

VaxConnect

2022



VAXCONNECT

Program Evaluation & Technical Assistance



eliminating racism
empowering women
ywca

“The vaccine was very new and was unsure about the time frame of the vaccine, that was why I wanted to wait and see. I am 85 years old and was afraid of how it would affect my body, however after getting educated about the vaccine I decided to go for it.”

-VaxConnect program participant

YWCA High Point VaxConnect Program – A Neighborhood Canvassing Project to Assist High Point Residents with Getting Covid-19 Vaccinations

An Evaluation Report

High Point, North Carolina

Contributors & Sponsors

Foundation for Healthy High Point
YWCA High Point
Guilford County Department of Public Health
City of High Point
Hayden Harman Foundation

Prepared By

Kenneth Gruber, PhD, Senior Research Scientist
Meredith DiMattina, GISP, GIS Specialist

Center for Housing and Community Studies
University of North Carolina at Greensboro
1708 Moore Humanities & Research Administration Building
1111 Spring Garden Street; Greensboro, NC 27412
Fax: 336.334.4624 ATTN: CHCS
Email: chcs@uncg.edu



UNC GREENSBORO

Center *for* Housing
& Community Studies

TABLE OF CONTENTS

BACKGROUND _____	5
Theory of Change Framework _____	6
Census Tract Selection Criteria _____	7
Social Vulnerability Context _____	10
VAXCONNECT PROGRAM _____	14
Program Description _____	14
Implementation of the Program _____	15
Program Staffing and Training _____	16
Focus Area Overview _____	17
PROGRAM RESULTS _____	22
Door-to-Door Canvassing _____	22
Census Tract Profiles _____	23
Community Vaccination Clinics _____	39
Service Recipients Follow-Up Survey Results _____	41
OUTCOMES _____	46
LIMITATIONS _____	50
RECOMMENDATIONS _____	52
SOURCES _____	53
APPENDIX A _____	54
APPENDIX B _____	56
APPENDIX C _____	57
APPENDIX D _____	60

BACKGROUND

The purpose of the YWCA High Point VaxConnect Pilot Program (hereafter referred to as the VaxConnect Program) was to assist the Guilford County Health Department (“Health Department”) in increasing COVID-19 vaccination rates among: (a) individuals in underserved/marginalized communities; (b) individuals who are hesitant and lack access to transportation; and (c) specifically residents in the City of High Point living in the 27260 and 27262 zip codes. In partnership with the Guilford County Health Department and the City of High Point, the YWCA High Point launched a door-to-door outreach effort to provide: 1) education about the COVID-19 vaccine, 2) assistance with scheduling appointments, and 3) support for transportation to vaccine sites.

The program was designed and implemented as a pilot initiative in collaboration with the Health Department, Foundation for Healthy High Point, and the YWCA High Point (with support from the City of High Point and funding from the Hayden Harman Foundation) to conduct a door-to-door canvassing effort in low vaccination rate neighborhoods to encourage and inform residents about free access to COVID-19 vaccinations and to assist interested individuals with getting scheduled to receive a vaccination (primary or boosters). This assistance also included working with the City of High Point to arrange for free transportation to a vaccination site. Along with assistance relating to scheduling a vaccination, canvassers provided residents with accurate information about the COVID-19 vaccinations and to address misinformation about risks of unlikely outcomes that were being associated with getting vaccinated.

Homes in targeted census tracts (identified by the Health Department) were visited by a VaxConnect team (usually two individuals) to contact residents to (a) see if they were interested in getting a COVID vaccination, (b) interested in getting scheduled for a COVID-19 vaccination (if they were eligible for a vaccination), and (c) in need of transportation to a site to receive a vaccination. VaxConnect Team members introduced themselves as working with the YWCA High Point as part of an outreach effort to assist individuals with getting COVID-19 vaccinations. As part of the contact process, residents were asked about their household’s vaccination status, their interest and willingness to get vaccinated (if they were not fully vaccinated or had received at least one booster shot), and what if any conditions or situations might be reasons for their not getting vaccinated. Households were offered literature from the Health Department about the safety and benefits of getting a COVID-19 vaccination. For

individuals who expressed interest in being assisted with being scheduled for a vaccination, a member of the VaxConnect team contacted the Health Department in High Point to schedule vaccination appointments. Arrangements for transportation, through the City of High Point, to a vaccinated site also were coordinated for those who requested it.

Theory of Change Framework

There is a wide variety of personal, social, and environmental factors that have been demonstrated to influence behavior. Regarding vaccination behavior, willingness to get vaccinated is largely related to the belief that there are potentially serious health consequences to either getting or not getting vaccinated. The choice to get vaccinated essentially comes down to a belief that doing so will reduce susceptibility to, or severity of, the condition and the added recognition that taking this action outweighs the risk or costs of not being vaccinated.

The Health Belief Model, or HBM, articulates several primary constructs that predict why people will take action to prevent, screen for, and/or take other actions to prevent susceptibility to illness or the severity of an illness. These constructs include (a) perceived susceptibility, (b) perceived severity, (c) perceived benefits, and (d) perceived barriers within a framework of perceived cues to action and the belief that the individual can successfully implement the necessary action to achieve the desired goal (i.e., positive health action). This last part of the model is often referred to as self-efficacy.

Efforts to change health behavior often include health consultations and media campaigns which rely on providing direct advice and information. While information is important for educating and informing consumers, it is rarely sufficient to change behavior. It is insufficient because there needs to be a strong motivational component for changing behaviors that may involve risk and uncertainty. The decision to take a health action must include the belief that is in the individual's self-interest and that the benefits exceed the costs or risks.

For the YWCA High Point - FHHP VaxConnect project, the HBM describes the theoretical structure for why we believe the project's activities directed at individuals who have not yet been vaccinated against COVID-19 will likely choose to become vaccinated. To reduce resistance to becoming vaccinated it is necessary to change perceptions about the vaccine being a serious health risk and about its benefits to the health of the individual and other

people they care about. It also is necessary to provide the means and support to implement the health behavior (i.e., getting a COVID-19 vaccination) that is being targeted for change.

The VaxConnect program implemented strategies to address both resistance to vaccination as well as support to those who wished to get vaccination through their door-to-door canvassing within highly vulnerable communities. The canvassing team was trained to ask respondents a few questions, provide educational materials, answer questions about vaccination, and coordinate appointments for vaccination. Those who needed it were also provided transportation to their appointments. The team recorded outcomes and notes at each location using [ArcGIS Survey123](https://survey123.arcgis.com/)¹.

Additionally, VaxConnect canvassing team provided information about community vaccination clinics being held in the area by the Guilford County Health Department. These community vaccination clinics were hosted at recreation centers, churches, schools, workplaces, and other non-medical facilities to reach community members.

The approach taken in this project combines a direct personal appeal to get vaccination (support change of opinion), information about the advantages of becoming vaccinated (to self, family, and others), and assistance with getting vaccinated (support of instrumental action). The combination of a person-to-person request, the request conducted in person, straightforward information about the vaccines, non-judgmental responses to questions and the offer to assist with making a vaccination appointment is consistent with the HBM's theoretical construct that behavior change can occur if the benefits are perceived to outweigh the risks or costs.

Census Tract Selection Criteria

Places dictate what kind of opportunities people will have, their access to health resources, education, jobs, and even how long they will live. For purposes of this project the county Health Department chose to use census tracts as for defining geographic areas for targeting vaccination canvassing. A census tract serves as a proxy for a neighborhood community, or small sub-region of a very large neighborhood or several smaller neighborhoods near each other. Tract boundaries usually follow visible physical barriers such as major thoroughfares or

¹ ArcGIS Survey123: <https://survey123.arcgis.com/>

rivers. The US Census Bureau describes census tracts as, “small, relatively permanent statistical subdivisions of a county or statistically equivalent entity. They generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people.” Tracts are utilized to collect a multitude of community metrics, making them ideal for the purposes of identifying what areas to include in the canvassing effort as well as for evaluating the outcomes.

The VaxConnect Program canvassed, conducted outreach, and connected residents with Covid-19 educational materials and vaccination appointments in specifically identified census tracts of the City of High Point, NC. Census Tracts were chosen for inclusion in the VaxConnect pilot program by the Guilford County Health Department to address existing gaps in Covid-19 vaccination rates. An analysis was conducted to identify census tracts that met the following criteria:

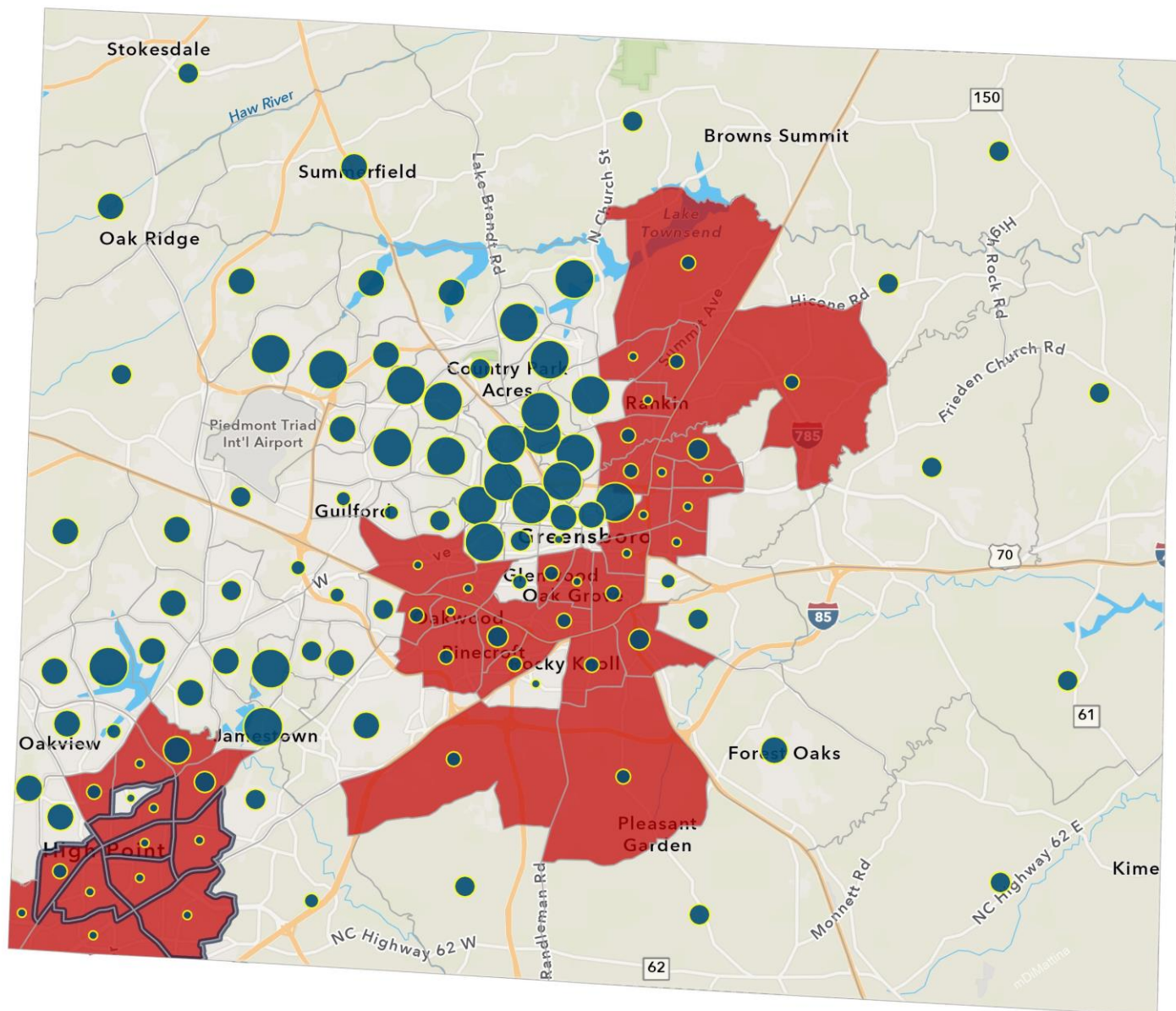
1. A low percent of the population being vaccinated against Covid-19 as compared to the surrounding county
2. A vulnerable population as measured by the CDC’s Social Vulnerability Index ([see description below](#))
3. Insufficient Covid-19 vaccine providers or capacity in the immediate area within a census tract

The following map (Figure 1) depicts census tracts in Guilford County. Census tracts with SVI scores indicating health vulnerability are shown in red. Covid-19 vaccination rates of the tracts at the approximate time the program was launched are identified by green bubbles with smaller bubbles indicating lower vaccination rates. As can be seen, the census tracts with lower vulnerable populations tended to have vaccination rates of 45% or greater. By comparison, census tracts identified with high SVI index scores identifying them as having vulnerable populations tend to have relatively low vaccination levels. “Vulnerable” census tracts in High Point are located in the bottom left quadrant of the map. The Health Department selected these tracts for the pilot program.

Guilford County, NC



Percent of Population +12 that have been Fully Vaccinated for Covid-19 and Census Tracts with "High" Social Vulnerability. (CDC SVI & NC DHHS 5/15/2021)



0 5 Miles

% Vaccinated

- 6.9% - 29.2%
- 29.3% - 35.2%
- 35.3% - 44.3%
- 44.4% - 54.9%

• 55% - 78.2%

■ High Social Vulnerability

■ VaxConnect Pilot Area



UNC GREENSBORO

Center for Housing
& Community Studies

Date Created: 7/19/2022

Social Vulnerability Context

According to the CDC, “Social Vulnerability” ratings pertain to the risk for potential human suffering and economic loss caused by severe outside stresses on human health, such as natural disasters, disease outbreaks, harmful human-triggered events. The Social Vulnerability Index (SVI)² considers 15 variables from the American Community Survey pertaining to how populations can prepare and respond to hazardous events. The higher the rating, the more vulnerable the population to potentially detrimental outcomes from these events. The index scores are further classified into four categories: Very Low, Low, Moderate, and High.

The CDC further breaks down the overall index into four categories relevant to this evaluation when considering resilience to the COVID-19 pandemic and a populations ability to access the COVID-19 vaccination. The four categories of social vulnerability are Socioeconomic Status, Household Composition & Disability, Minority Stats & Language, Housing Type & Transportation. A paraphrased and condensed description of the domains provided by the CDC researchers is below.

