EVALUATION OF THE COMMUNITIES FOR IMMUNITY PROJECT SUPPORTING STATEMENT A

A1. Necessity of the Information Collected

This is a new request to collect data from awardees, participants, and staff for an evaluation of an urgent, short-term project. The data to be collected are not available elsewhere. Data collection activities are planned for October 2021 through December 2021.

The Association of Science and Technology Centers (ASTC) has contracted SRI International (SRI) to evaluate the Communities for Immunity (C4I) project. The C4I project, administered by ASTC in partnership with the American Alliance of Museums (AAM) and the Network of the National Library of Medicine (NLM) and supported by the Institute of Museum and Library Services (IMLS) and the Centers for Disease Control and Prevention (CDC), supports libraries, museums, and their partners to engage local communities with the aim of increasing vaccine confidence and, ultimately, to improve community vaccination rates. The project also aims to increase libraries' and museums' organizational capacity to partner in addressing critical national and local issues.

This data collection fills an urgent need to understand promising strategies for mitigating vaccine hesitancy and improving vaccination-seeking behavior and vaccination rates in communities around the country. More than 700,000 Americans have died of COVID-19-related causes since February 2020 and, despite widespread availability of the vaccine in the US, only 68 percent of adults nationwide are fully vaccinated.[1] In a 2020 survey measuring potential acceptance of a COVID-19 vaccines, just two-thirds (66%) of Americans said that they would definitely or probably get vaccinated when a COVID-19 vaccine became available; subsequent surveys have shown that vaccine hesitancy is a key reason for this choice.[2] Sources of vaccine hesitancy included concerns that fast vaccine approval could reflect lowered quality standards, concerns about the newness of mRNA vaccine development, and misinformation circulated on social media—all despite evidence that vaccines are safe to use.[3]

As new COVID-19 variants cause spikes in rates of severe illness and death, increasing vaccination rates in the US remains a top national priority. It will also be vital to quickly build confidence among parents and caregivers in the vaccine for children ages 5–11 soon to be approved.

The new data collection will provide nationally relevant information. While numerous strategies have been used to incentivize or motivate still-unvaccinated eligible people to get vaccines, there is little evidence of what strategies work well—much less how strategies work for specific target populations or types of vaccine hesitancy. The evaluation will identify promising engagement strategies that libraries, museums, and cultural institutions and their partners around the country can replicate locally, including strategies that increase confidence in the vaccine for children ages 5–11.

In addition, The C4I project aligns with IMLS's 2018-2022 Strategic Plan, Transforming Communities, in that it aims to "strengthen the capacity of museums and libraries to improve the well-being of their

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[1] New York Times. https://www.nytimes.com/interactive/2021/us/covid-cases.html (accessed October 18, 2021).
[2] Wouters, O. J., Shadlen, K. C., Salcher-Konrad, M., Pollard, A. J., Larson, H. J., Teerawattananon, Y., & Jit, M. (2021, February 12). Challenges in ensuring global access to COVID-19 vaccines: Production, affordability, allocation, and deployment. *Health Policy 397*(10278): 1023-1034. https://doi.org/10.1016/S0140-6736(21)00306-8
[3] "Is the COVID Vaccine Safe?" Johns Hopkins Medicine Health. https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/is-the-covid19-vaccine-safe

communities" including by promoting their "ability to serve as trusted spaces for community engagement and dialogue."[4]

Over the course of two award cycles, the C4I project will (1) fund libraries, museums, and their community partners to leverage their relationships with local communities to improve vaccine confidence and (2) host and facilitate a Community of Practice to share vaccine education resources and engagement strategies among awardees and with the broader museum and library sectors. C4I has funded 52 projects for Round 1 (September – December 2021) and anticipates funding approximately 200 more in Round 2 (November 2021 – March 2022).

This emergency clearance request is for the study design and instruments that SRI proposes to use to collect data related to Round 1 awards (September – December 2021). Because Round 1 project activities are already underway—and because SRI anticipates that what it learns in Round 1 data collection activities will inform some revisions to Round 2 data collection plans and instruments—IMLS will submit a second emergency clearance request once Round 2 project award decisions are made in November 2021. Round 2 data collection activities are intended to take place between January 2022 to March 2022.

