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Executive summary

The Communities for Immunity Project

- The Centers for Disease Control (CDC) and the Institute of Museum and Library Services (IMLS) funded Communities for Immunity, a project that aimed to support museums, libraries, and other cultural organizations to improve local vaccine confidence.

- The project also aimed to help museums and libraries deepen trust with their audiences and enhance their reputations as reliable community partners on important issues.

- The Association for Science & Technology Centers (ASTC) led the project in partnership with eight other associations.
Executive summary

100 awards, September 2021–July 2022

- Communities for Immunity made 100 awards in 38 states, mainly to museums, libraries, and tribal organizations.
- Project leaders curated and shared with awardees a collection of vaccine confidence resources developed by federal agencies and other national organizations (e.g., Smithsonian, National Academies, Ad Council)
- Project leaders also provided training, as well as one-on-one support.
Executive summary

SRI Education evaluated the project.

- SRI’s descriptive study used project reports, surveys, and interviews to understand changes in participants’ vaccine confidence, relationships between participants and the organizations involved, and organizations’ perspectives on their activities and collaboration.

- Evaluators collected data across 50 awards made in September 2022 and 50 made in November 2022. To avoid comparing data gathered at two distinct moments in the pandemic, SRI focused this report on November 2022 awards.

Awards gathered community input and partnered with health departments, hospitals, clinics, and community organizations.

- Awards used community input about local vaccine hesitancy to inform their approaches. Misinformation, safety concerns, and government mistrust were top factors.

- Awardees partnered with health departments, hospitals or other healthcare providers, schools, and community or cultural advocacy organizations to conduct activities.
Executive summary

Award teams used culturally responsive approaches to engage target audiences. More than 5,200 people got vaccinated.

- Awards defined target audiences as vaccine-hesitant people in certain cultural groups (such as Black, Hispanic, Native American), in specific age ranges (such as kids, teens, or the elderly), and places (such as outlying rural areas).

- Nearly all held events or programs, such as adding a vaccine clinic to an exhibit and town hall or to a family day at a museum. Members of target communities played roles in half of awards. They were in project teams, co-designed or produced activities, shared their experiences, and helped promote events.

- More than 60,000 people participated directly in Communities for Immunity-funded activities.

- More than 5,200 people received vaccines while participating.
Executive summary

Award teams used national confidence resources and developed local ones.

• Awardees and partners had positive views of the collection of vaccine resources curated by Communities for Immunity.

• Award teams used resources from the collection to train project teams, ensure accuracy of local materials, and to distribute locally.

• Four of five awards developed resources themselves. Doing so enabled them to incorporate local information, feature community members, and provide information in local languages.
Executive summary

About half of parents reported more confidence in the pediatric vaccine after participating.

• More than 80 percent of awardees and partners reported their Communities for Immunity activities increased vaccine confidence among target audiences, as measured by the quantity of vaccines administered and nature of participant feedback.

• 101 of 441 participant survey respondents (23%) reported getting vaccinated at a Communities for Immunity event.

• SRI measured changes in participants’ vaccine confidence only among adults still unvaccinated after participating (64 of 441) and parents and caregivers of unvaccinated children (72 of 221 parents/caregivers).

• Parents were about six times more likely to report more confidence as to report less confidence in the pediatric vaccine after participating. People were about as likely to report more as to report less confidence in the adult vaccine after participating.
Executive summary

Participants—including first-time visitors—had very positive relationships with awardee and partner organizations.

- A large majority of people indicated they trust the information they received.
- A large majority reported feeling comfort and belonging where they participated, although more than a third were first-time visitors or visited rarely.

Photo: Lawrence Hall of Science.
Executive summary

Nearly all agreed award activities aligned with their core mission and plan to continue to engage the same audiences.

- Most collaborations among awardees and partners went smoothly although many relationships were new. Nearly all awardees and partners agreed they and their partners had the right skills and expertise for the planned activities.

- Nearly all agreed award activities aligned with their core missions. Awards enabled them to provide important information and resources, enhance community trust, build relationships with new audiences, and develop new partnerships.

- Nearly all awardees and all partners reported they were very likely or likely to engage the same audiences on issues important to them and continue to collaborate with project partners. Some reported plans to seek funding for those efforts.
The Communities for Immunity Project

The Institute of Museum and Library Services (IMLS) and the Centers for Disease Control and Prevention (CDC) funded a COVID-19 vaccine confidence project September 2021 – July 2022. The Association of Science and Technology Centers (ASTC) administered the project, in partnership with eight other museum and library associations. The project made 100 awards to 91 organizations.
Communities for Immunity is being led by the Association of Science and Technology Centers (ASTC) and the American Alliance of Museums (AAM) with support from the U.S. Centers for Disease Control and Prevention (CDC) and the Institute of Museum and Library Services (IMLS) in partnership with the American Library Association (ALA), National Network of the Library of Medicine (NNLM) and in collaboration with the Association of African American Museums (AAAM), the Association of Children’s Museums (ACM), the Association for Rural and Small Libraries (ARSL), the Association of Tribal Archives, Libraries, and Museums (ATALM), and the Urban Libraries Council (ULC).
Communities for Immunity project goals

- Empower museums, libraries, other cultural institutions and their local partners to offer activities designed to improve local COVID-19 vaccine confidence and vaccination rates.

- Encourage awards to design activities based on specific community assets and needs.

- Open avenues for potentially new types of collaborations for awardees.

- Model for the museum and library field culturally responsive approaches to partnering to improve community well-being and enhance their reputations as trusted sources of reliable information among new communities.
Selecting awards

• Partnering associations that support museums and libraries promoted the award opportunity to members.