- *Socioeconomic Status*- Economically disadvantaged populations are disproportionately affected by disasters as they are less likely to have the income or assets needed to prepare or recover from hazardous events. Those lacking employment do not have employee benefits plans that provide income and health cost assistance. Further, education is associated with both income and poverty and for those with less education, coping and recovering from events can be difficult to surmount.
- *Household Composition/Disability*- Household composition here includes dependent children less than 18 years of age, persons aged 65 years and older, single-parent households, and people with disabilities. People in any of these categories are likelier to require financial support, transportation, medical care, or assistance with ordinary daily activities during disasters. Children and elders are the most vulnerable groups in disaster events.

² CDC Social Vulnerability Index: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

- *Minority Status/Language-* The social and economic marginalization of certain racial and ethnic groups, including real estate discrimination, has rendered these populations more vulnerable at all stages of disaster. African Americans; Native Americans; and populations of Asian, Pacific Islander, or Hispanic origin are correlated with higher vulnerability rates. To the degree that immigrants have limited English proficiency, disaster communication is made increasingly difficult.
- *Housing Type/Transportation-* Housing quality is closely tied to personal wealth; rates of automobile ownership are generally lower in urban areas, especially among inner city poor populations and for some people, fuel costs may prevent vehicle use. Populations residing in group quarters such as college dormitories, farm workers' dormitories, psychiatric institutions, and prisons also present special concerns during a hazardous event.

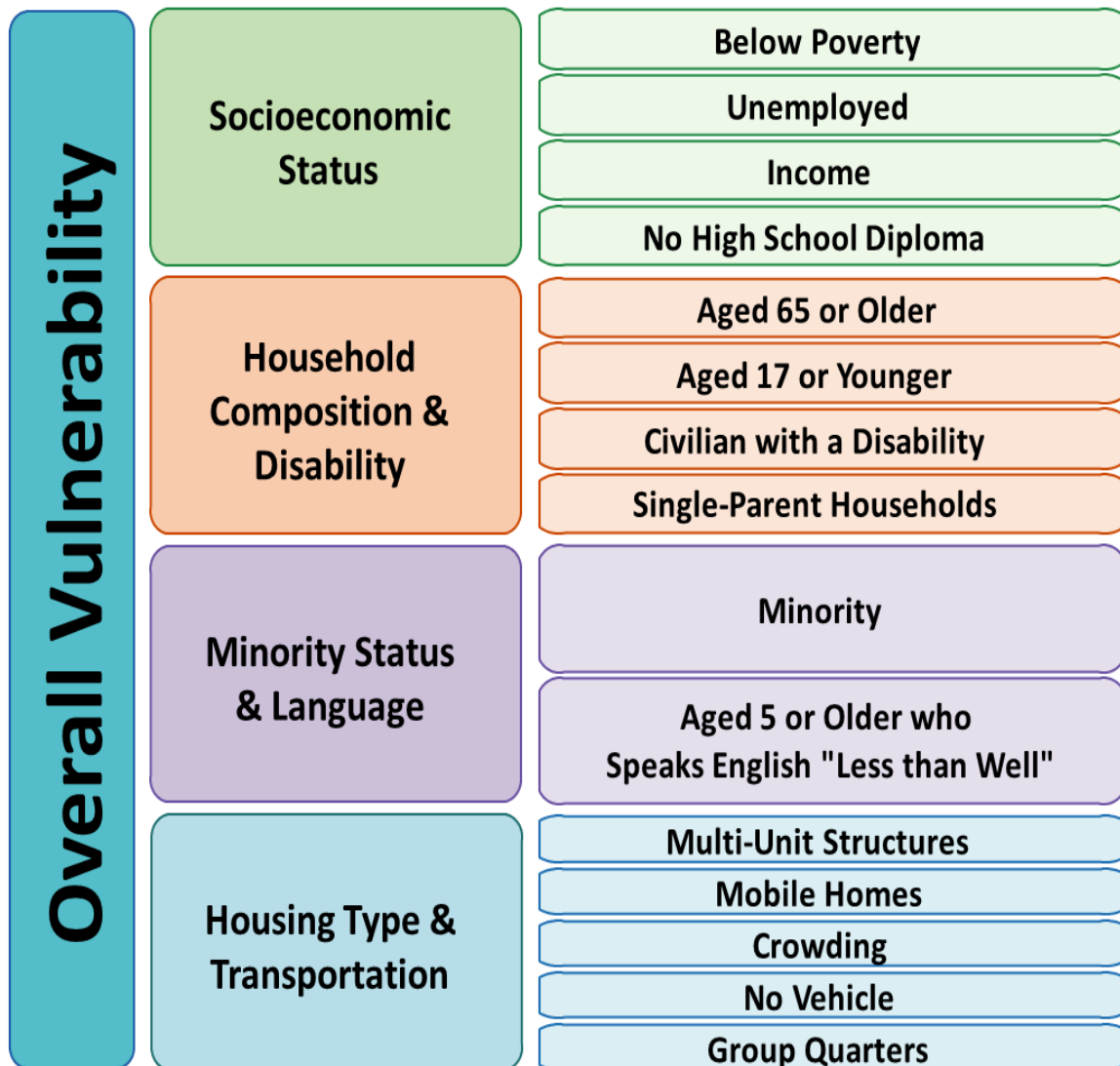


Figure 2. Social Vulnerability Index categories and ACS variables

SVI was designed to assist with personnel and resource allocation for emergency or disaster preparedness and response. The COVID-19 pandemic falls well within the intended parameters of such as disaster as a significant disease outbreak affecting health, social, and economic wellbeing of populations.

The Guilford County Health Department ("Health Department") utilized the NC Department of Health and Human Service's "Vaccines by Census Tract" tool to identify the census tracts

which met these criteria. The tool can be viewed at [this link](#)³. The tool depicts an overlay of vaccination rates and social vulnerability. SVI metrics lend themselves well for use in evaluating conditions within each of the chosen program census tracts as well as potential benefits of deployment of the VaxConnect program in these areas. The census tracts chosen for this program were rated as either “moderate” or “high” in social vulnerability, meaning the people residing in these locations were at an increased risk of lacking personal and/or community resources to address conditions that pose threats to their health and well-being. SVI scores were also used to identify census tracts across High Point which were not included in the VaxConnect canvassing as comparison sites for vaccination rates.

The “Vaccines by Census Tract” tool also was used to identify locations of established vaccine providers. This assisted the Health Department in determining where there was insufficient coverage in or near the target census tracts and to work with existing providers to increase their vaccination capacities. The Health Department also deployed mobile sites to provide vaccination opportunities.

³ NC DHHS “Vaccines by Census Tract” map tool:
<https://www.arcgis.com/apps/webappviewer/index.html?id=31df85b470ad49809445a2d83e80d269&extent=-8976510.1115%2C4181820.1188%2C-8886620.1662%2C4233950.1721%2C102100>

VAXCONNECT PROGRAM

Program Description

The pilot program focused on providing outreach to increase the number of vaccinations and ensure equitable distribution of vaccines to minorities and underserved and marginalized communities over a one-year period. The VaxConnect pilot program was launched on April 12, 2021. The program provided door-to-door canvassing within eight identified Census Tracts (see [Focus Area Overview](#)) across the zip codes of 20260 and 27262.

In partnership with the Guilford County Health Department and the City of High Point, the YWCA High Point launched a door-to-door outreach effort to provide:

- education about the COVID-19 vaccine
- assistance with scheduling appointments
- support for transportation to vaccine sites

The program also coordinated with the Health Department to facilitate outreach events to schedule appointments at community organizations and a once-a-month mobile clinic. YWCA High Point staff supported scheduling the sites, appointments, and volunteers to work with the mobile clinic. Their goal was to administer at least 125 shots per clinic for a total of 750 vaccines in the first six months.

The program set out to canvas 100 homes with six shifts per week for a total of 600 homes each week and 12,000 homes in the first 6 months of the pilot period. It was estimated that 65% of the residents would answer the door and about half would schedule appointments for Covid-19 vaccinations, second doses, and boosters.

For the program to meet these goals, YWCA High Point worked closely with the Health Department in a mutually supportive and reciprocal collaboration. The Health Department was responsible for choosing the census tracts the VaxConnect teams would canvas, do outreach, and provide educational materials such as brochures and door hangers for distribution. They also allotted approximately 40% of the Covid-19 vaccination appointments available in High Point for the canvassing team to fill through their canvassing efforts.

Implementation of the Program

Organization of the program involved four elements: (1) canvassing neighborhoods to solicit vaccination scheduling, (2) contact with residents to schedule vaccination appointments, (3) coordination with the Health Department scheduling vaccination appointments, and (4) arranging for transportation for those without a means of getting to a vaccination site. An additional element of the program included assistance from the VaxConnect with promoting the availability of mobile vaccination sites throughout the period the canvassers were in the target census tracts.

Canvassing was completed by the YWCA High Point's VaxConnect Community Connectors and volunteers (see [Program Staffing and Training](#)) wearing branded orange t-shirts and vehicle magnets to identify them as part of the VaxConnect program. The teams walked door-to-door providing information about the availability of the Covid-19 vaccine. The teams utilized internet-enabled iPads to collect field data using ArcGIS Survey123.

When residents were home, canvassers first introduced themselves as part of the YWCA High Point and being partnered with the Health Department. They explained the reason for their visit was that the neighborhood had been identified as having low Covid-19 vaccination levels and they were there to assist if needed. If the resident indicated that they were vaccinated already the canvasser would ask if anyone in the household needed an appointment and offer an informational bag. For residents that were not yet vaccinated, canvassers relayed their personal experiences with the vaccine and helped answer any questions the residents had about the vaccine. If the resident was interested in an appointment but wanted one, a vaccination appointment was made for them. Individuals requiring transportation were provided free rides through the City of High Point's transportation services to and from a vaccination site. An example of a canvasser's script and data points being collected can be found in the [Appendix A](#) and [Appendix B](#) of this report.

The VaxConnect team assisted with filling these appointments and coordinating transportation if needed to ensure the participant could attend. They also helped to staff community outreach events in locations such as churches, community centers and parks to provide the option to reach residents who may not open their doors.

The data collected during the canvassing efforts was used to measure the impact and performance of the canvassing effort, however data was limited to primarily what was

required to schedule the vaccine appointment and whether the home canvassed was responsive.

Program Staffing and Training

The VaxConnect program was led by a team of three Community Connectors hired as employees by the YWCA High Point and VaxConnect program volunteers under the supervision of a Lead Community Connector. These positions worked approximately 30 to 35 hours per week during the pilot program timeframe with flexible work schedules to conduct canvassing when people were most likely to be home, such as on weekends and evening as well as during the daytime. Community Connectors were responsible for door-to-door canvassing efforts described above and to set up outreach events.

The Community Connectors were identified and recruited from the community, with a preference for individuals residing in the core High Point area of zip code 27260 or 27262. YWCA High Point specifically recruited individuals for these positions who would be at ease talking with community members and made efforts to recruit bilingual staff. Community Connectors were recruited from existing groups (churches, HOAs, Neighborhood Associations, nonprofits, YWCA High Point Latino Family Center, etc.) in the identified census tract communities.

Volunteers were primarily recruited through the same contact sources and provided training videos. As volunteers they signed up for scheduled canvassing shifts with Community Connectors utilizing *Sign Up Genius*, an online scheduling assistant. The Community Connectors were responsible for training and supervision of all project volunteers.

The Connectors received training from Health Department staff regarding data collection protocols, information sharing with canvassed participants, and vaccination scheduling. The trainings covered topics ranging from frontline work in the era of Covid, health and science information about the vaccination, and addressing racism in healthcare systems. The Connectors attended meetings with the Health Department and the North Carolina Department of Health and Human Services via Zoom Fireside Chats, which included important Covid-19 and vaccination roll-out updates. These trainings enhanced the canvassing team's ability to respond to inquiries about the Covid-19 virus and vaccine in a respectful and knowledge manner. The Connectors received assistance from the Health Department in fielding questions from residents.

Focus Area Overview

Utilizing the analysis conducted by the Health Department (see [Census Tract Selection Criteria](#)) the VaxConnect pilot area was composed of eight primary census tracts encompassing the core portion of High Point⁴. Community Connectors started carrying out canvassing activities within a centralized portion of zip code 27260 at section 8 housing the working outward towards the 27262 areas. Eventually canvassing efforts stretched into parts of Archdale. The census tract canvassing efforts loosely followed the schedule described below:

- Census Tract 142 (ID 37081014200): May - June
- Census Tract 145.03 (ID 37081014503): June - July
- Census Tract 139 (ID 37081013900): July - August
- Census Tract 136.01 (ID 37081013601): August - September
- Census Tract 138 (ID 37081013800): August - November
- Census Tract 143 (ID 37081014300): October - December
- Census Tract 140 (ID 37081014000): November - March
- Census Tract 145.02 (ID 37081014502): March - June

⁴ Eight Census Tract focus area: 37081013601 (136.01), 37081013800 (138), 37081013900 (139), 37081014000 (140), 37081014200 (142), 37081014300 (143), 37081014502 (145.02), 37081014503 (145.03)

Shown below in Table 1 is a sampling of community metrics presenting a summary from the VaxConnect program focus area, the VaxConnect and surrounding areas (combined), and summary metrics for all of Guilford County.

	VaxConnect Program Area	VaxConnect + Surrounding Community	All of Guilford County
Total Population	31,380	66,817	541,299
0 - 5 years	6.9%	6.4%	5.9%
65+ years	13.1%	14.6%	15.2%
Non-White	72.3%	62.4%	51.3%
Hispanic/Latinx	15.8%	13.5%	9.6%
Median HH Income	\$25,303	\$45,799	\$54,794
Renters	65.9%	49.5%	41.0%
HH w/o Vehicles	18.7%	11%	6.4%
Pop. in Poverty	29.9%	16.7%	15.3%
SVI	High	Moderate to High	Moderate

Table 1. Comparison of VaxConnect Pilot area to the rest of the community across demographic and socioeconomic metrics (ACS 2016-2020, CDC SVI)

The VaxConnect program area (Figure 3) was composed of approximately 31,380 residents living in 10,790 households. The area has experienced a slower population growth rate since 2010 at +5% compared to Guilford County's +10.8% population increase in the same timeframe. The residential population was slightly younger than that of the rest of the county as well with a higher proportion of children under 5 years of age and a lower proportion of seniors ages 65 or older. The VaxConnect program area was also more racially and ethnically diverse, with nearly three-fourths of the residents identifying as non-white as compared to less than two thirds of the pilot program + surrounding area population and about half of the population making up the County. The pilot census tracts also included higher proportions of Hispanics/Latinx in comparison with the other two geographic groupings. Approximately a quarter of families in these tracts were headed by single parents with children.

