



Campus COVID-19 Vaccine Initiative

AMERICAN COLLEGE HEALTH ASSOCIATION

Lessons Learned from the CoVAC Initiative Mini-Grant Program – Year 1 March 2022

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CoVAC Initiative Year 1 Project Description

The goal of the Campus COVID-19 Vaccine (CoVAC) Initiative is to support healthy and thriving campus communities. This requires effective, equitable, and inclusive COVID-19 vaccination strategies to yield high vaccination uptake in students, staff, and faculty. To that end, the CoVAC Initiative will:

- Equip campus healthcare professionals to lead interventions that build COVID-19 vaccine readiness at the community level and confidence at the individual level,
- Increase COVID-19 vaccination awareness & visibility, and
- Combat COVID-19 vaccine misinformation.

Introduction

The American College Health Association (ACHA) [Campus COVID-19 Vaccine \(CoVAC\) Initiative](#), focused on building vaccine confidence on college campuses. The CoVAC Initiative was funded by a U.S. Centers for Disease Control and Prevention (CDC) cooperative agreement award, CDC-RFA-CK20-2003 and operated from February -September 2021. ACHA Program Staff included:

- Claudia Trevor-Wright, Project Director
- Sara Couppas, Student Engagement Manager
- Aisha Ali, Special Projects Coordinator

CoVAC Initiative Mini Grant Program

The CoVAC Initiative strategies included the Mini-Grant Program, which was active from July 2021 when applications opened until December 2021. Application processes were purposefully uncomplicated to encourage a wide variety of IHEs to apply. Nearly 200 institutions of higher education (IHEs) applied to receive funds to implement and amplify [the #Vaxforward toolkit](#) and other peer-to-peer engagement strategies promoting vaccine confidence and uptake on campus. A team of reviewers from the CoVAC Initiative's Student Engagement Subcommittee reviewed and scored each applicant, and CoVAC Staff members utilized CDC COVID-19 Data Tracker metrics, including the Pandemic Vulnerability Index score for each IHE, to create a robust pool of 50 institutions selected to receive \$3,000. Awardees include Historically Black Colleges and Universities, Tribal Colleges, Community Colleges, a Women's College, and a Military Affiliated College. Awardees were spread across 25 States (including the District of Columbia, from Alaska to Florida. (See *Appendix A*)

In addition to funding, mini grant recipients were offered a variety of support services. Group meetings ("brainstorming sessions") occurred regularly throughout the grant period, during which ACHA staff shared resources, provided guidance, answered questions, and encouraged discussion among grantees. Grantees were also part of a listserv where they could share information and ask questions to each other. ACHA staff regularly used this listserv to share professional development opportunities, updated guidance and new resources. ACHA staff also regularly provided 1-1 support to grantees on a variety of topics, from grant administration to strategic reallocation of grant funds.

This report summarizes the Awardees Final Reports (due in December 2021) as well as the thoughts and reflections of ACHA Program Staff responsible for supporting the Awardees throughout the grant period. **Please note this report references information and outcomes that are not solely the result of CoVAC Initiative Mini-Grant Program related activities. Grantee institutions deployed a variety of COVID-19 mitigation strategies during the grant period, therefore the results described below are not directly attributable to the CoVAC Initiative Mini-Grant.**

Highlights

- **Goals varied widely depending** on the circumstances of the IHE. The resources available to grantees on campus and in the surrounding community, the limitations on their ability to implement vaccination strategies, and the readiness of their campus to engage in vaccine confidence efforts shaped the goals they set and their ability to achieve them.
- **Nearly every grantee had to change strategies at** some point, and some multiple times. Disruption to grantee operations, supply chain issues, communications challenges, and the ever-evolving body of knowledge about COVID-19 vaccination meant that what grantees proposed to do in July may have been entirely moot in October.
- **Staff capacity was a serious limitation** and the inability to recruit, hire, or retain paid staff persists. Some grantees proposing to hire part time staff or student employees to conduct grant activities were unable to fill positions in time.
- Grantees were **tremendously creative**. From dressing up as COVID-19 virus to using games to reach students for conversations about vaccination, grantees were able to use humor and amusement to break through to students who might not have otherwise engaged.
- The value of peer-to-peer outreach deployment of trusted campus health professionals cannot be understated. These efforts will yield benefits beyond the grant period if work is **interdisciplinary and not siloed**.
- Several vaccine confidence outreach **strategies and channels underutilized by grantees and IHEs in general**, including text-based outreach, content creation on TikTok, and creation of multilingual, culturally relevant resources.
- There is a wide range of understanding **how to incorporate health equity** into COVID-19 vaccine confidence efforts.
- 82% of grantees reported their vaccination efforts are **better off than they were** before the grant program.

