

Made to Save Impact Report

Lessons learned from a
national, equity-
centered campaign to
increase COVID-19
vaccination rates



IMPACT

CIVIC NATION

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INTRODUCTION

Made to Save was a national campaign that mobilized thousands of individuals and organizations, reaching millions of people to increase COVID-19 vaccine access, vaccination rates, and equity within communities of color. Launched in April, 2021 the campaign was a 18-month-long initiative of **Civic Nation**, a national nonprofit ecosystem for high-impact organizing and education initiatives working to build a more inclusive, equitable America.

Made to Save's unique approach played a major role in closing vaccination equity gaps that many assumed were insurmountable. As tens of millions of dollars were poured into national advertising campaigns and top-down messaging efforts, we built and supported a diverse and interwoven coalition of more than 1,600 organizations that tailored outreach to their communities and built hard-won trust between trusted messengers and unvaccinated individuals. Our coalition engaged tens of millions of people through direct outreach and training, and had millions of conversations with unvaccinated people in more than twenty languages.

Instead of telling communities and individuals what to do, we centered power within communities of color and within unvaccinated people themselves. We worked to overcome long-standing structural inequities by connecting communities directly to funding, resources, and relationships from a vast, national Vaccine Equity Hub. We focused on empathetic conversations with trusted messengers about the COVID-19 vaccine – giving individuals the agency to make their own decisions to protect themselves and their families.



Our approach was not the easiest path, but it was an approach that met the moment and met communities where they were. It required a significant investment of time, resources, energy, and creative problem-solving. It meant



turning on a dime to help our coalition respond to new variants and surges, new vaccine eligibility or COVID policy changes, or hurricanes and power outages. It necessitated a great deal of humility and a recognition that the success of any partner was a success for all.

In turn, our community-based grantees shared with us that our work together not only allowed them to meet a community need, but also strengthened their institutional capacity and visibility in their community. Our hub increased their ties to the public health ecosystem – which we viewed as a critical component of our long-term vision of erasing the systemic disparities and social determinants of health that drove the initial equity gaps.

Our broader coalition told us that they had never seen such a diverse group of organizations work so well together, sharing successes and challenges, resources and needs. They called it “unceremoniously inclusive” – a table where well-funded national organizations and small scrappy community groups could collaborate as equals. Many organizations we worked with formed new partnerships and gained a greater appreciation for the diverse groups working toward shared short and long-term goals.

Importantly, countless individuals throughout the campaign told a story of gaining trust and feeling appreciated and respected. Unvaccinated people who feared the vaccine or who faced access barriers told us that they got vaccinated because someone in our campaign cared enough to make sure they were ok. At its heart, our campaign was about facilitating these person-to-person relationships that were foundational to our success.

This report aims to share what we did and provide a framework for implementing successful community-based campaigns – especially those grounded in health and equity – while highlighting key lessons from our effort. These results demonstrate how community-based organizations can successfully engage in high impact national campaigns, and we encourage decision makers and funders to consider our recommendations and findings in the design of their own equity-centered initiatives in the future.

Structure of this Report

This report is designed to summarize the approach that we took, the impact of the work, and lessons learned from our work. It is organized into two main sections, reflecting the two pillars in our strategy discussed above:

- **Empower trusted messengers** (starting on page 11) discusses our work to support one-on-one conversations with unvaccinated people. In this section, we discuss our grants program to community-based organizations, as well as our initiatives to directly mobilize other trusted messengers such as employers, schools, doctors, and social media networks.
- **Convene a vaccine equity hub** (starting on page 41) discusses the work that we did to build and support a broad coalition of groups across the country, enabling them to center equity in their existing programming and outreach. This section discusses the makeup of our coalition, how we engaged with them, our response to national moments such as constituency months or policy developments, and the comprehensive suite of culturally-competent resources and materials that we provided.

In each section, we include a discussion of our approach, provide case studies that spotlight our partners and illustrate examples, and highlight the key outcomes and impact of the work.

Many times over the course of our campaign, we learned lessons that caused us to re-evaluate and adapt our approach. These “Made to Save Tips” are denoted throughout the text. The report concludes with a Learnings and Recommendations section (page 58), summarizing our key learnings into three overarching recommendations for similar efforts in the future:

1. **Our collective funding, support, and resources need to go to the people who are having these conversations directly.**
2. **Trusted messengers need training and skills to navigate difficult conversations.**
3. **A broad and inclusive “Community of Practice” is necessary to position every organization in the ecosystem to achieve an unprecedented, ambitious goal.**

Methodology

National and community vaccination rates are the ultimate benchmark for determining success in vaccine adoption within communities. We recognized that Made To Save was one part of a large ecosystem of entities focused on this work. To inform our continued programmatic decisions, we ensured that high-quality and timely data on a set of meaningful indicators was utilized to measure and evaluate our work. We also prioritized sharing this data with our coalition and stakeholders to ensure a feedback loop on our efforts.

We collected information through the following mechanisms, all of which have been included in our analysis and development of this report:

- Weekly, distributed system of qualitative and quantitative reports and check-ins for grantees to share progress, learnings, and programmatic topline;
 - Mid-program quantitative reports where coalition members provided updates on their program and the effectiveness of specific tactics they deployed
 - Periodic surveys to understand how our entire coalition utilized resources provided by Made To Save;
 - In-depth interviews of coalition partners and campaign staff to provide additional insights and context to the work; and
 - Final reports from each grantee, when they offboarded, to provide overall metrics on their work in addition to feedback and learnings.
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IMPACT

by the numbers

110
grantees



they contacted **5 million** people,
had **+625,000** COVID-19 vaccine
conversations in **21** languages

+1600
partner
coalition



who engaged tens
of millions of people



and held vaccination
events in all 50 states & DC.

Our team generated
coverage in

+25

media markets including in:

The New York Times

5 NEWS
WHERE YOU LIVE

azcentral.



MSNBC

Detroit Free Press

+89,700,000
TikTok views



+2,300,000
YouTube views



+1,800,000
Twitter views



trained nearly

9000

vaccine ambassadors in how to have
trust-building vaccine conversations

+22,700 volunteer shifts

Overview

The impact of COVID-19 on communities of color

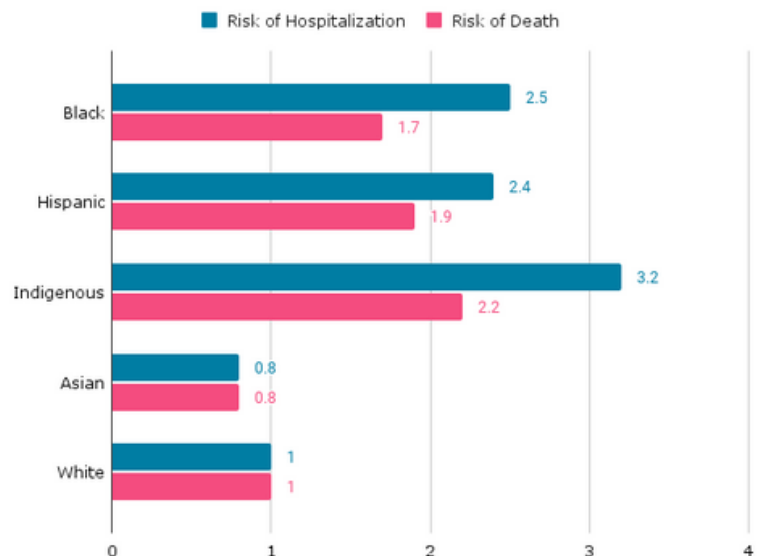
Communities of color have long faced a number of [disparities in the social determinants of health](#) such as neighborhood and physical environment, health care access, occupational and job conditions, and income, wealth, and educational gaps. The Centers for Disease Control and Prevention (CDC) notes that the COVID-19 pandemic [exacerbated these existing disparities](#) and communities of color quickly began to bear devastating disparities in their health and well-being:

- At points in the pandemic, Black and Latino Americans were two times and American Indian and Alaskan Natives were three times more [likely to be hospitalized](#) from COVID-19 infection. Both groups had twice the COVID-19 mortality rate of White Americans.
- These disparities were [even wider](#) during some spikes in the pandemic.
- These communities also faced additional, compounding social and economic disparities, with Black and Latino Americans reporting [higher levels of economic hardship](#) due to the pandemic than White communities.

As COVID-19 vaccines were approved and rollout began, communities of color faced structural barriers to vaccine access. Initially, many [vaccination sites were hard to access](#) by communities of color due to a lack of disability-accessible locations, scheduling, limited language access, lack of transportation, and difficulty

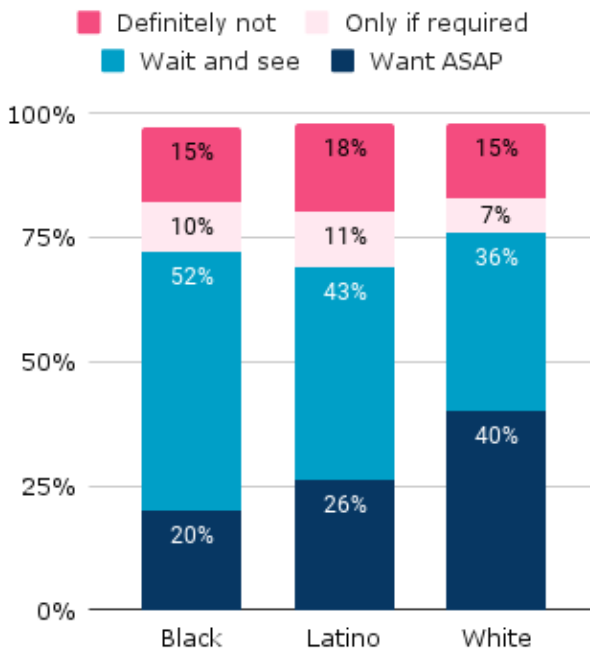
Relative Risk of COVID-19 Hospitalization and Death among Racial Groups, Compared to White Adults

Kaiser Family Foundation – February 2022



Vaccine Intention by Race/Ethnicity

Kaiser Family Foundation – December 2020



obtaining appointments. Early surveys further indicated that Black and Latino communities also had [more uncertainty](#) toward receiving the vaccine than White people due in part to historical mistreatment of and discrimination against people of color in the U.S. health care system. For Latino communities, levels of [mistrust in government](#) – largely due to immigration policy and experiences – also created uncertainties about the vaccine.

Introducing Made to Save

In the face of these mounting disparities and growing concerns about vaccine distribution equity, experts across the public health sector called for an unprecedented public outreach campaign to overcome these concerns. In October 2020, an ad hoc committee of the National Academy of Medicine released a [Framework for Equitable Allocation of COVID-19 Vaccine](#). Of the committee's [seven recommendations](#), three focused on the need for a large-scale, sophisticated effort to educate the public about vaccines, promote acceptance, and develop an evidence base for effective engagement strategies.

While the government and public health community were mobilizing to manufacture, distribute, and promote a vaccine, their work needed to be supplemented by a communications, outreach, and grassroots mobilization effort that empowered trusted messengers to reach targeted audiences with clear, consistent information. Civic Nation launched Made to Save as an independent effort to supplement and support the national vaccine rollout by filling critical gaps and offering a unique ability to:

- Center equity in all of its activities and outreach by shifting power and agency to the communities most affected.

- Move nimbly and urgently, quickly iterating to disseminate evidence-based best practices as they emerge.
- Reach deep into communities, empowering trusted messengers to reach targeted audiences and engage in trust-building dialogue – and do it at scale.
- Mobilize a broad coalition of national, state, and local partners and influencers from a variety of backgrounds; including an emphasis on grassroots organizing and outreach.

Made to Save was an initiative of [Civic Nation](#), a 501c(3) nonprofit organization that has a strong track record of integrating major public-facing campaigns with on-the-ground community organizing along with distributing subgrants to partner organizations. This foundation enabled the campaign to scale quickly and tap into an existing network of partners.

All of Made to Save's efforts would not have been possible without the generous financial support of these partners:

- | | |
|--|---|
| • Anne Wojcicki Foundation | • Kohlberg Foundation |
| • Chan Zuckerberg Initiative | • Local Initiatives Support Corporation |
| • Comcast | • Lyft Inc. |
| • The Conway Family Charitable Fund | • Microsoft |
| • Emerson Collective | • National Education Association |
| • Ford Foundation | • Robert Wood Johnson Foundation |
| • George Kaiser Family Foundation | • Schmidt Futures |
| • Google/YouTube | • Skoll Foundation |
| • The JBP Foundation | • Twilio |
| • John Templeton Foundation | • United Airlines |
| • Judy and Peter Blum Kovler Foundation | • Visa Foundation |
| • The Kaiser Permanente National Community Benefit Fund at The East Bay Community Foundation | • Warner Media |
| | • Wend Collective |
| | • W.K. Kellogg Foundation |

We are especially grateful to the Chan Zuckerberg Initiative and the Robert Wood Johnson Foundation, who went above and beyond not only with their financial support, but also with their ongoing advocacy and counsel.