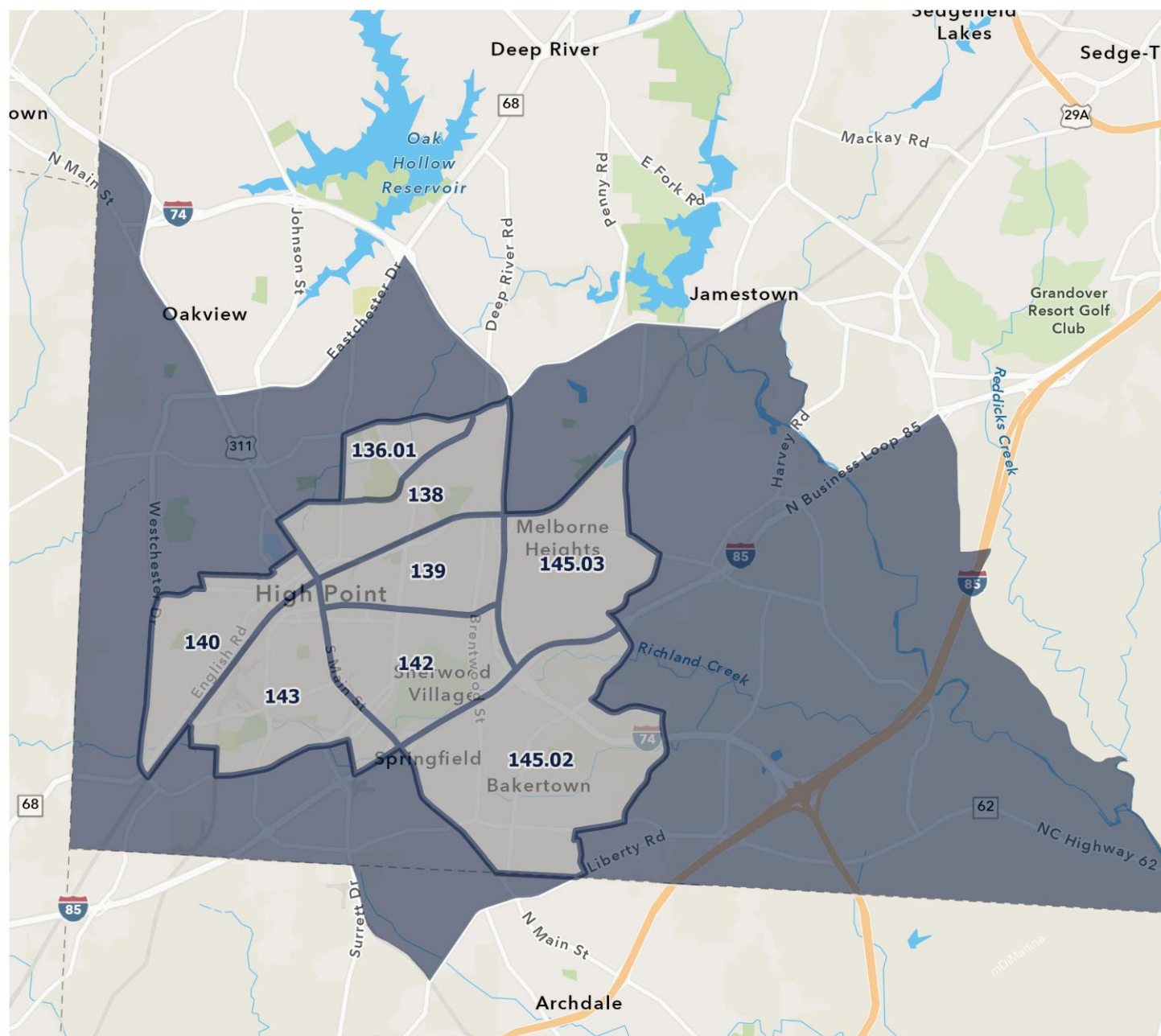
Compared to surrounding areas and the rest of the county, the pilot program area had a significantly lower median household income at roughly \$25,303 annually. About a third of the

residents live in poverty; almost two thirds were renters compared to less than half of the population making up the VaxConnect Pilot plus surrounding areas and the County. These latter geographical areas were characterized with homeownership representing over half of the residents. By contrast, about two-thirds of the homes in the pilot census tracts were renter occupied. The percent of cost-burdened renters (those that spend more than 30% of their household income on housing) is greater than 45% in most tracts of the focus area.

Access to food and transportation was also an obstacle for many households in the target census tracts - with 18.7% not having a vehicle compared with about 10% in the pilot program and surrounding area combined, and a little over 5% in the County. Though there are public transit stops and routes located in all of the census tracts, as can be seen in Figure 4 they run along the periphery on the main roads rather than in residential areas. All the census tracts are considered “low income and low access” by the USDA, meaning that at least 33% of the population lives more than .5 miles (urban) or 10 miles (rural) away from the nearest supermarket and the poverty rate is greater than 20% in the area.

High Point, NC

YWCA VaxConnect Pilot Area and the Immediately Surrounding Community.



0 1.5
Miles

- VaxConnect Pilot Area
- Immediately Surrounding Census Tracts



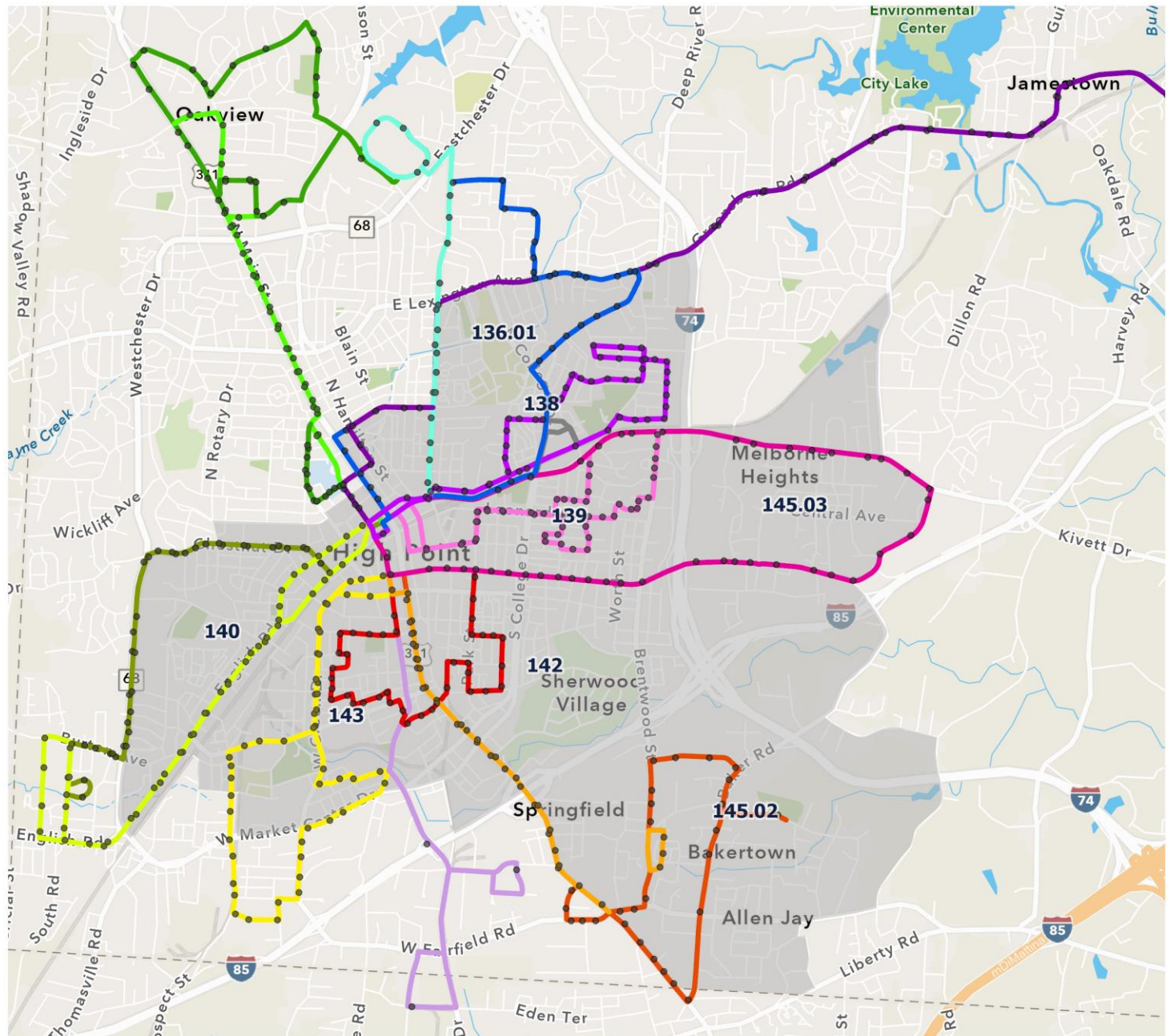
UNC GREENSBORO

Center for Housing
& Community Studies

Date Created: 7/14/2022

High Point, NC

High Point Transit System routes and stops.



0 1 Miles

TRANSIT ROUTE

- Route 10: North Main Street
- Route 10: North Main Street (Saturday)
- Route 11: South Main Street
- Route 11: South Main Street(Saturday)
- Route 12: West Green Drive
- Route 13: Montlieu Avenue
- Route 14: Westchester Drive
- Route 15: Oak Hollow Mall
- Route 16: Leonard Avenue
- Route 17: Washington Street
- Route 18: East Green Drive
- Route 19: English Road
- Route 20: Kearns Avenue

- Route 21: Industrial Park Flyer
- Route 25: Jamestown-GTCC
- <all other values>
- Transit Stops
- VaxConnect Pilot Area



UNC GREENSBORO

Center for Housing
& Community Studies

Date Created: 7/12/2022

PROGRAM RESULTS

Door-to-Door Canvassing

Between June 1, 2021, and May 31, 2022, the VaxConnect program canvassed 7,650 (59%) of the 12,962 estimated residential addresses in the focus area (and a few additional locations along the boundaries). Due to residents not being home as well as the presence of environmental deterrents (vacant homes, dogs, fencing, no property signage, etc.) the canvassers were not able to approach 4,179 homes. Of those where homes could be approached, canvassers made 3,471 (45%) face-to-face connections with residents who opened the door. While 633 residents chose not to speak with canvassers, the remaining pool of 2,838 residents engaged in conversations with the canvassers and answered questions about their Covid-19 vaccine status. About 47% of these residents (1,330) reported having already received a vaccine, and 285 made vaccination or booster appointments with the canvassing team. Thirty-two of those were provided free transportation to their appointments.

Overall, the program area saw a substantial increases of 248% in the number of those vaccinated during the VaxConnect timeframe, with the percent increase by tract ranging from a 149% increase in tract 136.01 to a 314% increase in tract 143.

Table 2, below, breaks out the number and percent of residential housing units canvassed along with how many connections with residents the canvassers made, the number of appointments, transportation provided, and the percent change in number of vaccinated residents in each area over the program period. Additional detail of each tract canvassed are also provided in the community profiles that follow.

Census Tract	Canvassed	Connections	Appointments	Transportation	% Change in Vaccination
TOTAL	7,650 (59%)	3,471	285	32	248%
Tract 136.01	334 (66%)	148	2	0	149%
Tract 138	969 (52%)	430	12	2	223%
Tract 139	1099 (59%)	560	55	7	273%
Tract 140	798 (57%)	226	6	4	167%
Tract 142	1419 (83%)	632	109	12	299%
Tract 143	637 (47%)	272	14	2	314%
Tract 145.02	909 (48%)	451	11	1	251%
Tract 145.03	1207 (85%)	569	35	2	255%



Moderate Social
Vulnerability

Census Tract 136.01 HIGH POINT, NC

Canvassed:
8/19/21-9/17/21

Houses
Canvassed

334

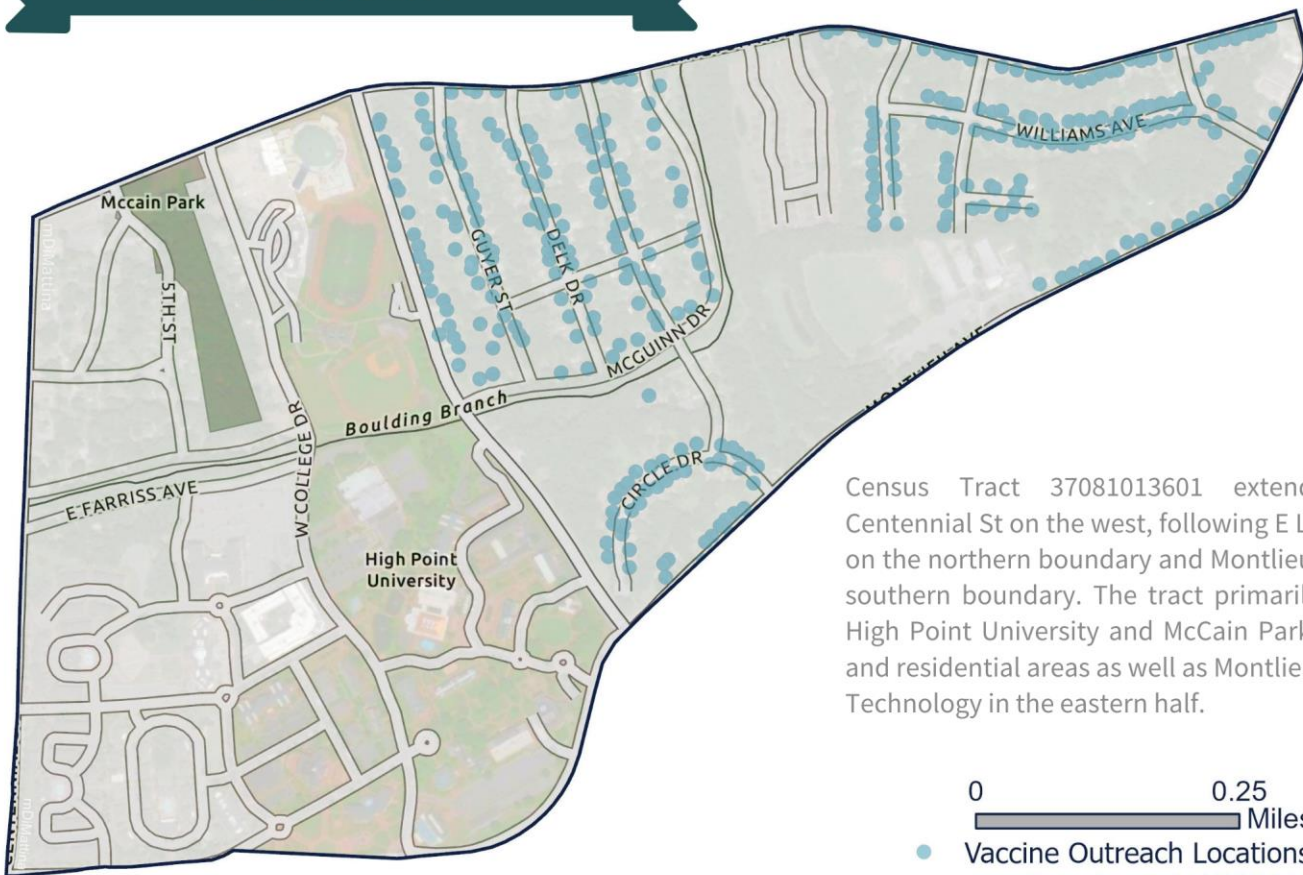
Door-to-Door
Connections

148

Appointments
Scheduled

2

COMMUNITY



Census Tract 37081013601 extends from N Centennial St on the west, following E Lexington Ave on the northern boundary and Montlieu Avenue as a southern boundary. The tract primarily consists of High Point University and McCain Park to the West and residential areas as well as Montlieu Academy of Technology in the eastern half.