• Project leaders sought applications from institutions of all sizes, including those in areas with higher vaccine resistance.

“
It’s less important what the museum’s focus is, it’s more about who they can reach.
– Communities for Immunity project leader

Communities for Immunity made 100 awards.

- Nine organizations received awards in both rounds.
The project made 100 awards in 38 states.

Eight awardees primarily support tribal communities; five of these identified as a library, museum, or other.
Funding by award

Project budgets ranged from $1,500 to $100,000. The average was $17,818.

Dollar Award Amounts*

- > $50,000 (n = 7)
- $25,001 – 50,000 (n = 11)
- $20,001 – 25,000 (n = 7)
- $10,001 – 15,000 (n = 21)
- $15,001 – 20,000 (n = 6)
- $5,001 – 10,000 (n = 23)
- $1,500 – 5,000 (n = 16)

*Nine organizations received two awards. This exhibit shows the sum of all C4I funds awarded to a given organization.
Project leads supported awards

- National vaccine confidence resources shared with all awards
- Webinars on best practices, including a CDC-led vaccine confidence “boot camp”
- ASTC online community for awardees to connect and share ideas and resources
- Individual coaching and support from ASTC team to navigate award challenges.

Photo: Gwinett Public Library.
Project Evaluation Goals and Methods

SRI Education evaluated the project. SRI’s goals were to characterize awards, understand whether and how activities influenced local vaccine confidence, learn what participants thought of the organizations involved, and learn how those organizations collaborated and if working together influenced plans for similar efforts. Data sources were a literature scan, surveys, project reports, and interviews.
Evaluation goals

- Characterize awards
- Investigate influence of awards on participant vaccine confidence, status, and plans
- Understand participant views of awardee and partner organizations
- Examine awardee and partner views of their collaboration, use of project resources, and plans to continue collaborations or do similar work.
Evaluation data sources

- Literature scan and review of awarded applications
- All 100 awards submitted final project reports.
- 105 awardees representing 95 awards, and 85 partners of 51 awards, submitted surveys.
- 97 awards completed an audience tracker.
- 55 of 100 awards collected 766 participant surveys.*
- Interviews with 3 awardees, 6 partners, and 6 participants associated with three awards.
- Interviews with three Communities for Immunity project leads.

*Awards did not collect participant data if data collection began after their activities or was not feasible for other reasons.
Support for local survey administration

- SRI met with awardees and shared guidance on how to select and approach participants. We provided site-specific survey links with QR codes on customizable flyers. 45 awards submitted 622 online surveys.

- 5 awards requested paper surveys, returning 144 total.

- 5 awards submitted a total of 51 surveys translated into Spanish, French, Arabic, Amharic, Samoan, and Tongan.

- We provided very brief participant surveys to smaller awards and asked larger awards to use slightly longer ones. 35 awards submitted 536 shorter surveys; 19 awards submitted 230 longer surveys.

- Accomodations for a sensitive topic: consent included language about managing discomfort, no required questions, no personal information collected.
COVID-19 context for participant data collection

**September 22, 2021**
FDA authorizes booster shots for adults.

**October 29, 2021**
FDA approves vaccine for children ages 5–11.

**January 3, 2022**
FDA authorizes booster shots for 12-17-year-olds.

**March 29, 2022**
CDC approves second booster for certain people.

**June 16, 2022**
FDA authorizes vaccines for children ages 6 months – 5 years.

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**November 16, 2021 – January 31, 2022**
Participant data collected for **September 2021 awards**. The average daily case count rose from 86,930 to a January 15 peak of 810,887 in this window.

**January 24, 2022 – July 7, 2022**
Participant data collected for **November 2021 awards**. The average daily case count declined rapidly after the mid-January peak, then began rising in April to a July 2 peak of 113,535.
Focus on November 2021 awards

To avoid comparing results from data collected at two distinct timepoints in the pandemic, SRI focused this evaluation report on the 50 November 2021 awards.
November 2021 awards

This report focuses on the 50 awards in 33 states active December 2021 – June 2022.

Map Key

- Museum (n=30)
- Library (n=15)
- Tribal or other (n=5)

Four awardees primarily support tribal communities.
Evaluation data sources from November 2021 awards

- All 50 awards completed awardee surveys and final reports.
- Partners of 32 awards completed surveys.
- 33 of 50 awards collected participant surveys.

SRI sent surveys to all project leads and partners listed in award documents, resulting in multiple awardee and/or partner surveys from some awards.

- Literature scan
- 50 Final project reports
- Audience tracker data from 47 awards
- 60 Awardee surveys
- 58 Partner surveys
- 449 Participant surveys (219 shorter, 230 longer)
- 18 Interviews with award leads, partners, participants, and project leads
Gathering Information About Vaccine Hesitancy

To inform their approaches, most awards gathered information about local vaccine hesitancy. They did this mainly by interacting directly with target audiences. Some consulted with local partners and/or conducted research. Awardees reported that top drivers of vaccine hesitancy were misinformation, safety concerns, and government mistrust. Lack of access to vaccines or accurate information were also factors.
For others doing this type of work, I think really digging into WHY your community is exhibiting a certain behavior would help, and that means asking them directly, as scholarly research can only get you so far and doesn't always apply to a specific community. — Library
Three-fifths of awards (30 of 50) reported they gathered information on reasons for vaccine hesitancy from members of target audiences.

Awardee/partner survey: “Did you gather information on reasons for vaccine hesitancy among your project’s target audience?” (n=50) and descriptions of how.