ACHA and the CoVAC Initiative Staff look forward to applying the knowledge and insights from this report to improving our supports for the 56 Year 2 Mini-Grant Program recipients.

“First and foremost – [our goal was to] get as many students vaccinated as possible. But along with that, we wanted students to feel empowered and educated so that they could make the best decision. We wanted them to be vaccinated but also educated as much as possible.”

“Through our Fall efforts with this grant money and other grant money and programming, we were able to increase our reported student vaccination rates from 20% to 51%, which was a huge win for us.”

“A great win for our program was a student who was very afraid of the vaccine. We first saw her at when we provided COVID information at a flu clinic.... We talked for several minutes about the risks and the myths surrounding vaccination. She came by several weeks later... and proudly showed her bandage where she had just gotten her first dose!”

Grantee Goals

Respondents' goals varied widely along with their strategies. While most respondents focused on vaccine uptake in some way, grantees set specific vaccination rate goals or number of incentives distributed. Others set goals for on-site vaccination clinics. Many respondents focused on building vaccine confidence, either through strategic marketing, increasing visibility of vaccination behavior and social norming, or training and deploying peer ambassadors. Others spoke to the need to specifically guide the community in understanding how to access credible information and identifying the institution as a trusted source of information. For those grantees in states with high vaccine hesitancy, respondents focused on addressing misinformation, calming negative emotions, changing the tone of the campus conversation, and deepening their understanding of peoples' reasons for not getting vaccinated. Finally, grantees mentioned addressing health inequities in vaccine uptake and shoring up vaccination tracking mechanisms on campus.

Grantee Impacts

When asked about their "wins" in executing their CoVAC Initiative projects, grantee responses ranged from stories of individuals persuaded to get vaccinated after engaging with staff or student ambassadors to environmental level shifts in the tone of the conversation or the level of trust in the college health staff.

Some grantee activities were part of coordinated campus wide efforts; others were one of several siloed strategies, or one of few strategies. Grantees with support from other departments, e.g. marketing, residential life, athletics, emergency management, reported being happy with the outcomes and confidence that the benefit of their partnership would extend beyond the grant period. Several grantees reported their grant activities **reinforced campus COVID-19 policies**, and helped the community better understand the rationale for those policies. Several reported gains in becoming a **trusted resource for students** in their community.

"Students (friends, roommates, sorority sisters) getting vaccinated after having conversations with vaccine ambassadors were huge motivating wins for our group. Additionally, as students were tabling, I could see registrations come through for vaccination clinics. That showed us that the outreach was working to increase vaccinations."

"[Our department] became the go to for COVID related questions."

"People feel supported and cared for... Our student coordinator reported students coming up to her to thank her for the important work she was doing, and even had some students return to the table multiple times to check in and see how the work was going. Signage helped immensely with getting students to visit the table, as did having swag on the table for students to take with them."

Many grantees reported seeing their vaccine confidence **visibility items** being worn proudly by students around campus and students actively seeking them out. These campuses easily distributed their items and could have distributed more, while some others struggled to give out all their visibility items within the grant period.

Student ambassadors and staff shared stories of **one-on-one interactions** that resulted in someone getting vaccinated, and that these interactions were highly motivating to their continued efforts.

Grantees created opportunities and channels for students to express their thoughts on how to address COVID 19 on campus and their **motivations for getting or declining to get vaccinated**. Recipients with testing requirements for unvaccinated students utilized campus testing spaces to reach these students specifically to offer non-judgmental information and education.

Many grantees utilized funds to create signage, **prompt people to action**, provide directions to resources, or **norm vaccination** as a protective behavior for the communal good.

As with non-higher educational settings, **incentives** were part of many grantees' programs. Some offered small incentives funded by the mini-grants themselves, other institutions offered significantly larger value items or opportunities (e.g. chances to win tuition, parking, and book scholarships). Respondents who offered small incentives reported these were appreciated by those who took advantage of them but did not necessarily motivate those people to get vaccinated. Some struggled to get the word out about their incentive programs. (See Challenges below). Several respondents perceived more valuable incentives to be highly impactful.