0 0.25
Miles

● Vaccine Outreach Locations
Date Created: 4/18/2022



493

Housing Units,
primarily single
family detached



52%

Rent their home,
83% of those are
cost burdened



8%

Estimated housing
vacancy rate
(USPS Q2, 2021)



1

Grocery store, USDA
low income & low
access to food (2019)



"I love VaxConnect since they informed me where to go and get the shot- through drive-thru. Also, loved how they accommodate us and helped us since I have to walk with a cane... It was needed because I did not want/afford to get sick with my health issues. I just feel very fortunate to be able to get vaccine. "

-Participant

RESIDENTS

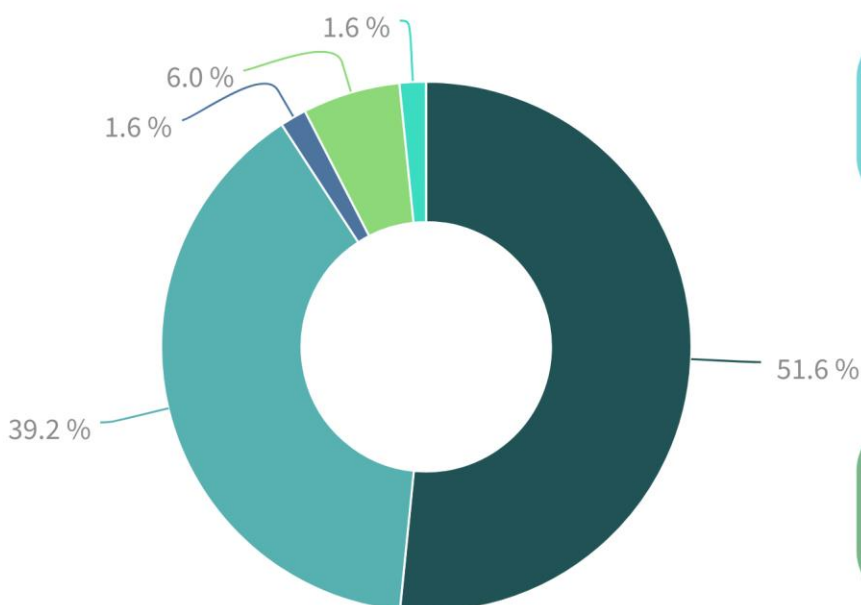
**+ 149% Increase
in Covid-19
Vaccination Rate**

331

Vaccinated Residents
as of 5/15/2021

825

Vaccinated Residents
as of 6/1/22



DEMOGRAPHICS

white black asian multi racial other

Hispanic/Latinx Residents = 8.75%



2,539

total census tract
residents



8.2%

residents aged 65
years or older



11%

households without
vehicles



\$28,156

median annual
household income



High Social
Vulnerability

Census Tract

138

HIGH POINT, NC

Canvassed:
8/19/21-11/6/21

Houses
Canvassed

969

Door-to-Door
Connections

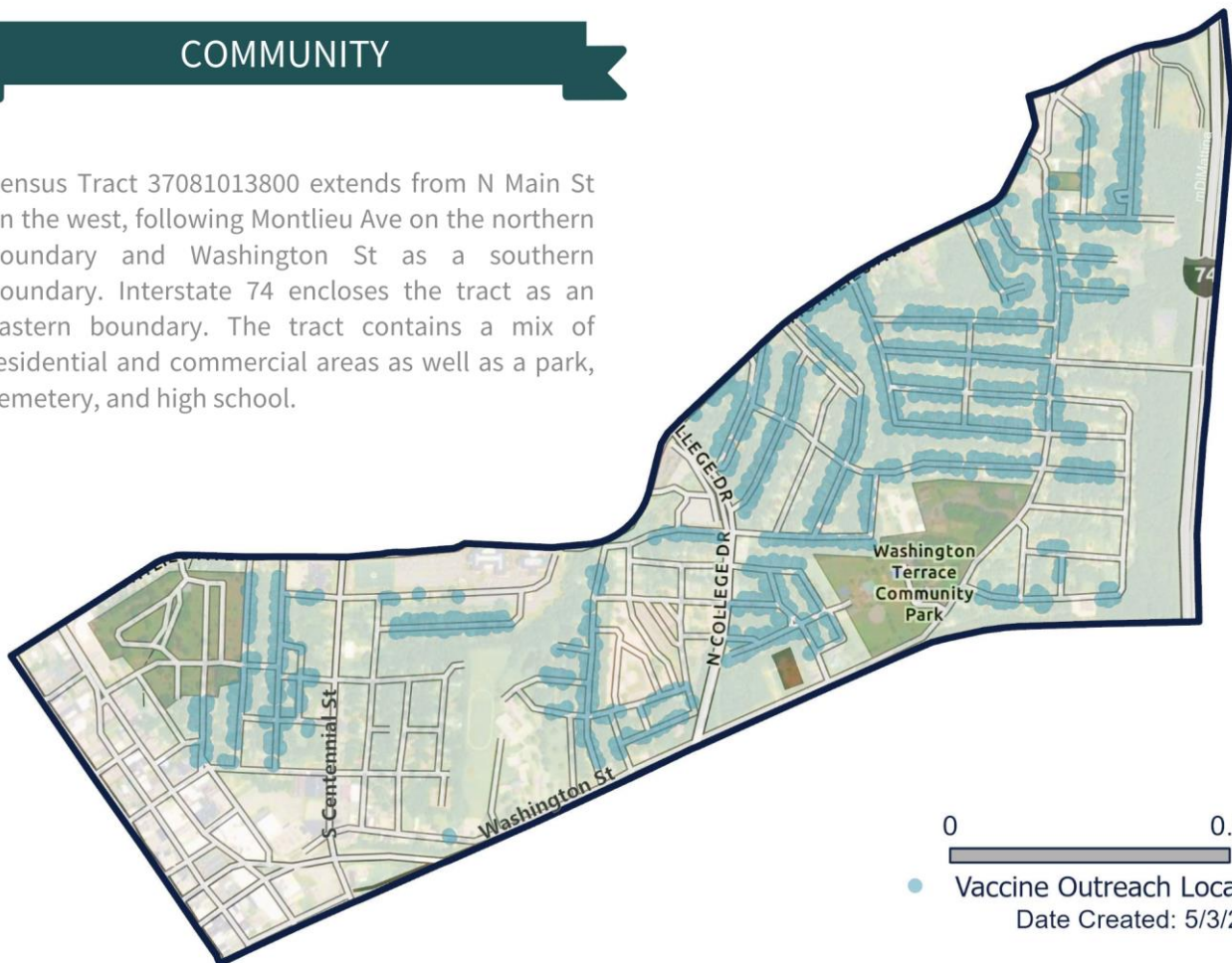
430

Appointments
Scheduled

12

COMMUNITY

Census Tract 37081013800 extends from N Main St on the west, following Montlieu Ave on the northern boundary and Washington St as a southern boundary. Interstate 74 encloses the tract as an eastern boundary. The tract contains a mix of residential and commercial areas as well as a park, cemetery, and high school.



2093

Housing Units, single
family detached &
apartments



60.9%

Rent their home,
59% of those are
cost burdened



15.7%

Estimated housing
vacancy rate
(USPS Q2, 2021)



4

Grocery stores, USDA
low income & low
access to food (2019)



"[I] was unsure about the time frame of the vaccine, that was why I wanted to wait and see. I am 85 years old and was afraid of how it would affect my body, however after getting educated about the vaccine I decided to go... I am very grateful for the transportation VaxConnect provided and made me feel comfortable throughout the process. Also, I was wondering if I could receive more information about the second booster."

-Participant

RESIDENTS

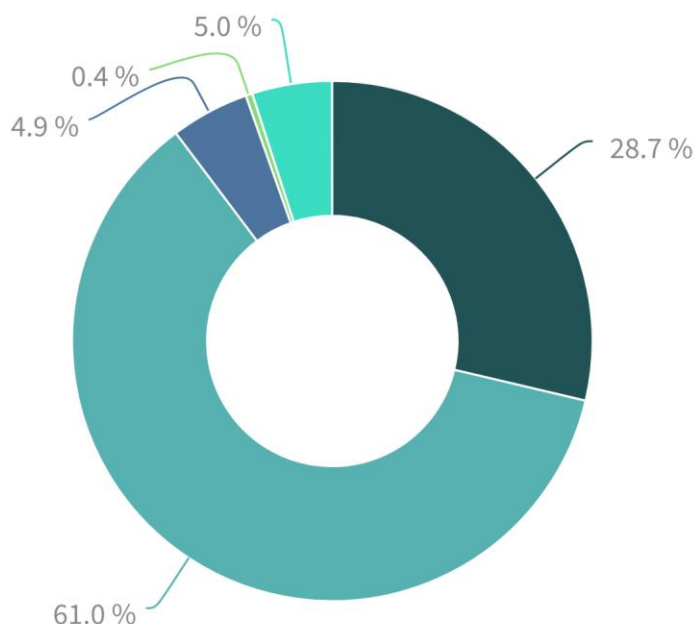
**+223% Increase
in Covid-19
Vaccination Rate**

751

Vaccinated Residents
as of 5/15/2021

2426

Vaccinated Residents
as of 6/1/22



DEMOGRAPHICS

white black asian multi racial other

Hispanic/Latinx Residents = 23.9%



5,135

total census tract
residents



16%

residents aged 65
years or older



21.8%

households without
vehicles



\$24,853

median annual
household income



High Social
Vulnerability

Census Tract 139 HIGH POINT, NC

Canvassed:
6/2/21-9/8/21

Houses
Canvassed

1,099

Door-to-Door
Connections

560

Appointments
Scheduled

55

COMMUNITY

Census Tract 37081013900 extends from N Centennial St on the west, following E Lexington Ave on the northern boundary and Montlieu Avenue as a southern boundary.



The bulk of the tract consists of residential areas. here are also industrial and commercial areas in the east and downtown municipal buildings to the west.

0 0.5 Miles

● Vaccine Outreach Locations
Date Created: 5/3/2022



2051

Housing Units, half
single family & half
multi-family units



88.9%

Rent their home,
41.9% of those are
cost burdened



12%

Estimated housing
vacancy rate
(USPS Q2, 2021)



3

Grocery stores, USDA
low income & low
access to food (2019)



"I think the vaccine is fine. After getting COVID-19 after the first dose, I wanted to get my second dose ASAP since others who were not vaccine got more sick than I did."

-Participant

RESIDENTS

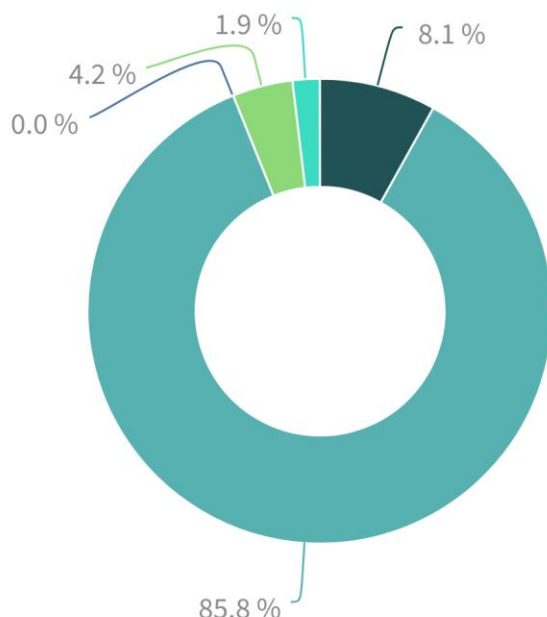
**+273% Increase
in Covid-19
Vaccination Rate**

534

Vaccinated Residents
as of 5/15/2021

1991

Vaccinated Residents
as of 6/1/22



DEMOGRAPHICS

white black asian multi racial other

Hispanic/Latinx Residents = 10.8%



4,153

total census tract
residents



11.2%

residents aged 65
years or older



31.5%

households without
vehicles



\$20,806

median annual
household income



High Social
Vulnerability

Census Tract

140

HIGH POINT, NC

Canvassed:
12/15/21-3/20/22

Houses
Canvassed

798

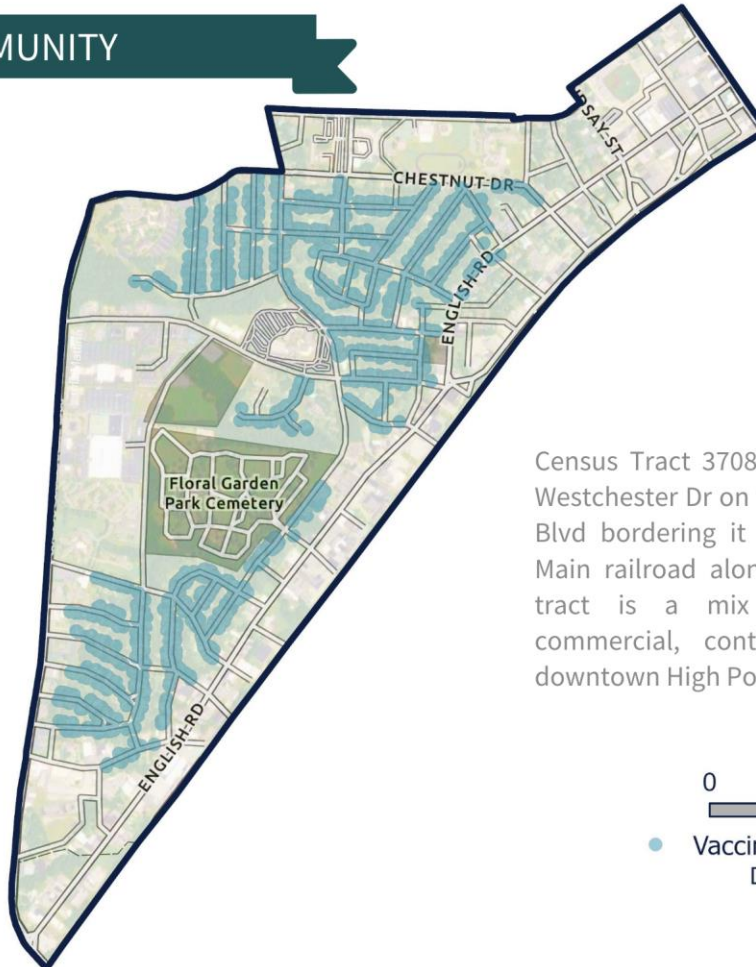
Door-to-Door
Connections

226

Appointments
Scheduled

6

COMMUNITY



Census Tract 37081014000 extends from Westchester Dr on the west with Ferndale Blvd bordering it to the north and the Main railroad along the southwest. The tract is a mix of residential and commercial, containing some of the downtown High Point area.