Our mission and approach

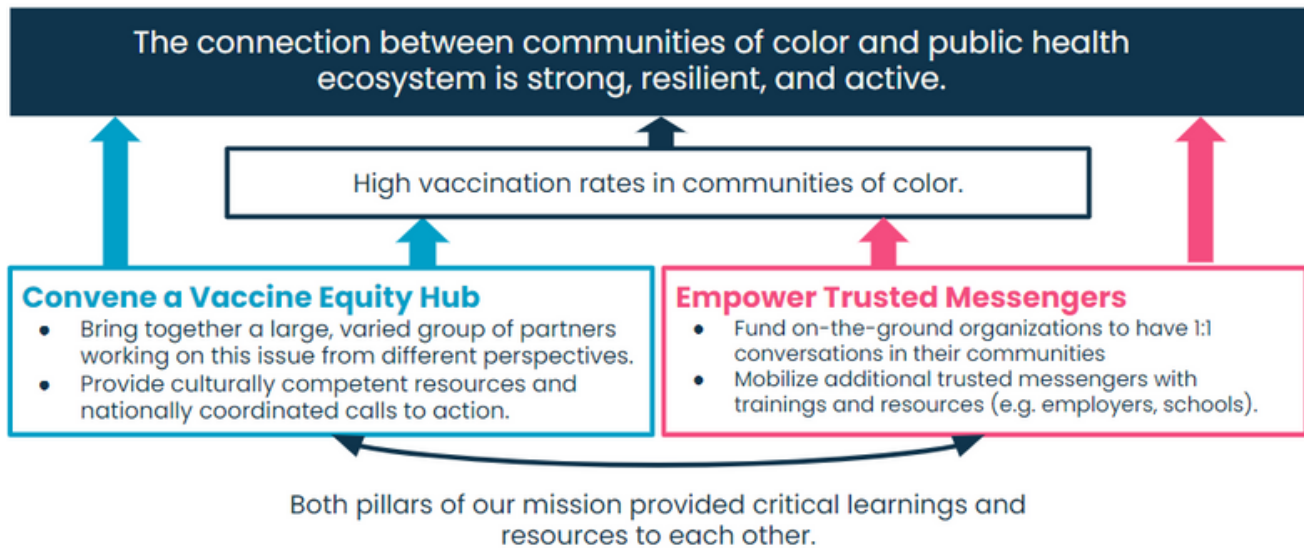


Made to Save was a national education & grassroots campaign working to **save lives** by increasing access & trust in the COVID-19 vaccines.”

[Mounting evidence](#) shows that trusted messengers in communities of color are critical to providing information about vaccine safety, effectiveness, and access, and our strategy was designed to center and serve those trusted messengers through two complementary pillars:

1. **Empower trusted messengers directly** through financial and technical support to a network of 100+ community-based organizations across the country; as well as designing programs with partners that met people where they were, such as places of employment, schools, or social media.
2. **Build a centralized, inclusive vaccine equity hub** to aggregate and share effective engagement strategies to a broad coalition of hundreds of partners, and facilitate relationships and information sharing between a constellation of groups across industries.

Achieving high vaccination rates in communities of color by increasing access to and trust in the vaccines required a significant investment in both components of the strategy above. Together, they enabled us to connect those communities to a public health ecosystem better positioned to serve them and aim to keep that connection strong, resilient, and active.



Fundamental to our vision was the belief that the national effort to get free and effective vaccines to communities of color was an unprecedented opportunity to build lasting relationships between public health organizations, the health care system, community organizations, and individuals, which will sustain this ongoing connection. These relationships are built on earning trust and gaining understanding of everyone across the ecosystem. This is especially true when it comes to communities that have suffered inequities and too often are not centered in top-down efforts. Over time, this work would support communities across the country to have the agency, access, and tools to solve problems and design their future, which will in turn strengthen our civic institutions and democracy overall.

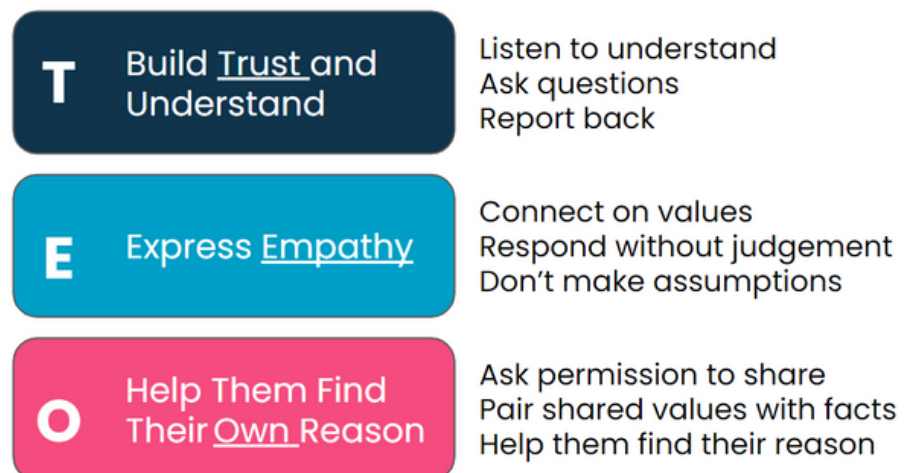
Empower trusted messengers

Rooted in the belief that trusted messengers were the best equipped to have these conversations, and that Made to Save was not necessarily known or trusted in these communities, we knew we had to identify people and organizations that could have these conversations – and give them a framework to have them effectively.

To identify and support the trusted messengers, we employed a variety of tactics, from giving direct grants to community-based organizations, to partnering with business owners and school districts. Still, identifying and supporting – even funding – trusted messengers was only the first step. Conversations about [vaccination are effective](#), but also complicated and emotionally charged. We had to empower the trusted messengers with tools and tactics for having these difficult but critical conversations.

To develop this curriculum, we partnered with three key organizations: [Voices for Vaccines](#), [Vaccinate Your Family](#), and [CM Partners](#). Voices for Vaccines and Vaccinate Your Family both have extensive pre-pandemic experience of how to talk to individuals about vaccines in general. We took their feedback to develop the [TEO method](#) (see graphic).

The TEO method is based upon [motivational Interviewing \(MI\)](#) which is a direct but non-confrontational approach that has been found effective in health decision contexts. The approach is a collaborative, goal-oriented style of



communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

These conversations are most effective when one-on-one, and we relied on the experience of our trusted messengers to know how to meet people where they are and to use a variety of outreach tactics that took into consideration the unique challenges of vaccine outreach in their communities. The unprecedented nature of the pandemic also required trusted messengers to be responsive to what tactics were working to determine the best methods to engage and vaccinate their community.

Direct support to community-based organizations

Over the course of our campaign, Made to Save funded 110 community-based nonprofit organizations in 24 states, D.C., and two tribal lands for a combined total of 6.9 million dollars. These groups were identified as well-equipped to address challenges around vaccine equity and access in their communities. They were able to adapt to a challenging and changing environment, to confront deep mistrust and to grapple with the impacts of historical, structural racism and prejudice in their local health care systems. Often these organizations served as a central source of information for a large population of people that lacked a "[medical home](#)" where they could ask personal questions about their health and the COVID-19 vaccines.

The efforts of these organizations account for a significant portion of the sustained vaccine outreach that we measured among our coalition, and which was bolstered by the support and technical expertise provided by Made to Save. Identifying organizations to fund

Identifying organizations to fund

One of our earliest priorities was to identify the communities where we would target our grant funding. Contrary to many popular beliefs that vaccine hesitancy was the primary obstacle to vaccination rates, we believed that

access – both to the vaccines themselves, but also to reliable information and empathetic health care providers – would be as large, if not a larger barrier.

- [Nearly two thirds](#) of Black and Hispanic people stated that they do not have enough information about where and how to get the vaccine in February 2021;
- Another February 2021 report found that Black, Hispanic, and Indigenous populations were significantly [more likely](#) to live in a community with barriers to health access;
- In January 2021, [39%](#) of American Indian and Alaska Native people reported that they had difficulty traveling to a clinic for an appointment.

For these reasons, we prioritized investing dollars in areas that have been historically underserved by the health care system, where people may not have easy access to information sources and channels of distribution.

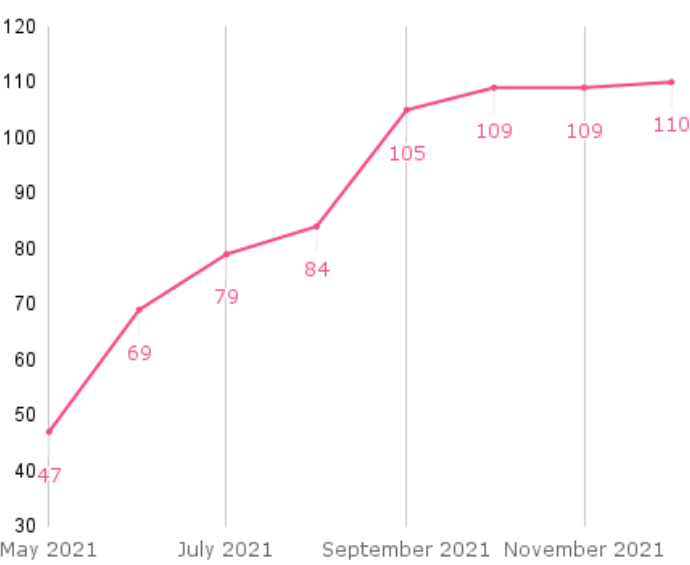
We integrated dozens of county demographic and structural indicators to identify potential target communities. Then, we engaged in an iterative feedback process with our partners (particularly national organizations representing communities of color who had experience working with community-based organizations in the region; see Core partner advisors section), where we sought information on the strength of the existing local vaccine outreach plans, areas with a significant, demonstrated need, as well as states and communities with a network of community-based organizations to partner with. We also removed states where we knew that a strong government-led partnership with CBOs was already in progress, such as California, Illinois, and New York.

Communities can be undercounted and under-surveyed for the same reasons they are of the greatest need. Gathering input and feedback from our partners allowed us to identify communities that Census data, and our other data collection methods, failed to surface at the national level – such as [communities of Pacific Islanders](#) working in or near meat-packing facilities in Iowa. Ultimately, we identified a priority round of 17 communities for our initial grants. For a detailed discussion of the data and methodology used in our community targeting process, please see our [March 2021 memo](#).

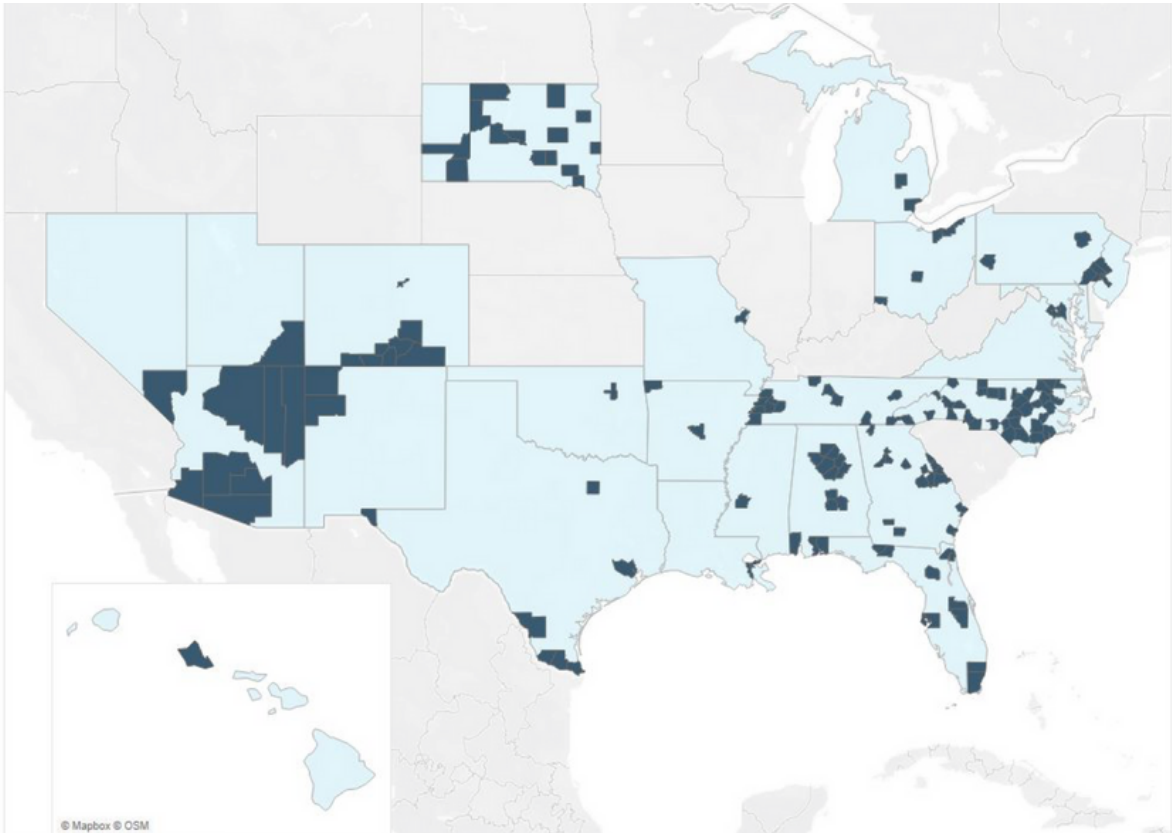
Between May and December 2021, Made to Save awarded nearly seven million

dollars to community-based organizations nationwide, in the geographies identified through our targeting process. Fifty-five grantees were identified and onboarded to our program in that short time, and an additional 55 organizations received sub-grants. **More than 80% of the Made to Save grantee organizations are led by people of color and 70% of the grantee organizations have female, trans, or gender non-conforming executive directors.**

Made to Save Grantees Onboarded Over Time



Map of counties where grantees were doing outreach



Our grantees spanned 150 counties across the country. Made to Save’s communities were home to 19% of the total U.S. population (or 63 million people) and 26% of the country’s people of color. Of the 63 million people in the targeted population, 53% (or roughly 33 million) are people of color – notably higher than the 40% national average. The racial composition of our target population was more diverse than the country overall:

	Target counties	U.S.
Black	20.9%	13.4%
Hispanic	23.0%	18.5%
Asian	4.9%	5.9%
American Indian / Alaskan Native	0.9%	1.3%
Hawaiian / Pacific Islander	0.2%	0.2%
All non-white populations	53%	40%

Made to Save Tip: Working with our partners who work directly within communities, we were able to identify needs that may not be as apparent in national data.

The deliberative approach that we took to targeting communities and identifying partners allowed outreach to happen in places where it wouldn’t otherwise. While running programs in communities with less health care infrastructure (such as rural communities) was inherently less efficient, those programs were ultimately more effective due to the lack of any comparable work being done in the region.

Our model for community engagement

The Made to Save model for community engagement focused on centering the communities most affected by the COVID-19 pandemic in our engagement process. That meant identifying community-based organizations who were representative of those communities, thus creating a community-informed effort.