Grantees in areas where vaccine hesitancy is high and there are restrictions on their ability to deploy public health strategies reported both **frustration with what they could and could not do and creativity in doing what they could**. They utilized tactics like humor and familiarity to defuse tension. One grantee dressed up as COVID-19 virus and engaged students by asking for hugs. Another purchased a life-size cardboard cutout of their beloved school mascot and brought them to events for students to take photos with. Taking advantage of the popularity of BINGO night on campus, one grantee conducted outreach between BINGO rounds. Another used a

“To avoid political debates, misinformation spreading, and harassment of our student advocates, we turned comments off on all COVID posts.”

“Our campus is in an area with a low vaccination rate and very outspoken critics of the vaccine, including government officials and medical professionals with large followings. Our local hospital report today that < 50% of their staff is vaccinated.”

“In the State... COVID discussions are limited, however we were able to engage in productive discussions about the myths...”

“Health equity was addressed through addressing the inequity non-native English speakers and other populations like BIPOC may experience by providing materials in 25 languages to address specific concerns indicated by the community survey.”

popular “claw game” as an incentive to engage students in conversation about COVID_19 vaccination.

Grantee Challenges

Beyond the general challenges to vaccine confidence that exist (mistrust, misinformation, lack of risk perception), there were several consistent themes in the responses regarding challenges to grantees in meeting their goals. It must be said that many grantees expressed frustration in knowing their ability to require, promote, provide, inquire about, or document vaccination for campus community members was hampered by state, local, or institutional constraints. For these grantees, **their grant activities represented what was possible, not what was ideal** or known to be the most effective public health strategy.

Many reported **staffing shortages and bandwidth issues**, as they were called upon by their institutions to meet ever-changing needs of their campus. Others planned to hire student workers but found little interest in paid positions that would normally be highly competitive.

Most of the grantees amended their plans and budgets because of **significant shifts in their ability to execute** their original plans, either because of changes in the approaches to COVID-19 management or inability to procure good or services impacted by supply chain shortages. A significant amount of ACHA staff time was used to coach grantees in exploring alternative options.

Timely, effective communication was a persistent challenge for many grantees. Several grantees planned to spend their funds on paid social media strategies that were delayed or scrapped because of barriers imposed by social media platforms regarding vaccination information. Others managed institutional logjams where vaccination information could not be disseminated without prior approval by legal or public affairs staff.

Finally, grantees serve a diverse student population, and the **need for multilingual, culturally relevant materials** continues.

Health Equity

Grantees were asked to review and incorporate the [CoVAC Initiative Health Equity Statement](#) into their projects. In

“We were intentional to recruit students from underserved populations on our campus who may have been more impacted by COVID-19.... We also held vaccine clinics in the International Programs Office where students who have had less access to vaccines were able to readily access vaccines.”

“[We are] an HBCU that serves a population of students that are underserved with limited access to resources and little to no healthcare insurance coverage. The project helped address health equity by bolstering preventative care services for students with limited to no ability to pay, including stakeholders in the development of health communication tools and resources as well as hosting events to increase vaccination rates on campus.”

“We created ads that used Spanglish, Creole, and we also used slang or images that were approachable and did not use jargon.”

reflecting on how their projects furthered health equity on their campuses, many respondents focused on the fact that their outreach and services were available to all members of the community or all students. Minority serving institution grantees reflected that health equity is incorporated into everything they do – it is the core of their mission. Grantees described translating materials and using language that resonated with their community members. Others explicitly partnered with departments or offices on campuses that serve marginalized populations. Some grantees prioritized ensuring that outreach staff or images used in educational content were representative of the populations they serve. Many discussed that in providing services on campus they were meeting the needs of community members without access to transportation. Finally, many grantees serve populations that are uninsured or underinsured, and by providing services free of charge they were addressing inequities in financial access.

Words of Wisdom from Grantees

Grantees recommend that campus health professionals working to bolster vaccine confidence on campus do the following:

- Work with existing campus and community resources, especially when time is short for executing a program.
- Engage partners in the work wherever possible, especially students.
- Be flexible. Things change quickly and in ways you might not anticipate.
- Engage your professional community. Brainstorming and sharing struggles with colleagues is worth making time for.
- Focus on quality over quantity of interventions.