0 0.5 Miles
● Vaccine Outreach Locations
Date Created: 5/3/2022



1355

Housing Units,
mixed single family
and multi-family



63.6%

Rent their home,
64.3% of those are
cost burdened



10.4%

Estimated housing
vacancy rate
(USPS Q2, 2021)



1

Grocery stores, USDA
low income & low
access to food (2019)



"I am grateful, however I really need to get my second dose and wanted to see if VaxConnect could reach back out to me."

-Participant

RESIDENTS

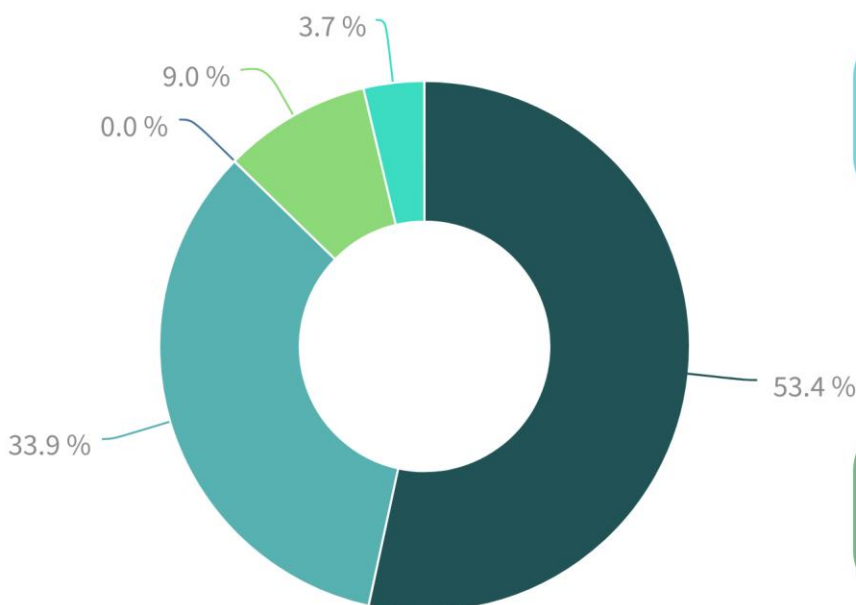
**+167% Increase
in Covid-19
Vaccination Rate**

883

Vaccinated Residents
as of 5/15/2021

2355

Vaccinated Residents
as of 6/1/22



DEMOGRAPHICS

white black asian multi racial other

Hispanic/Latinx Residents = 15.6%



3,320

total census tract
residents



17%

residents aged 65
years or older



7.9%

households without
vehicles



\$29,151

median annual
household income

Census Tract

142

HIGH POINT, NC

Canvassed:
5/15/21-7/17/21

Houses
Canvassed

1,419

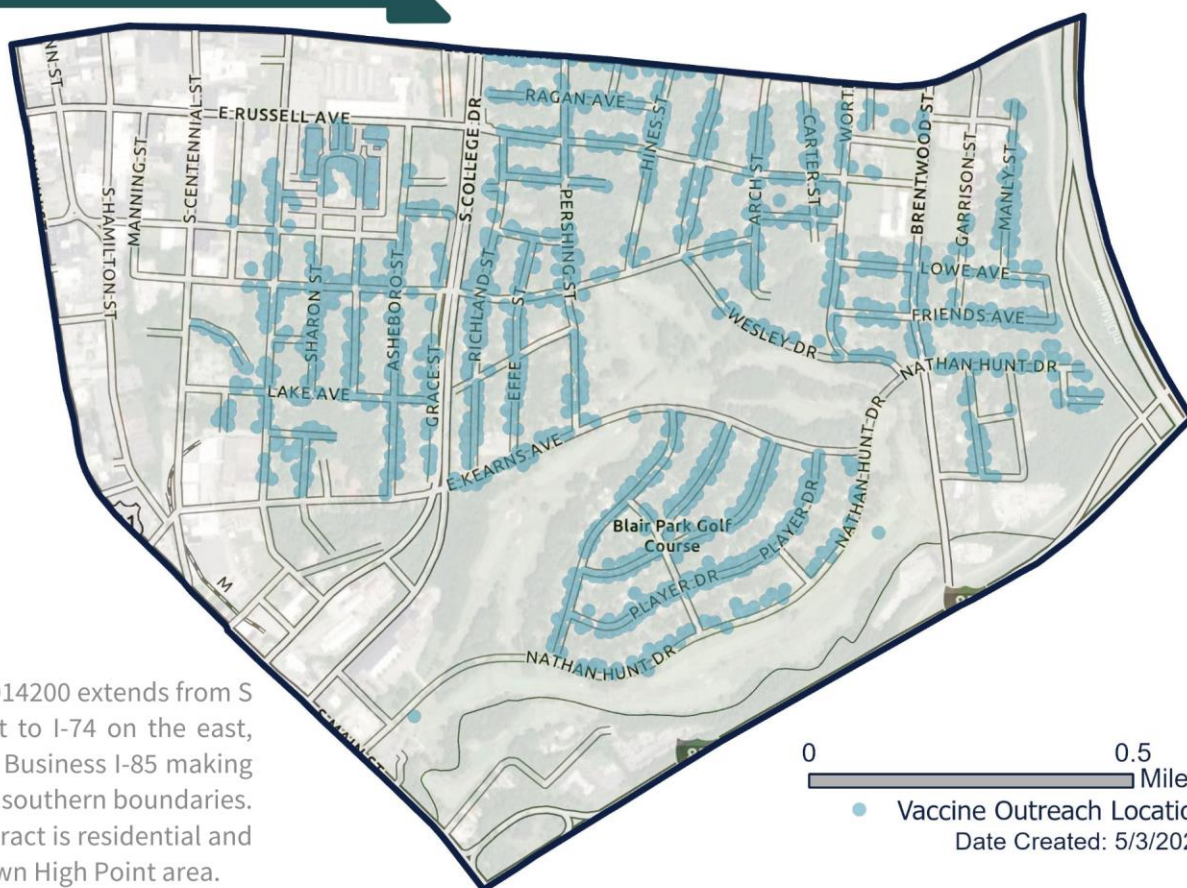
Door-to-Door
Connections

632

Appointments
Scheduled

109

COMMUNITY



Census Tract 37081014200 extends from S Main St on the west to I-74 on the east, with E Green St and Business I-85 making up the northern and southern boundaries. The majority of the tract is residential and it edges the downtown High Point area.



1922

Housing Units, with
mixed single family
and multi-family



71.4%

Rent their home,
62.3% of those are
cost burdened



11.8%

Estimated housing
vacancy rate
(USPS Q2, 2021)



0

Grocery stores, USDA
low income & low
access to food (2019)



37081014200



"HP did an amazing job conducting the vaccine and were very friendly... Helped me out, did not get severely sick"
-Participant

"The advertising really encouraged me to get vaccine"
-Participant

RESIDENTS

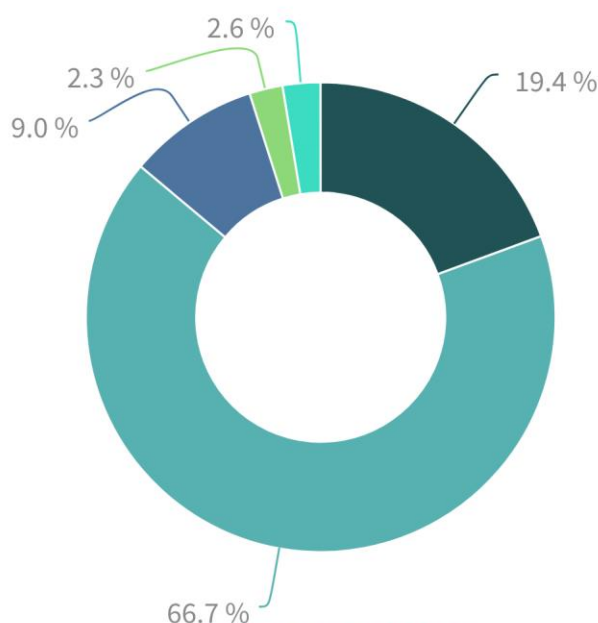
**+299% Increase
in Covid-19
Vaccination Rate**

573

Vaccinated Residents
as of 5/15/2021

2141

Vaccinated Residents
as of 6/1/22



DEMOGRAPHICS

white black asian multi racial other

Hispanic/Latinx Residents = 4.7%



4,979

total census tract
residents



11.4%

residents aged 65
years or older



16%

households without
vehicles



\$31,692

median annual
household income



High Social
Vulnerability

Census Tract

143

HIGH POINT, NC

Canvassed:
11/7/21-12/28/21

Houses
Canvassed

637

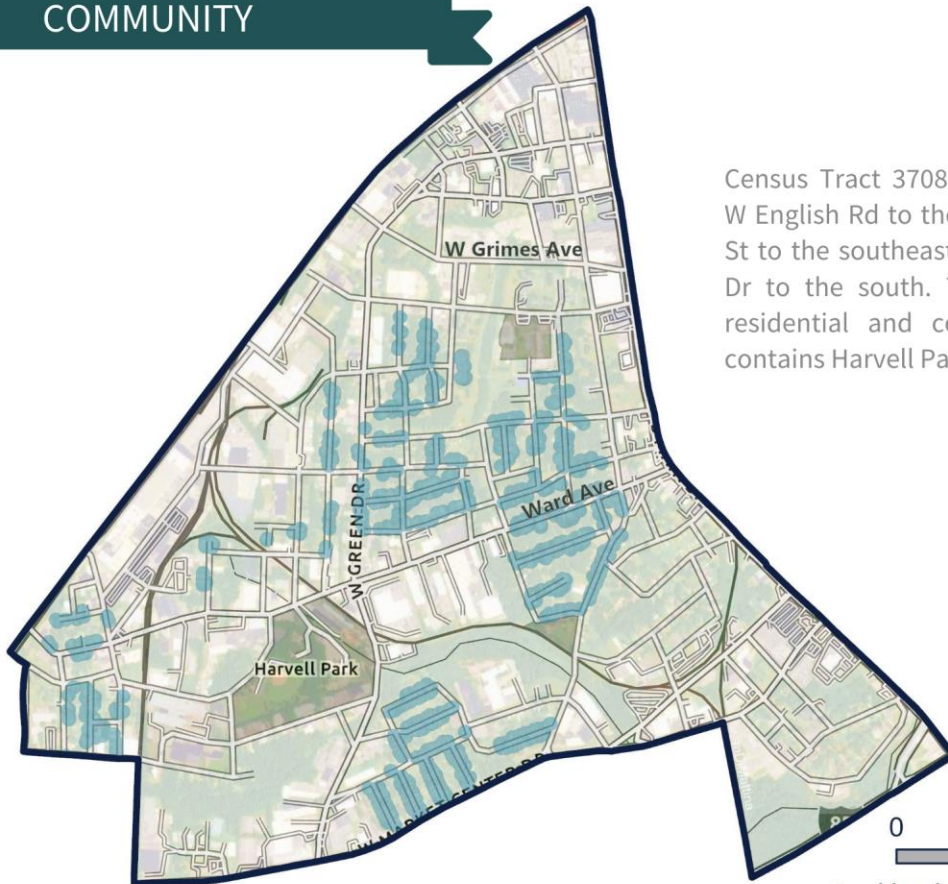
Door-to-Door
Connections

272

Appointments
Scheduled

14

COMMUNITY



Census Tract 37081014300 extends from W English Rd to the northwest to S Main St to the southeast and W Market Center Dr to the south. The tract is a mix of residential and commercial areas and contains Harvell Park.

