrichs et al. 2023).

Consequently, Urban's TA and grant management supports focused on providing tailored guidance to help CBO awardees design and implement various activities to reduce the aforementioned barriers and more effectively engage priority populations in vaccine education and vaccination opportunities. Broadly, Urban's supports to CBO awardees included (1) providing subject matter expertise and resources to enhance the effectiveness of CBO vaccine equity efforts, and (2) supporting CBO organizational capacity to comply with grant requirements and build robust and sustainable vaccine equity programming. Overall, CBOs were engaged and satisfied with Urban's support in implementing the P4VE program activities. The summary of Urban's performance on the TA and grant management support indicators is shown in table 1 and more details on TA and grant management activities and CBO engagement and satisfaction with Urban's supports are provided below.

TABLE 1**Urban's Performance on TA and Grant Management Indicators***Year One of the Urban Institute P4VE Program, May 2021–April 2022*

| Indicator | Result |
|---|--------|
| Number of TA requests received | 61 |
| Number of unique topic areas of TA requests | 10 |
| Number of TA resources delivered | 71 |
| Share of CBOs engaged in individualized TA | 86% |
| Share of CBOs satisfied with TA | 100% |
| Number of grant management support engagements | |
| One-on-one check-in meetings | 143 |
| Site visits | 13 |
| Share of CBOs satisfied with grant management check-ins | 98% |

Source: P4VE program management data and CBO surveys.

Notes: TA = Technical Assistance; P4VE = Partnering for Vaccine Equity; CBO = community-based organization.

TA: Description and Evaluation

Urban's TA team included two TA specialists, each closely coordinating with the grant management team to best serve their assigned CBO awardees. In Year One of the P4VE program, tailored TA to CBOs ranged from identifying or creating education communication materials and strategies to fostering relationships with local public health departments and other organizations to organizational capacity building. Technical assistance offerings were responsive to CBO needs identified through surveys and direct requests for assistance by individual CBOs and delivered in one-on-one virtual engagements, email, or group learning events.

In total, the TA team conducted 61 engagements in Year One with 25 CBOs (86 percent of the cohort) on various topics (table 2). Over two-thirds of TA requests (42) broadly fell into the communications and outreach category. Examples of specific TA in this category included developing or improving health communication materials, such as identifying and customizing existing COVID-19 education resources from the CDC, Vaccine Resource Hub, and other sources. TA specialists also worked with CBOs to help them tailor culturally and linguistically effective outreach strategies by identifying and customizing existing multilanguage communication materials and sharing best practices on culturally effective messaging and outlets for disseminating vaccine education or promoting vaccine events.

TABLE 2**Individual TA Engagements***Year One of the Urban Institute P4VE Program, May 2021–April 2022*

| TA category | TA topics | Number of unique requests | Number of CBOs engaged |
|----------------------------------|--|---------------------------|------------------------|
| Communications and outreach (42) | Health communication resources related to COVID-19 and influenza information and vaccine education | 30 | 22 |
| | Interpreting scientific evidence | 6 | 6 |
| | Addressing vaccine coverage barriers | 6 | 4 |
| Organizational capacity (12) | Management and leadership | 5 | 2 |
| | Program planning (e.g., ambassador program) | 3 | 3 |
| | Systems development (e.g., grant management, data management) | 2 | 2 |
| | Capacity building and data collection | 1 | 1 |
| Partnerships (7) | Organizational sustainability | 1 | 1 |
| | Partnerships with local public health departments, vaccine administrators, health care providers | 7 | 6 |
| Totals | 10 | 61 | 25 |

Source: P4VE program management data.

Notes: TA = technical Assistance; P4VE = Partnering for Vaccine Equity; CBO = community-based organization. The total number of requests exceeds the number of participating CBOs because several CBOs requested TA on multiple topics.