Insights for ACHA and the CoVAC Initiative

While many factors contribute to vaccine confidence on campus, 82% of Grantees reported being better off in their vaccination efforts than before the grant program. The technical and programmatic support provided by ACHA staff was appreciated.

“We saw an extreme increase in vaccine numbers! In August, we began with 62.5% vaccinated students and by December we had 85%. I definitely account a large jump in our vaccinations from our vaccination incentives...”

“While our vaccination numbers didn't jump drastically, I feel like our program was a success because of a small increase and especially in a state where vaccination rates are low.”

“We found supplies for our original t-shirt design was difficult. We re-vamped our focus to lean towards a booster campaign....We were able to hand out over 100 t-shirts to students at a COVID vaccine booster clinic, these were appreciated by all.”

“Our students did outreach tabling on the vaccination reaching 948 students on campus and our boosted social media marketing reached 66,202 people.”

The four most helpful support areas were:

Brainstorming/ zoom sessions	27	60%
Listserv/ Informational emails	24	53.3%
1:1 Correspondence with ACHA Staff	22	49%
Other ACHA offerings related to COVID	13	29%

Feedback from grantees indicated that ACHA could improve grantee experiences by:

- Streamlining administrative processes, (e.g. invoicing).
- Having a technical assistance packet with all campaign materials.
- Extending the amount of time for grant activities; starting earlier and allowing no cost extensions.
- Improve listserv communications and send calendar invites for meetings.
- Increase amount of grant award.
- Provide more program ideas.
- Expand the categories of permitted uses for grant funds (e.g. food, raffles).

ACHA Staff supporting the mini-grant program joined the project in February through June. In many respects, the staff was building the plane as we were flying it. ACHA Staff insights include:

Operations:

- The application process for this grant was intentionally uncomplicated. The CoVAC Initiative wished to make these grants accessible to IHEs and campus professionals who may not typically seek out grants to support their efforts. Some grantees had limited experience with their institutional processes, and supporting these institutions required significant staff time. ACHA Staff attempted to minimize this for Year 2 Mini-grant recipients through prompting in the

“We kept students at the forefront of all of our work. We encouraged students to be engaged through campaigns that included vaccine incentives as well as promoting educating the campus community on the Environmental Health and Safety’s COVID four pillars - mask-wearing, handwashing, vaccination, and reporting. During the Student Government weekly meetings, we discussed improvement measures that could enhance vaccination and testing rates on our campus including testing station placement and visibility. Periodic informational tabling was also conducted to distribute vaccine and Covid-19 information.”

“The CoVac grant implementation process has heightened each leader’s level of responsibility and has developed a culture of increased goal-setting and benchmarking to measure success. This grant helped each leader understand how they as an individual can make a profound impact on the lives of their fellow community members.”

application process and specific directions at a required meeting.

- The flexibility with the COVAC grant implementation for campuses was crucial. Many grantees had to change direction at least once if not more due to a variety of issues. They were grateful for flexibility in redirection and for ideas gathered from other grantees shared. As this caused some grantees concern, ACHA Staff set clear expectations for Year 2 Mini-grant recipients that changes were to be expected.
- The impact of COVID-19 on IHE operations significantly slowed down processes for some grantees. Institutional disconnects delayed documentation and accessibility of grant funds, negatively impacting grant deliverables. Impaired operations for third party vendors of goods and services similarly impacted many grantees' abilities to execute their original plans. Year 2 Mini-grant recipients were encouraged to scope out the feasibility of their plans for purchasing goods and services early in the semester so that they could change strategies if necessary.

Substantive

- Grantees came to feel a sense of community in the brainstorming sessions. Being provided the opportunity to share amongst those who were dealing with similar challenges was integral to momentarily overcoming some feelings of isolation, stress and burnout. These were times when they could feel like they were a part of a community, and share ideas and thoughts with colleagues facing very similar challenges. Grantees who regularly attended these sessions requested that ACHA Staff continue to keep the listserv active for them and to share CoVAC Initiative updates with them. ACHA Staff offer Year 2 Mini-grant recipients these same supports.
- Another support mechanisms offered to grantees included assigning a Student Engagement

"I really appreciate this opportunity. I really enjoyed the support and community that this opportunity gave me."

"Thank you for the funding that allowed us to create an opportunity to educate our students on COVID-19, and increased our student vaccination rate!."