0 0.5
Miles

● Vaccine Outreach Locations
Date Created: 6/13/2022



1336

mostly single family,
townhomes, and
duplexes



82.2%

Rent their home,
47.4% of those are
cost burdened



14.3%

Estimated housing
vacancy rate
(USPS Q2, 2021)



2

Grocery stores, USDA
low income & low
access to food (2019)

37081014300



Largest increase
of vaccination
in VaxConnect
Pilot Area

RESIDENTS

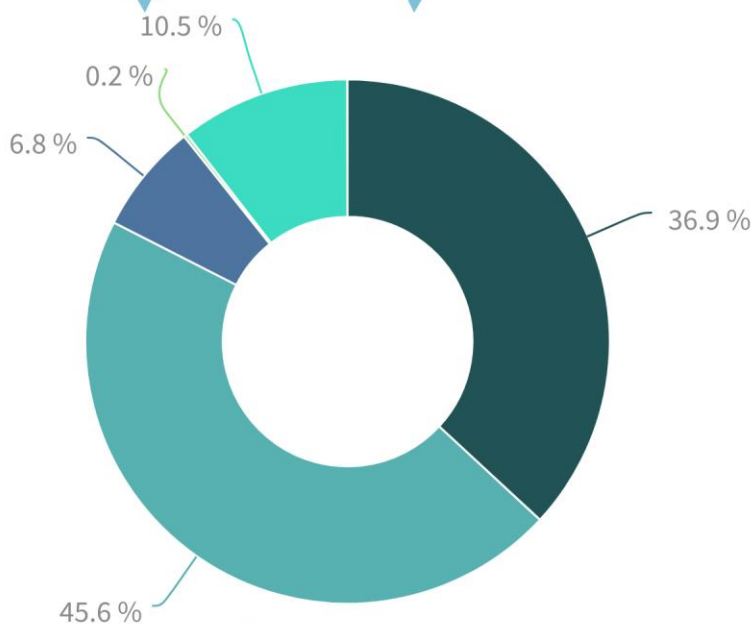
+314% Increase in Covid-19 Vaccination Rate

391

Vaccinated Residents
as of 5/15/2021

1619

Vaccinated Residents
as of 6/1/22



DEMOGRAPHICS

white black asian multi racial other

Hispanic/Latinx Residents = 22.8%



3,494

total census tract
residents



8.5%

residents aged 65
years or older



13.4%

households without
vehicles



\$28,570

median annual
household income



High Social
Vulnerability

Census Tract 145.02 HIGH POINT, NC

Canvassed:
08/14/21-5/31/22

Houses
Canvassed

909

Door-to-Door
Connections

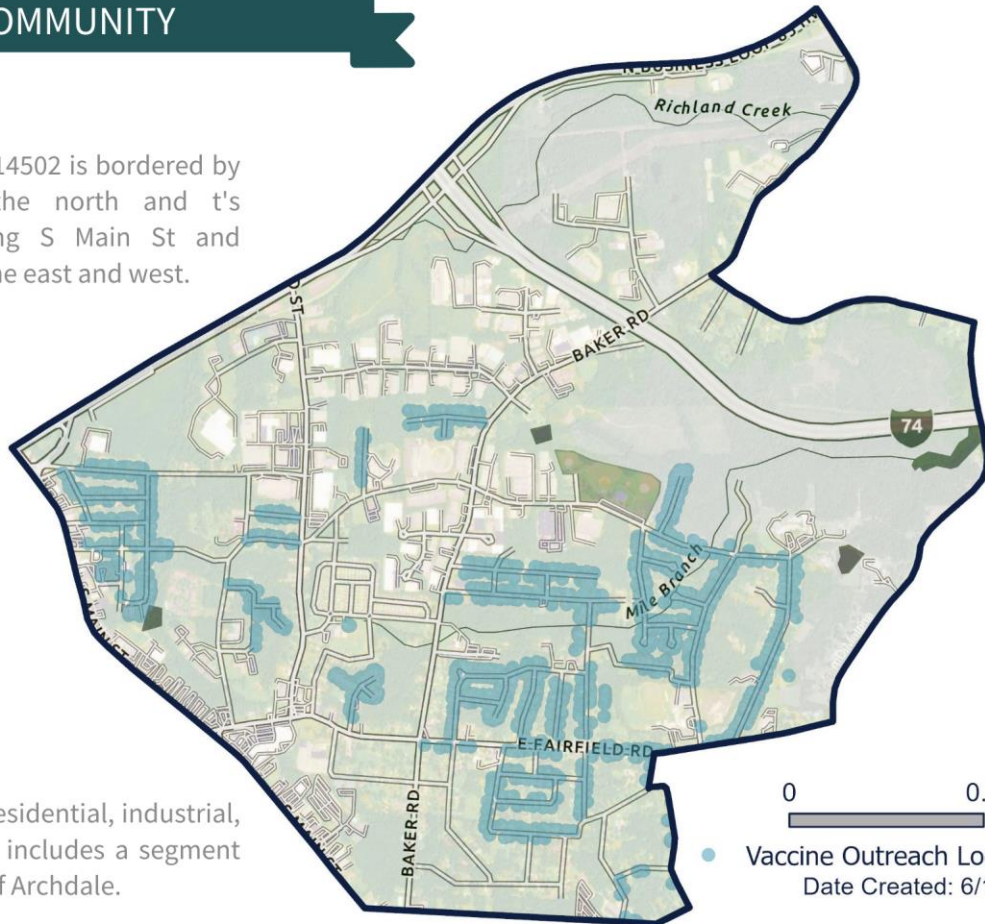
451

Appointments
Scheduled

11

COMMUNITY

Census Tract 37081014502 is bordered by I-85 Business to the north and t's boundary runs along S Main St and Jackson Lake Rd to the east and west.



The area is a mix of residential, industrial, and commercial and includes a segment of I-74 and portions of Archdale.



1974

Housing Units,
predominantly
single family units



57.7%

Rent their home,
65.6% of those are
cost burdened



7%

Estimated housing
vacancy rate
(USPS Q2, 2021)



3

Grocery stores, USDA
low income & low
access to food (2019)



"I am glad none of the side effects from vaccine really affect me. Overall, I am grateful for the vaccine since I am not only protecting myself but others as well."

-Participant

RESIDENTS

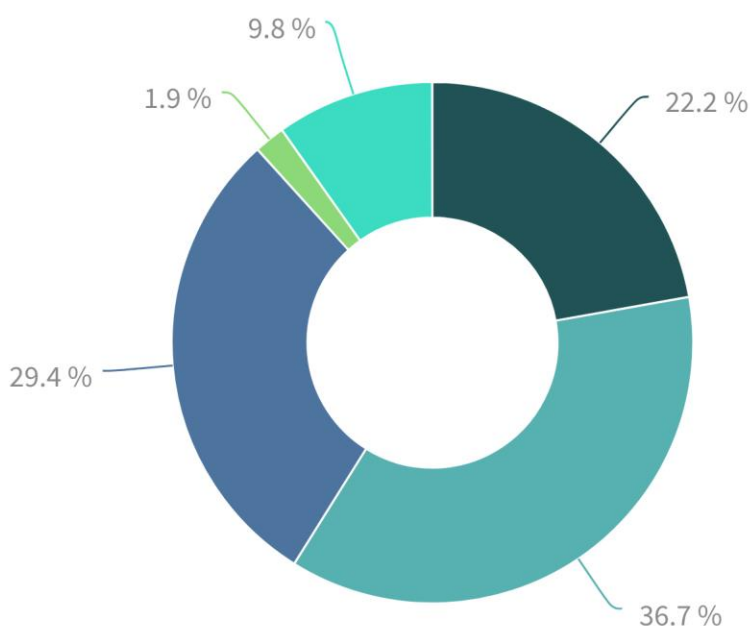
+251% Increase in Covid-19 Vaccination Rate

964

Vaccinated Residents
as of 5/15/2021

3381

Vaccinated Residents
as of 6/1/22



DEMOGRAPHICS

white black asian multi racial other

Hispanic/Latinx Residents = 14.7%



5,450

total census tract
residents



16.4%

residents aged 65
years or older



3.5%

households without
vehicles



\$39,332

median annual
household income



High Social
Vulnerability

Census Tract 145.03 HIGH POINT, NC

Canvassed:
6/8/21-8/20/21

Houses
Canvassed

1,207

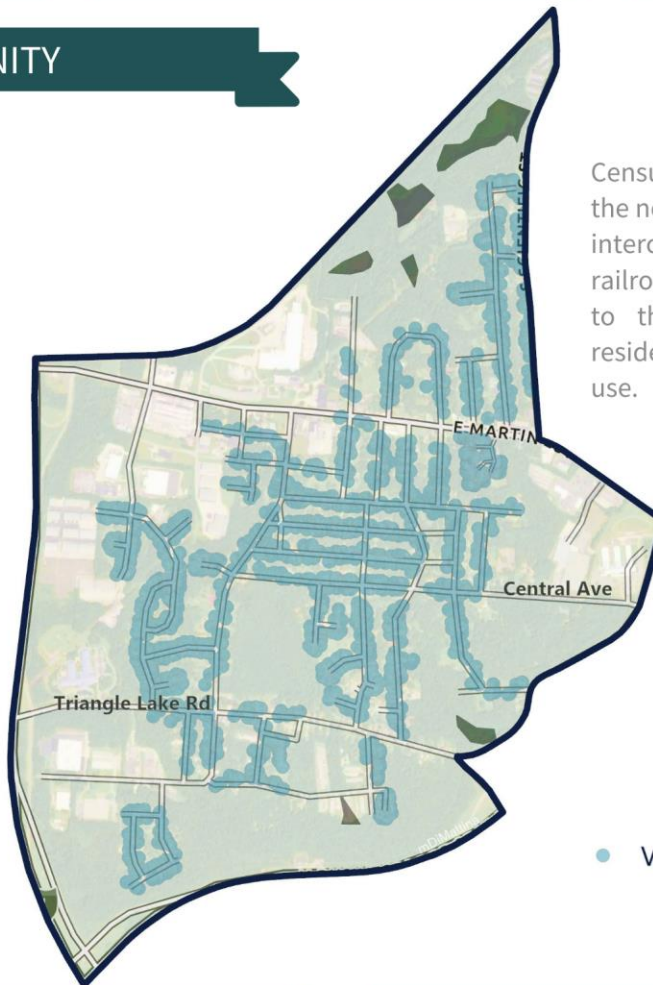
Door-to-Door
Connections

569

Appointments
Scheduled

35

COMMUNITY



Census Tract 37081014503 is situated to the northeast of the I-74 and Business I-85 interchange, running along the Main railroad to the north, and with S Scientific to the east. The tract is a mix of residential, commercial, and industrial use.

0 0.5
Miles

● Vaccine Outreach Locations
Date Created: 5/3/2022



1481

Housing Units,
mostly single family
detached homes



58%

Rent their home,
68.4% of those are
cost burdened



4.5%

Estimated housing
vacancy rate
(USPS Q2, 2021)



2

Grocery stores, USDA
low income & low
access to food (2019)



37081014503



Survey respondents in this area said they were likely to get the vaccine, but were concerned about side effects. Respondents indicated it was "Very important" to receive information from the CDC, County Health Department, and/or other government sources. They also stated they would like to see more door-to-door campaigns to get help to people living in their neighborhoods.

RESIDENTS

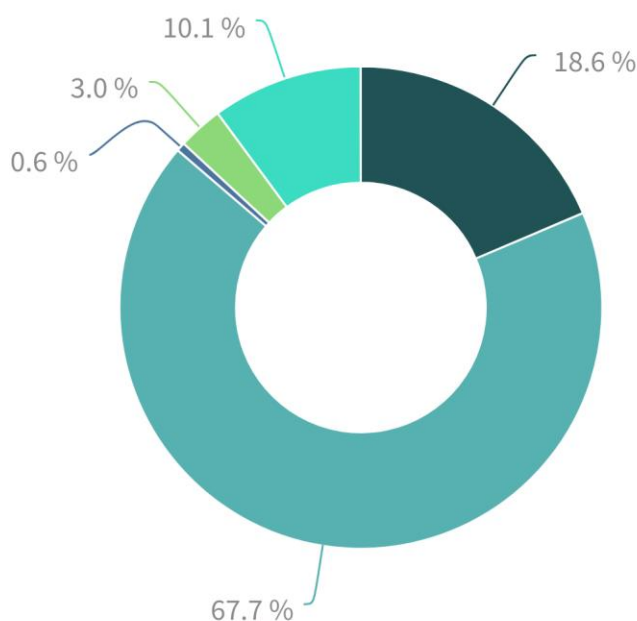
**+255% Increase
in Covid-19
Vaccination Rate**

599

Vaccinated Residents
as of 5/15/2021

2128

Vaccinated Residents
as of 6/1/22



DEMOGRAPHICS

white black asian multi racial other

Hispanic/Latinx Residents = 17.9%



3,511

total census tract
residents



9.6%

residents aged 65
years or older



14%

households without
vehicles



\$27,344

median annual
household income

Community Vaccination Clinics

Throughout the year, the Health Department and YWCA High Point VaxConnect program coordinated approximately 44 community vaccine clinics for Covid-19 in the area of High Point. Twenty-five clinics fell within the VaxConnect program area, and an additional 19 were in nearby locations. The majority of the clinics (n=32) were held in 2021 after most of the adult population became eligible to receive a vaccine.

The locations of vaccine clinics were hosted at locations where the public such as libraries recreational facilities, and churches. The Health Department hosted several clinics specifically focused on enhancing vaccine access to populations vulnerable to Covid-19 such as those living in congregate settings, seniors, and those residing in Section 8 housing. Table 3 shows the breakdown of vaccine clinic location type over the program period.

Location Type	# Clinics
School Location	6
Public or Nonprofit Facility	13
Community Church	5
Employer Sponsored	7
Apartment Complex	13
TOTAL	44

Table 3. Community vaccination clinic sites.