“We made a point to visit and discuss periodically with the people coming into the various tribal Title VI programs daily to see how many had already been vaccinated, and how many had not, and for those that had not, why not. We also tried to answer questions they had about the vaccine and its safety and its benefits.” — Tribal nation
How awards gathered community input

- Of 30 awards that gathered community input, most (24) sought information about vaccine hesitancy through direct interaction with target audiences—in informal conversation, workshops, or focus groups.

- Ten awards of 30 consulted health departments, COVID data, or knowledgeable community partners.

Image credit: Art exhibited by C. Williams Rush Museum. Picture cropped from original image.
Reasons for vaccine hesitancy

33 awards reported reasons for vaccine hesitancy based on what they learned.

Those who did cited misinformation, safety concerns, and government mistrust as top factors.

Awardee/partner survey: “Based on what you learned, what are the primary reasons for vaccine hesitancy among your project’s target audience?” (n=33)
One reason was access/convenience. Someone isn't opposed to getting vaccinated but couldn't find the time/transportation/etc. Another reason was hesitancy because of systemic racism in everyday health care and historical traumas like Tuskegee.

They felt that they were already healthy and didn't need it, or had previously had COVID so they didn't need the vaccination. Some had also been exposed to misinformation about how the vaccine works.

Citizens communicated that they were largely unsure about the contents of the vaccine. Some were afraid that vaccines would give them COVID. Issues regarding what vaccines have been approved, which aren't, and the differences between them. Others found the urgent push to become vaccinated during times of political unrest caused them to be wary of pandemic leadership and motives.

Source: Descriptions of reasons for local vaccine hesitancy in awardee/partner survey.
Reasons for vaccine hesitancy aligned with literature

• **Safety concerns** and **misinformation** lead to suspicion about safety and efficacy (Brewer et al., 2018 and Joshi et al., 2021).

• **Mistrust** stems from previous failures of health systems and public institutions to serve certain population groups effectively and engender their trust (OECD, 2021).

• **Inaccessibility** to healthcare shows persistent gaps for consistent vaccine uptake (APA, 2020).

• **Mandates** can both increase vaccination rates and solidify anti-vaccine sentiments (Eshun-Wilson, 2021).

Image credit: Art created by Redhawk Native Arts Council.
Forming Partnerships

Museums, libraries, and others formed wide-ranging partnerships to carry out their Communities for Immunities activities. Health departments, hospitals, and community health organizations were common partners—as were schools, given some awards’ focus on vaccines for teens or children ages 5-11. Community and cultural advocacy groups played key roles in connecting institutions with target audiences in some awards.
Partner types

Awardees partnered with health organizations and others to accomplish their goals.

Food pantries, veterans’ groups, radio stations, a transit authority, a youth sports league, and a local mall were among other types of project partners.

Most awards (41) had 5 partners or fewer; 7 had 6-10 partners; 2 had 11 or more.

Source: Counts of partner types in project reports.
Partner roles

- **Medical expertise.** Experts reviewed or developed project materials, served as speakers, and answered participant questions at events.

- **Clinical, logistical support.** Partners provided vaccine clinics and locations for project activities. Some co-funded activities, or provided transportation or meals.

- **Awareness-raising.** Partners distributed project materials and promoted events.

- **Reach and trust among target audiences.** Partners brokered connections with community members.

Source: Final report, “Please detail any partnerships with additional museums, libraries, and/or other community or health organizations” (n=50).
Partner types and roles

"Our main partner in this project was [the local hospital]. We combined our resources to try to reach all local residents through all effective means in our rural county. [The] Hospital helped fund some of the project’s promotional efforts such as newspaper ads, and their staff operated the clinics. [We partnered] to set up the scheduling of the clinics and to develop unified messaging. The library also provided [the hospital and county health department] with laptops to use at their various vaccine clinics. The library is sharing promotional hand sanitizer dispensers with [them] to encourage COVID-19 vaccination. — Library"

"We printed ten exhibits, which traveled to fifteen schools, six community libraries, three health departments, one hospital, two museums, and two STEM nights from January 31, 2022 through May 31, 2022 through seven counties. — Museum"
Designing Activities for Target Audiences and Communities

Awards used culturally and locally responsive approaches to increase access and appeal for target audiences—largely defined in terms of specific cultural groups or age groups. They selected preferred locations or times and involved well-trusted organizations and people. Seventeen awards translated materials into community languages.
Defining target audiences

Most awards (41 of 50) sought to increase access and appeal for vaccine-hesitant people in specific populations.

- **Specific cultural groups (19 projects)**, including Black, Latino, Native or Indigenous, and Pacific Islander. These projects featured health professionals from target audiences, worked with community-based and cultural organizations, and selected appealing incentives.

- **Specific age groups (17 projects)**, mainly children ages 5-11 and families; also, teens or the elderly. Child-focused projects emphasized simple language and a playful, joyful approach, including a “teddy bear clinic” and a “puppet vaccine clinic.” Youth-focused projects involved youth in co-designing activities.

- Awards also targeted rural communities, marginalized or lower-income people, people with disabilities, active military, veterans, first responders, and service workers.

Source: Descriptions in final reports.
Participant demographics

430 participants in 33 of 50 awards reported their race and ethnicity.

- Half of these participants were White; 17% were Black; 14% were Hispanic.
- Of 59 Hispanic participants, most identified as White (27), another race (17) or a race not listed (15).
- Nearly all Native Hawaiian or Other Pacific Islanders were associated with a single award. Other racial and ethnic groups were distributed across multiple awards.

This graph shows responses to two questions from the participant survey: “With what race do you identify (Please select all that apply)?” and “With what ethnicity do you identify?” (n=430)
Engaging broad audiences

- A few projects targeted all visitors or all people in a given area, for example through radio programs, or by holding activities at well-attended community events or on a free-entry day.