The project's short timeframe reflects the urgency of mitigating COVID-19 impacts, particularly in disproportionately affected communities where the project especially aims to make a difference. IMLS is seeking approval for this collection by October 29, 2021 in order to accelerate the timeline for sharing findings among IMLS stakeholders and with broader national audiences.

The purpose of the evaluation is to understand the degree to which changes in vaccine confidence and vaccine-seeking behaviors occur among participants in awardee projects, as well as what project strategies may be associated with greater participant attitude and behavior changes, with the goal of identifying and widely sharing promising practices for improving vaccine confidence and uptake. The evaluation will also study changes in awardee and partner attitudes and capacity for leading nationally vital efforts to improve community well-being.

SRI will aim to minimize respondent burden by maximizing use of available data (i.e. document review, analysis of publicly available data and project administrative data), and by aligning awardee reporting forms with evaluation and performance measurement needs. New data collection activities include: (1) a survey of awardees and partners, (2) a survey of community participants in funded activities, and (3) interviews with a subset of awardees, partners, and community participants.

Surveys

SRI will field brief awardee/partner and participant surveys in Round 1 to keep burden commensurate with this round's smaller project awards (maximum $10,000). Brief participant surveys will also be more feasible to administer in the project sites. Survey introductory and consent language is in Appendix A. The awardee/partner survey and participant survey are in Appendix B and C.

Awardee/partner survey

This survey will address community engagement strategies used, perceived project reach, satisfaction with the C4I project, perceived outcomes of engagement strategies on the community's vaccine confidence and vaccine-seeking behaviors, and perceptions of library and museum awardees as trusted sources of information. The survey will also feature questions to elicit respondents' views about their library or museum's capacity to continue to engage target communities around critical issues.

[4] Institute of Museum and Library Services (2017). Transforming Communities: Strategic plan, 2018–2022. Author. 6-7.

Participant survey

This survey will gather information about what types of activities respondents engaged in; which COVID-19 vaccines they learned about at the project activity (i.e. for people 12 and older and/or for children 5-11); changes in vaccine confidence and vaccine-seeking behaviors; attitudes towards museums and libraries as trustworthy sources of information about public health and trustworthy community resources, and, race and ethnicity. SRI will work with awardees to administer participant surveys locally when their project activities end or as soon afterward as is feasible, pending OMB approval.

Interviews

SRI will conduct interviews with awardees, partners, and participants associated with two Round 1 projects. Interviews will take up to 30 minutes (participants) or 45 minutes (awardees/partners) and will be semi-structured, using guiding language, questions, and prompts. Interviews will be tailored based on trends in survey responses (as timing allows) and based on interviewees' statements in the moment to elicit the most useful insights. Interview consent forms are in Appendix D. Interview protocols are in Appendix E. Email communications to invite interview participation and to follow up are in Appendix F.

Library and museum awardee and partner interviews will gather perspectives regarding how the project aligns with community needs, project implementation successes and barriers, changes in capacity to build relationships with the community and engage the community as a trusted source of information, and the role of museums and libraries in supporting community well-being. Participant interviews will collect detailed information about engagement with C4I activities and resources; perceptions of the project activities; whether, why, and how participation influenced their vaccine confidence and vaccine-seeking behaviors; prior and current sources of vaccine hesitancy; and trust of the project lead organizations as sources for information on issues important to them.

A2. Purposes and Uses of the Data

The purpose of this evaluation is to provide insights into C4I project management and implementation and outcomes supported by the project. This is not an audit of awardees or their individual performances. The evaluation will be guided by these primary objectives:

1. Assess whether and the degree to which project design enables effective performance measurement and evaluation.
2. Characterize C4I funded projects (including in terms of target audiences, partnering strategies, and engagement strategies) and IMLS and ASTC efforts to engage awardees in a community of practice.
3. Evaluate project implementation and whether and how awardee activities influenced participants' vaccine confidence and vaccine-seeking behaviors
4. Evaluate changes in awardees' and participants' understanding of awardee organizations and their partners as trusted sources for timely, relevant information and community resources.