Given the unprecedented nature of the pandemic and its effects on people’s

ability to engage with each other, we knew that we needed to engage in new ways to build outreach capacity quickly, so we focused on the following three pillars to fully support the community-based organizations, starting from the recruitment process and ending with our final evaluation and offboarding process.



- **Funding Support and Program Design.** Grant funding from Made to Save allowed the community-based organizations to quickly ramp up their programs and compensate their staff to carry out their work. Many of them were already responding to community needs at low capacity and without funding support.

Given the historical underfunding of community-based organizations, many of them do not have the opportunity to have grant writers or data analysts on staff who can dedicate time specifically to those tasks. Therefore, MTS staff exercised flexibility in the request for proposals (RFP) and simplified the application process, providing freedom for organizations to propose outreach projects tailored to their local communities. This allowed us to remove barriers to funding and to create programs based on the experiences and local knowledge of the communities we sought to serve.

- **Technical Assistance and Coaching.** Engagement of grantees in the technical assistance and coaching program started during our prospecting process. Our team of regional directors supported all applicants with the RFP process, provided coaching support for the development of their proposals, and removed barriers to entry, thus ensuring the most grounded organizations had equal access to the program. Before joining, all grantees completed a *needs assessment* to identify their top areas of need to increase capacity to run an effective vaccination outreach program. The assessment helped us design a series of training sessions to address the needs of the grantee organizations during the life of the program. Once the organization's RFP was

approved, all organizations joined a welcome orientation which allowed all participants to establish a foundation on how to engage with each other and the campaign. At the orientation, grantees received technical training on how the vaccines worked from our health team and were trained on our methods for talking to friends and family about the vaccines.

- **National and State Ecosystem-Building.** Made to Save sought to create a space in which local, state, and national organizations, healthcare entities, and others could come together to connect, share lessons learned and collaborate with each other. This was possible through the creation of a *national coalition hub* and *state-based coalitions*. Regional Directors facilitated state-based vaccine equity coalitions to ensure coordination between grantees, health entities and other organizations prioritizing vaccine equity and communities of color. This ecosystem and these calls are discussed at length in the “Convene a vaccine equity hub” section later in this report.

“

We vaccinated over 3,000 Latinx, Spanish-speakers, uninsured adults and children. Our work (and Made To Save) was featured in Tulsa's main newspaper.”

— **Uma Tulsa**

Vaccine outreach programs presented new challenges for Made to Save grantees, even those with a history of grassroots organizing: the vaccine environment was constantly changing and vaccine conversations were challenging and often more labor-intensive than groups had anticipated. Misinformation was rampant in both Black and Latino communities, which was increasingly difficult to correct as both groups were [targets of disinformation](#) campaigns. Made to Save addressed these barriers by providing a hands-on, supportive

relationship with grantees to help them remain nimble and flexible in a challenging environment.

Through their experience conducting vaccine outreach in communities of color, Made to Save grantees identified [a number of best practices](#) for promoting local

vaccination and vaccine equity. They served as trusted messengers for vaccine information and culturally competent messaging in communities. They coordinated and collaborated with each other through in-state vaccine equity coalitions, and they used a variety of innovative tactics to connect with hard-to-reach individuals and communities. Below are a few examples of the impact and diversity of Made to Save grantee outreach programs.

Enabling local one-on-one conversations

The International Mayan League is the only Maya women-led organization in the United States (U.S) and is based in Piscataway Nation Territory (Washington, DC). The organization led a vaccination campaign with specific outreach by the Maya Health Promotores to Indigenous Maya communities in Maryland and Virginia. Over the past few decades, the League has worked to raise awareness and visibility of the Maya diaspora. The lack of visibility and knowledge of Maya peoples' existence is detrimental to the community, and it is one of the reasons the pandemic has been especially hard on Maya peoples. Much of the information and resources shared during the course of the pandemic were not linguistically or culturally accessible to many members of the Maya community. In response, the League created the first model in the DMV of Maya Health Promotores who were trained to talk about the vaccines, address mis- and disinformation, and accompany Maya community members to local vaccine clinics.



Maya League Health Promoter, Isabela de Paz (left), greets and assists a community member as she checks into the vaccine clinic.

“

There's a lot of fear in our community. A lot of members don't want to get the vaccines, but then they see us and hear us speaking in our languages and they see members of their own community and become less fearful and they are encouraged.” — **Maya Ixil Promotora**

Made to Save grantee, **Project H.E.L.P. USA/Medical Reserve Corps (MRC)** works to enhance emergency preparedness, response, mitigation and resilience in Alabama and the United States by recruiting and training a corps of medical, non-medical, and public health volunteers to respond to public health emergencies and empower communities to be self-reliant.

Project Help/MRC worked towards equitable vaccine distribution by operating vaccination sites and mobile vaccine clinics, addressing barriers of transportation and misinformation in communities, appearing on radio talk shows, writing op-eds in print media, and conducting educational outreach through partnerships with critical



organizations such as religious institutions, student organizations on college campuses, and other community-based organizations. Since August 2021, they have vaccinated close to 10,000 people in their three counties and educated close to 14,000 individuals at events.

Strengthening the COVID-19 vaccination mobilization ecosystem

We organized state-based coalitions to help strengthen relationships among grantees and other community stakeholders. These networks opened the space to connect community organizations that traditionally would not work together, in many cases bringing together grassroots groups with health departments and other health organizations.

State coalitions were launched in the late summer of 2021 in 12 states, the D.C./Maryland/Virginia (DMV) region and with a coalition call specifically for Native and Indigenous partners. Made to Save co-created a space in which our Health and Data teams could provide trusted information about the vaccine and where grantees could learn from each other about best practices in the implementation of their programs.

These spaces proved an important connection point among different

stakeholders. For example, during a Nevada coalition call, a Made to Save grantee informed the statewide immunization nonprofit that routine vaccines for children were not free for low income families, resulting in a partnership to organize a back-to-school vaccination clinic to provide free childhood vaccines for low income children.

The Native and Indigenous coalition was tailored specifically to discuss vaccination issues for native peoples at reservations, outside of reservations and for Indigenous people in the diaspora. The call was joined by both grantees and non-grantees. Partners working in the Navajo and Oglala Lakota reservations joined the coalition calls as well as Marshallese, Native Hawaiian, and Maya partners, creating a space that had not previously existed during the pandemic. These calls revealed the lack of accurate data for vaccination in Native and Indigenous communities, as a result, Made to Save took the opportunity to engage directly with staff at the Centers for Disease Control and Prevention (CDC) to try to find solutions to this issue and connected Indigenous leaders with Indian Health Service staff through coalition calls.

Made to Save Tip: Embedded organizations know best what their communities need. Engagement with the local government should be a possibility, but not forced.

The state-level coalition calls sometimes exposed fractures in the relationships between community groups and local governments. In some cases, our grantees preferred not to include local health departments on the calls, which we respected: in those situations, the grantees worked together to problem solve without further help or input from local government. In other cases it was difficult to get connected to local public health departments and those relationships were never fostered as a result.

Supporting partners in hard-to-reach rural communities

Some of the communities most affected by the pandemic and those experiencing low vaccination rates were in rural areas across the country. Some of those communities included reservation lands such as the Navajo and the Oglala Lakota Pine Ridge Reservations, rural Texas border communities known as *colonias*, and rural communities in the deep South.



In Cameron County, Texas, Made to Save grantee **Proyecto Vida Digna** – whose mission is to build the power of undocumented migrants and their families and to improve the lives of low-income families in South Texas – focused their outreach across 10 *colonias* or low-income unincorporated rural neighborhoods along the border. Their work resulted in a partnership with a Federally Qualified Health Center to schedule vaccination appointments for *colonia* residents. Through their work with their Health Promotoras team they had a total of 90,000 conversations about COVID-19 vaccines through door to door canvassing and event based organizing, and carried out over 200 community events to raise community awareness about vaccination.

The **Yee Ha'ólíní Doo DBA Navajo and Hopi Families COVID-19 Relief Fund's** mission is to build collective Navajo and Hopi power to exercise their inherent



rights to self-determination by putting cultural values and teachings into practice to rebuild and revitalize their communities. They used culturally and linguistically sensitive messaging in their educational content and provided information in various media designed to reach Native language speakers and individuals without access to the internet. Staff used radio forums, radio and newspaper

ads, posters with influencers for display at public locations, and giveaways at vaccination events and flea markets to incentivize vaccination and collect polling data on vaccination hesitancy. Through their outreach, they reached 80,000 people in low access native communities with vaccine information and education.

Impact of our grantmaking program

Our grants were intended to help community-based organizations deliver vaccine outreach to their communities. We also worked to provide resources and

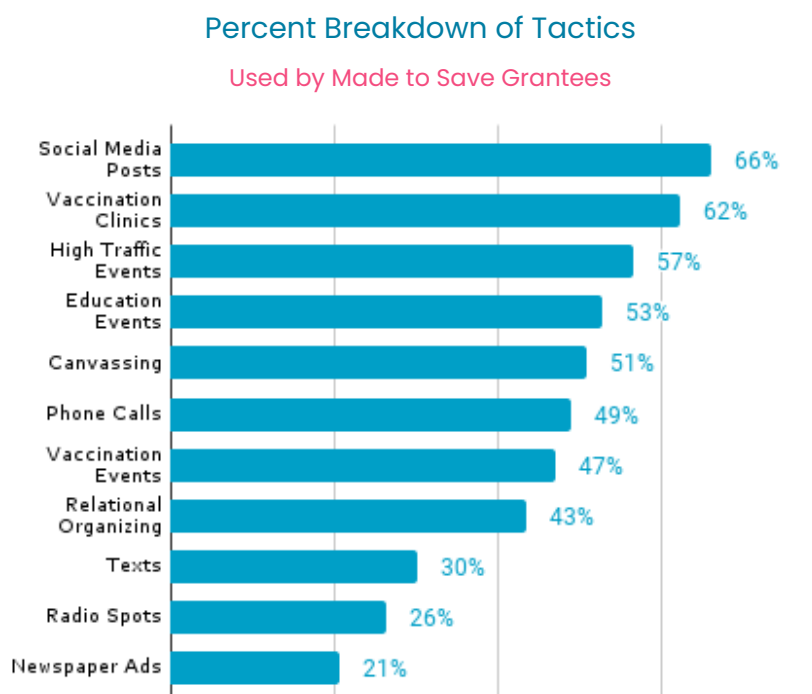
support for these organizations to build power, credibility, and improved ties to public health infrastructure.

Made to Save Tip: Flexibility in measuring impact allowed grantees to do the work best suited for their communities and to capture the breadth of their work.

We needed to provide a flexible framework with both quantitative and qualitative inputs to capture the true scope of our grantees' work. Our original reporting expectations were too rigorous, but close collaboration with our grantees allowed us to iterate and adapt it to a more flexible structure. This resulted in a tradeoff of precision in the quantitative reporting in exchange for a holistic view of a grantee's contributions. Ultimately, making this tradeoff allowed us to better identify ways in which our grantees improved not only the communities served, but also the people serving them.

Outreach by our grantees included conversations with unvaccinated community members and opportunities to host vaccine events

Grantees contacted over 5 million individuals in their communities and had over 625,000 conversations about the COVID-19 vaccine. The most widely used tactic was leveraging a group's online presence via social media, with 66% of organizations reporting use of social media. Events, such as clipboarding at high-traffic areas or hosting education events, were also very common. A full breakdown of the use of different tactics by organizations can be found in the figure at right.



A precise metric of costs per engagement and conversation is challenging due to the different ways that our grantees designed and ran their programs, as well as differences in data collection and definitions. However, in the aggregate, we estimate that our grantees had conversations with individuals in their communities at a rate of **\$9.07 per conversation**.¹ Of course, this specific cost varied greatly among grantees and different geographies and programs.

Over 40% of our grantees encouraged relational organizing (talking to friends and family) in their communities. While relational conversations are challenging to track, they create and empower additional trusted messengers in communities. One way this manifested was that our grantees worked alongside vaccinated community members by making “vaccine tripling” asks, which prompted vaccinated people to commit to talking to three friends or family members about vaccination. This strategy has been found to be successful at reaching unvaccinated individuals; [GOTVax](#) found that vaccinated individuals who engaged in this process were able to [identify and receive contact information](#) for 1.6 unvaccinated individuals, on average. In addition, conversations with doctors or local leaders who look like their audiences served as a way to talk to the most trusted messengers for those who were still unvaccinated.

From July through August of 2021, we stood up a paid canvass focused on reaching individuals who were not currently registered to vote in communities with high social vulnerability and fewer existing support structures. Internal data from our partners emphasized the importance of prioritizing vaccine conversations with non-voters. Making phone calls before door-knocking was effective in letting individuals know a vaccine conversation was

“

[We’re] utilizing trusted messengers directly from the communities we are serving to encourage family, friends and neighbors to get vaccinated and educate them enough to have hard and uncomfortable conversations.” — **Greater Birmingham Ministries**

¹ This average is calculated using data from 51 organizations. Four grantees were excluded from the analysis due to omissions or difficulties comparing data

effective in letting individuals know a vaccine conversation was forthcoming, and in Michigan, [the “good neighbor” program](#) encouraged relational vaccine outreach. The drawbacks were that at a low volume, such as one program in one city rather than a national or statewide program, a paid canvass was a more expensive way to reach individuals (\$25.38/conversation) and was susceptible to operational pitfalls including COVID-19 outbreaks among canvassers – which resulted in vaccine requirements for paid canvass staff.

In counties where grantees were conducting outreach, increases in vaccination rates outpaced the average increase in the states they were working in; shrinking, but not completely closing the gap.

It is challenging to know exactly what impact a grantee working in a community had on the overall vaccine rate due to factors such as availability of vaccine appointments, accessibility of vaccine sites, and even state and local ordinances around COVID-19 mitigation tactics. However, through county-level datasets on vaccination rates provided by the [CDC](#), we were able to measure the rate of increase in vaccination rates in our targeted counties, as compared to the states they worked in.