"The grant allowed me to actually promote the vaccination events and draw people in. We had no budget to do anything."

"This grant allowed Student Wellness to take a leading role in campus COVID-19 education and, as Health Educators, we were able to execute these efforts in a coordinated, collaborative and effective manner, guided by theory, data and best-practices. This grant also allowed us to secure additional HEERF funding, which we would not have been informed of otherwise. This, in turn, has elevated our department and the professional skills of our staff on an institutional level."

Committee member to smaller grantee cohorts. Few grantees took advantage of this opportunity directly. These students tried a variety of approaches to engage their grantees, but it was clear that grantees lacked time to make use of their assistance. ACHA Staff decided to discontinue in Year 2, and the Student Engagement Working Group remains active in other ways.

- For many institutions, this mini grant offered a space of relief and motivation to action for departments that felt unheard and were under-resourced. Grantees were visibly empowered by the opportunity to be able to carry out projects they felt were needed on campus to tackle COVID-19. ACHA Staff will continue to support and advocate for the needs of college health and other campus professionals working to prevent the spread of COVID-19 on campus.

It was a privilege to support the institutions and the campus professionals administering these grants. The ACHA staff were both impressed and humbled by the dedication, creativity, and energy of the grantees. We thank them for their tremendous efforts to promote the health and well-being of their campus communities.

Acknowledgements

This work was made possible by a cooperative agreement from the U.S. Centers for Disease Control and Prevention.

Additional gratitude to:

- Staff of the American College Health Association
- Members of the CoVAC Initiative Steering Committee
- Members of the CoVAC Initiative Student Ambassador Subcommittee
- Grantee colleges and universities and their students

Responses to Mini-Grant Final Report (N=45)

Campus Policies – Vaccination & Masking

- **90% of respondents offered COVID-19 vaccination on campus** (not necessarily as part of the mini grant program)
- 30 respondents provided the number of vaccinations administered on campus, totaling 21,152 doses.
 - Doses given ranged from 6 to 4877 with a mean of 682.

Does your IHE require students to be vaccinated for Covid-19 (allowing only medical and/or religious exemptions)?

No, we have no requirement	35	78%
Yes, we have a requirement, but students can opt out through regular COVID-19 testing rather than vaccination (beyond medical or religious exemptions)	3	7%
No, only student employees required to be vaccinated	2	4%
Yes, the requirement is for all students	2	4%
Yes, the requirement is for only for residential students	1	2%
Yes, the requirement is for students in higher risk academic or extracurricular areas (health sciences, athletics, early childhood etc.	1	2%
Yes, though it allows for personal exemptions as well as medical and/or religious, with no requirement for testing.	1	2%

Does your IHE track students' COVID-19 vaccination status?

No	18	40%
Yes	21	47%
Reporting was limited (certain students, for certain purpose i.e. contest, only those vaccines provided on campus)	3	7%
Reporting is optional for students	2	4%
I don't know	1	2%

Does your IHE have an indoor mask requirement?

Yes, and it is continuing	22	49%
No, but we did previously	18	40%
Yes, but it may end if COVID-19 trends down in Spring	2	4%
No, but masks are strongly recommended	2	4%
Indoor in academic buildings only (Labs, studios, classrooms etc)	1	2%

Program Activities

Which audiences did you reach through your program activities?

Many awardees devoted specific attention to subpopulations on campus, including first year students, first generation students, student athletes, residential students,

unvaccinated students, international students, and those involved in Greek life. Employee subpopulations included those working in food service and construction. Some awardees reported focusing specifically on people from marginalized communities that are more likely to experience health disparities (e.g. LGBTQ+, BIPOC, people with disabilities).

Students	45	100%
Staff & Faculty	35	78%
Others (Community members, family of campus community members)	4	4%

Did your program involve students as peer ambassadors during the program period (Sept-Dec 2021)?

Awardees reporting student ambassadors directly or indirectly involved with the program (blue items are percentage of this total)	33	73%
1-10 student ambassadors	25	76%
11-20 student ambassadors	3	9%
21-30 student ambassadors	1	3%
30+ student ambassadors	4	12%

In what ways were students engaged in your program:

In addition to the below activities, students also provided language translation, shared their personal stories, and some (health professional students) administered vaccines at campus clinics.

Social Media Posts	26	79%
Tabling	28	85%
Education/ Workshop	11	33%
Advisory Committee	7	21%

- 27 respondents held on-campus events and tracked attendance, with attendance ranging from 38-948 attendees.