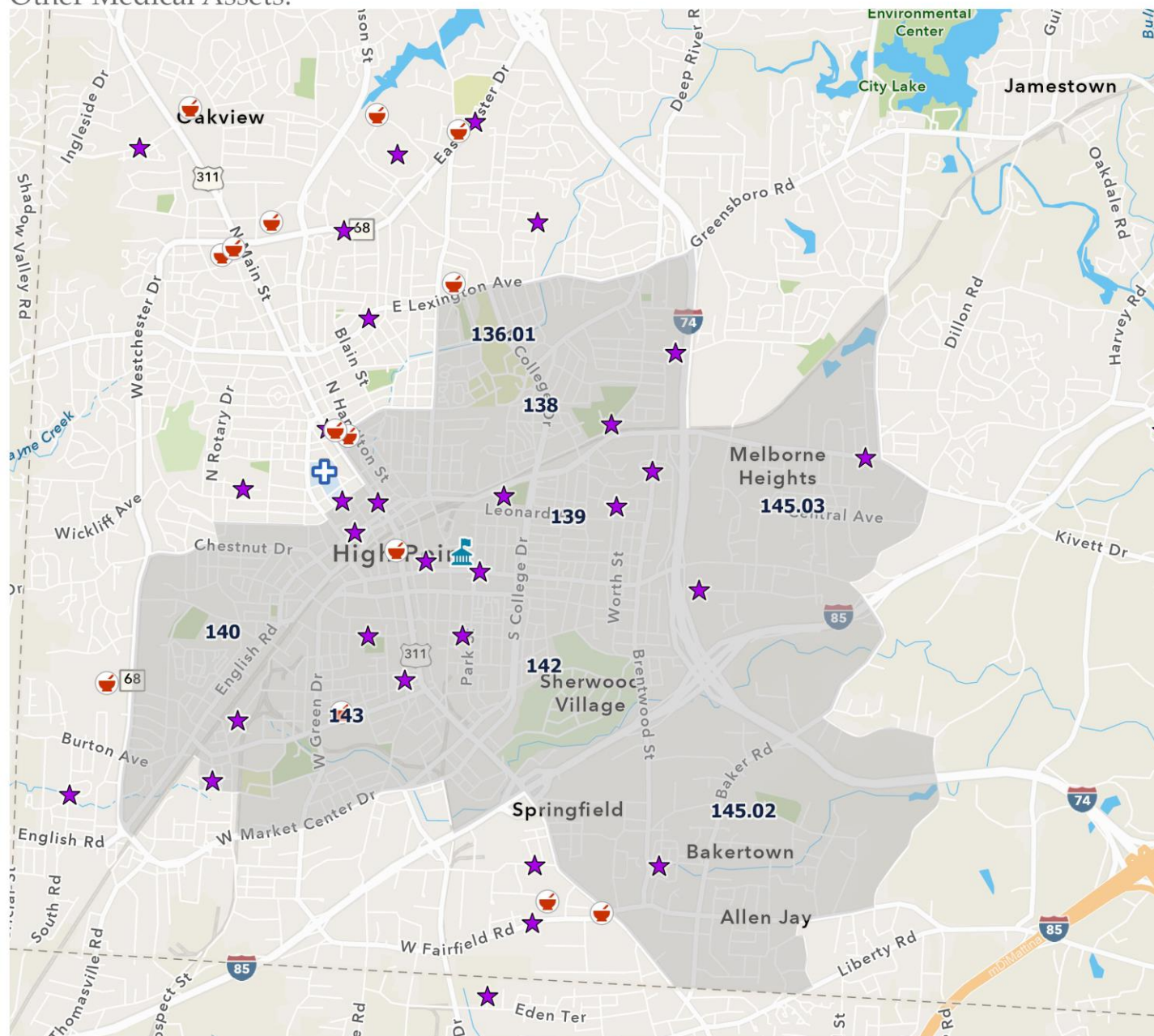
On the following page, Figure 5 shows the distribution of the community vaccine clinics as well as pharmacies in and around the VaxConnect program area where community members could obtain a Covid-19 vaccine.

Information and flyers about upcoming community vaccine clinic events were provided to the Connectors and canvassing team in advance to share with residents in nearby areas in the goody bags. Canvassers noted that clinic flyers were particularly helpful when residents did not make an appointment but indicated they were interested in getting vaccinated. In these instances, canvassers were able to share the details of nearby vaccination clinics with the resident as an alternative option for vaccination.

High Point, NC



Guilford County Department of Health Community Vaccine Clinic Locations and Other Medical Assets.



0 1 Miles

Medical Assets



Health Department



Hospital



Pharmacy



DHHS Vaccine Clinics



VaxConnect Pilot Area



UNC GREENSBORO

Center for Housing
& Community Studies

Date Created: 7/12/2022

Service Recipients Follow-Up Survey Results

A follow-up survey of individuals who received vaccination assistance from YWCA High Point VaxConnect Team was conducted. In April and May of 2022, the VaxConnect Team reached out to a nonrandom sample of individuals who received assistance and asked if they would be willing to participate in a follow-up survey. Participants received a \$25 gift card for their participation. Twenty-seven households agreed to participate.

As the evaluation partner to YWCA High Point the Center for Housing and Community Studies (UNCG) created a follow-up survey to assess impact of the VaxConnect impact. A data collector from the Center collected surveys from 15 of 27 (56% response rate) of the households that agreed to be participate in the survey. Copies of the survey and survey administration instructions are included in [Appendix C](#).

All 15 participants reported being vaccinated following their contact with a member of the VaxConnect team. Nine (60%) reported that they had obtained a booster vaccination. Of the six who reported they had not gotten a booster vaccination, three (50%) indicated they were planning to and three (50%) indicated they were not sure if they we going to get a booster vaccination.

Respondents were asked to recall how likely they were to get a first or booster vaccination prior to being contacted by a VaxConnect Team member. Almost all 87% (n= 13) reported they were Likely or Very Likely to get vaccinated.

Overall, the responses were very positive and appreciative of the efforts and assistance provided to them by the VaxConnect team and the Health Department.

Why Participants Delayed Getting Vaccinated

Participants were asked reasons why they had delayed or were hesitant in getting vaccinated. Presented below based on their rated importance (“Important” or “Very Important”) to the participants.

I was concerned about the possible side effects	80% (n = 12)
I wanted to “wait and see” how the vaccine is working for other people before getting vaccinated	73% (n = 11)
I wasn’t sure I could trust the information about the safety of the vaccines	73% (n = 11)
I have health conditions that I was concerned the vaccine may affect	47% (n = 7)
Most of my family and friends were against my getting vaccinated	40% (n = 6)
I know someone who became seriously ill after receiving a COVID-19 vaccine	14% (n = 2)

Why Participants Decided to Get Vaccinated

I wanted to protect myself and others against getting the virus	100% (n = 15)
Information from the CDC, County Health Department, and/or other government sources	67% (n = 10)
A person with VaxConnect helped me understand more about the benefits of getting vaccinated / get a vaccination appointment	67% (n = 10)
Information from media messages from radio, TV, newspaper, billboards and other public messaging	60% (n = 9)
My friends/family members encouraged me	53% (n = 8)
I received encouragement from a faith or other leader from my community	40% (n = 6)
Information from messages on social media such as Facebook, Twitter, Instagram	20% (n = 3)

Personal Impact of Being Contacted by the YWCA High Point VaxConnect Team

In terms of the personal impact of assistance by the VaxConnect Team Participants were asked to rate the following statements.

I appreciated the help I received in getting information/vaccinated against COVID. ("True or "Very True")	93% (n = 14)
I would like to see more door to door campaigns to get help to people living in my neighborhood. ("True or "Very True")	93% (n = 14)
The information and assistance you received from the VaxConnect Team? ("Good" or "Very Good")	93% (n =13)*
I believe the community cares about me and my family. ("True or "Very True")	80% (n = 12)
How did being contacted by the VaxConnect team make you feel about living in High Point? ("Positive" or "Very Positive")	74% (n = 11)
I want to learn more about the what the YWCA High Point does ("True or "Very True")	38% (n =5)**
Since being contacted by the VaxConnect team did you encourage others (in your family, friends, or neighbors) to get vaccinated? (Yes)	74% (n = 11)

*n= 14, **n =13

Summary of Survey Findings

The three most frequently cited reasons (by greater than half of the respondents) for delaying getting vaccinated involved: (1) concerns about possible side effects from the vaccination, (2) wanting to wait and see how the vaccine affected others, and (3) reluctance to trust information about the safety of the vaccine. It can be noted that these reasons were among the most common reasons reported in local and national surveys regarding vaccine hesitancy.

The three most frequently cited reasons (by two-thirds of the respondents) for deciding to get vaccinated against Covid-19 involved: (1) wanting to protect themselves from getting the virus (100% of all respondents), (2) the information from sources like the CDC and the Health Department about the benefits and safety of the vaccination, and (3) the information and assistance with getting vaccination appoints from the VaxConnect team.

The three most frequently cited (by over 90% of the respondents) statements of impact were: (1) expressed appreciation for receiving information about and assistance with getting an appointment to get vaccinated, (2) having someone coming through the neighborhood helping others in the neighborhood with getting assistance with important health issues, and (3) the information and assistance received from the VaxConnect Team.

Common themes about being visited by the VaxConnect represented essentially three groupings of attitudes: (1) Feelings Since Getting Vaccinated (2) Symptoms and Protection against the Virus, and (3) Reactions to Getting Vaccinated. These themes represent expression of relief due to protection against the virus, avoidance of getting ill from the virus and/or lasting side effects from the vaccination, and basic reactions to what it was like to receive a vaccination shot.

Comments on Getting Vaccinated

Participants were asked about their overall thoughts about getting vaccinated. Their comments suggested three overall themes: (1) Feeling Protected Since Getting Vaccinated, (2) Symptoms and Protection, and (3) Reactions to Getting Vaccinated.

Theme 1. Feelings Since Getting Vaccinated

For some respondents, their comments suggested they were relieved and feeling better about being protected against the COVID-19 virus as a result of being vaccinated.

- Great and at ease.
- I feel more comfortable and safer.
- I feel more at ease and safe out in public.
- I do feel more at ease at work.
- It was needed because I did not want/afford to get sick with my health issues. I just feel very fortunate to be able to get vaccine.
- I feel halfway safe since I only have one dose of the vaccine.

Theme 2. Symptoms and Protection against the Virus

Other respondents expressed feeling protected by avoiding either getting sick from the virus or experiencing limited side effects from the vaccine.

- I been having symptoms after receiving the vaccine, however I do feel more at ease at work.
- Helped me out, did not get severely sick.
- I am glad none of the side effects from vaccine really affect me. Overall, I am grateful for the vaccine since I am not only protecting myself but others as well.
- I think the vaccine is fine. After getting COVID-19 after the first dose, I wanted to get my second dose ASAP since others who were not vaccine got more sick than I did.

Theme 3. Reactions to Getting Vaccinated

For a third group of respondents, their comments focused on the getting the vaccination shot and anxiety about side effects.

- It an easy and painless process and the staff was very friendly overall.
- Just like any regular shot
- Subconsciously I am less afraid, however the side effects to me were scary. On the other hand, booster shot did give me weird side-effects.
- I was scared of the side effects but decided to get vaccinated and took my chances.
- I think the vaccine was very new and was unsure about the time frame of the vaccine, that was why I wanted to wait and see. I am 85 years old and was afraid of how it would affect my body, however after getting educated about the vaccine I decided to go for it.

OUTCOMES

The YWCA High Point VaxConnect program in High Point was launched in response to the health emergency resulting from the Covid-19 pandemic. The goals of the program were to 1) assist the Health Department in increasing the rates of Covid vaccination in areas of low or below average vaccination rates, and 2) to reach populations that were slow in responding or faced barriers to obtaining vaccination on their own.

With regards to the first goal of the program, only 4,986 (15.9%) of the total population had been fully vaccinated at the approximate start of the pilot period, where fully vaccinated was defined as someone who had obtained either 1 dose of Johnson & Johnson or two doses of Pfizer or Moderna vaccines. While vaccination updates regarding eligibility influenced the actual rate of vaccination among residents, it was found that at the conclusion of the pilot period that 17,366 (55.3%) residents had been fully vaccinated. This represents a 248% increase in vaccination among residents overall during the program period.

While it is not possible to know how many residents chose to get vaccinations due to the canvassing efforts by the VaxConnect team, their efforts were influential in getting those who months after vaccinations were made available were willing to get vaccinated. This change of heart and behavior likely affected others in their families and their neighborhoods. Based on well-established reporting of reasons for hesitancy or reluctance we know some were uncertain about the effectiveness or side effects and wanted “proof” of the health benefits and low risk of serious side effects. By getting more of these individuals to choose to get vaccinated we believe it is safe to assume that their experiences included others to also get vaccinated and that the messaging about the benefits of the vaccine and its safety were true.

With regards to the second goal of the program, it can be definitively stated that the VaxConnect program reached highly vulnerable populations with identified barriers to vaccination and offered tangible solutions to obtain vaccination. Over the program period, canvassers achieved a 45% connection rate, meaning that they were able to discuss Covid-19 vaccination with almost half of the residents of homes they visited. When accounting for homes where canvassing was not even possible due to vacancy (429 flagged properties) and other environmental concerns such as dogs, gates, and no trespassing signage (342 flagged properties), the overall door-to-door connection rate was about 50%.

As daily canvassing efforts depended on both environmental conditions (weather and available sunlight) as well as volunteer availability, the canvassing times each day varied. Over the program period, however, Wednesdays and Thursdays were the most heavily canvassed days of the week. Though Tuesdays were the least canvassed days, Tuesdays also had the highest rates of door-to-door connections, with a 7% higher connection rate on average. Despite this, Saturdays and Sundays were found to have the highest rate of successful connections where a Covid-19 vaccination appointment was scheduled. This pattern may indicate that residents are more receptive and give more attention to the canvassing team on days when they typically would have more leisure time (on weekends).

	Canvassing	Connections	Appointments
Sunday	1080	483 (45%)	47 (10%)
Monday	1019	490 (48%)	36 (7%)
Tuesday	662	356 (54%)	32 (9%)
Wednesday	1604	682 (43%)	35 (5%)
Thursday	1245	527 (42%)	45 (9%)
Friday	1033	467 (45%)	38 (8%)
Saturday	1007	466 (46%)	52 (11%)
TOTAL	7650	3471 (45%)	285 (8%)

Table 4. VaxConnect Program Outcomes by day of week.

Census tracts 142 and 139 were found to have the highest conversion rates of connection to appointment scheduled. Census tract 142 also had the greatest number of requests for transportation assistance, though the ACS estimates indicate that as much as a third of all households in census tract 139 do not have access to a vehicle, as compared to only 16% in census tract 142. Both census tracts are predominantly black or African American (86% and 67%). Census tract 142 also has an Asian population of about 9%.

Census tract 140 had the lowest canvasser to resident connection rate at about 28%. When examining canvassing efforts, the majority took place between Wednesdays and Sundays, with little canvassing on Mondays and Saturdays and no canvassing on Tuesdays. The residential population in this tract was also predominantly white (53%), with only 34% identifying as black or African American as compared to the program area overall which was

about 72% non-white. This census tract also had greater access to vehicles and the highest number of vaccinated residents in the VaxConnect program area.

Some of the challenges of the pilot project include reaching residents living in predominantly low to lower middle-income neighborhoods, that historically have been marginalized in terms of community resources and assistance with getting basic needs such as health care, housing assistance, accessible transportation, and available wholesome nutritious food choices. An effect of marginalization is that residents are wary of “outsiders” coming into their neighborhoods and to their homes asking questions and offering services. Overcoming the “outsider” barrier is more difficult when considering the ranges of cultures, races, ethnicities that made up these communities. The pilot census tracts were quite racially diverse reflecting a large non-white population representing 72% of residents including 30% Black/African American, 16% Hispanic/Latinx, 9% Asian, and 6.4% being multiple races, and 11.3% being some other race. Whites represented about 28% of residents. While these barriers pose significant challenges the ability of the VaxConnect teams to contact and reach the large number of residents that they did is commendable and noteworthy.