In 8 out of 10 months during which Made-To-Save-funded grants were contributing to vaccine conversations

in communities, the per capita increase in the fully vaccinated population was *larger in the counties where our grantees worked* than in their state averages overall. The only months where our grantees were not working in counties that meaningfully outpaced the state averages were August, September, and October 2021 – months where the national vaccination rates were increasing at a higher pace due to the risks associated with the Delta variant.

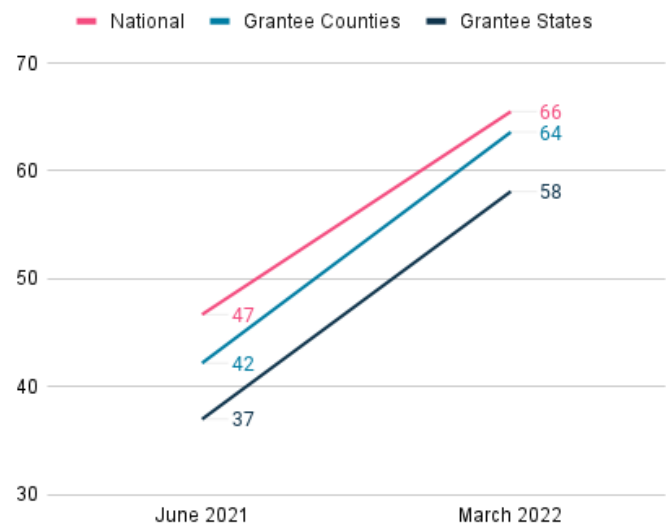
Difference in Percentage Point Increase of Vaccination Rate

Between Grantee Counties & State Averages



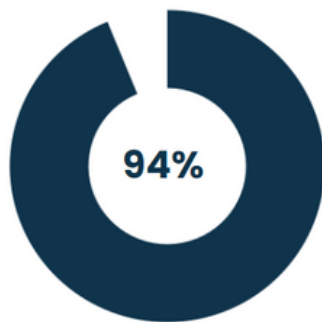
Over the lifetime of all grantee work (June '21 to March '22), the vaccination rate in the **states** where our grantees worked remained well below the national average – from 10 points below in June to 8 points below in March. However, the **counties** where our grantees were doing outreach started at 5 points below the national average and ended 2 points below it (see chart at right).

Change in Vaccination Rates

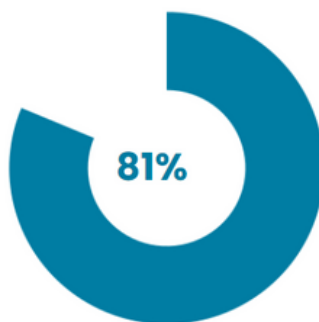


Grants to community-based organizations helped them build their own capacity, collaborate with other organizations, and increase their visibility in their communities for vaccine outreach.

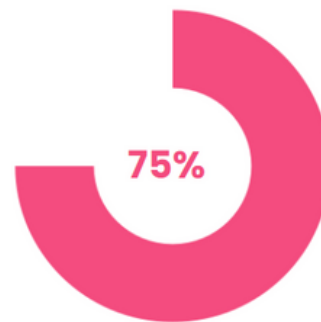
Many grantees were able to expand beyond the normal scope of their organization and deepen connections to their communities. In their final grant evaluations, groups told us that the grants were central to their goals²:



94% of groups said that the grant **increased their capacity.**



81% of groups said that the grant **facilitated collaboration** with other groups.



75% of groups said that the grant **increased their visibility** within the community.

² Based on responses from 48 organizations.

Grantees that primarily focused on work in major cities were able to expand to offer services and support in the rural and exurban areas of their region. Others were able to extend support to younger individuals and students where they wouldn't have bandwidth to do so before.

The coalition calls convened by our program team provided a space for organizations not only to receive information but to network with our organizations. Grantees acknowledged that these deliberate connections helped build relationships with other community-based organizations, and some states saw grantees continue to stand up coalition calls after Made to Save's involvement.

“

MTS helped us connect with other non-profits or organizations that broadened our horizons and helped more members of our community. We learned a lot!” — **Promise Arizona**

“

Made to Save allowed us to identify the systems and practices we already had in place that we could use for this new equity work. [They] allowed us to go deeper in the rural communities we were working in and to begin reaching out to larger populations of BIPOC folks across our states.” — **United Today, Stronger Tomorrow South Dakota**

Beyond providing funding and direct support from our regional directors, other departments at Made to Save were on deck to stand in as consultants for grantee needs. We offered a ticketing service that gave grantees access to each of our departments and which almost half of our organizations used.

Requests included help with digital outreach, connections to local press, best practices for data collection in the field, and translating vaccine research for communities.

Made to Save also helped elevate our grantees' work to a wider audience, including our national coalition and public events, by supporting grantee-led training sessions. Grantees led 14 trainings that outlined best vaccine outreach practices and health equity lessons that were part of Made to Save programming.

Support from Made to Save also helped grantees build longer-term capacity to continue their work in both vaccine and non-vaccine spaces.

While all the resources Made to Save provided helped bolster our grantees' vaccine outreach work, over one-third of our organizations were able to use our funding to find new monetary sources to continue their work. Our grants even allowed groups like Somos Tejas to turn from volunteer-only organizations to formal entities and start paying their employees. For other organizations, a grant from Made to Save allowed them to hire new staff, particularly local staff who could best connect with the community.

For some organizations, it was an introduction to peer-to-peer texting tools, phonebanking, and CRMs to collect and organize data. Fourteen of our grantees used the Spoke (peer-to-peer texting) platform that we provided, enabling them to send hundreds of thousands of texts.

“

Texting allowed us to reach many people in a more effective and efficient manner to amplify our message, so going forward we will employ these strategies in our other endeavors.” — **Southern Echo**

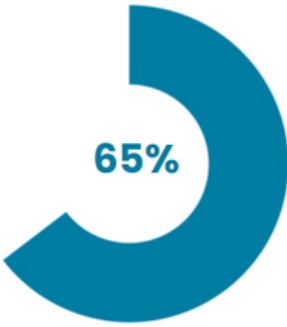
Our grantees included service providers (including mutual aid), advocacy and policy organizations, health care providers, and civic engagement organizations who traditionally work to register voters and mobilize communities around the election cycle. With 2021 bringing a lull in their work, our grants helped them retain staff and empowered them to do public health outreach, and many civic engagement organizations committed to weaving vaccine conversations into all of their work moving forward.



We know that an equitable democracy demands an equitable recovery. That's why we developed our programs Shots to the Souls and Vax and Vote, so that we could combine critical access to preventative healthcare and culturally competent COVID-19 information with our civic engagement outreach. In our current year-long voting effort, Vote-365, we are employing this same powerbuilding approach, working with communities to better enhance civic participation through traditional mobilization efforts coupled with deep organizing. We weave PPE distribution and other COVID mitigation strategies into our work, building community and trust along the way. We are embedded in communities, and we proudly proclaim “we are here to stay,” and not simply engaging in extractive organizing on short-term cycles.” — **Fair Count**

In addition to building and supporting bridges to other organizations, support from Made to Save also helped grantees build connections with state and local public health institutions for longer-term health equity goals

Prior to engagement with Made to Save, many grantees had never engaged with their local public health organizations before, and with our focus on building sustainable health equity, we prioritized connecting our grantees with local and regional public health infrastructure. In our final evaluation responses,



65% of grantees reported improved **connections to public health infrastructure.**

Even when connecting to these public health resources wasn't straightforward for grantees, our partnership with Doctors For America (DFA) allowed us to bridge these gaps by connecting groups with vaccine-trained health providers to assist in sharing additional local, regional or national resources.

65% of grantees reported making new connections to public health infrastructure and individuals. Many cited that the grant allowed them to have the standing and credibility to build relationships in their communities with groups that previously felt out of reach. Being able to name our organization as their funder helped legitimize their work.

“

We now have a better relation with some of the most important health institutions and public health services that can help us confront the health and medical exclusions historically suffered by the people and communities we work with. All this was done as a result of the support and our involvement with Made to Save.”

— **Border Network for Human Rights**

“

I want to thank you for connecting us with Doctor Anna, who shared with us insight on places we can reach out to for vaccination services for our events and gave us tips on how we can drive more folks out to these events. It was a learning experience and I know next time will be better because of the incredible advice Doctor Anna was able to provide us with!”

— **Poder Latinx**

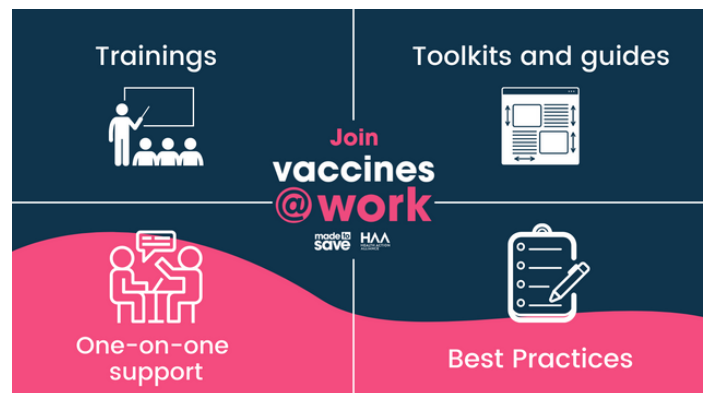
Mobilizing additional trusted messengers

In addition to working directly with community-based organizations, we also recognized the importance of other key messengers – employers, schools, health care providers and digital social networks – that can impact a person’s vaccination decision. To meet people where they were, we executed a series of targeted initiatives to support these trusted messengers with resources and training to facilitate those critical conversations.

Employers: Vaccines At Work

As vaccine uptake slowed in the summer of 2021, it became clear that employers would play a critical role in continuing to help communities get vaccinated, with 72% of Americans [trusting their employer](#) to provide reliable information about the COVID-19 vaccines, more than they trusted either the CDC or the

Food and Drug Administration (FDA). Made to Save launched the Vaccines at Work initiative in October 2021, in partnership with the Health Action Alliance. At that time, the Biden-Harris Administration had just announced that OSHA would soon be issuing a new proposed rule to require all large employers (100+) to implement vaccine-or-test policies in the coming months. We planned to play a large role in helping employers both big and small implement federally compliant and equitable policies. In particular, we wanted to help guard against worsening inequities by helping businesses establish [policies](#) that could increase equity, trust and vaccinations.



Over a 6-month period, we trained and provided resources for more than 800 employers, reaching over a quarter of a million employees nationwide. The Vaccines at Work website served as a one-stop shop for templates, toolkits and guides with best practices for employers, as well as a support request form to request one-on-one coaching and connections to medical professionals or attorneys to provide individual guidance. We hosted “employer talk” events and an automated email series to share these opportunities.

Unfortunately, the OSHA rule soon became tangled in legal battles and was ultimately struck down by the Supreme Court and withdrawn in early 2022. Without a federal mandate putting them all in the same boat, employers began to worry about losing staff who didn't want to get vaccinated and about politicizing their workplace. Some, however, stepped up in big ways to fill the void created by the Supreme Court. At Made to Save, we responded to this shifting landscape by continuing to use the Vaccines at Work initiative to support employers to create vaccine policies and safeguard their customers, with a renewed focus on helping employers use their position as a trusted messenger to encourage vaccination and provide greater access to vaccines for their staff.

Schools

In anticipation of FDA's emergency use authorization of COVID-19 vaccine for children aged 5-11 (which was officially given in October 2021), Made to Save recognized the important role schools could play in increasing equitable access to trusted information and vaccine clinics. While schools have been sites for other vaccination efforts, we knew that this vaccine rollout posed unique challenges. We therefore launched an effort to observe, measure and support efforts to ensure COVID-19 vaccine access and education for parents and children in school settings.

The schools initiative ran in Detroit, MI, Birmingham, AL, rural Arkansas, and the Mississippi Delta region over the course of five months (October, 2021 - February, 2022). Given that each location had a different set of participants, schools, local politics and geographic location, each location approached the process slightly differently and in line with their experiences and capacity. Representatives from each location met bi-weekly as a coalition to discuss progress, share concerns, and develop solutions. Made to Save also provided informational support and advice to support the schools, as well as data collection support for two locations (Detroit and rural Arkansas). In those locations, baseline and follow-up surveys were used to assess openness to vaccinating children (in general and at schools) and to identify resources that parents requested to make their vaccine decisions.

This program shed light on the importance of community and partnership,

both within the coalition and within each individual community. Regularly scheduled school-located clinics (every 2 or 3 weeks) gave parents time to become comfortable with the idea of vaccinating children, ask their questions, and build community with medical staff who provided vaccines. We shared these findings with a broad set of stakeholders with the goal of helping schools conduct ongoing vaccine efforts.

For a more in-depth look at the school program initiative and lessons learned, please see the [final program report](#) or watch this [10-minute video](#).

Health care providers

Health and public health professionals were consistently ranked in the top [most trusted sources of information](#) about the pandemic and the COVID-19 vaccine. However, many of our community partners and community members had insufficient access to trusted health professionals. Outreach workers and volunteers expressed a need for help in keeping up with the constantly evolving and nuanced information and guidance on the vaccines and the pandemic. Additionally, in many communities of color, mistrust in the vaccines was a result of longstanding mistrust in health care due to systemic inequities, structural racism, and negative personal experiences. We recognized a significant need for improving the ability for health and public health professionals to build trust and better understand the needs of the communities they serve and work alongside. Our efforts therefore were threefold:

#1: Embed health professionals into community-led efforts

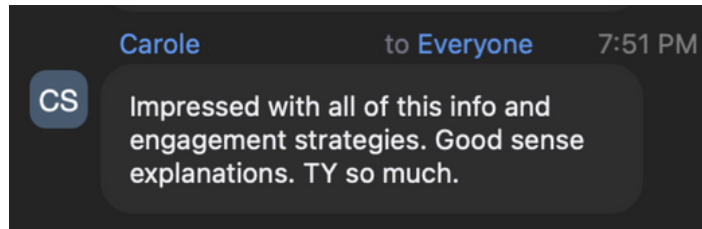
Made to Save worked to ensure that communities had access to culturally-competent doctors and other health professionals to answer questions about the vaccines, and in some cases to conduct vaccine clinics. We engaged health professionals across our coalition including physician associations, the White House COVID-19 Response Team, FDA and CDC to update our partners on key developments and give them opportunities to get questions answered.