- Some projects took more indirect approaches in vaccine-resistant communities.

Image credit: Banners created by Sacred Heart University’s Discovery Science Center and Planetarium.
Designing for target audiences

- 23 projects designed activities and/or selected locations or timing based on community input, such as holding vaccine clinics in the evenings to improve access for working people or in rural areas with no other nearby option, or targeting promotion efforts in areas with lower vaccination rates.

- 18 projects featured well-known and well-trusted partners or people, including doctors, community clinics and pharmacies, community leaders and tribal elders, first responders, and veterans.

- 17 projects translated project materials. One Alaskan project identified 14 languages most common among target audiences.

- Projects also provided incentives, such as free transportation, meals, free entry, or free tablets.

Greatest success

7 projects that used traveling exhibits, mobile units or kiosks, or programs in schools considered taking activities to target audiences their greatest success.

Source: Project reports
Designing for target audiences

Our area did not offer the vaccine for over a year. People had to go at least thirty miles away to get a vaccine and getting an appointment was hard for some of the elderly community. The appointments were required to be made online and our older community could not do this. We had an open vaccine clinic with no appointment required. They were comfortable coming into the library. — Library

[We] set up a number of activities aimed at kids during kids open house day. These included a musical petting zoo where kids could safely play with various percussion instruments, coloring activities, and interactive musical experiences. To bring adult audiences out to the event, [we] hosted one of [our] popular free outdoor concerts. […] Artists played Black heritage music like blues, R&B, and soul, and drew on the majority BIPOC audience we usually reach and aimed to reach through this project. — Museum

Source: Project reports
[Saying] ‘Well, come by the museum so we can talk about COVID and get vaccinated,’ during the height of vaccination efforts, might’ve gotten a few. But when things decreased, you just have to have incentives and then engage them in […] conversations when you have them in your presence. Then, give them food or something, and make them appreciate that they came.” — Museum
Award Activities and Reach

More than 50,000 people attended 388 Communities for Immunity events, programs, and exhibits. Awards estimated they reached more than 380,000 people with visual materials including exhibits, posters, and flyers. More than 5,000 people got vaccinated at Communities for Immunity clinics. Half of awards involved members of target audiences in planning or leading activities. Local vaccine resistance made several awards adapt more indirect approaches.
Communities for Immunity events, programs, and exhibits

- 44 awards reported offering events, programs, or exhibits—most held multiple. More than half (29) co-hosted with healthcare organizations or trusted community partners.
- Most common efforts were vaccine clinics (25 awards), child-focused activities (18 awards), expert panels or town halls (16 awards), and creating or expanding exhibits (7 awards).

Source: Final reports. Image credit: Flyer created by Little Shell Tribe of Chippewa Indians of Montana.
How people participated

Participants in 28 of 50 awards reported what they did. Most awards offered a combination of activities.

Participant survey: What did you do at this organization? (n=255). Note that 250 people reported they went to a vaccine clinic, but only 101 reported getting a vaccine (see page 69). The others could be accompanying someone, including parents/caregivers bringing children.
Examples of events and programs

• A cultural institution provided free transportation, vaccination, COVID-19 vaccine information sessions, and mentoring for those who lost loved ones to COVID—all in languages spoken by their target audience.

• A museum led workshops with K-12 students about public health and COVID-19, and trained educators to facilitate ongoing student workshops.

Image credit: Flyer created by Kidzu Children’s Museum.
Examples of events and programs

• A museum created an exhibit about the pandemic and held a large outdoor concert and vaccine clinic with family-friendly activities—using the event to draw foot traffic, promote the exhibit, and inform folks on how they could get vaccinated.

• A library held multiple events to reach their target population, including a virtual town hall with health professionals and monthly vaccine clinics. Library staff participated in other community events to spread the word.
Community member roles

Just over half of awards (27 of 49) reported that members of target audiences played a role planning or leading activities.

- In 17 awards, project team members were also members of target audiences—most often doctors, community healthcare providers, or other community organizations.
- Community members played roles planning, producing, or hosting events in 9 awards.
- Community members shared their experiences with COVID-19 or the vaccine (6 projects) and/or promoted events (4 projects).
- A few projects involved community members in multiple roles.

Awardee responses on awardee/partner survey: “Did members of your target audience play a role in leading or holding Communities for Immunity project activities?” (n = 49 awardees) and “Please describe” (n = 27 awardees).
Reach of programs and events

People attended events, programs, or exhibits.
52,448
41 awards reported between 2 and 25,130 participants attended 388 activities.

People viewed exhibits, posters, and flyers.
381,001
21 awards reported numbers of people reached with visual materials displayed at activities or distributed to people.

Project reports: “If events or programs were part of your project, please include the number and type of events, dates when they were held, length of program, and description of each event, as well as an estimated number of attendees” (N=50, but not all reported numbers); Audience tracker (n=21).
Reach of programs and events

People got vaccines.

5,210 People got vaccines.

25 awards administered between 15 and 1,473 shots each.

Putting this number in context

- This total reflect only shots directly supported by Communities for Immunity awards, not the total shots administered throughout the pandemic by these awardees.