The evaluation is intended to improve IMLS's understanding of the contributions of the C4I project to awardee outcomes such as increases in vaccine confidence and vaccination rates; inform the cooperative efforts of IMLS and ASTC to strengthen the project and facilitate a community of practice among awardees; and, enable IMLS and ASTC to effectively communicate the project's contributions and outcomes to awardees, policymakers, and other audiences.

IMLS anticipates that numerous, diverse stakeholders will be interested in evaluation findings. Audiences include other agency and federal partners, cooperator ASTC and its partner associations and their respective memberships, and other funders, project managers, and community health advocates at

federal, state, and local levels working to increase COVID-19 vaccination rates and/or to augment the role of libraries and museums as trusted resources for improving community well-being. The study will result in a series of reports and briefings primarily developed for grant funders and administrators as well as in products to be very widely shared. The results of the study will inform stakeholders about project implementation and outcomes related to vaccine confidence and vaccination rates, and will facilitate sharing of promising practices that could benefit C4I-funded projects and others interested in improving local vaccination rates.

A3. Use of Information Technology

IMLS takes very seriously its responsibility to minimize burden on respondents and worked with SRI to design this evaluation with that goal in mind. SRI will use information technologies to aid in characterizing Round 1 projects, and to maximize use of publicly available information, streamline efforts and increase security for administering surveys and conducting interviews, as well as to widely disseminate evaluation results.

All administrative documents are in a secure digital format, accessible to only award administrator ASTC and the SRI evaluation team. SRI reviewed awarded Round 1 award applications and entered key information into an electronic database to characterize projects in terms of awardee and partner organization types, community engagement strategies and activities, timing of activities, and target populations. This review helped inform instrument development (e.g., by ensuring questions are pertinent to awardee/partner and participant experiences) and avoid collection of redundant information. SRI will continue to use a variety of technologies and methods to maximize the efficiency of data collection efficiency and minimize respondent burden.

First, SRI will conduct Internet searches to maximize use of extant, publicly available data. These data may include: vaccine hesitancy data collected by Carnegie Mellon University in concert with Facebook and provided at the zip-code level by IHME and the COVID Collaborative; county-level CDC vaccinations and vaccine hesitancy estimates based in part on results from the Census Household Pulse survey; and locally generated data on vaccinations by census tract, as available, using descriptions of locations of award activities from awarded applications to identify relevant census tracts. In addition, SRI will conduct a brief document scan to identify previously validated survey items and to gather the state of understanding and evidence related to community efforts to influence vaccine hesitancy and confidence.

SRI also plans to conduct analysis of social media activity (e.g., use of project hashtags), and to use Google Analytics and reporting from Higher Logic, the platform that powers the online community of practice hosted by ASTC, to gain insights into uptake of awardee-provided resources and project resources provided by IMLS and the CDC. SRI can program in R automated searches of social media hashtags to be able to assess the prevalence of participants' vaccine-related attitudes expressed on these platform. SRI will work with projects planning to use hashtags to ensure the hashtags are unique and will encourage projects with social media components to adopt unique hashtags to support this analysis. SRI will thus be able to associate hashtag use with specific projects, but will not gather information about any individual social media users.

Similarly, SRI will review website data in Google Analytics such as numbers of page views over time and numbers of click-throughs to collections of vaccine resources, and data in captured by Higher Logic including numbers and types of resource downloads, levels of community members and levels of community activity (page views, numbers of discussion posts, engagement with discussions). SRI will review these data only in the aggregate, without regard for individual users. SRI will also review discussion posts to learn pertinent details about changes in project plans, note project successes and

challenges shared with the community as part of evaluating project implementation. All these steps will ensure new data collection is focused on aspects of the evaluation for which data are not already available.

For all survey data collection, SRI will use Qualtrics, a FedRAMP secure online survey platform. Qualtrics is a user-friendly, customizable tool that enables detailed analyses of survey responses. Qualtrics also enables the use of skip logic that will save respondents time by presenting them only with the questions relevant to them. Administering surveys online will also minimize data entry error and the need to follow up with respondents.