Additionally, we partnered with [Doctors for America](#), a national grassroots organization of physicians and medical students across all 50 states who work

to improve health through advocacy and public education. Doctors for America recruited over 200 physicians and medical students to their Vaccine Expert Corps. They brought culturally-competent and in-language experts to support dozens of Made to Save and partner organizations' vaccine Q&A sessions, outreach trainings, town hall events, webinars, Instagram Live events and vaccine clinics.

#2: Support health and public health direct outreach to communities of color

Made to Save directly funded efforts by health care community-based organizations. Those included Project H.E.L.P. MRC (an Alabama-based medical reserve corps that provides disaster relief and other direct services) and Unidos Contra COVID (a Philadelphia-based group that brought health professionals and vaccines to Spanish-speaking communities).



We also highlighted and supported efforts by national partners including GOTVax, which mobilized health professionals in Boston to bring shots and information to public housing projects and other communities with reduced access. Another partner was This Is Our Shot, a coalition of health professionals disseminating information and debunking misinformation through social media in English and Spanish. Additionally, we provided culturally-competent outreach materials to health professionals through national health and public health associations and local health departments.

#3: Train health professionals in effective vaccine communication

In partnership with vaccine communications experts at the Yale School of Medicine, we developed a Continuing Medical Education training video for health professionals called "An Approach to Patients Who Have Not Gotten the COVID-19 Vaccine." This training was based on motivational interviewing, the Made to Save TEO method, and input from our community and health partners. This video was distributed by [Yale](#) and on [Medscape](#), the leading global continuing medical education platform with 800,000 U.S. health professionals. As of the writing of this report, the training had been viewed over 1500 times across both platforms, with over 380 test-takers. Eighty-three percent (83%) of health professionals said that it would impact their practice and 89% said they

would recommend it to others.

Engaging and empowering digital social networks

Made to Save's core approach of empowering trusted messengers at the local and national level was supplemented with digital programming that sought to scale effective outreach strategies, share tested information and address mis/disinformation. We hosted a number of national virtual events, gave opportunities for volunteers to become a #VaxAmbassador, and invested a significant portion of our media budget in creators producing on TikTok.

#VaxAmbassadors

The #VaxAmbassador program was a distributed volunteer program grounded in relational organizing best practices that trained and provided resources to individuals to engage in vaccine conversations in their online communities.

Made to Save prioritized the program out of an attempt to scale conversations between trusted messengers and online audiences who needed accurate information from a source they trusted – their friends and neighbors.

During seven events held over the course of five months, the program trained 900+ participants on topics such as mis- and disinformation, digital storytelling, best practices for vaccine conversations, and how to identify and engage with their various online communities. After attending the training, #VaxAmbassadors were provided with resources to aid in their initiation of and engagement in these conversations.

These resources included pre-drafted social copy, mis- and disinformation tip sheets, weekly pandemic video updates, and a Slack channel where they could ask questions directly to medical professionals from Doctors for America. This program, particularly the mis- and disinformation sections, received overwhelmingly positive feedback from attendees, with an average 98% positive feedback rate. Learn more about the vaccine ambassador program [here](#).

Virtual programming: live streamed events, TikTok, and other video content

Throughout the campaign, Made to Save also hosted dozens of Instagram lives and other virtual events to engage potential volunteers (those already vaccinated) and unvaccinated populations in need of trusted information.



Some of our biggest collaborations included:

- The [#RollUpYourSleeves primetime special](#) in collaboration with NBC and ATTN, hosted by Ciara and Russell Willson, which featured President Biden, Barack and Michelle Obama, and a number of special guests.
- This [conversation](#) between Ciara and First Lady Jill Biden, which also included surprise calls to Kim Kardashian, Jennifer Hudson, and other artists.
- [This post](#) about masks and COVID-19 vaccines from Ariana Grande, which generated over 4.8 million likes.
- The [Made to Save Live conversation](#) with Eva Longoria, former President Barack Obama, and Dr. Rhea Boyd was co-produced by Supermajority, United State of Women and the Department of Health and Human Services (HHS)'s We Can Do This campaign. The event received hundreds of thousands of views on YouTube alone and was shared to the Pantsuit Nation x Supermajority Facebook group of almost 3 million members.
- The [Instagram live conversation between Dr. Alice Chen and Auli'i Cravalho](#) was among our most attended live events during the month of June 2021 with around 260 active participants.

Thanks to re-cuts and re-posts of live events, along with the larger reach of our partners, these events ultimately reached over 1m people.

When the Omicron surge arrived in Winter, Made to Save released [weekly videos](#) from Dr. Chen, which thanks to a partnership with YouTube, reached over a million people with critical information as the situation unfolded.

Made to Save also invested heavily in working with TikTok influencers to leverage the trusted relationship creators often develop with their audience.

The [#MadeToSave hashtag](#) has garnered over 90 million views on TikTok and counting, and we encourage other organizations to explore the world of paid influencer marketing – our average CPM (cost per thousand impressions) hovered around \$3, well below the industry average CPM for high-impact advertising, and the majority of posts generated hundreds to thousands of comments and critical vaccine conversations.



Made to Save Tip: Partnering with established organizations was essential to our social media reach.

While Made to Save never generated a large following on social media, through partnerships with established organizations, we reached millions of people with critical information through TikTok creators, high-budget events such as our roundtable on women and the vaccines with Eva Longoria and President Obama, and low-tech Instagram lives with people like Dr. Alice Chen and Auli'i Cravalho, the actress and voice of *Moana*.

Impact of mobilizing trusted messengers

In addition to communities our grantees served, we relied on tactics and mechanisms to broaden the scope of trusted messengers and the audiences we reached. Employing a variety of tactics enabled us to meet people where they are – in schools, in workplaces and online.

School partners helped facilitate informational sessions with trusted messengers and provide equitable opportunities for children to get vaccinated

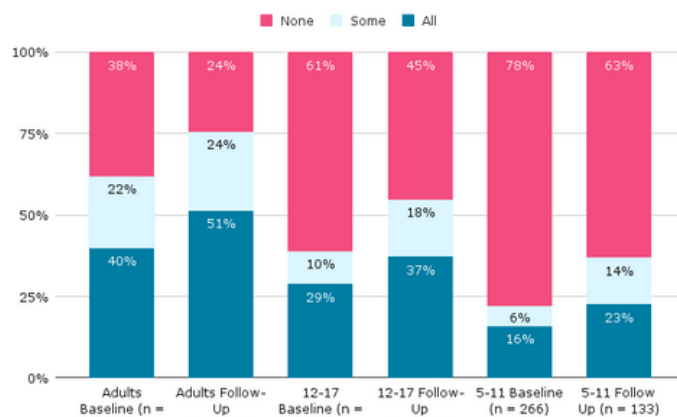
Immediately after the Pfizer vaccine was given emergency use authorization for children ages 5 to 11, nearly 2 in 3 parents participating in Made to Save's school programming in rural Arkansas (a sample of over 300 households) were open to vaccinating their children at school. Follow-up survey responses suggested that many parents took advantage of the increased accessibility of vaccinations at school, which was essential in reducing barriers for parents who would otherwise not be able to access other vaccine clinics.

What we learned in our pre- and post- analysis was that vaccine rates went up naturally in the households with the youngest cohort (5-11) since they had the newest eligibility, but also went up in the older set (12-17) as well among all parents of the children getting vaccinated. Many parents in both our rural Arkansas and Detroit programs indicated that informational, Q&A and town hall events provided helpful information in their decision to vaccinate their children.

Alongside the work of local and school officials, Made to Save also involved Doctors for America to provide resources and access to public health officials at vaccination sites, college campuses and in K-12 schools through events open to the public. Communities leveraged this resource if they didn't have access to other reliable forms of information.

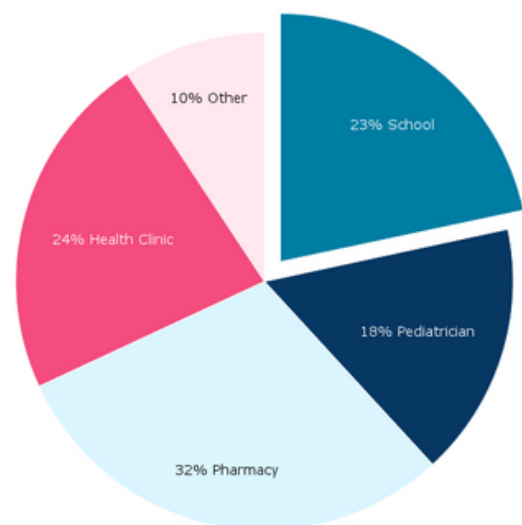
COVID-19 Vaccination Rates for Rural Arkansas

Of ____ in household, % that received at least one dose of vaccine [Nov. '21 vs. Feb. '22]



Vaccination Location for Children

Rural Arkansas - Follow Up Survey - February 2022



Of the town hall events held in partnerships with Doctors for America at school sites, 75% of surveyed attendees said they were going to get their child(ren) vaccinated immediately post-event and 25% said that they would get their child(ren) vaccinated within the next two weeks.

“

Information from respected professionals is always beneficial.

I wish that parent groups could sponsor a "Doctor" night to have this same type of town hall...I just think we need to bring this type of informational session to schools. It's reassuring and parents need that right now."

— **Vaccine Town Hall Attendee**

Providing industry-specific programming and resources helped employers navigate conversations about equity and prioritize employee wellbeing

As mentioned above, Made to Save's Vaccines at Work initiative supported employers across the country by equipping them with actionable information and roadmaps to implement equitable vaccine requirements in their workplaces. The initiative

largely served small businesses, with 81% of organizations having fewer than 500 employees and 60% having fewer than 100.

We partnered closely with dozens of organizations on the development of these events, including major regional employers like Union Square Hospitality Group, national business engagement groups like Small Business Majority and Reimagine Main Street, local public health departments (City of Detroit), labor unions (SEIU), the White House COVID-19 Community Corps, Society for Human Resource Management (SHRM), and others to reach a wide

“

The tools from Vaccines at Work were very helpful, because they made our CEO go back and think, 'What have I missed? What else could I do?' The VAW guide helped our CEO solidify her stances, and it served to reinforce that what she's doing is best for our workers." —

Small business leader (North Carolina)

network employers. Our “Employer Talk” events ended up receiving 100% positive feedback results from dozens of attendees.

Among Vaccines at Work event attendees polled, over 90% reported they came away with confidence that they would be able to equitably broach the topic of implementing vaccines in their workplaces. Event content was most successful when tailored to or co-created with professionals from relevant industries – while employers are busy, having that greater level of specificity available made them more likely to engage.

After attending Vaccines at Work events, employers identified the updates they had already implemented in their workplaces and the additional updates they would take on to prioritize equity amid the pandemic. While many employers had already been providing a combination of paid time off, vaccine access and education, and company vaccine requirements, the top change they indicated they would make was to incorporate feedback from employees and include staff in policymaking.

“

We don't have time to sit down and strategize where we're gonna go next. So it's helpful to have groups like yours helping respond to what we are seeing. You're listening to us, you're hearing this is what works, what doesn't work. You're responding. This is what we need.” — **El Centro Hispano**

Empowering trusted #VaxAmbassadors and influencers with messaging and up-to-date information allowed them to have effective conversations online

The best way to combat mis- and disinformation is not to amplify the incorrect material in an effort to contradict it, but instead to flood social media feeds with content that provides the [correct information](#). It wasn't enough to simply post content on our social platforms (YouTube, Twitter, Instagram, TikTok), but we also had to empower others to do the same to broaden our reach. More than 900 people volunteered to be #VaxAmbassadors and get trained on how to have those conversations, and many of them shared that they felt both responsible to combat misinformation and better equipped to engage their colleagues.

“

Excellent content and learned new strategies for engaging via social media. As a nurse, I feel a sense of responsibility to combat misinformation and disinformation. I want to engage more nurses working in BIPOC communities” —
#VaxAmbassadors event attendee

In a follow-up survey administered via text message, 91% of people who attended a #VaxAmbassador training said that the training empowered them to leverage their digital and online networks to have more meaningful vaccine conversations. Meeting people where they are with content that breaks through the historically noisy media environment means organizations must consider how the medium, message and messenger can be aligned to generate the most impact.

Convene a vaccine equity hub

To operationalize our strategy and gain broader outreach, we knew it was essential to find partners that could help us identify and fill gaps, and who could provide insights for how to best serve the communities impacted most by COVID-19. We also knew that many organizations were taking it upon themselves to work on vaccine efforts even though this was not their primary area of expertise, and many expressed a need for shared resources and learnings to help them conduct effective outreach.

We worked with and supported more than 1,600 partner organizations across diverse sectors including government, public health, healthcare, business, education, philanthropy and community organizations at the national, state and local level.

We developed a partner life cycle experience (recruitment, onboarding, engagement and monitoring) with regular touchpoints for priority partners. We also created a strong feedback loop to better understand who our partners were, how they were engaging in vaccine equity work, what challenges they were facing, what lessons they learned and how we could best support their work.

We developed evidence-based resources to support the work of our grantees and partners, prioritizing language justice and cultural competence in their development to reduce information gaps in different communities. We leveraged momentum from national moments such as landmark vaccine decisions (such as full FDA approval for the Pfizer vaccine and emergency use authorization of the Pfizer vaccine for the 5-11 year olds) and cultural moments such as National Hispanic Heritage Month, Native American Heritage Month, and Black History Month as opportunities to spotlight progress, barriers and unique community considerations.

Throughout, we leaned heavily on and highlighted often the work and resources of our partners. We recognized that our job was to create space for the coalition and to fill gaps, while leaving partners stronger and better connected for the long-term work of increasing health equity.