- While some awardees provided shots only through Communities for Immunity, the award enabled others to extend vaccine-related efforts. One museum awardee, for example, reported administering more than 97,000 shots in a clinic held at the museum, but used its C4I award to develop a teen-focused, multilingual engagement program in schools and online.
Reach of Communities for Immunity activities

37 awards reported:

- 4,830 emails sent: 99,867 received; 43,264 opened
- 289 posts on social media: 47,786 likes, comments, and shares
- 36 press releases sent

18 awards reported:

- 36,654 webpage visits, 164 downloads

Audience tracker: Marketing and Social Media (n=37) & Online Materials (n=18).
Adapting strategies in vaccine-resistant areas

“The local library partners tried to host educational sessions but then pivoted to distributing bookmarks.”—Regional library system

“We tailored our radio ads towards stations with listeners who are categorized as vaccine hesitant. Each program was designed around a specific audience as well. We were disappointed that we did not have an audience for any of our [in-person] programs, but we know that we reached a large number of people with our flyers and radio campaign.”—Regional library

“There was no support from elected officials. We had a number of people who initially agreed to participate […] but canceled at the last minute. They were worried that would it affect their business or would affect their reputation. […] A lot of the hopes I had for this program didn't happen or move forward, but I—I had to just focus on what I could do.”—County library
Adapting strategies in vaccine-resistant areas

"I just wish that there was a long-term billboard to keep it in remembrance that this is still available, this is still what’s going on, to keep them mindful, to be able to get the word out there. Because you still may have people that are still kind of shy, still maybe want to be able to learn more information, have the opportunity to speak with somebody from the program, to be able to get help quietly."—Museum

"More often than resistance, we encountered people who were grateful that CSC came to their communities with the goal of making a difference. One person at a rural supermarket visit in Bedford, PA, remarked that most people in that area support vaccination efforts, but they just are not vocal about it. Of those who were resistant to the vaccine, the majority were polite about these efforts.—Museum
Developing and Using Vaccine Confidence Resources

For award teams, vaccine confidence resources were central to their goals of fostering conversation, creating trusted spaces for sharing reliable information, and helping people feel welcome and have fun. Teams used national resources for training, to check accuracy, and as models. They adapted or developed resources for local contexts and to feature local people and languages.
Resources key to cultivating trust

Design of vaccine confidence resources was critical to awards’ core objectives.

“We empowered visitors with knowledge and a meaningful grasp to have productive future conversations about the vaccine that are factually based.”
—Museum

Greatest success

- 18 awards reported that sparking conversation with experts and community leaders, and among families and other visitors, was their greatest success.
- 17 awards considered creating a trustworthy forum in which to share reliable information their greatest success.
- 12 awards reported their greatest success was helping people feel welcome and have fun in hopes they would feel more comfortable asking questions and receiving information.
Uses of vaccine confidence resources

Used national resources to
• Train project teams
• Ensure accuracy of materials
• Model for tone and language in local resources
• Distribute locally.

Developed local resources to
• Incorporate information from local health agencies
• Represent community members, trusted organizations
• Use community languages.
Usefulness of national resources

ASTC encouraged awards to use vaccine confidence resources available on the Communities for Immunity website.

Most awardees and more than half of partners agreed or strongly agreed these resources were useful for their project activities.
Ease of using national resources

More than 70% of awardees agreed the resources shared online were easy to find, easy to use or adapt, and effective.

Fewer agreed they were easy for target populations to understand without adaptations.
Views on national resources

Staff reviewed all materials, but especially the CDC Social Media Toolkit pertaining to discussing concerns about vaccine safety on social media […]. Staff feel more prepared to handle future comments should public health measures need to be re-implemented or should [we] choose to host more vaccination clinics. — Museum

We utilized [the resources] to gain an understanding of the scientific and medical communities and the most up-to-date information about the COVID-19 pandemic. — Museum

I feel [the library] is poised to raise thorny issues with our patrons and community in a safe and welcoming space, and with the information and resources provided by C4I, we are well-versed to do so regarding vaccines. — Regional library system
Most awards modified or created their own resources

40 of 50 awards modified national resources or created their own.

Most reported needing to make changes or create their own for their target audiences.

Awardee/partner survey (awardees only): “Did you use or adapt any of the resources provided on the website?” (n= 56).
Reasons for adapting vaccine confidence resources

At this time, unlike when we began, we needed resources to address specific issues and understandings. Hesitancy at this stage is the result of exposure to complex misinformation and media bombardment of inaccurate information. — Tribal organization

The resources were modified to fit specific cultural needs and representation in the population we serve. — Regional library system

Given that our target audience is families with young children, most materials were developed for older audiences, so we wanted to create materials that would be engaging for both early learners and also non-expert adults. — Museum
Views of others’ locally created resources

Some awards shared resources they developed in online community.

More than two-thirds of partners but less than half of awardees agreed or strongly agreed other projects’ resources were useful for their own activities. This is consistent with awardee reports of needing to adapt resources to their local context.

Awardee/partner survey: “Resources and information shared by other projects in the community of practice were useful for project activities” (n=114).
Nearly all awards promoted activities online—on Facebook and websites, as well as on other social media and YouTube. Some awards additionally or exclusively used other means, such as printed flyers, broadcast radio or television, or direct mail. More than half of awards reported receiving media coverage.
Promotion strategies

- Most awardees promoted their activities through social media and other online platforms. Most used multiple digital approaches.
- Some also used flyers, radio, television, newspaper advertisements, and/or direct mail.

“They had so much—Facebook, a flyer on my car, I didn’t know what it was. I wanted to check it out.” – Participant

Project reports: “Was your project covered by any media outlets (news articles, broadcast stories, external press releases and/or blog posts, etc.)? Please provide any relevant links” (n=50). Image source: Social Media post from Providence Children’s Museum.
Digital promotion

- 23 awards promoted activities on Facebook. 7 used Instagram, 7 used Twitter, and 2 used TikTok.
- 20 awards used their own and/or their partners’ websites.
- 12 awards shared YouTube playlists.

“We are] a landless tribe with members living in all 50 states. […] We have found Facebook to be our best platform to reach as many members as possible. – Tribal nation
Media coverage

More than half of awards (29 of 50) enjoyed media coverage, including news articles, radio broadcasts, press releases, blogs, and local television news stories.