To administer the awardee/partner survey, SRI will send unique links to each respondent via email. This strategy will enable us to conduct automated, targeted follow-up (i.e., sent only to those who have not completed the survey) and to match survey data and interview respondents. Email text for awardee/partner survey administration and follow-up is in Appendix G.

To help awardees administer participant surveys, SRI will provide awardees with QR codes on flyers to display at their events, along with guidance on displaying the flyers and engaging participants to aim their phone cameras at the code to automatically open the survey. Awardees can also use their own phones or a tablet belonging to their organization to assist awardees less comfortable with technology or who did not bring a smartphone to the event in completing the survey, to minimize any potential bias introduced by the use of QR codes. In addition, SRI will provide the survey in Armenian, French, Haitian Creole, Marshallese, Russian, and Spanish, as well as in English—these are the languages in which project materials will be provided in various communities based on SRI's review of awarded Round 1 applications. SRI will provide awardees with the QR code linking to the survey, and participants will select the preferred language at the start of the survey. Guidance to help project leads collect participant data is in Appendix H.

SRI proposes to provide each awardee with an individualized QR code paired with a unique link to enable the research team to link participant responses with awardees. SRI does not intend to collect personal information from participants, partly due to the sensitive nature of asking about vaccine status and attitudes. SRI also will not have opportunities for survey follow-up with participants in most cases after they leave a project-funded event or activity.

Interviews will be conducted virtually by telephone or using Zoom.gov virtual conferencing software—the most secure version of Zoom available—in English or Spanish. Interviews will be automatically recorded with participants' permission. Interviews will be automatically transcribed using a Zoom feature, and professionally transcribed as needed in cases of inadequate automated capture. Survey and interview data will be stored securely in SRI's Qualtrics platform and in Sharepoint on SRI's secure servers. Data will only be accessible by the research team. Awardees will be provided with SRI team members' telephone numbers and a central email address (C4I-eval@sri.com) should they need assistance.

Lastly, SRI will leverage technology to share evaluation results as widely as possible, including via social media, on the project and SRI websites and with the community of practice, and via blog posts and webinars. IMLS will coordinate with the CDC, ASTC, and other association stakeholders to help SRI share these nationally relevant results well beyond the awardee community.

A4. Efforts to Identify Duplication

SRI seeks to measure implementation and outcomes of a unique awardee community that was selected for a one-time, short-term project. There have been no previous efforts to collect the same information from these respondents.

A5. Methods Used to Minimize Burden on Small Businesses

Some awardee and partner organizations included in the census project lead survey administration are likely small nonprofit organizations and businesses (e.g., small museums, libraries, and/or community-based clinics or other partners with limited staff capacity). To minimize burden on these entities, the evaluation will provide clear, concise instructions and ensure the data collection process limits requests for personnel time or the need to collect additional, follow-up information. The instruments are designed to minimize respondent burden.

Surveys will be administered only once, are brief (estimated ten minutes to complete the awardee/partner survey, 5 minutes to complete the participant survey), are simply written and free of jargon or inappropriate assumptions about respondents' background knowledge and experience, and include primarily closed-response questions that do not present cognitive challenges to complete.

Project leads associated with two projects will be additionally asked to participate one time in an interview to last no more than 45 minutes. Interviews will be voluntary, conducted virtually, and scheduled at the convenience of the interviewee.

A6. Consequences of Less Frequent Data Collection

The research team plans to collect survey data from respondents only once and interview data from a small sample of respondents only once. The study will provide IMLS with insights into the C4I project performance and whether and how project activities influenced participant attitudes and behaviors regarding COVID-19 vaccines.

Conducting the collection less frequently (essentially foregoing the collection) would impede the evaluation's ability to provide meaningful insights and to identify and broadly share promising practices for reducing vaccine hesitancy and increasing vaccination rates. Ultimately, not collecting and sharing these promising practices could prevent others from replicating promising practices that could improve their community health outcomes. Further, without the data collection, IMLS, CDC, ASTC, and other partners would have no comprehensive, reliable information to answer key questions on project performance.

A7. Special Circumstances

None of these special circumstances apply.

A8. Consultations and Feedback Outside the Agency

A.8.1. Public comments solicited through *Federal Register*

IMLS published a notice in the *Federal Register* on October 15, 2021, Vol. 86, No, 197, page 57453, with a 30-day public comment period to announce forwarding of the information collection request to OMB for approval.