Building our national coalition

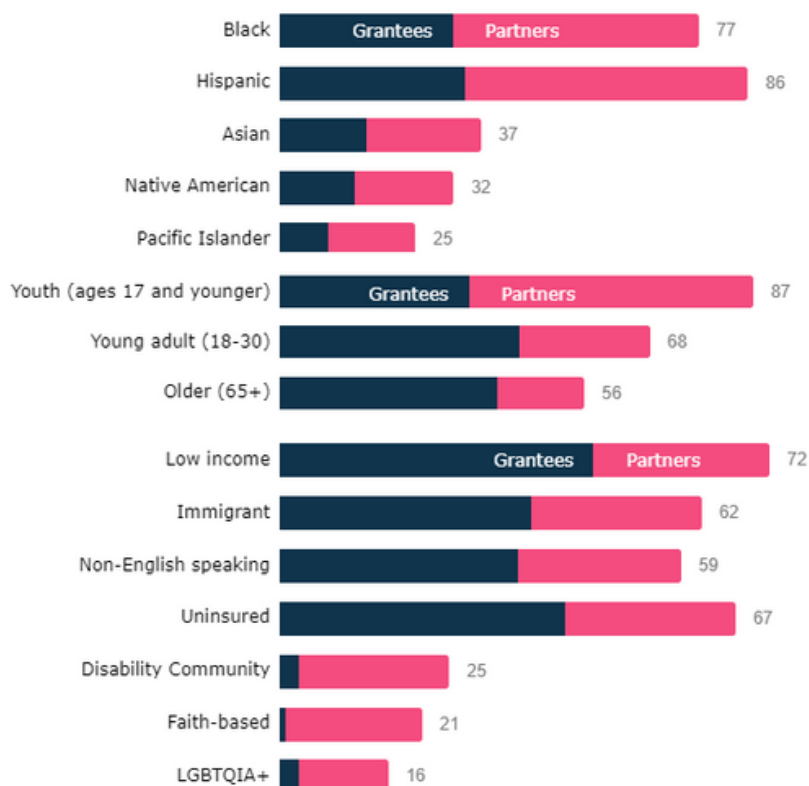
Central to our strategy was the development of and engagement with a national coalition of trusted partners. Working with local, regional, and national grassroots organizations, health associations, corporate partners, government partners, and school systems, we sought to bridge the gap separating the public health community from community groups who have deep connections in communities where access to vaccination sites and information is often limited. Through thoughtful partnership relationships, clear calls to action, and a robust and actionable set of tools, Made to Save convened and coordinated a comprehensive national response.

Including a variety of partners

From the beginning, we understood that the COVID-19 pandemic would require an interdisciplinary response, based upon the leadership of experts from a range of fields. Building our coalition required an intentional approach to bringing different perspectives to the table. Our 1,600+ partners represented various geographies and demographics and came from a range of sectors. Below is a graph of a subset of Made to Save coalition members by demography served. Groups that serve multiple demographics are included in each category. Organizations that indicated they serve “all” demographics were not included in these totals:

Subset of Coalition Members by Demographics Served

Number of Coalition Members – April 2022



Funders and philanthropy

Many funders were active in the COVID-19 space and have been seeking ways to better support communities. Made to Save worked with a variety of funders and philanthropies including those who were supporting parallel efforts. We sought to bring learnings from the community to philanthropy and vice versa.

Not only did we redistribute funding from foundations to community-based organizations leading work on the ground as described earlier in this report, we also funded research and resource development to support the entirety of our coalition work.

Federal partners

In the early days of the campaign, we worked to build a close relationship with key government partners such as the White House COVID-19 Response Team, HHS, CDC, FDA, and others. Through Made to Save, our partners were able to access federal government leaders, receive updates and messaging guidance, and engage in dialogue on pandemic response challenges and opportunities. This feedback loop was mutually beneficial, helping to guide the strategic approach of the federal government and our coalition partners. The Made to Save coalition was able to collaborate with the Biden-Harris Administration on key priorities, including the vaccine Month of Action and Back to School Week of Action initiatives.

Public health engagement

Throughout the campaign, Made to Save worked closely with public health and healthcare organizations to ensure a good understanding of the evolving public health landscape, troubleshoot vaccine access challenges, gather resources for the broader coalition, and support these organizations in better serving communities of color. We built relationships with dozens of national public health and health care organizations representing public health departments, hospitals, doctors across specialties, nurses, community health centers, community health workers, insurance and pharmacists. We also engaged public health advocacy groups, disease groups and organizations with deep experience in vaccine outreach. Public health research partners such as the

Kaiser Family Foundation and the De Beaumont Foundation helped to guide our approach to public health messaging and enabled us to understand the gaps, particularly the equity gaps, in COVID-19 vaccination and uptake. When requested, our team connected local health departments with coalition members near them to collaborate on vaccine outreach in the community. Finally, Made to Save tapped into the expertise of a public health advisory group – a small group of leading public health experts on the pandemic including Dr. Saad Omer (international vaccine expert) and Dr. Rhea Boyd (leader in health equity).

Grassroots engagement

Our grassroots partners included organizations across the country with varying missions and audiences that were united in their commitment to COVID-19 vaccine equity. Our partners included leading community-focused organizations across Black, Latino, Asian American, Native Hawaiian and Pacific Islander, and Native and Indigenous communities. We worked with organizations of teens, parents, teachers, schools and universities, various faith traditions, and civic engagement efforts – from major national organizations to small local efforts.

Throughout the campaign, we sought to strengthen relationships between these groups and health partners to ensure a holistic pandemic response. We maintained a “big tent” approach throughout the campaign, welcoming organizations with different expertise to strengthen our coalition’s approach.

Core partner advisors

Made to Save worked closely with a group of core partner organizations that served as national leaders in our target communities to better understand the needs and opportunities among our audiences. These groups included the Asian & Pacific Islander American Health Forum (APIAHF), Faith in Action, the NAACP, the National Association of Latino Elected Officials (NALEO), Planned Parenthood Federation of America, Protect Our Care, Service Employees International Union (SEIU) and The Leadership Conference on Civil and Human Rights. We also collaborated with this group during key mobilization moments to develop effective approaches and response strategies.

Creating spaces for collaboration

The Made to Save team created a series of spaces for partners to share organizational and public health updates, to spotlight coalition work, and to serve as open forums to discuss coalition needs. Each space was created to garner unique insights from different perspectives:

- **Grassroots Coalition Call and Listserv:** Our biweekly grassroots call and newsletter provided centralized space for all partners engaging with Made to Save. Two hundred partners attended at least one grassroots call, with 75–90 people regularly in attendance. The calls brought groups together to discuss evolving issues, learn about success stories and challenges, and share resources. All coalition partners also had access to the listserv, which provided an open space for the coalition to share rapid updates and new data with each other, amplify upcoming events, ask questions, and ultimately build a remote community outside of the calls as well.
- **Health Table:** This biweekly call provided a space for the nation’s leading health organizations and immunization groups to share the latest in COVID-19 updates and vaccine strategies and to provide feedback on issues seen in the field. Over 55 partners joined these conversations. Members of the White House COVID-19 Response Team frequently participated in the call, sharing updates and soliciting feedback.
- **Core Table:** This biweekly call provided a space for our core partners to discuss and collaborate on key aspects of the COVID-19 response with a focus on the pandemic’s impact on communities of color.
- **Subcommittee Calls:** We hosted three subcommittee calls on a regular basis on communications and digital engagement, research and insights, and field outreach. These were opportunities for coalition members to dive more deeply and served as working groups featuring subject matter experts. Sixty-five partners joined these calls.

“Made to Save let us connect with many on-the-ground community efforts and to learn more about what those of us working at the national level needed to amplify or focus on in our communications. The coordination and matchmaking function that Made to Save played between a lot of stakeholders was also very helpful. Having this type of resource, and the extensive staff and funding behind it, available in the field to address other every day and emerging public health issues, and to help us better engage communities in public health work, will be missed and is a significant gap.” — American Public Health Association

**Made to Save Tip:
Connecting people on the ground with those making decisions at a national level to have meaningful conversations was difficult, but critical.**

Many of these moments were spontaneous rather than a mediated or structured conversation, so it required a significant amount of trust in Made to Save on both sides in order to identify common ground, tangible and realistic decision points, and actions for both sides.

Responding to national moments

Recognizing the constantly evolving narrative of the pandemic, Made to Save utilized vaccine landmarks and cultural moments to spotlight the unique concerns of our target audiences and provide timely resources to our coalition.

Vaccine landscape shifts

At key moments, Made to Save served as a link between the Biden-Harris administration’s vaccine outreach efforts and our target communities. In June 2021, we partnered with the White House and the U.S. Department of Health and Human



Services’ “We Can Do This” campaign to lead a National Vaccine Month of Action. In this partnership, we hosted phone banks, text banks, and trainings, and we organized a bus tour that hosted Vice President Kamala Harris, Second Gentleman Doug Emhoff, and several Cabinet Secretaries for events to bring national attention to our community partners leading vaccine outreach on the ground.



Made to Save was also one of a small number of community partners with whom the White House partnered to share early access to [COVIDTests.gov](https://www.covidtests.gov) in an effort to ensure communities hardest hit by the pandemic would be among the first to request and receive their free at-home tests. In addition to two days of early access to the site, we were able to provide our grantees with [sample outreach scripts and digital content](#) to spread the word quickly in their communities.

From boosters, to vaccines for children under 11, to the Delta and Omicron surges, the vaccine landscape shifted significantly and often. Made to Save prioritized rapid response to these changes and ensured that our coalition was prepared every step of the way.

Case study: Emergency use authorization for children ages 5-11

A largely anticipated vaccine landscape moment was when children ages 5-11 finally became eligible to receive the COVID-19 vaccine. In anticipation and response, Made to Save engaged partners in a variety of ways to equip their outreach:

- We hosted a [Live Q&A Session](#) on October 8th, 2021 with Dr. Peter Marks, the director of the Center for Biologics Evaluation and Research (CBER) at the FDA.

- We welcomed HHS Secretary Xavier Becerra to our biweekly grassroots coalition call. Partners were able to ask questions and share suggestions with the Secretary, including advocating for better language accessibility in CDC materials.
- We published a [#ProtectOurKids Action Guide](#) with up-to-date information and developed a [Parents Messaging Tip Sheet](#) to share the most effective messages for talking to parents about vaccinating their children, which was based on a message test we ran in partnership with the de Beaumont Foundation. That test helped us identify persuasive messaging that lifted intent to vaccinate by 10 percentage points or more among parents.
- We hosted a Parent Town Hall with Doctors for America, and a training on “How to Talk to Parents and Caregivers about the COVID-19 Vaccine for Kids”.
- We hosted a training session with the American Federation of Teachers and the National Education Association on how teachers could talk to caregivers about the vaccine.



Constituency and calendar based moments

We were proactive in using the calendar to our advantage, mobilizing around recurring high-visibility moments like National Hispanic Heritage and Black History months and Back to School to specifically engage on issues relevant to these particular communities in more nuanced ways and to target content and outreach to key under-served communities. Examples of resources included [research briefs](#) and [social media toolkits](#), [spotlight stories](#) highlighting our grantees, and [conversations](#) with community leaders and medical experts about lessons they learned in their vaccine outreach.

As we prepped for and saw a surge of cases around the holidays, we launched our “Made to Save Family Gatherings” suite of resources for partners to help their communities navigate staying safe during the holiday season. We created a landing page that included a holidays conversation guide, safety guidelines for family gatherings, and a “Home for the Holidays” social media toolkit for partners, all at madetosave.org/holidays.



Made to Save Tip: Leveraging milestones or key vaccine landscape moments was most successful when done in partnership.

We organized around a variety of moments and milestones throughout the year, but only the very big ones, done in partnership with key collaborators, saw significant national engagement – such as our Month of Action with the Administration, or the early access to [COVIDTests.gov](https://www.covidtests.gov) we provided to grassroots partners. Some of our efforts around smaller moments such as ‘Back to School’ weren’t able to break through the media noise or yield sufficient parent engagement.

Culturally relevant resources

Underpinning all of the trusted messengers and partner support outlined above was a comprehensive suite of culturally relevant resources. These resources were necessary to combat COVID-19 vaccine mis- and disinformation and to ensure our partners had the information they needed for their outreach work.

We also recognized that a resource development process needed to be culturally humble to produce resources that were relevant to the communities we served. Since our coalition encompassed a wide range of communities across the country, Made to Save came up with a cultural responsiveness framework to help evaluate materials and services offered to the coalition.

Some of the criteria we used in our resource development framework were:

- ☐ Is this resource in the right languages for the target community, including regional variety and tone?
- ☐ Is it in the right format?

- ☐ Is it accessible?
- ☐ Is it distributed through the right channels?
- ☐ Does it honor the realities of the community?

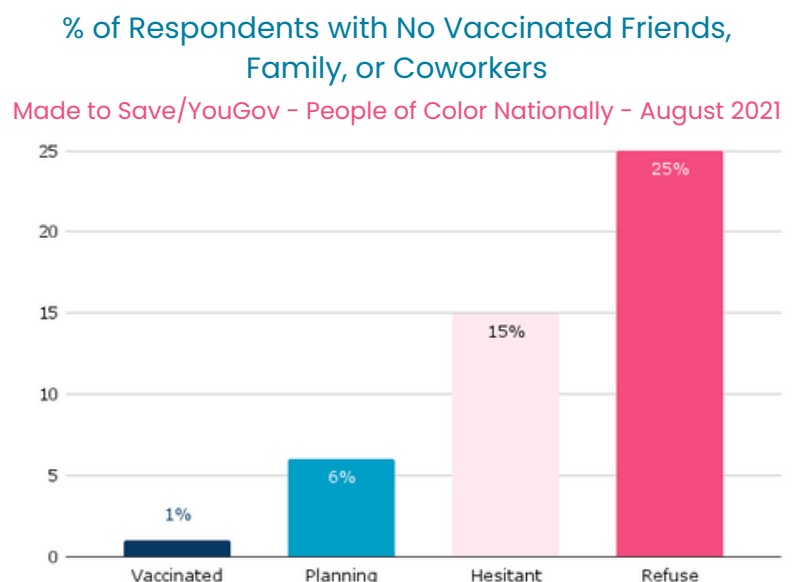
This approach to content development required checking in with our grassroots partners during the planning process both before and after implementation to ensure the resources we developed matched their needs, were culturally sensitive, and were linguistically appropriate.