The remaining TA requests were in organizational capacity (12) and networking (7). Urban supported CBOs' ability to implement P4VE program activities, including developing tools and trainings to collect, analyze, use, and report data on CBO P4VE activities. Organizational capacity building also included advising and supporting CBO recruitment and onboarding of new staff and supporting project management activities. Finally, the Urban TA team connected CBOs to relevant subject matter experts as needed and supported networking among CBO awardees to facilitate collaboration and information sharing among organizations that were developing similar interventions or engaging similar populations. Box 1 provides examples of specific TA supports the Urban team provided to its CBO awardees in Year One of the P4VE program.

BOX 1**Enhancing CBO Capacity to Implement P4VE Project Activities**

Beyond identifying and sharing existing resources or connecting CBO awardees, Urban provided hands-on TA to several CBO awardees on topics such as:

- creating a data capture tool and delivering training to enable CBOs to comprehensively track project activities, which facilitated required CBO P4VE performance reporting

- codeveloping a survey of community members to assess vaccine knowledge and hesitancy, as well as providing input to a CBO on how to field the survey and analyze results
- coaching CBO staff on best practices and providing available resources on effective project management in vaccine equity efforts and broader organization operations
- supporting CBOs on effective recruiting and hiring practices, including developing job descriptions, advising on interview protocols, and evaluating candidates

Source: P4VE program management data.

The technical assistance engagements included providing CBOs with relevant resources and trainings. In Year One of the P4VE program, Urban delivered 71 unique resources (table 3). About two-thirds of these resources (40) consisted of compiling existing materials relevant to specific topics of TA requests. For example, Urban TA teams identified and shared examples and links to helpful COVID-19 disease and vaccine education materials, resources on recruiting and training trusted community messengers, and tips on hosting and marketing vaccine events. In cases where Urban was unable to locate an existing resource, the TA team developed original resources that could be customized by CBOs, such as a factsheet explaining COVID-19 booster eligibility and administration and a handout template describing the benefits of COVID-19 monoclonal antibody treatment (Appendix B). In addition, Urban facilitated two peer learning events where CBOs received training on performance measurement and navigating difficult conversations around vaccination. These events also created an opportunity for CBOs to network, share experiences, and exchange tips and information. The Urban TA team also delivered hands-on training on data collection to one CBO during a site visit.

TABLE 3
TA Resources

Year One of the Urban Institute P4VE Program, May 2021–April 2022

| TA resource type | Description | Number delivered |
|--|---|------------------|
| Tailored compilation of resources | Identified and shared existing communication materials, webinars and trainings, and other resources | 40 |
| Networking and connections | Connected CBO awardees to each other, other organizations, and subject matter experts | 17 |
| Advising on organizational development | Advised CBOs on staff hiring, communications, and self-evaluation activities | 8 |
| Peer learning events and trainings | Developed and facilitated events and trainings | 3 |
| Urban-developed resources | Created original resource | 3 |
| Total | | 71 |

Source: P4VE program management data.

Notes: TA = technical assistance; P4VE = Partnering for Vaccine Equity; CBO = community-based organization.

Based on the results from two rounds of surveys administered to CBOs in Year One of the P4VE program, the share of survey respondents participating in Urban-offered TA opportunities grew from 58 percent in December 2021 to 81 percent in April 2022. Overall, all CBOs that participated in Urban TA were satisfied with received supports. Among the CBOs that received TA from Urban, none reported dissatisfaction with the assistance they received. CBOs noted that TA helped their organizations better understand and address barriers to vaccine confidence and implement strategies to increase vaccine uptake, strengthen partnerships with public health agencies and other local organizations, and improve their organization's capacity to implement their vaccine equity projects.