A8. Consultations Outside the Agency

This is an emergency, one-time, new data collection. The evaluation design and data collection instruments developed by SRI were reviewed by SRI senior methodologists and SRI's Institutional Review Board. ASTC project administrators also reviewed and provided input on the study design and methods, including survey instruments and interview protocols. The research team has reviewed and considered all input from these groups and revised the design and methods as appropriate.

Input on survey instruments led SRI to add questions for parents and caregivers related to vaccines for children ages 5–11 and to improve skip logic to ensure respondents answer only questions relevant for them. SRI staff also tested the programmed surveys (with skip logic) to ensure they could be completed within stated timeframes. The CDC also reviewed to ensure that questions were well-aligned to the targeted outcomes of the project. In addition, some surveys translated into other languages were reviewed by native speakers at SRI, when possible, to assure translations were clear and of high quality.

Interview protocols were reviewed by two SRI researchers outside the evaluation team with community engagement and public health expertise. Based on input, SRI simplified and consolidated a few questions and improved alignment of questions to evaluation objectives.

A9. Payments or Gifts to Respondents

The evaluation team will provide a $50 cash gift card to project participants for interviews, as these require a greater time commitment (up to 30 minutes each). SRI does not plan to provide incentives for awardee or partner interviews, nor for awardee/partner or for participant survey respondents. This approach follows a practice SRI has used successfully to increase participation in data collections for other federally funded research and evaluation studies, including for the U.S. Department of Education and the U.S. Department of Justice. The use of incentives in this study is also approved by SRI's Institutional Review Board.

A10. Assurance of Confidentiality

In guidance for awardees on administering surveys locally, SRI will emphasize the anonymous nature of survey responses to alleviate concerns about any possible repercussions or consequences for sharing views on a sensitive topic. All potential interview respondents will receive written communication describing the purpose of the study, provisions for maintaining participant anonymity and data security, and the plan for data collection prior to participating in the interview. All written communications will explain that the interviews will not commence without the verbal consent of the respondent(s) to: (a) participate in the individual or group interview; and (b) be audio-recorded. Interview respondents will be provided the telephone and email of the evaluation principal investigator and SRI's Institutional Review Board should they have questions or concerns.

Because of the potential sensitivity of the subject matter, the study team plans to conduct only individual interviews unless interviewees request to participate in a small-group interview (see response to A11). The explanation of the consent process will assure interviewees that the study will report on information shared only in the aggregate and will not publicly reveal any information that could lead to an interviewee being personally identified. In addition, all written communication will indicate that researchers will make every effort to protect the information provided, to the extent provided by law. The description of the study will also advise respondents that the study team may include direct quotes in reports but that identifying information will not accompany quotes.

In the event that a respondent withholds their consent for audio recording, the study team will make arrangements for a second data collector to be present in the interview to take near-verbatim notes on a laptop computer. So that we will know to include a second data collector in the interview, we will ask interviewees for consent to audio-record the interviews as part of the interview scheduling process.

Safeguards to protect the privacy and anonymity of all respondents include the following:

- All team members will participate in a training that will cover procedures for assuring participant anonymity.
- The study team will provide secure environments for all data collected for the study.
- The study team will immediately deidentify all data collected during the study that can potentially be linked to individual respondents.
- Only authorized members of the study team will have direct access to deidentified study databases..
- The team will not share data obtained in this research with any entity or individual other than ASTC, IMLS, and CDC.
- Datasets provided by SRI to ASTC and IMLS at the end of the study will not contain any personally identifying information (PII) – such as name or address of respondents or their organizational affiliation – that could permit disclosure or identification of respondents, directly or by inference. SRI will destroy all PII at the end of the study.