Unfortunately in the brief timeframe of this project, we were not able to land media coverage. We found that while we are well connected with the arts and humanities press, COVID-related stories are covered by a different set of journalists and it takes time to identify and cultivate relationships with them.

At the outset of the project, a press release also went to local media outlets, the regional Urban, Latin, Asian and Chambers and Downtown Alliance. In response, [local news channels] ran a news piece about the vaccination events, which may also have been a contributing factor to the success of early events.
Examples of media coverage

- **News story** about Building for Kid’s podcast and blog series about vaccines in Appleton, Wisconsin.
- **News story** about Lynn Meadows Discovery Center’s vaccine clinics in Gulfport, Mississippi.
- **Radio broadcast** of an interview about a wellness initiative that included vaccinations for Kidzu’s Children Museum in Chapel Hill, North Carolina.
- A **local blog** promoted the Witte Museum’s “Secret World Inside You Lab” exhibit in San Antonio, Texas.

Image source: Facebook cover photo from Gwinnett County Public Library. Cropped from original image.
Participant Vaccine Status, Plans, and Confidence

Nearly a quarter of survey respondents (23%) got vaccinated while participating. Still-unvaccinated survey respondents were about as likely to report having more confidence as to report having less confidence in adult vaccines after participating. By contrast, parents of unvaccinated children were six to nine times more likely to report more confidence in the pediatric vaccine to report less confidence after participating.
A majority of adult participants (63%) reported they were already vaccinated, while 23% (101 people) reported getting vaccinated at a Communities for Immunity event.

- 4% reported they planned to get vaccinated.
- 4% said they were still undecided.
- 2 respondents scheduled an appointment at a C4I event.

Participant survey: "Are you or will you be vaccinated against COVID-19?" (n=441)
We analyzed changes in vaccine confidence only for unvaccinated adults (n=64, yellow box), representing 17 awards.

64 of 441 were still unvaccinated after participating.

101 got vaccinated at a C4I event.

276 people were already vaccinated.

441 total survey responses
After participating, unvaccinated respondents were about as likely to feel more confident in the adult vaccine (pink), as they were to feel as confident as before (blue) or less confident (yellow) on average.

Participant survey: “After participating, how confident are you that the COVID-19 vaccine for people ages 12 and older…” (n=54-60; not all 64 unvaccinated respondents answered all questions)
Because of my heart problem, I was trying to see which one was safe to take. [...] So I wasn’t against it. It was more like when and who to ask questions to, and both of that was taken care of [at the library].

— Participant who discussed the vaccine with a nurse and then got vaccinated at Communities for Immunity events in a rural library
Confidence in children’s vaccine

We analyzed changes in confidence only among parents of unvaccinated children (n=72, pink box), representing 20 awards.

Timing for vaccine approval for children under 5 was still unknown at the time of data collection, so we asked about vaccines for children 11 and younger in case.
Confidence in children’s vaccine

About half of parent respondents felt more confident after participating (pink). Only 7% or fewer felt less confident (yellow).

This graph represents views of parents with unvaccinated children across 20 awards.

Participant survey: [Asked of parents and caregivers only] “After participating, how confident are you that the COVID-19 vaccine for people ages 11 and under...” (n=65-71). SRI did not ask participants if they got children vaccinated at the event, but 12 awards reported holding vaccine clinics focused on children.
More than two-thirds of parents of unvaccinated children (69%) planned to have their children vaccinated following C4I activities.

Responses came from 20 awards; about half of responses came from 3 awards.

Participant survey: “After participating, do you plan to have your child(ren) ages 11 and under vaccinated?” (n=72)
Awardee views on changes in vaccine confidence

More than three-quarters of awards (43 of 50) thought their project increased vaccine confidence and/or uptake in their communities.

Awardees cited as evidence vaccination numbers, participant feedback, and anecdotes from interactions with participants.

Our branches in the neighborhoods that received vaccination information from the Library had steady attendance at our vaccine clinics. Conversely, there was a significant drop in vaccination rates at our branches whose neighborhoods did not receive postcards, emails, and mobile ads. — Library

Anecdotally, the health professionals in the rural community informed us that the panel provided a needed resource for communication and needed conversation in their area. — Museum

86%

Project reports: “Please share any evidence (qualitative or quantitative) indicating how your project helped increase vaccine confidence and/or uptake in your community.” (n=50)
A large majority of people reported they trust information they received, feel they belong, and feel comfortable asking for reliable information at the awardee or partner organization where they participated—even though a third indicated they visited rarely or were visiting for the first time. Organizations’ views of participant trust were slightly rosier but organization and participant perspectives broadly aligned.
Organizations’ views of participant trust

Nearly all awardees and partners (more than 90%) reported that members of the target audience see their organization as a trustworthy source of information about issues important to them.

Responses were similar across awardees and partners, and also across museums and libraries.

This graph shows responses to two awardee/partner survey items: (1) “People in my C4I project’s target audience see my organization as a place where they can learn about issues important to them” (n = 115), and (2) “People in our C4I project’s target audience see my organization as a trustworthy source for information about public health, including the COVID-19 vaccine” (n=115).
Never underestimate the power of a local library and its connection to its community. Libraries are trusted providers of information and people are more willing to engage in meaningful and productive conversations in a comfortable place with familiar faces.

— Library
How often participants visited

Nearly a quarter of participants (23%) were first-time visitors; 16% visited hosting organizations only 1-2 times a year.

Participant survey: “About how often did you visit this org before today’s event/activity?” (n=213).
How often participants plan to visit in future

44 participants who’d never or rarely visited before reported that they would visit more often following C4I activities (pink).