In addition to these two goals, the results of the follow-up survey, though based on a small sample, suggest several important points of program impact. One, is that using an in-person approach to assist people making important decisions is an effective way of helping individuals make those decisions. Two, low income and low resources communities can benefit from in person community campaigns to reach individuals who don’t have access to the internet, have limited access to communication technologies such as computers and smart phones, and may have language or other education barriers to understanding technical language that is often presented through these devices. Three, a nondirected contact approach often fall short in addressing cultural and language barriers as well as the use of disinformation and misinformation to “protect” members of groups that leaders and other outside interests prefer their members not know or be informed about.

Findings from the follow-up survey and remarks from members of the VaxConnect teams clearly indicate that the residents who were canvassed were appreciative of the campaign to increase the Covid-19 vaccination rates in their neighborhoods. While the numbers of those who signed up for vaccinations were not large, the potential impact unquestionably was big.

The pilot program produced several important outcomes. One, it increased the number of residents getting their first, second and/or or booster vaccination. Two, it provided residents

an opportunity to discuss getting vaccinated and to receive information that could help them with their decision-making about getting vaccinated. Three, it provided assistance in getting to vaccination sites by informing them where sites were available and their times of operation and in some cases arranged for transportation to a vaccination site. Four, by providing the valuable fact-based information provided by NC DHHS, the CDC, and the Guilford County Health Department some participants perceived the canvassing effort in a positive light delivering valuable information against a virus that has been harmful to many people. Five, it reached a largely underserved population with a message of how to reduce a potentially serious health risk through vaccination and self-spacing actions. Six, it let residents of underserved/marginalized neighborhoods know that there are community organizations like the YWCA High Point, the Foundation for Healthy High Point, and the County Health Department who care and want to help in times of need such as the Covid-19 health crisis.

LIMITATIONS

The VaxConnect program provided an invaluable service to the High Point community during a time of a national public health emergency. As with all programs, challenges and constraints may have played a role in some of the outcomes. These limitations have been identified below.

- The original intent of the evaluation was to compare Covid-19 vaccination rates of the census tracts identified by Health Department with comparable census tracts (i.e., similar demographics) to determine the impact of the VaxConnect canvassing effort. It also was planned to examine vaccination rate of the targeted census tracts pre and post canvassing. Due to limited access to state vaccination data which would have provided complete counts of vaccination rates from all sources (not just County Health Department sites) including hospitals, pharmacies and other medical/health providers, the planned pre-post and target vs. comparison census tracts was not completed. In the interest of increasing the reach of the canvassing effort to get as many people vaccinated as possible, the census tracts that would have served as the best comparison areas were included in the canvassing effort. While this limited the assessment of impact from a strict numerical perspective, the value of trying to reach as many residents as possible has more importance to the value of the pilot as an approach that can positively impact public health. Because the Health Department targeted all the adjacent census tracts in one quadrant near downtown High Point it was not possible to conduct comparisons of like census tracts of similar vulnerability and socio-demographic conditions. [Appendix D](#) presents a loose comparison of VaxConnect area to an area in Greensboro.
- The brief contact process with residents to quickly determine their interests in receiving vaccination information and possibly scheduling an appointment to get a vaccination, limited the time and opportunity to collect information on residents who talked with the VaxConnect teams. As a result, the project collected limited information on demographics of who agreed to be identify their vaccination status and interest in being vaccinated. There is great value in determining the characteristics of the residents that participated in the vaccination discussion including how to identify future health related needs for future canvassing campaigns. Future efforts might consider

adding a more directed effort for identifying the characteristics of participants that could help with developing more persuasive messaging with consideration relating to age, racial identity, language, cultural preferences, and other factors.

- Projects that rely on a largely volunteer force are often limited by the barriers that the work force is voluntary, training is frequently limited to only essential volunteer functions, strict supervision of data collection protocols are generally not possible, and the same individuals either do not continue through the duration of the project or their participation is irregular or inconsistent resulting in irregular or inconsistent data collection. While it appears for the most part the VaxConnect pilot was successful in executing its primary goal of canvassing the targeted neighborhoods, it was clear from discussion with staff that work force variability limited some scheduling of canvassing and canvassing efforts including engaging residents was variable dependent on who was available to do the canvassing. Future efforts should involve development of a formal protocol for recruitment of canvassers, conducting canvassing, and supervision of canvassers. This might include the availability of interpreters, more program staff and/or volunteers, and more review of who is participating to address contact and resident engagement issues. This may require more resources but the value of potential engagement of more residents should be a considered outcome.
- Projects including field data collection requires additional expertise and/or personnel to ensure that software and collected metrics are accurate and valid through regular data quality audits.

RECOMMENDATIONS

Based on the great and impactful work of the YWCA High Point VaxConnect team, the UNCG evaluation team has assembled a set of six recommended actions that it believes could help the YWCA High Point in continuing to make an impact on health issues in the Greater High Point area.

1. If appropriate, develop staff expertise on the COVID-19 virus so that it can be a continued resource to the communities it serves.
2. Conduct limited annual canvassing activities in areas populated by majority underserved/marginalized populations in High Point, Greensboro, and Guilford County. This would increase the value of the YWCA High Point as a trusted source of information sharing and collecting from these communities.
3. Co-sponsor local health information workshops that are designed to reach underserved/marginalized populations. These would keep the YWCA High Point involved in outreach on health issues and can help target what issues the agency might be able to use its resources and expertise to impact.
4. Develop an academy for training neighborhood health issue canvassers. The academy could focus on topics including a general introduction to neighborhood canvassing, recommended approaches to canvassing underserved and marginalized populations, development of canvassing training, and use of selected applications for collecting data.
5. Partner with other local agencies that rely on neighborhood canvassing. This could be simply payment for canvassing efforts or to promote broader cooperation of agencies that service same or similar populations.
6. Continue assisting the Guilford County Health Department with addressing community health issues like Covid-19, as needed, either through neighborhood canvassing, supporting health fairs, working with individuals from underserved/marginalized populations, and advocating for health equity across groups regardless of where they live their race, ethnicity, national origin, or religion.

SOURCES

- Cerda, A. A., & García, L. Y. (2021). Hesitation and refusal factors in individuals' decision-making processes regarding a coronavirus disease 2019 vaccination. *Frontiers in Public Health*, 9.
- Champion, V. L., & Skinner, C. S. (2008). The health belief model. *Health behavior and health education: Theory, research, and practice*, 4, 45-65. In Glanz, K., Rimer, B.K., & Viswanath (eds), *Health Behavior & Health Education* (4th Ed.).
- EUFIC. Behaviour Change Models and Strategies. Retrieved from <https://www.eufic.org/en/healthy-living/article/motivating-behaviour-change>
- Hochbaum, G. M. (1958). Public participation in medical screening programs: A socio-psychological study (No. 572). US Department of Health, Education, and Welfare, Public Health Service, Bureau of State Services, Division of Special Health Services, Tuberculosis Program.
- Myhill, E. What Is Behavior Change in Psychology? 5 Models and Theories. Retrieved from <https://positivepsychology.com/behavior-change/>
- Rosenstock, I. M. (1974). The health belief model and preventive health behavior. *Health education monographs*, 2(4), 354-386.
- Speller, V. (2007). The prevention paradox. *Principles and practice of health promotion: health promotion models and theories*. Health Knowledge Public Health Textbook; Public Health Action Support Team (PHAST).

APPENDIX A

Example of canvassing script provided by a VaxConnect canvassing volunteer.

Intro: When walking up to a house, I take note of things like if there is a car in the driveway or a wheelchair accessible ramp so that I can get a sense of if someone is home, or how long I should wait to see if someone will answer the door. I usually knock on their doors twice, and I step back and wait to see if someone answers.

I start off by introducing myself, my affiliation, and my purpose/job, “Hello, my name is [name] and we are from the YWCA High Point partnering with the Guilford County Health Department. We are going around communities that have low Covid-19 vaccination rates, and trying to eliminate barriers that prevent people from getting the vaccine if they are interested.”

If they seem interested in what I am saying, I tell them about the resources that we offer and if they are vaccinated. So I say, “We can help set up appointments, help with transportation, as well as set up homebound visits for those who have not been able to get their vaccine. Have you received your vaccine yet?”

Vaccinated: If they answer yes, then I ask, “Has everyone in your household been vaccinated?” If this answer is a yes, then I say, “Okay perfect, thank you. Where did you all get your vaccine? And if you don’t mind, can I get your last name? If they say no to everyone in their household not being vaccinated, I ask if they would like to set up an appointment for them. From what I have seen, if the parent has the vaccine but the rest of the household does not, this might be due to age of family members and not concerns about the vaccine.

To wrap things up I say, “Thank you for your time, here is a goody bag with all of our information in case you know other people who want to get vaccinated as well. Thank you for your time, and I hope that you have a nice day!”

Unvaccinated: If they answer no to receiving their vaccine, I ask, “Are you interested in getting the vaccine because we can set up an appointment for you right now?” If they say no and they are not interested, I say, “Okay, thank you for your time. Here is a goody bag with all of our information just in case you change your mind or you know someone who wants to get vaccinated. Have a nice day!”

If they say yes to setting up an appointment we would ask about their availability and tell them the vaccine hours for the health department, and we would fill out a card with their appointment on it and thank them for their time.

Additional Comments: If they don't seem too interested, or they seem like they are in a rush or are hesitant about speaking to me then I just go straight into asking if they have been vaccinated. I usually use a simpler and shorter script than above just so that they can get the same information, but I am not bothering them for too long. I also give them a goodie bag and thank them for their time.

No one home: I ring the doorbell twice and wait for about 2 minutes then I just leave our goodie bag on their door or on the floor.

APPENDIX B

Canvassing data points collected in Survey123.

Questions completed for all or most survey entries:

- Date of canvassing
- Map
- Address
- Canvassing team #
- Was an appointment scheduled or arrangements made to receive vaccine?
- How many appointments were made at this household?
- Is follow-up required to arrange transportation?
- Survey completion status
- If unsuccessful, why?
- First name (if appointment made)
- Last name (if appointment made)
- Phone number (if appointment made)

Additional questions not completed at every door:

- Is the property vacant?
- Volunteer with Team?
- Is survey being completed for multiple people in the household?
- Have you or anyone in your household tested positive for COVID-19 in the past?
- Have you or anyone in your household been vaccinated?
- Are you willing to be vaccinated?

APPENDIX C

Follow-up Questions for the VaxConnect Initiative to Encourage Covid-19 Vaccinations

YWCA High Point VaxConnect Follow-up Survey

Questions will be read to respondents. The questions will work with those who have or have not been vaccinated. For wording of questions that are dependent on the respondent's vaccination status, the statements will be read to a respondent to match "applicable" vaccination status.

1. Before being contacted by the VaxConnect Team how likely were you to get vaccinated?

Not Very Likely Not Likely Neither Likely of Unlikely Likely Very Likely

2. Have you been vaccinated? ☐ Yes ☐ No

If no, are you planning to? ☐ Yes ☐ No ☐ Not Sure

3. Have you received a booster shot? ☐ Yes ☐ No

If no, are you planning to? ☐ Yes ☐ No ☐ Not Sure

"I am going to read you a set of statements that represent reasons why some people have been undecided about getting vaccination against COVID-19. For each of the following statements, please rate how important each represents a reason why you were or are still hesitant about getting vaccinated. {Read the following scale}

Not Important at All Not Important Neutral Important Very Important

1. I am/was concerned about the possible side effects

2. I have health conditions that I am concerned the vaccine may affect

3. Most of my family and friends are/have been against my getting vaccinated

4. I am not sure I can trust the information about the safety of the vaccines
5. I want/wanted to “wait and see” how the vaccine is working for other people before getting vaccinated
6. I know someone who became seriously ill after receiving a COVID-19 vaccine

“I am going to read you a set of statements that represent reasons why you decided to get vaccination against COVID-19. {If a respondent has not been vaccinated, we can still ask if the statement represent reasons that may convince them to get vaccinated.}

Please use the following scale and rate how important each reason was {might be} in your decision to get a COVID-19 vaccination?

Not Important at All Not Important Neutral Important Very Important

1. I wanted to protect myself and others against getting the virus
2. My friends/family members encouraged me
3. I received encouragement from a faith or other leader from my community
4. Information from the CDC, County Health Department, and/or other government sources
5. Information from media messages from radio, TV, newspaper, billboards and other messaging I had seen in the community
6. Information from messages on social media such as Facebook, Twitter, Instagram
7. A person representing the VaxConnect came to my home and helped me understand more about the benefits of getting vaccinated
8. Any other source? _____

If you have been vaccinated or are still planning to get vaccinated to what extent do you believe the following to be true?

Not True at All Somewhat True Very True Don't Know

Getting vaccinated against COVID-19 ...

1. Reduces my chances of getting the COVID-19 virus
2. Reduces the likelihood that I would pass the COVID-19 virus on to others
3. Reduces the length of time or the severity of symptoms should I get sick from the COVID-19 virus
4. Allows me to more freely socialize in person with others

If you have been vaccinated, what are your overall thoughts about getting vaccinated?

Since being contacted by the VaxConnect team did you encourage others (in your family, friends, or neighbors) to get vaccinated?

☐ No ☐ Yes

One final question. How did being contacted by the VaxConnect team make you feel about living in High Point? (Check all that apply.) {I don't know if a checklist is the best way to ask this question}

☐ I believe someone cares about me and my family

☐ I appreciate the help I received in getting vaccinated against COVID

☐ I would like to see more door to door campaigns to get help to people living in my neighborhood

☐ I want to learn more about the what the YWCA High Point does

Anything else you would like to share with me today?

APPENDIX D

Table containing metrics from a comparison location in Greensboro (a neighboring city also in Guilford County).

The comparison area provided in the table below includes eight census tracts: 37081011101, 37081011202, 37081011201, 37081011300, 37081010100, 37081010300, 37081011000, 37081010200. These tracts were chosen as a loose comparison due to having similarly high social vulnerability and similar population characteristics. Both areas had low vaccination levels at the onset of the program period as compared to surrounding tracts in each location.

	VaxConnect Program Area	Comparison Area in Greensboro
Total Population	31,380	27,488
0 - 5 years	6.9%	7.7%
65+ years	13.1%	9.4%
Non-White	72.3%	86.9%
Hispanic/Latinx	15.8%	9.7%
Median HH Income	\$25,303	\$31,437
Renters	65.9%	63.2%
HH w/o Vehicles	18.7%	17%
Pop. in Poverty	29.9%	33.8%
SVI	High	High
Vax 5/15/21	4,986 (15.9%)	5,678 (20.7%)
Vax 6/7/22	17,366 (55.3%)	16,410 (59.7%)
% Change in Vax	+ 248%	+ 189%