The survey instruments and interview protocols have been reviewed and approved by SRI's Institutional Review Board (IRB) prior to initiating any evaluation activities. SRI's IRB operates according to the Common Rule on the Protection of Human Subjects found in Title 45 of the Code of Federal Regulations, Part 46 (45 CFR 46). The information requested under this collection is protected and held private in accordance with 42 U.S.C. 13-6, 20 CFR 401 and 402, 5 U.S.C. 552 (Freedom of Information Act), 5 U.S.C. 552a (Privacy Act of 1974) and OMB Circular No. A-130. The IRB submission included the following information:

- The purpose of the data collection and data collection methods being used
- The respondent populations and how they will be identified and accessed
- Whether the data will be anonymous, confidential, or neither, and if the data are confidential or neither, explanation of why identifiers are necessary
- How data will be stored (e.g., electronic files, hard copies)
- Who will have access to data and for how long
- Potential risks and burdens of the project to participants.

A11. Justification for Sensitive Questions

The C4I project aims to support libraries, museums, and their community partners in improving vaccine confidence in projects' target communities. Understanding changes in participant vaccine confidence and vaccine-seeking behaviors is fundamental to evaluating project outcomes. We recognize that attitudes and preferences regarding personal health decision—such as whether or not to get vaccinated or have one's children vaccinate—are sensitive matters, but survey instruments do contain items about

vaccination status and plans in alignment with evaluation and project goals. SRI also plans to ask similar questions in interviews.

To minimize risk associated with responding to sensitive questions, SRI's guidance to project leads who will administer participant surveys underscores that participation is voluntary. This is echoed in the survey consent language, which also notes participants can stop at any time, and that survey responses are anonymous. The participant survey does not collect any personally identifiable information and responses will be aggregated in analysis. SRI will also program the Qualtrics survey so that respondents can skip questions they are not comfortable answering.

The study team will take every step to ensure that respondents feel comfortable responding interviews and protect respondents from potential threats posed by sensitive research. For example, in some cases, participants in a given community may feel more comfortable participating in a small-group interview rather than meeting one-on-one with a researcher. They also may prefer having a trusted community member involved in the project activities present in the interview. SRI will be flexible to ensure that data collection is conducted in ways that are culturally responsive for local participants.

A12. Estimates of Hour Burden to Respondents

Exhibit 1 presents the projected burden hour estimates for data collection for the awardee/partner and participant surveys as well as for the interviews with awardees/partners and participants. The estimates included in Exhibit 1 are based on estimates for the time needed to complete these data collection activities. We assume that the cost per hour for each awardee/partner's and participant's time is $38.91, including wages and salaries as well as benefits, based on the Bureau of Labor Statistics estimates from June 2021 for civilian workers. We use this same estimate for both the general public as well as for project leads, because project lead staff may range from individuals with graduate degrees to interns.[5]

All surveys will be single use (i.e., invited respondents will be asked to complete it only once); however, some awardee/partner survey respondents and community participants will be invited to voluntarily participate in the semi-structured interview.

Surveys will be brief. The awardee/partner survey will take no more than 10 minutes, and the participant survey will take no more than 5 minutes. In total, surveys equate to a 112-hour time burden at a total cost of $4,357.92.

In total, the team plans to conduct 14 interviews: an average of three interviews with awardees and partners and four interviews with project participants at each of two sampled projects. Awardee/partner interviews will last no more than 45 minutes; participant interviews will last no more than 30 minutes. The total hour burden for interviews is 8.5 hours at a cost of $330.74.

Exhibit 1. Estimated number of respondents and labor hours for each information collection

Respondent category	Number of participant surveys (up to 5 min)	Number of grantee/partner surveys (up to 10 min)	Number of interviews (30 min for community members; 45 min for grantees/partners leads)	Estimated response time per individual	Total labor hours	Cost[1]

[5] Bureau of Labor Statistics (2021). USDL-21-1647. September 16. https://www.bls.gov/news.release/ecec.nr0.htm

Surveys						
Awardee/partner survey		156 (3 leads per project x 52 projects)		10 minutes	26 hours (1560 minutes)	$1011.66
Participant survey	1,032 (estimated average of 24 participants in 42 projects)			5 minutes	86 hours (5,160 minutes)	$3346.26
Interviews (2 projects)						
Interviews with awardee/partner leads			6 (3 leads per award x 2 awards)	45 minutes	4.5 hours (270 minutes)	$175.10
Interviews with participants			8 (participants in activities of 2 awards)	30 minutes	4 hours (240 minutes)	$155.64
Total to complete the data collection (over one year)					120.5 hours	$4,688.66

[1]Hourly compensation rate for all civilian workers assumed to be $38.91, including wages and salaries as well as benefits, based on average estimate from Bureau of Labor Statistics (2021). USDL-21-1647. September 16. https://www.bls.gov/news.release/ecec.nr0.htm.