The first [event] was so interesting—different individuals I met and the information they had—I took a couple people with me at the second one. One person [I brought] who wasn’t vaccinated decided to become vaccinated. – Participant

Participant survey [those who had visited no more than 1-2 times per year]: “After participating, how often do you think you’ll visit this organization?” (n=108).
Participant trust of hosting organizations

More than 80% of participants agreed they view the hosting organization as a trustworthy source of information about issues important to them.

Participant responses were similar for different organization types.

This graph shows results for two items: (1) Participant survey question "[Org name] is a place where I can learn about issues important to me (n = 438), and (2) Participant survey question "I trust the information I received about COVID-19 vaccines" (n=439).
Participant sense of belonging and comfort

More than 80% of participants reported feeling a sense of belonging and comfort with regard to host organizations, although more than a third (39%) were first-time visitors or visited rarely.

Participant responses were similar for both museums and libraries.

This graph shows results for two longer participant survey items: (1) “When visiting this place, I feel like I belong,” (n = 211), and (2) “I feel comfortable asking staff here for help finding reliable information,” (n = 210). Visit frequency is reported on page 81.
Participant relationships with host organizations

A participant at a local library said he visits “all the time, […] like, get my phone, check the Internet, it’s just like a little hangout spot for me sometimes.” He said he goes “once a week, a couple times a week,” but less often when he has unpaid fines.

A participant at a Native American arts organization regularly volunteered there and was in its book club. “I always felt welcomed there,” she said.
When I would ask my mom about our Aztec heritage, she always points to the side of the family from where the Spanish came, and doesn’t want to talk about the Aztec side. So having [them] always inviting us to be part of the ceremonies and events even though we’re not the same type of Native really means a lot.— Partner describing inclusive focus on Indigenous peoples at Native American arts organization

I’d never heard of these [Black medical pioneers]. I asked friends and colleagues, ‘Do you know about them?’ And I didn’t find one person that knew of them. That’s why it moves me to tell the story of what’s there. — Partner describing museum exhibit
Our community members appreciated us giving away items, and also that we provided information and books in Arabic. I think that acknowledging that we are part of this community, and we want to meet our patrons where they are—in language, location, and need—helped frame the library as a trusted community organization. While I would have liked to see more improvement in specific regard to vaccine confidence, I do think we connected with our community, and that will help similar initiatives going forward. — Library

Source: final report
Nearly all awardees and partners—which included health departments, hospitals, clinics, schools, and community and cultural organizations—viewed one another’s capacity as well-aligned with C4I activities. Nearly all also reported that C4I activities align with their organizational missions. Mission alignment centered on providing trusted resources and forums, extending reach in new communities, and developing new partnerships.
Alignment of organizational capacity with project

Awardees and partners viewed one another’s capacity as well-aligned to project needs.

“Through partnerships we were able to reach audiences who might not visit the museum. We were also able to collaborate with content experts to create a bridge between their knowledge and the community.” - Museum

Awardee/partner survey: “Please rate your agreement with the following statements: …” (n=62 awardees, 53 partners).
A large majority of awardees and partners strongly agreed their Communities for Immunity project aligned with their core mission.

Slightly fewer libraries strongly agreed as compared to other types of organizations.
Perspectives on mission alignment

Awardees and partners reported award activities aligned with their missions because the award helped them:

• Provide important resources
• Continue to be a source of trust
• Reach new communities they had not previously engaged
• Develop new partnerships.

Awardee/partner survey: “Please describe in what ways the C4I project did or did not support your organization’s core mission” (n=14).
Perspectives on mission alignment

“Through its partnership with the Communities for Immunity project, [our organization] was able to further demonstrate its position in the community as a trusted source for scientific information.

“We were able to attract an audience by getting out into the rural areas.”

Awardee/partner survey: “Please describe in what ways the C4I project did or did not support your organization’s core mission” (n=14).

Photo: Mobile unit at a rural grocery store. Carnegie Science Center.
The most successful aspect of our project, after having a vaccination bus as part of our presentation, I think was two-fold. One was our team's substantial increase in COVID-19 knowledge and the benefits that came from team planning, and the other reason is the trust and the reputation we acquired as a grass-roots organization that was knowledgeable, fair, and willing to share information that answered the questions of community members.

There were no other groups or organizations in our baseline area [...] that addressed COVID-19 precautions, support, questions and answers, or vaccination information and locations. We are still receiving requests from churches and meetings to present information, which we do informally. That trust, and our availability and approachable presence, I believe was a successful means of communicating the C4I information. — Tribal foundation

Source: final report
Nearly all awards reported they built new partnerships and strengthened current ones. Nearly all also indicated they plan to continue collaborating with C4I partners. They valued partnerships for building bridges with health-focused organizations, extending community reach and increasing community trust, and opportunities to collaborate in pursuit of similar missions.
Establishing and strengthening partnerships

Nearly all awardees reported they established and strengthened relationships with community, government, and/or healthcare organizations.

More than half also indicated they established and strengthened relationships with peer organizations.

As a result of participation in C4I, my organization...

Developed new partnerships with other community-based, government, or healthcare organizations: 13

Strengthened existing relationships with other community-based, government, or healthcare organizations: 11

Strengthened existing relationships with other organizations like ours: 8

Developed new relationships with other organizations like ours: 8

Awardee responses on awardee/partner survey (n=14). These questions were asked only of a subset of C4I awardees.
Examples of value in partner relationships

• A science museum enriched relationships with its local hospital. It gained access to medical expert advisors for future exhibits, while also strengthening relationships with libraries and other museums.