Communications Strategies

Which strategies/ channels did you used to communicate with students on and off campus? (select all)

Campuses where email is an established source for information capitalized on this strength and was utilized almost as often as social media. Grantees also used traditional outreach strategies such as in person tabling, peer outreach, physical signage, and deploying students wearing campaign swag as billboards. Tiktok remains a highly underutilized channel for reaching students.

E-newsletter/ Campus newspaper	23	51%
Email	34	76%

Non-digital bulletin boards/ posters/ fliers (physical signage)	30	67%
Digital Screen/ message boards	27	60%
Campus Radio	3	7%
Online workshops, meetings or gatherings	13	29%
Social media	35	78%
In person workshops, meetings or gatherings (including tabling)	4	9%
Local News coverage	2	4%
Texting	1	2%

Which social media platforms did you use in your program? (select all)

Facebook	29	64%
Twitter	16	36%
Instagram	32	71%
TikTok	2	4%
Snapchat	5	11%
Youtube	3	6%
Campus Specific App	2	4%
None	5	11%

Barriers

What barriers did you encounter as you implemented your program?

In addition to the below, grantees felt hampered by legislative or executive prohibitions on vaccination confidence strategies, the lack of multilingual resources, and significant events on campus unrelated to COVID-19, including the shooting of a student and a natural disaster leading to the evacuation of campus. In addition, grantees reported being up against COVID-19 fatigue, vaccine misinformation, and a political climate hostile to mitigation strategies.

Delays in processing funds at the campus level	14	31%
Poor response from student participants	10	22%
Unable to recruit or maintain enough student ambassadors	16	36 %
Difficulty scheduling training, meetings or events	11	24%
Delays with other campus partners or vendors; process, supply chain, approvals	13	29%
Limited time for supervision due to other duties	16	36%
Staff turnover	4	9%
Other staff wanted students to act as "enforcers"	0	0%
Opposition or harassment from campus or community members (in-person or online)	11	24%
Lack of support from administration	3	7%
Lack of staff time to implement	17	38%
We encountered no barriers	5	11%

Will you be able to sustain the program, or components of the program, beyond the grant period?

Yes	24	53%
No	2	4%
Unsure	11	2%
We aren't interested in sustaining the program, or components of it, beyond the grant period.	3	7%

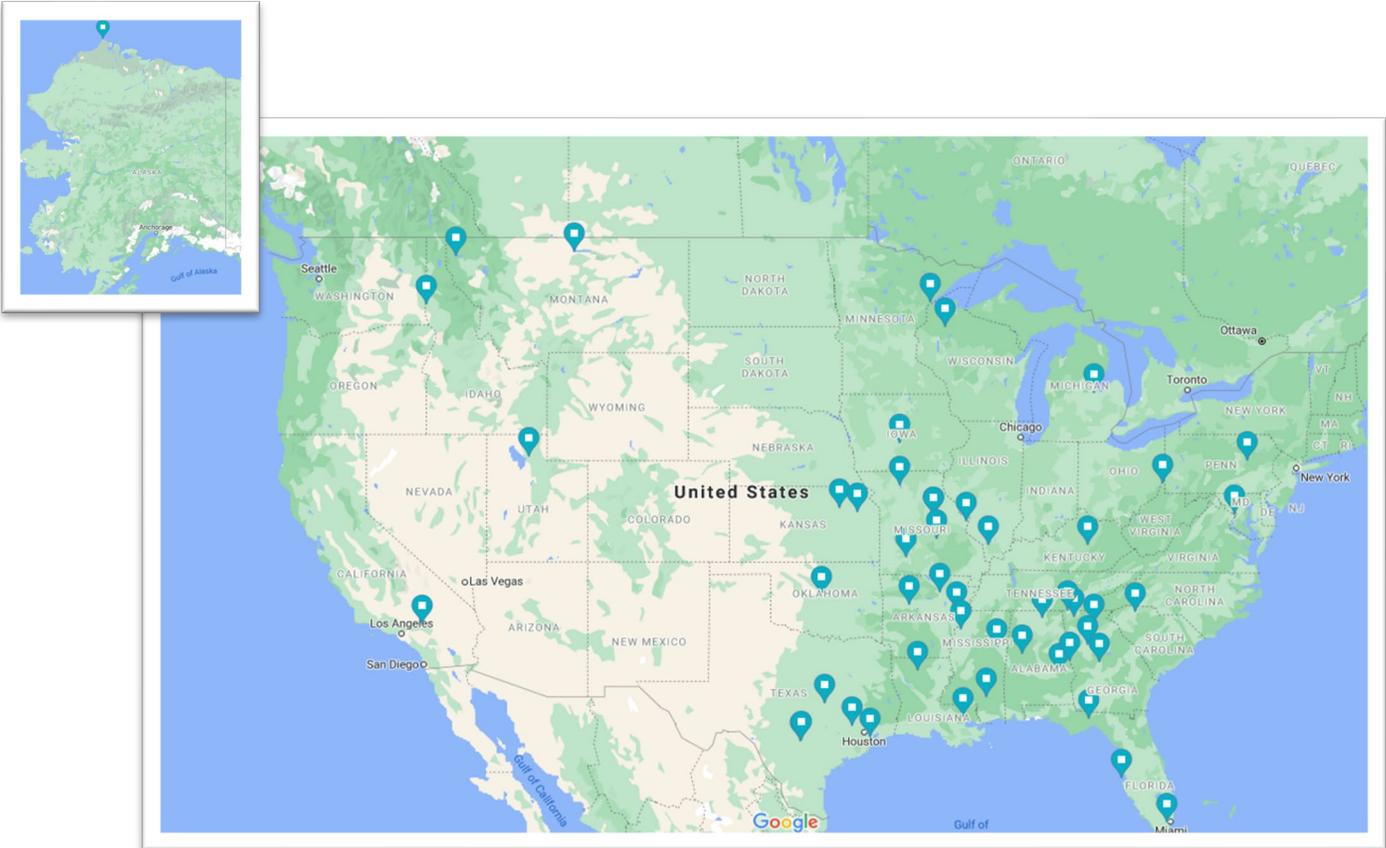
Appendix A: Mini Grant Awardee Institutions