In December 2021, 42 percent of CBOs (8 out of 19) reported not accessing TA, which declined to 19 percent (5 out of 26) of CBOs reporting no engagement with TA in April 2022. Of the CBOs that did not access TA during Year One, most reported that they did not need tailored one-on-one TA or did not have the capacity or time to access TA. To improve the TA experience, CBOs recommended providing clearer and more specific examples of the available TA offerings and more communications and reminders about the P4VE Learning Community events and other TA opportunities. CBOs responding to the December 2021 survey requested specific TA with obtaining and interpreting evolving CDC guidance on COVID-19 vaccinations. Additionally, some survey participants asked that Urban create more opportunities for CBO awardees to connect with each other.

We so appreciate this grant and could not have been as successful without [Urban's] support.
—December 2021 CBO survey participant

Grant Management Support: Description and Evaluation

The Urban grant management team consisted of two grant management specialists supported by one assistant. At minimum, each CBO awardee met with their assigned Urban grant manager and TA teams once per month to discuss progress implementing P4VE activities, challenges and successes experienced, and resources and supports needed. The grant management check-in meetings also included practical information and problem-solving around meeting grant requirements, such as collecting and reporting program data to the CDC, submitting monthly invoices, and accessing TA and other available resources. In total, Urban grant managers conducted 143 one-on-one grant management meetings with CBO awardees in Year One. Urban grant management and TA teams also

conducted in-person site visits to 13 CBOs, largely for relationship-building purposes and to observe CBOs' P4VE project implementation activities.

Satisfaction with Urban's grant management support was gauged through CBO surveys. In both December 2021 and April 2022 surveys, nearly all CBOs (98 percent) found grant management check-in meetings very useful or somewhat useful. Only one CBO respondent did not find regular check-in meetings useful. Of those who found check-in calls with grant managers useful, CBOs appreciated the opportunity to ask questions, get valuable support on the implementation of project activities, learn something new that can be used and/or shared with colleagues, and reflect on progress on project activities. In the end-of-the-year survey in April 2022, CBOs also highly rated their experiences with Urban's accounting and contracts departments and reported no concerns or problems with overall grant management support received from Urban in Year One. In the April 2022 survey, 4 in 10 CBO respondents (42 percent) noted that they would prefer grant management check-in meetings to be less frequent (e.g., every two or three months instead of monthly). To accommodate CBO needs and preferences, Urban gave CBOs an option to move grant management check-ins to every other month while others selected to continue monthly check-ins in Year Two of the P4VE program.

CBOs also shared some suggestions for improving their overall P4VE program experience, including less frequent and simplified reporting to the CDC, which was changed from monthly to quarterly in Year Two. In addition, several CBOs expressed a strong desire to expand allowable expense categories to include helpful resources in vaccine outreach activities, such as personal protective equipment or incentives like food, gift cards, or other giveaways for people participating in vaccine-related events. In response to this feedback, the CDC expanded allowable expense categories in Year Two to include incentives.

Urban has been amazingly supportive and helpful of its grantees [and is] always willing to guide us and answer any of our questions, be they simple or hard. They demonstrate they genuinely care about our communities and want to improve health disparities and increase access and equity. They treat us as equal partners.

—April 2022 CBO survey participant

Successes, Challenges, and Lessons Learned

Over Year One, the Urban P4VE team quickly developed management and TA delivery infrastructure and capacity to effectively support its CBO awardees as they implemented P4VE activities. Though CBOs experienced many challenges in implementing new programs, the Urban team worked efficiently to find practical solutions and adapt strategies, learning valuable lessons. TA and grant management teams implemented several policies, practices, and strategies in response to feedback from CBOs to better support P4VE program goals. These successful practices and strategies included the following:

- **Tracking trends in COVID-19 myths and misinformation** to identify common themes and inform more responsive TA enabled Urban to proactively support CBOs with relevant educational materials to combat prevailing misinformation. The Urban team also shared misinformation trends with the CDC and other partners to inform their communication strategies.
- By **conducting in-person site visits**, Urban built stronger relationships with CBO awardees, enabled more effective and hands-on delivery of TA, and observed CBO program activities. In addition, site visit teams confirmed that CBOs were implementing their projects in good faith, in compliance with P4VE program requirements, and in keeping with how implementation progress was presented to Urban during grant management check-in calls. The site visits enabled the Urban team to gain a deeper appreciation for the work CBOs were doing to improve vaccine equity and better understand the challenges and strengths of CBOs and their communities. However, because of the public health emergency (including the rise of new COVID-19 variants), in-person site visits were only conducted in spring 2022.
- Urban focused on **connecting CBOs** who experienced similar challenges, worked with similar populations, or shared geographic proximity to share experiences and best practices. Urban helped facilitate these engagements (and provided support if requested) but did not maintain an ongoing role in these conversations. CBOs reported that they were able to identify synergies and share resources to increase impact in ways that strengthened the program.

The Urban TA and grant management teams learned two important lessons from the first year of P4VE program implementation that reaffirmed Urban's role as an effective intermediary between the federal government and CBOs and allowed the Urban team to inform the future direction of the program and encourage CBO vaccine equity efforts:

1. **Effectively advocating on behalf of CBOs can lead to programmatic changes.** Some P4VE program grant specifications were challenging for CBOs, such as administrative burden from reporting requirements and restrictions on using grant funding to pay for personal protection equipment

or vaccine incentives. The Urban team and the other intermediary organizations effectively advocated for and worked with the CDC to address these concerns, which led to a reduction in reporting requirements and updated allowable cost guidance. Thanks to these adjustments, CBOs faced fewer management burdens and could devote more time to service delivery and more effectively engage their community members. This experience highlights the important role of an intermediary organization, such as Urban as a liaison between the CDC and CBOs, and the importance of adapting programmatic features to better respond to the everyday realities of on-the-ground vaccine outreach.

2. ***Documenting and sharing best practices and lessons from the field can inspire others.*** During program implementation and ramp-up, CBOs rarely had time to reflect on and document what strategies or activities were more effective than others. At the end of Year One, Urban initiated the process of collecting and sharing successes and lessons learned from the vaccine equity efforts by producing a podcast episode featuring the experiences of two CBO awardees.¹⁰ The Urban team also produced a blog post that elevated the work of six CBOs addressing social determinants of health as a gateway to increasing COVID-19 vaccine uptake in their communities.¹¹ Based on positive feedback from CBO awardees to these publications, the Urban team committed to continuing to produce case studies and feature inspiring examples of CBO efforts and promising vaccine equity practices in the future.

Implications for Policy and Practice

The CDC's Partnering for Vaccine Equity (P4VE) program was launched to address systemic challenges to vaccine access that disproportionately affect communities with low incomes and people from racial and ethnic minority groups, including mistrust of governmental and health care institutions; limited access to accurate and culturally and linguistically appropriate health education; and structural barriers such as lack of transportation, child care, and job flexibility (Gonzales et al. 2021; Hernandez et al. 2022; Institute of Medicine 2003; Kuehn et al. 2022; Njoku, Joseph, and Felix 2021). To effectively reach communities most affected by vaccine inequities, the CDC developed a multiprong approach consisting of partnerships with national, state, and local institutions and CBOs; funding opportunities; and comprehensive resources and technical assistance opportunities.¹² An important feature of the P4VE program is the inclusion of national organizations to serve as intermediaries and provide funding, oversight, and targeted supports to community-level health care, advocacy, and social services

organizations that otherwise may not have the infrastructure or capacity to apply for or meet federal grant program requirements.¹³

In Year One of the P4VE program, Urban engaged and supported 29 grassroots, culturally and linguistically diverse CBOs deeply rooted in and connected to historically underserved communities and people from racial and ethnic minority groups (Appendix A; Heinrichs et al. 2023). Findings from the self-evaluation of Urban's supports to these CBOs suggest that tailored technical assistance aided these organizations in implementing P4VE program activities and complying with federal grant requirements. Urban provided CBOs with practical information, tools, and resources to support activities such as training vaccine ambassadors, crafting effective vaccine education materials, and partnering with local public health departments and other community-based organizations to break down vaccine access barriers. In addition, Urban supported CBO awardees in complying with grant requirements and growing organizational capacity, such as enhancing their project management, data collection, and analysis skills—skills that are transferrable to other areas of their work. As such, the benefits of the resources and TA made available through the P4VE program extend beyond supporting vaccine equity to enhancing CBOs' capacity to serve underresourced communities and populations experiencing inequities in the long term.