• An historical society disappointed by poor event attendance found value in connecting with area organizations “focused on community development in different fields.”

• A science museum partnered with a regional workforce board and several cultural advocacy organizations. It valued that the award connected multiple locally trusted entities.

“Working with Peer Leader Navigators—Hands down, this work was the most meaningful and impactful. The partnership […] has created so many more potential future projects such as partnerships with film and journalism students to work on PSAs and productions, in cooperation with the [Navigators] and […] students who work on projects and earn tuition waivers while partnering with community groups to enrich the Universities’ mission of creating civic-minded students. – State library network

Source: Final reports.
Partners extend reach among target audiences

All said awardees and partners with whom they collaborated were very or somewhat effective in reaching target audiences.

Some noted that partners’ help in co-creating materials or co-hosting events extended their reach.

"We were able to reach a MUCH broader audience, especially in rural areas by partnering with schools, libraries, and public health centers/hospitals. It also had a greater impact since trusted, known local institutions were offering the information."
Awardee plans after participating

Nearly all awardees reported they are likely to engage the same target audience on issues important to them and to collaborate again with their partners.

How likely are you to…

- Take part in future efforts to engage the same target audience regarding this and other issues important to them: 
  - Very likely: 38
  - Somewhat likely: 5
  - Unlikely: 7
  - Not at all likely: 1

- Continue collaborating with local C4I partners: 
  - Very likely: 36
  - Somewhat likely: 13
  - Unlikely: 7
  - Not at all likely: 1

- Continue activities to increase vaccine confidence: 
  - Very likely: 30
  - Somewhat likely: 15
  - Unlikely: 13
  - Not at all likely: 2

Awardee responses on awardee/partner survey (n=43-45)
Partner views were similarly positive. The majority reported they are very likely to continue such activities and collaborations.

Partner responses on awardee/partner survey (n = 41-44)
More than half of awardees (57%) and almost a quarter of partners (23%) have sought or plan to seek additional funding to continue activities related to their awards.

![Chart showing survey responses]

- Awardees: Do you intend to apply for further funding to continue C4I related activities?
  - Yes, we've already secured more funding to continue our work.
  - Yes, we have funding proposals pending.
  - Yes, we plan to apply for more funding.
  - No, we do not intend to apply for more funding for C4I-related activities.

- Partners: Do you intend to apply for further funding to continue C4I related activities?
  - Yes, we've already secured more funding to continue our work.
  - Yes, we have funding proposals pending.
  - Yes, we plan to apply for more funding.
  - No, we do not intend to apply for more funding for C4I-related activities.
Sharing C4I resources

About half of awardees (26) reported sharing information and resources with organizations beyond their C4I partnership.

“[Our partners] are two groups that also serve the Native American population in the tri-state area and we felt it was important to share the resources we used to reach as many Native Americans as possible.—Tribal Organization

Conclusions and Implications

Most parents with unvaccinated children had greater confidence in the pediatric COVID-19 vaccine after participating, while people were as likely to report more as to report less confidence in the adult vaccine after participating.

Awards largely met other project goals. Award teams reported reaching new communities and enhancing already positive relationships, as well as developing and strengthening valued partnerships. Positive views of organizational and mission alignment suggest museums and libraries are well-positioned for future public engagement related to community well-being.
Conclusions and implications

Parents gained vaccine confidence.

- Parents were about six times more likely to report more confidence than to report less confidence in the pediatric vaccine after participating. However, people were as likely to report having more as having less confidence in the adult vaccine after participating.

- Vaccine confidence findings could be influenced by the timing of data collection—following the January 2022 omicron surge—and variation in local sampling strategies.
Conclusions and implications

The role of museums and libraries in their communities

• Award teams activities tailored to local contexts and collaborated with new types of partners. Numerous awards reported developing and strengthening relationships with target communities.

• Museums’ and libraries’ ability to serve as trusted forums, to spark conversation, and to help visitors feel comfortable contributed to project success. Awards incorporated these institutional strengths into project designs to create spaces where people felt at ease asking questions and possibly changing their minds about the vaccine.
Conclusions and implications

Tailoring approaches to local contexts and needs

• Award teams had the reach and relationships to successfully engage target audiences in nearly all awards. Museums, libraries, and their partners generally hold trust with a large majority of participants.

• The majority of awards sought community input up front, but fewer involved members of target audiences in award teams. Awards that sought community input and included target audience members in award teams may serve as culturally responsive models for other museums and libraries undertaking similar efforts.
Conclusions and implications

Partners in improving community well-being

- Awardees’ and partners’ plans for ongoing collaboration suggest museums and libraries recognize benefits of partnering with public-health entities and vice versa.

- Positive views about how organizational capacity and missions align with C4I goals hold promise for future public engagement on a range of community health issues.

Photo: Redhawk Native American Arts Council.
Evaluation Methods

SRI used administrative data and conducted original data collection with approval from the Office of Management and Budget to conduct this descriptive study.
Evaluation methods

- SRI collaborated with ASTC to access administrative data (awarded applications, project reports, and audience trackers) and with awardees to collect data (awardee, partner, and participant surveys and a small number of follow-up interviews) to conduct this descriptive study.

- Because Communities for Immunity was a federally funded project, SRI sought and received clearance for data collection from the federal Office of Management and Budget, in compliance with the Paperwork Reduction Act. All data collection instruments included OMB Control Number 3137-0129.

- To avoid comparing data collected at two distinct timepoints in the pandemic—largely before the January 2022 omicron surge for September 2021 awards and largely after that surge for November 2021 awards—SRI focused its public reporting on November 2022 awards.

- Please see a detailed account of evaluation methods here.
References


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