A13. Estimates of Cost Burden to Respondents

There are no additional cost burdens to respondents beyond the labor cost of burden-hours described in item A12 above.

A14. Estimates of Costs to the Federal Government

The estimated cost to the federal government for Round 1 data collection is $22,293.34. This total includes 160 hours contributed by 6 members of the consultant staff, ranging from $89.85 to $260.20 per hour.

A15. Reasons for Program Changes or Cost Adjustments

This is a new collection for emergency use, so no changes apply.

A16. Project Schedule

Surveys

SRI will administer two one-time surveys, beginning for project participants once OMB approval is received and ending on a rolling basis as project activities conclude, and beginning for awardees and partners in early November and ending in early December 2021. The start of data collection will be preceded by a project kickoff, during which SRI will explain its role and the importance of the evaluation participation in data collection.

SRI will contact awardees to initiate the survey with information reiterating the purpose of the survey and how their responses will be used. This email will direct respondents to the survey on Qualtrics, which will include introductory language and consent language. Respondents must indicate their consent to complete the survey.

Survey results will be analyzed following completion of the survey and preliminary analysis is expected to be completed within two weeks after end of the survey data collection.

Interviews

SRI will also conduct one-time with between two and four awardees/partners associated with two Round 1 projects, and up to four participants per sampled project. Interviews will begin in November 2021 and end approximately 1 month later. The start of data collection will be preceded by a kickoff with awardees in which IMLS explains the importance of the evaluation, participation in data collection, and SRI's role. SRI will then schedule introductory kick-off calls with awardees to learn about awardee projects, and describe and answer questions about evaluation activities, including site visits.

SRI will contact selected respondents to participate in an interview with information reiterating the purpose of the interview, the use of their responses, and the types of questions that will be asked and inviting them to participate by indicating their availability. All interviews will be semi-structured and will be tailored and adapted to each respondent's unique context and background as well as the natural flow of the interview.

Interview data will be analyzed on a rolling basis and analysis is expected to completed within one month of the end of interview data collection.

Report and Publication

The study will result in briefings and/or reports that inform ASTC, IMLS, and CDC about strategies that awardees are using to combat vaccine hesitancy, any associated outcomes of those strategies, and any formative feedback for the continuous improvement of the partner agencies. Examples of formative feedback include information that may support ASTC with award administration or inform partner agencies of supports they could offer to awardees in the community of practice or in similar projects in the future. The research team will also work with ASTC to identify and develop other dissemination products (e.g., blog posts) that can be used to effectively share evaluation findings with awardees and the broader public.

All products will present data interpretation and conclusions, as well as a description of study goals, the study methodology used, and study limitations. Products will also contain information-rich, reader-friendly graphics that communicate important, actionable information to policymakers, program administrators, and the broader research and practitioner communities. A project timeline is in Exhibit 2.

Exhibit 2. Project timeline

Task	**Due**
Initial project launch	8/27/2021
Kickoff with IMLS	9/3/2021

Task	Due
Complete database with Round 1 awardee data	9/29/2021
Final survey and interview protocols due to IMLS	10/11/2021
PRA request submitted to OMB for approval	10/29/2021
Complete document and landscape scan	10/31/2021
Launch awardee and participant surveys	Upon OMB approval
Share target interview sample with IMLS	11/1/2021
Begin scheduling interviews	11/8/2021
Initial briefing with IMLS	11/20/2021
Surveys close	12/5/2021
Conclude interviews	12/6/2021
Complete analysis of survey data	12/20/2021
Complete analysis of interview data	12/22/2021
Second briefing with IMLS	1/14/2022

A17. Request to Not Display Expiration Date

Not applicable. All data collection instruments will include the OMB data control number and data collection expiration date.

A.18. Exceptions to the Certification

Not applicable. There are no exceptions requested.