Importantly, beyond supporting and overseeing CBOs, Urban's role as an intermediary organization in the P4VE program was to continuously collect and report feedback from its CBO awardees to the CDC project officers. This allowed the federal decisionmakers to stay abreast of on-the-ground vaccine equity efforts, challenges, and progress and refine the program to be more responsive to everyday realities of communities engaged through the initiative. For example, as noted earlier in this report, the CDC reduced the frequency of required reporting to minimize administrative burden for CBOs, and allowed grant funding to be used for meals and gift cards, which enabled CBOs to engage community members more effectively in vaccine education and health promotion events.

Overall, CBOs reported high satisfaction with supports received through the P4VE program and some noted that connections and relationships they built with Urban staff and other CBOs through individualized assistance and group learning or networking opportunities were valuable and helpful in troubleshooting problems and sustaining progress on their vaccine equity efforts despite extraordinary challenges of the pandemic. A key takeaway from this evaluation is that coupling federal funding with enhanced grant management and technical assistance supports provided by skilled intermediary organizations is a promising strategy for including hyper-local, grassroots, and often lower-resourced CBOs that work in underresourced communities in national public health initiatives. In addition, the intermediary-facilitated participation of local CBOs enabled the federal government to "keep an ear to

the ground" and promptly respond to concerns and feedback raised by participating CBOs to refine the overall program structure.

Conclusions

This report assesses grant management and technical assistance support to 29 CBOs across the US that participated in the first year of the CDC P4VE program to improve vaccine confidence and increase access to vaccination opportunities among populations experiencing vaccine disparities. The findings suggest that the P4VE program developed a promising strategy to engage and support community-level partners in vaccine equity work via funding and direct TA from larger intermediary organizations. Future research could provide a better understanding and evidence on the impact of this strategy, which will be informative not only for ongoing vaccine equity efforts but also for broader public health and health equity efforts aiming to engage underserved and underresourced communities.

Appendix A. Urban CBO Awardees

TABLE A.1

Key Characteristics of Urban CBO Awardees and Populations Served

Year One, May 2021–April 2022

| Name (location) | Organization type or mission | Populations Served | | Community characteristics |
|--|--|---|---|------------------------------|
| | | Race and ethnicity | Other characteristics | |
| Arab-American Family Support Center (Brooklyn, New York) | Civic or cultural Social services | AANHPI, Black/African American, and Hispanic/Latinx | Women and immigrant and refugee populations | Urban |
| Asian Community and Cultural Center (Lincoln, Nebraska) | Civic or cultural | AANHPI, AIAN, Black/African American, and Hispanic/Latinx | Immigrant and refugee populations | Urban |
| Bay Area Women Coalition, Inc. (Mobile, Alabama) | Advocacy | Black/African American | Women and families with low incomes | Rural |
| Birmingham AIDS Outreach, Inc. (Birmingham, Alabama) | Advocacy Health and health care | AANHPI, AIAN, Black/African American, and Hispanic/Latinx | Individuals who identify as LGBTQIA+a, individuals with low incomes and/or experiencing homelessness, migrant workers | Urban |
| Bright Beginnings (Washington, DC) | Social and economic justice Social services | Black/African American and Hispanic Latinx | Individuals and families with young children experiencing homelessness | Urban (Wards 7 and 8) |
| Centro Campesino Farmworker Center, Inc. (Florida City, Florida) | Advocacy Social and economic justice Social services | Black/African American and Hispanic/Latinx | Workers in low-wage jobs without benefits | Suburban |
| Comite Civico del Valle, Inc. (Brawley, California) | Advocacy Civic or cultural Social and economic justice | Black/African American and Hispanic/Latinx | Essential workers and workers in the agricultural industry | Urban |
| Community of Hope (Washington, DC) | Federally qualified health center | Black/African American and Hispanic/Latinx | Individuals and families with young children experiencing homelessness | Urban |
| Connection Health (Birmingham, Alabama) | Health and health care | Black/African American and Hispanic/Latinx | Women who are pregnant and individuals with low incomes | Urban |