A comprehensive variety of resources

We supported our coalition with a suite of resources to help with their vaccine outreach. We were committed to aggregating and conducting research to identify effective messages that scale while providing culturally competent templated digital and communications materials:

- **Trainings and Events:** Trainings ranged from motivational interviewing (e.g., TEO method) to skills-based trainings (such as how to tell your personal story or best practices for digital advertising), often featuring a diverse panel of speakers and simultaneous translation into Spanish.
- **Research Updates, Talking Points, and Tip Sheets:** Synthesizing external research from national surveys and polls, as well as our own internal messaging, survey, and focus group research, Made to Save produced regular research reports that provided up-to-date and accessible information on vaccine attitudes for our target communities. Many updates also provided suggestions for messaging.

Our [national survey](#) with YouGov focused on pandemic and vaccine experiences of communities of color, who often were underrepresented in national surveys. Our survey demonstrated, among other things, that unvaccinated people of color were less likely to know others who were vaccinated, highlighting the importance of outreach.



- **Toolkits and Template Materials:** To ease the burden on our grantees and partners, Made to Save also developed templated materials for organizations to use. Examples included sample emails and text messages, flyers, graphics and guides for speaking with community members and the press (talking points about the program, sample press releases, help identifying story tellers, op-ed or letter to the editor samples, etc.).
- **Access to Digital Tools:** Through a partnership with the [Empower Project](#), we provided free access to relational organizing tools, in addition to a relationship with Empower. We also granted text messaging credits on an as-needed basis to our grantees on a technology called Spoke, built on Twilio's API, which allows organizations to send and receive text messages. Our Spoke training and offering transformed many of our grantees' outreach strategies. Finally, to support the storytelling work of the coalition, we used [Soapboxx](#), a tool which allowed us to prompt people to record their stories, automatically caption them and share them across social media.
- **Messaging and Creative Content:** We conducted research which showed [personal stories like Carla Brown's](#) and [LaShonda's](#) are surprisingly effective tools to prompt unvaccinated people to start or continue their vaccine deliberation process. This research was done in partnership with Fellow Americans and can be viewed in-depth [here](#) and [here](#). Each video that was tested was ultimately released white-labeled and free-to-use for each organization in our coalition.
- **Resource Hub:** Made to Save curated an online hub where grantees, grassroots and national partners could access high-quality materials on the COVID-19

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We partnered with another organization, Hispanic Health Initiatives, to host this past Saturday's feria de vecindario and they were extremely impressed with our mobilization efforts. They said they never had such high turnout and were very grateful for our partnership. Many of those who came to the fair heard about it from our canvassing and texting efforts” — **State Voices Florida**

vaccines, including the materials listed above. This online library of original and partner resources on the COVID-19 vaccines became a one-stop source where partners could access materials from Made to Save and from one another to share with their constituents, support their outreach efforts, and inform their vaccination work. We ensured that the information in our hub was accessible and available in multiple languages.

Made to Save Tip: Tailoring to our communities' needs was most effective.

More specific talking points and resources were always better-received and more effective than those with a national or generic messaging strategy. This required close collaboration with on-the-ground partners as well as templates and white-labeled materials for partners to adapt.



Carla Brown's story increased vaccine intent amongst our treatment group by a 5.3% increase among unvaccinated respondents under 30 and 4.7% among unvaccinated people of color—higher than industry average persuasion benchmarks.

Finally, we worked to translate materials into Spanish, Chinese, Korean, Vietnamese, and Haitian Creole. Our grantees and partners translated our materials into Marshallese, Maya Ixil, and a variety of Asian and Pacific Islander languages. We also worked closely with the National Resource Center for Refugees, Immigrants, and Migrants to share resources in dozens of additional languages.

Hundreds of languages are spoken in the United States, yet up-to-date medical information and answers to questions are often available only in English, or at most one or two additional languages. For some of the most marginalized communities, these language barriers have meant that people are unable to find answers to their questions, or remain unaware of new developments or updated

recommendations. This, in turn, has left them vulnerable to misinformation or, in some cases, disinformation designed to discourage them from receiving the vaccines.

Made to Save Tip: Language access and equity is paramount.

Made to Save grantees worked in twenty-one languages. Feedback throughout our campaign from surveys and directly from partners showed that access to information and materials in their language was a top barrier to getting vaccinated. As our campaign evolved, we prioritized translation of both written and spoken materials. However, it was challenging to provide timely translations given the rapidly changing information about the vaccine and the pandemic.

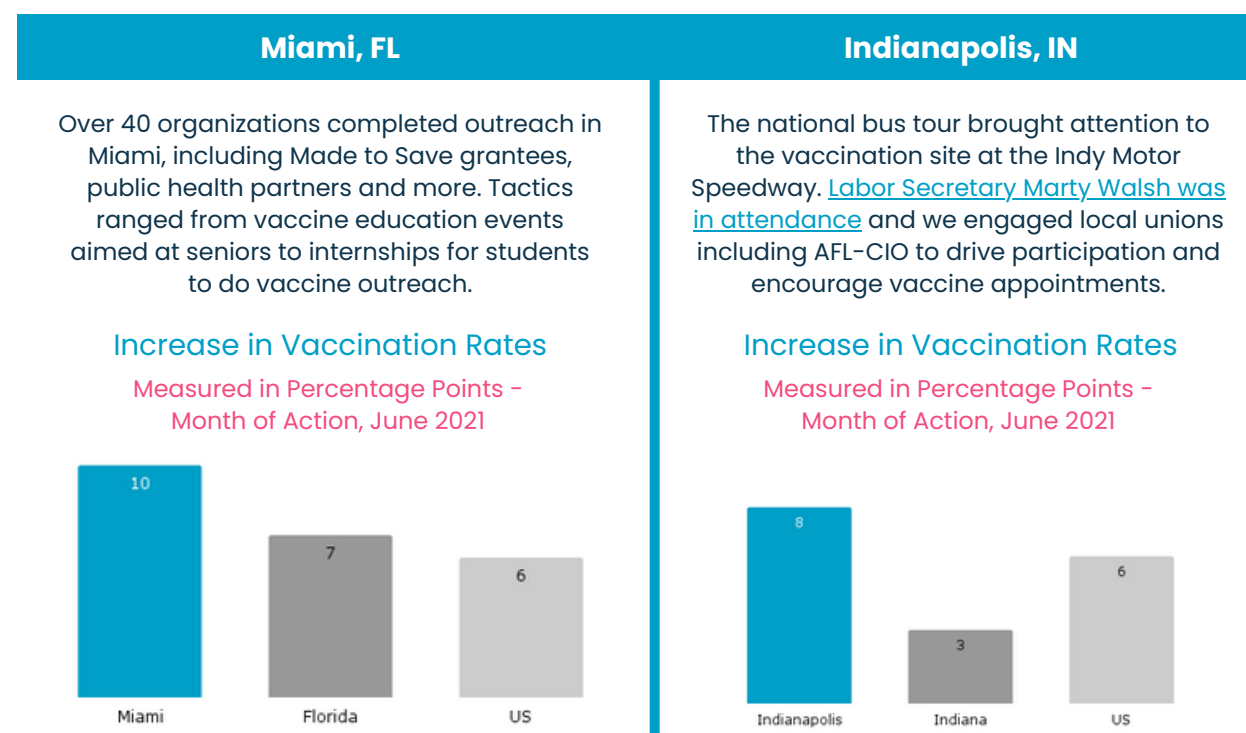
Impact of building and supporting a vaccine equity hub

Our deliberate growth of a vaccine equity hub was not designed to directly impact vaccine rates in specific communities – it was intended to empower and resource our 1,600 coalition members with the tools they needed to center equity and target underserved populations. In addition, many of our partners engaged with Made to Save programming throughout the year, with nearly a quarter involved with Month of Action events and a fifth with our Vaccines at Work initiative. We recognize that this section does not capture the impact of all of the work our coalition members did to vaccinate their communities.

Building off momentum from vaccine landscape shifts helped build our coalition and opportunities for measurable vaccine outreach

In June 2021, a successful Month of Action set the tone for our collaboration with our partners. In partnership with the Biden–Harris Administration, we capitalized on a national moment and used our platform to grow our coalition. Of the 533 organizations mobilized, three-fifths (331 organizations) were new to the Made to Save coalition. Together, these partners committed to organizing 16,000 events across all fifty states, reached out to nearly 6 million people, and had conversations with more than 1.2 million people about the COVID–19 vaccines. Their collective effort allowed for a high volume of measurable vaccine outreach in targeted geographies in a short period of time. Many of these targeted

geographies saw meaningful increases in vaccination rates, despite low increases in other parts of the state and nationally:



In addition to our coalition’s work, Made to Save held 20 “direct vaccine outreach” events where we called and texted individuals encouraging them to get vaccinated. These individuals were targeted using a model developed by Civis Analytics on the likelihood an individual was already vaccinated. With 800 volunteer signups, we completed outreach to nearly 2 million individuals.

Made to Save Tip: Tactics from other outreach contexts, such as civic engagement, had to be adapted for vaccine outreach.

Our centralized phone and text banks were less effective in this context than they were in the civic engagement context we had adapted them from. Civic engagement outreach relies on scarcity of access to voting and an urgency around election deadlines. In the case of vaccines, there was little public perception of a deadline, especially as access to vaccines improved. However, the most impactful vaccine outreach events were those that happened in partnership with coalition members, like Doctors For America, with their own volunteer bases. These early events set the standard for future direct vaccine outreach events held by Made to Save.

Made to Save digital tool kits, fact sheets, and talking points made it easier for our partners to stay up-to-date and conduct their vaccine outreach

In our sunset survey, we asked our partners to identify the Made to Save resources they used the most. Content created to support rapid response moments and that fulfilled specific needs such as toolkits, fact sheets and talking points were found useful by the majority of partners. Partners also thought that our sunset would leave a gap in access to timely and relevant COVID-19 information.



MTS has made it so easy to find information and updates because of regularly scheduled calls and emails. Now we will need to designate someone to look for updates to help us keep our tools and content current.” — **Doctors For America**

Our resources homepage received several thousand views since its launch in August 2021. In November, we added a “featured resources” page that highlighted key resource categories that supported our national moments. This increased our library views by 325% and landed the resource library in the top 10 most visited of our pages.

Most Frequently Used Made to Save Resources

Among 62 Sunset Survey Respondents - April 2022



Made to Save-hosted events were also well-received, with 24 of 26 top-attended events receiving greater than 90% positive feedback. The most popular events were part of Vaccines at Work, trainings on relational organizing, and events focused on underrepresented communities, including mothers in the workplace. A series of trainings titled “Talk to your friends and family about the COVID-19 vaccines”, which empowered individuals to learn our methods and conversation starters for engaging their friends and family, was especially effective: 89% of respondents to a follow-up text message told us that they strongly agreed that the methods empowered them to have conversations with their network about the COVID-19 vaccines.

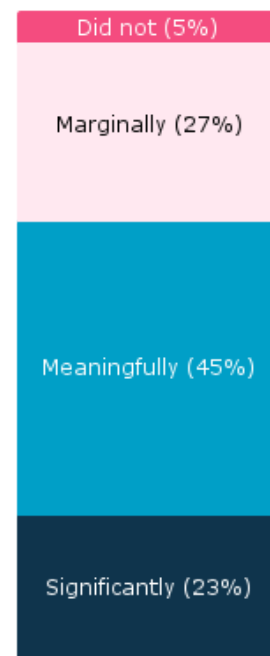
Providing access to culturally competent, multilingual resources helped our partners close information equity gaps and reach the diverse audiences our coalitions serve

We increased accessibility to our resources by providing culturally competent content in multiple languages. For example, we offered simultaneous interpretation into Spanish in 30 trainings from May 2021 to April 2022 at a median cost of \$625 per training. Unfortunately, Zoom does not report on the number of people who use the interpretation feature on a given webinar. That said, the ongoing participation of Spanish-speaking folks in our Q&A sessions shows that this feature makes participation and dissemination of resources possible.

Working with translation services, we had 52 different resources in English translated into at least one other language at a median cost of \$260 per resource. Again, while it is challenging to measure the expanded reach of these materials in the hands of our coalition partners, they were valuable to expanding programs in places that had been excluded from traditional media.

To what extent did your involvement with Made to Save help you to bring an equity lens into your vaccine efforts?

Among 62 Sunset Survey Respondents – April 2022



A prominent theme in our sunset survey was that partners would face a new deficit of access to resources, specifically those that made reliable vaccine information easier to disseminate.

We also asked coalition members how partnership with Made to Save affected the way in which they centered equity in their work. Ninety-five percent (95%) of respondents indicated that our partnership helped them improve their focus on providing equitable access to vaccines, with half saying that the improvement was meaningful or significant.

*“ (We learned) how to integrate and apply lessons from COVID-19 vaccination efforts into broader efforts to increase routine immunization rates across the lifespan—for example, messages and strategies to encourage annual influenza vaccination at the same time as COVID-19 vaccines and boosters.” — **National Foundation for Infectious Diseases***

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(Our involvement with Made to Save) allowed us to go into different communities that are underserved and do so in a culturally competent manner. The opportunities that Made to Save provided allowed us to extend reach into the communities that are often overlooked in parts of Florida not currently being served. While undergoing this program we also placed language justice at the forefront, producing programs in not only English and Spanish, but also Haitian-Creole.”

— **State Voices Florida**

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Vaccine equity is crucial. Additional federal funding is needed to advance our goal of vaccine equity, particularly with the forthcoming authorization of the COVID-19 vaccine for children under 5. It's critical that we get vaccines to those young children and families who are most difficult to reach.” —

Child Care Aware

Conclusion

Many large-scale efforts seek to reach communities and trusted messengers, but those efforts often find it hard to get to the community level. Even when they do, every community has different needs and strengths, making a one-size-fits-all approach much less effective. This is especially true because the communities in greatest need by definition have fewer resources and greater challenges.