Located in 25 states, the 50 mini-grant recipients include:

- 41 public and 9 private institutions
- 39 four-year institutions and 11 two-year institutions
- 10 community colleges
- 9 Hispanic-Serving Institutions
- 7 Historically Black Colleges & Universities/Predominantly Black Institutions
- 2 Tribal Colleges or Universities
- 2 senior military colleges
- 1 women’s college

Alaska	Ilisagvik College
Alabama	University of Alabama Tuskegee University
Arkansas	Arkansas Tech University Lyon College East Arkansas Community College
California	Victor Valley Community College
D.C.	The University of the District of Columbia
Florida	University of South Florida St. Petersburg Florida International University Florida A & M University
Georgia	Wesleyan College Clayton State Point University University of North Georgia Dalton State College
Idaho	University of Idaho
Illinois	Southern Illinois University Carbondale
Iowa	Des Moines Area Community College
Kansas	Kansas State University Washburn University
Kentucky	Eastern Kentucky University
Louisiana	Southern Louisiana University Grambling State University
Michigan	Delta College
Minnesota	University of Minnesota Duluth
Mississippi	Mississippi State University The University of Southern Mississippi Coahoma Community College
Missouri	Drury University Fontbonne University Missouri S & T North Central Missouri College Westminster College William Woods University

Oklahoma	University of Central Oklahoma
Pennsylvania	Bloomsburg University of Pennsylvania
South Carolina	University of South Carolina Upstate
Tennessee	University of Tennessee Chattanooga
Texas	Our Lady of the Lake University Prairie View A & M University San Antonio College Temple College University of Houston Clear Lake
Utah	Weber State University
West Virginia	West Liberty University
Wisconsin	Lac Courte Oreilles Ojibwe College



Appendix B: Campaign Hashtags (not including #Vaxforward):

#getthevax
#boosterup
#bulldogstrong
#VaxxthePack
#staysalukisafe
#ProtectYourPack
#vaccinateappstate
#sacvaxforward
#stinginyourwing
#ToTheTopTogether
#UandIGetVaccinated
#UCOVaxForward
#VaxThatTHANGup
#vaxforwardWLU
#Ambassadorsforvaccineconfidence
#BUVaxForward
#PreventthePivot
#WCteamvax
#itsourshotwc
#PFCPHA
#VaxxedAF
#GetVaxxed
#WellnessCenterStudentAmbassador