| Name (location) | Organization type or mission | Populations Served | | Community characteristics |
|--|--|---|---|--|
| | | Race and ethnicity | Other characteristics | |
| Covenant House New York (New York City, New York) | Federally qualified health center | Black/African American and Hispanic/Latinx | Young adults who identify as LGBTQIA+a and/or are experiencing homelessness | Urban |
| Delta Health Center (Mound Bayou, Mississippi) | Federally qualified health center | Black/African American and Hispanic/Latinx | Adults with chronic conditions, individuals with low incomes, and the uninsured | Rural |
| East Harris County Empowerment Council (Houston, Texas) | Social and economic justice Social services | AANHPI, Black/African American, and Hispanic/Latinx | Individuals with low incomes, essential and migrant workers | Urban |
| Eden Youth and Family Center (Hayward, California) | Social services | AANHPI, Black/African American, and Hispanic/Latinx | Individuals with low incomes and immigrant populations | Urban/suburban |
| El Buen Samaritano Episcopal Mission (Austin, Texas) | Faith-based Social services | Hispanic/Latinx | Spanish-speaking and immigrant communities | Urban/suburban Eastern Crescent area of Austin |
| Fresno Interdenominational Refugee Ministries (Fresno, California) | Advocacy Faith-based | AANHPI, AIAN, Black/African American, and Hispanic/Latinx | Hmong, Laotian, Southeast Asian, Slavic, Syrian, and African immigrant communities, and Native Hawaiian communities | Urban |
| G. A. Carmichael Family Health Center (Canton, Mississippi) | Federally qualified health center | Black/African American and Hispanic/Latinx | Medically underserved populations | Urban |
| Immunize Colorado (Aurora, Colorado) | Health and health care | AANHPI, AIAN, Black/African American, and Hispanic/Latinx | Culturally diverse families and communities | Suburban |
| The Inclusion Group (New Orleans, Louisiana) | Faith-based Social services | Black/African American and Hispanic/Latinx | Migrant workers | Urban |
| Little Manila Foundation (Little Manila Rising) (Stockton, California) | Advocacy Social and economic justice | AANHPI, Black/African American, and Hispanic/Latinx | Spanish-speaking, Hmong, and Filipino communities | Urban |
| Luke's House: A Clinic for Healing and Hope (New Orleans, Louisiana) | Health and health care | Black/African American and Hispanic/Latinx | Low-income, uninsured, and medically underserved populations | Urban |
| Mary's Center (Washington, DC) | Federally qualified health center | Black/African American and Hispanic/Latinx | Individuals and families with low incomes, essential workers | Urban |