In our campaign, we were reminded again and again of the incredible power of community-based organizations. This is precisely why it is so important to support and center community with grants, technical support, a community of practice, and recognition.

Our grantees and other partners demonstrated a degree of creativity, dedication, understanding, relationships and deep love for their communities that could never be matched in a top-down approach. They proved to be incredibly and uniquely effective in reaching people and building trust. They cared enough about each individual to make sure that person was treated with respect and compassion in their journey to choosing vaccination and getting protected. The staff and volunteers who had a 2.5 hour conversation that ended with a yes, drove an elderly person to her appointment, or spent Thanksgiving weekend organizing a family-friendly vaccine clinic — they were the true heroes and engine of this campaign.

Learnings and recommendations for future efforts

Through all of this programming, Made to Save was meeting and supporting trusted messengers across the spectrum of American life. We had the opportunity to empower and learn from people who were having these important one-on-one conversations with their unvaccinated neighbors, coworkers, patients or friends every day. Beyond the impact that this coalition had on the public, we also took away key lessons that are applicable far beyond the vaccination movement. Any equity-centered campaign that aims to reach, educate, and motivate people can and should deploy these lessons:

1. Our collective funding, support, and resources need to go to the people who are having these conversations directly. Meeting people where they were meant that we needed to find new channels and provide funding to people who were previously disconnected from the public health infrastructure. As we worked with these trusted messengers, what quickly became clear is that in the large-scale national effort to support vaccine equity, there was no shortage of funding for research, advertising and messaging. What was in short supply was funding and support that went directly to the people on the ground, to allow them to hire canvassers, host events and provide the wraparound services to their neighbors.

In many cases, this required an effort on our part to identify and fund these organizations, via recommendations or introductions within the community. This allowed us to find organizations that weren't already receiving funding or otherwise did not have the capacity to seek and apply for grants. The resources we provided were critical for these organizations to build and maintain the trust required to have effective conversations, and navigate complicated and under-resourced local health care systems on behalf of those that they served.

2. Trusted messengers need training and skills to navigate difficult conversations. In addition to funding, trusted messengers were not necessarily equipped to navigate these conversations on day one. Especially as the vaccine rollout evolved, and the remaining unvaccinated people had stronger and more nuanced concerns, we recognized a large desire for resources and training from our partners. We had to continuously balance between a hands-off, low-overhead approach (such as providing grants without additional support) and one that might be overly rigorous or constrained (like dictating specific tactics), to ensure we were providing support and guidance that meaningfully shifted the messengers' capacity.

With the TEO Method and training, accessible medical information in multiple languages, Slack channels and office hours for Q&A, and a comprehensive network of national partners, we provided our grantees and other trusted messengers with robust, real-time support and information. These resources gave trusted messengers the confidence to initiate conversations, implement policies, and respond to friends and family in a way that centered equity and was rooted in empathy.

3. A broad and inclusive “Community of Practice” is necessary to position every organization in the ecosystem to achieve an unprecedented, ambitious goal. The Made to Save team itself brought together a staff of people from a variety of backgrounds, and in turn prioritized diversity and range in our partnership-building efforts. The ‘connective tissue’ from our coalition calls, training, and materials allowed us to forge relationships and facilitate learning and growth between groups which may not otherwise collaborate. We fostered an environment of trust by approaching partnerships with humility and focusing on how we could best serve our partners and highlight their unique strengths and needs.

Notably, we saw that the opportunities for those on the ground to interface directly with those in power in the government and across philanthropy created a unique and powerful opportunity for both sides to learn from each other and adapt. The “hub” infrastructure was necessary to create the trust and validation for those conversations to occur.

Looking ahead

The COVID-19 vaccines were made to save lives and the moments that we missed the most during the peak of the pandemic, and they have done that. At the time of this report, more than 200 million Americans have been fully vaccinated, and at least a million lives have been saved. Perhaps most notably, some research indicates that the collective vaccination rate among people of color [meets or exceeds](#) that of white populations, a pattern that many feared we would never see. Surges and new variants continue to shift the landscape, but the virus has become a less dominant factor in our daily lives in large part because of the vaccines.



When we started on this journey together, many said the equity gaps in our country were too great and too deeply rooted to be overcome. Thanks to the tireless work of so many – especially our partners working on the ground in communities hardest hit by the pandemic – we have made incredible progress in closing those equity gaps. The vaccinations facilitated by the Made to Save coalition now protect individuals, families, and communities, especially those that continue to be at highest risk from future COVID-19 surges due to the ongoing structural inequities described at the beginning of this report.

As vaccines and other public health measures allow us to consider what it means to “return to a new normal,” we must draw from what we’ve learned, prioritizing and elevating the efforts and needs of those at highest risk, including communities of color and the immunocompromised. The efforts started through this campaign will continue to be important in increasing COVID-19 vaccination rates into the future. The achievements of our coalition and the progress that we’ve seen over the past year make clear the necessity of grounding every effort to combat COVID-19 in equity and the voices of our communities.

At the same time, the vaccination campaign must continue. The efforts started through this campaign will continue to be important in increasing COVID-19 vaccination rates into the future. As of the writing of this report, tens of millions of people in the US remained unvaccinated, including all children under 5 and the majority of children ages 5 to 11. A significant portion of those who got their primary series had not yet gotten the boosters that shore up waning immunity and provide better protection against new variants. Reductions in federal pandemic funding meant that we could no longer guarantee free shots, testing and treatment to all individuals including the millions among us who are uninsured. The virus itself has mutated to become more and more transmissible and continued to find new individuals to infect. Many of the national and community-based organizations we worked with remained eager to reach more of their community members even as they shifted to a broader scope of work in direct service, civic engagement, healthcare and other arenas.

We always knew that a 18-month campaign could not possibly reach, much less win, the trust of every person, especially in communities with plenty of reasons for mistrust and a slew of barriers to access. From the beginning, we sought to help our partners build capacity and connections to better position them to continue long-term work on vaccines and health equity after our campaign

ended. As we planned our sunset, we worked with key partners to ensure that our coalition would have a suite of resources to keep doing that work – including a listserv for gathering and sharing, trainings, in-language outreach materials, and connections with public health departments, federal health agencies and the White House. We also worked to share our lessons learned with those who could potentially provide longer-term funding to our community-based grantees and the community health workers and *promotoras de salud* who remain the trusted messengers their communities need for COVID-19 and beyond.

Indeed, beyond the COVID-19 pandemic, the achievements of our coalition and the progress that we've seen over the past year make clear the necessity of grounding every effort to combat COVID-19 and other public health challenges in equity and the voices of our communities. It has long been clear that health and health equity are not created primarily in health departments and hospitals but rather in the day-to-day lives of people in the communities where they live. The Made to Save coalition gave us a glimpse of what is possible when we support and put power in the hands of community members who are deeply invested in the health and well-being of their family, friends and neighbors.

Our hope is that our efforts and this report provide the beginnings of a roadmap for a better approach to public health that is not siloed in public health departments, but rather is built with communities at the forefront and with all sectors of society playing an integral and supporting role. With such an approach, we believe that we can successfully tackle our seemingly intractable public health challenges including opioids, mental health, violence and climate change – and together improve the lives we worked so hard to protect through this pandemic.

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Appendix I: The three pillars of equity in our organization

As a vaccine equity campaign, Made to Save prioritized and integrated a commitment to equity into every element of our internal culture and external programming. We knew our staff had to be well versed in equity frameworks and that our systems had to prioritize equity both as a process and an outcome. We developed pillars to define equity at our campaign:

- **Understanding Our Legacy:** We openly acknowledged systemic racism and the disparities, exploitation and disenfranchisement baked into this country's history are perpetuating inequities today. It was our responsibility to ensure that our staff had cultural competency and to support them in their development through regular trainings. We also included weekly equity checks in our workstreams, where we were committed to examining and rooting out any and all expressions of white supremacy at Made to Save.
- **Addressing Disparities:** We acknowledged that the distribution of resources and access have historically been and continue to be racialized and as such we employed strategies that fill those gaps and leverage our power to remove barriers that prevent people of color and other marginalized groups from thriving. Our work toward equity in vaccine uptake focused on mitigating concerns and remediating barriers that may cause communities of color to have lower vaccination rates.
- **Shifting Power:** We believed people of color and other marginalized groups have the agency, resources, and access to design their own future. We ensured staff from historically marginalized communities were empowered both structurally and culturally and that decision-making bodies included representatives from historically marginalized communities. We sought to earn the trust of our grantees and partners by recognizing their authority to tell us how we could support them, leveraging our platform to elevate these organizations and communities ahead of the Made to Save brand.

Upon joining the campaign, all Made to Save employees signed an agreement committing to these equity pillars.

“

(We) really appreciated the centering of equity throughout the campaign. Especially since our efforts were also focused on equitable vaccine comms – learned a lot and found a lot of relevant resources.” —
Public Goods Project

Appendix II: Complete list of grantee organizations

Alabama

Greater Birmingham Ministries
Birmingham Aids Outreach/Magic City
Project Help MRC

Arizona

Arizona Asian American Native Hawaiian
Pacific Islander for Equity Coalition
Arizona Coalition for Change
One Arizona

- Arizona Center for Engagement
- Arizona Dream Act Coalition
- Fuerte Arts Movement
- Inter-Tribal Council of Arizona
- Phoenix Indian Center
- Poder in Action
- Puente Human Rights Movement

Promise Arizona
Rural Arizona Engagement

Arkansas

Arkansas Coalition of Marshallese
Arkansas Community Foundation

- Arkansas Community Organizations
- Arkansas Medical Dental and
Pharmaceutical Association
- Arkansas Public Policy Panel
- Arkansas United
- Coalition for a Tobacco Free Arkansas
- El Centro Hispano
- Healthy Living Arkansas
- Hispanic Women's Organization of
Arkansas
- Immunize AR
- Marshallese Education Initiative
- Rural Community Alliance
- University of Arkansas for Medical
Sciences Office of Health Literacy

Colorado

United Today, Stronger Tomorrow - CO

District of Columbia

Serve Your City

Florida

Faith in Public Life - FL
Florida Rising
Mi Familia Vota - FL
Poder Latinx
Real Women Radio Foundation
State Voices Florida
Student PIRGs

Georgia

Fair Count
Faith in Public Life - GA
Rise

Hawaii

Project Vision Hawaii

Louisiana

Power Coalition for Equity & Justice

Maryland

The International Maya League

Michigan

Detroit Change Initiative
Michigan United
One Fair Wage
Rise

Mississippi

Southern Echo

Missouri

Shirley's Kitchen Cabinet

Navajo Nation (Arizona, New Mexico, Utah)

Yee Ha'ólníi Doo DBA Navajo and Hopi
Families COVID-19 Relief Fund

Nevada

Asian Community Development Council
Mi Familia Vota – NV

New Jersey

Vietlead

North Carolina

NC Counts

- A Better Chance A Better Community (ABC2)
- CityGate Dream Center
- The Cornerstone Community Development Corporation (CCDC)
- Cumberland HealthNET
- Kinston Teens
- Las Amigas Incorporated, Greensboro Chapter
- NC A Philip Randolph Institute, Inc (NCAPRI)
- Pender United
- Project 70Forward

NCPIRG

Unifour 1

Ohio

HOLA Ohio

Ohio Women's Alliance

- Alliance for Community Education
- Motherful
- Ohio Rising

Oklahoma

MetCares Foundation

Uma Tulsa

Pennsylvania

Asian Americans United

One PA

Unidos Contra COVID

Vietlead

South Dakota

South Dakota Voices for Peace

Thunder Valley CDC + Generations

Indigenous Ways

United Today, Stronger Tomorrow – SD

Tennessee

Civic TN

- American Muslim Advisory Council
- Elmahaba Center
- Forward TN
- Jackson–Madison County NAACP
- Memphis for All
- Nashville Peacemakers
- Planned Parenthood of Tennessee and North Mississippi
- Shelby County Voter Alliance
- Street Works
- Tennessee Immigrant and Refugee Rights Coalition
- UnifiED
- Urban League of Greater Chattanooga

Texas

Border Network for Human Rights

Laredo Immigrant Alliance

La Unión Del Pueblo Entero

Proyecto Vida Digna

Somos Tejas

Texas Freedom Network

Texas Organizing Project

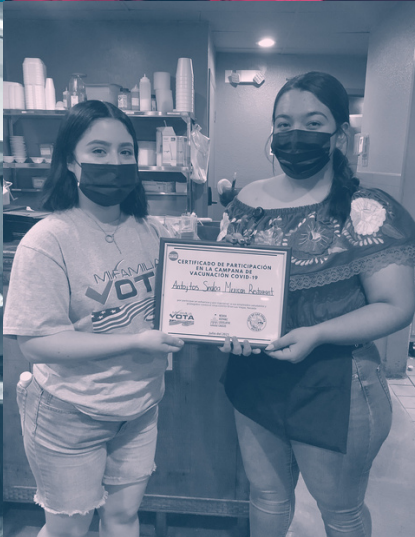
Virginia

The International Maya League

Appendix III: Made to Save Staff

Kimberly Alleyne
Adrianna Andreus
Bobby Bauch
Susana Raquel Berger
Dawn Boudwin
Mafe Cabello
Christine Campigotto
Ana De Carolis
Alice Chen
Haley Florsheim
Shrija Ghosh
Terryn Hall
Janet Hernandez
Sean Hoey
Zachary Keith
Jen Kim
Pajouablai Monica Lee
Francisco Hernandez Lopez
Jaime Lopez
Dana Mayber

Jonathan Miller
Jess Montgomery
Mayela Morales
Diana Newhart
Jewell Porter
Erika Rocha
Cara Romanik
Elena Saltzman
Rachel Salzberg
Precious Samuel
LeeAnn Sangalang
Hayley Savino
Mel Smith
Jalakoi Solomon
Marlou Taenzer
Ariel Vasser
Chris Wyant
Trey Young
Salim Zymet



CIVIC NATION