| Name (location) | Organization type or mission | Populations Served | | Community characteristics |
|---|--|---|--|------------------------------|
| | | Race and ethnicity | Other characteristics | |
| Mississippi Immigrants' Rights Alliance (Jackson, Mississippi) | Advocacy Civic or cultural Social services | AANHPI, Black/African American, and Hispanic/Latinx | Migrant and immigrant populations | Rural |
| New Immigrant Community Empowerment (Queens, New York) | Advocacy Civic or cultural Social services | Black/African American and Hispanic/Latinx | Immigrant populations | Urban |
| Papa Ola Lokahi (Honolulu, Hawaii) | Civic or cultural Health and health care | AANHPI | Native Hawaiian communities | Urban |
| RefugeeOne (Chicago, Illinois) | Advocacy Social services | AANHPI, Black/African American, and Hispanic/Latinx | Refugee populations | Urban |
| Refugee Women's Network (Atlanta, Georgia) | Advocacy Civic or cultural Social services | AANHPI, Black/African American, and Hispanic/Latinx | Immigrant populations, Middle Eastern communities, and women | Suburban |
| Springboard to Opportunities (Jackson, Mississippi) | Advocacy Social services | Black/African American | Families living in affordable housing | Rural |
| Thai Community Development Center (Los Angeles, California) | Advocacy Civic or cultural Social services | AANHPI and Hispanic/Latinx | Thai and Armenian communities | Urban |
| Urban League of Philadelphia (Philadelphia, Pennsylvania) | Advocacy Social and economic justice | Black/African American | Underserved communities | Urban |

Source: Urban Institute analysis of P4VE program management data and organizations' websites.

Notes: AANHPI = Asian American/Native Hawaiian/Pacific Islander; AIAN = American Indian/Alaska Native; CBO = community-based organization; P4VE = Partnering for Vaccine Equity.

^a LGBTQIA+ is an abbreviation for lesbian, gay, bisexual, transgender, questioning, intersex, asexual, and others. These terms are used to describe an individual's sexual orientation or gender identity.

Appendix B. Urban-Developed Resources

FIGURE B.1

COVID-19 Vaccine Booster Shot Flyer



The flyer is titled "COVID-19 Vaccine Booster Shot" and is divided into several sections with icons and text:

- Who can get a booster?** (Icon: person with a mask)

As of June 2022, everyone ages 5 years and older should get 1 booster after completing their first set of shots. Adults ages 50 years and older and people ages 12 and older who have a weakened immune system should get 2 boosters.
- When should I get a booster?** (Icon: clock)

If you received Pfizer or Moderna, and you are ages 18 and up, you should get a booster at least 5 months after your second shot. For those ages 5-17 with a weakened immune system, it should be at least 3 months afterward.

For those eligible, a 2nd booster of either Pfizer or Moderna is recommended at least 4 months after the 1st booster. Those ages 5-17 should only get Pfizer.

If you received Johnson & Johnson, you should get a booster at least 2 months after your single shot. For those eligible, a 2nd booster of either Pfizer or Moderna is recommended at least 4 months after the 1st booster.
- Which booster should I get?** (Icon: hand pointing)

If you are 12-17 years old, you can get the Pfizer booster. If you are 18 years or older, Pfizer or Moderna are preferred over Johnson & Johnson in most situations due to the risk of serious side effects.
- Why do I need a booster shot?** (Icon: eye)

Although vaccination helps prevent severe disease, protection against COVID-19 and infection with variants may lower over time.

Made possible with funding from the Centers for Disease Control and Prevention. For more information on COVID-19 vaccine booster shots, scan the QR code or [visit here](#).
- If I need a booster shot, are the vaccines working?** (Icon: plus sign in a circle)

Yes. COVID-19 vaccines are working well to prevent severe sickness, hospitalization, and death. However, public health experts are starting to see reduced protection against mild and moderate disease.
- What are the risks to getting a booster shot?** (Icon: syringe)

Fever, headache, tiredness, and a sore arm are the most common reactions, which usually go away within a few days. Serious side effects are rare, but can happen, just like with your first shot.

At the bottom left is a QR code, and at the bottom right is a box labeled "LOGO GOES HERE".

URBAN INSTITUTE

Source: Urban Institute.

FIGURE B.2
COVID-19 Treatment Handout (front)

Monoclonal Antibody

A **safe and effective** treatment for COVID-19 that:

- ✓ Keeps you out of the hospital,
- ✓ Helps your body fight the virus,
- ✓ Reduces symptoms.

QR code
place
holder

*Find a treatment site near you
by scanning the QR code with
your device camera.*



URBAN INSTITUTE

Source: Urban Institute.

FIGURE B.3
COVID-19 Treatment Handout (back)

How does it work?

It helps you fight the virus until your immune system kicks in.

How is it administered?

By IV or injection.

When should I get it?

As soon as symptoms begin.

What will it cost?

Free with Medicaid or Medicare. Contact your insurance for more information.

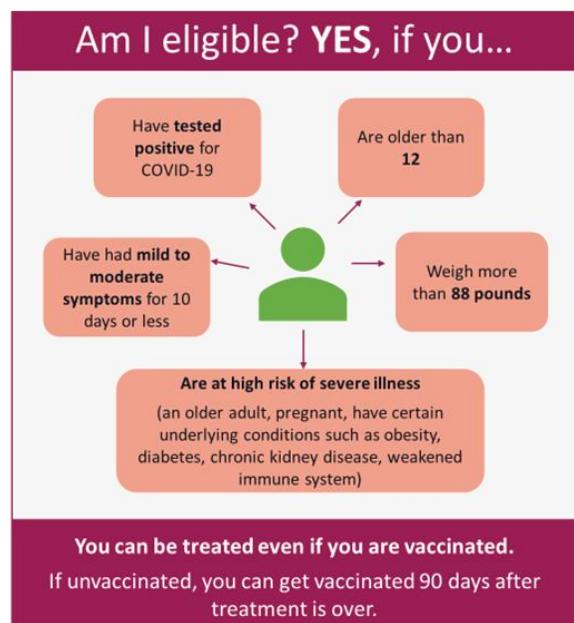
Possible side effects:

Reaction at IV/shot site (swelling, pain, bleeding, bruising); nausea, vomiting, diarrhea; itching, rashes or hives. Allergic reactions are rare.

Call your provider/911 if symptoms worsen.

Do you have additional questions?
Call 601.859.5213 or email...

Organization logo



URBAN INSTITUTE

Source: Urban Institute.

Notes

¹ “Equity in Adult Vaccination,” CDC.gov, December 27, 2022, <https://www.cdc.gov/vaccines/health-equity/index.html>.

² “Vaccines and Immunization,” WHO.int, accessed June 12, 2023, https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1.

³ Christian E. Weller, “The Economic Benefits of Vaccinations,” Center for American Progress, July 15, 2021, <https://www.americanprogress.org/article/economic-benefits-vaccinations/>.

⁴ Nonelderly adults are defined as those between ages 18 and 64.

⁵ “Vaccinate with Confidence,” CDC.gov, October 30, 2019, <https://www.cdc.gov/vaccines/partners/vaccinate-with-confidence.html>.

⁶ “Equity in Adult Vaccination.”

⁷ “Equity in Adult Vaccination.”

⁸ “Equity in Adult Vaccination.”

⁹ Partnering for Vaccine Equity Community Connector,” Urban Institute, accessed June 12, 2023, <https://vaccineequity.urban.org/home>.

¹⁰ “#74 How to Build Vaccine Confidence,” Critical Value (podcast), July 7, 2022, <https://www.urban.org/critical-value/74-how-build-vaccine-confidence>.

¹¹ Leandra Lacy and Izabela Solosi “Addressing the Social Determinants of Health May Help Increase COVID-19 Vaccine Uptake,” Urban Wire (blog) (blog), Urban Institute, May 27, 2022, <https://www.urban.org/urban-wire/addressing-social-determinants-health-may-help-increase-covid-19-vaccine-uptake>.

¹² “Equity in Adult Vaccination.”

¹³ Kimá Joy Taylor, “To Advance Racial Health Equity, Fund Organizations Led by and for People of Color,” *Urban Wire* (blog), Urban Institute, June 22, 2021, <https://www.urban.org/urban-wire/advance-racial-health-equity-fund-organizations-led-and-people-color>.

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