

Department of Health and Human Services

**OFFICE OF  
INSPECTOR GENERAL**

**CDC PROVIDED OVERSIGHT AND  
ASSISTANCE, BUT RECIPIENTS FACED  
CHALLENGES IN IMPLEMENTING A  
COVID-19 VACCINE CONFIDENCE  
STRATEGY**

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July 2024  
A-06-22-04004

# *Office of Inspector General*

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## Report in Brief

Date: July 2024

Report No. A-06-22-04004

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
**OFFICE OF INSPECTOR GENERAL**



### Why OIG Did This Audit

Through the American Rescue Plan (ARP) Act of 2021, the Centers for Disease Control and Prevention (CDC) awarded nearly \$244 million to 64 State, Local, and Territorial recipients (recipients) to develop and implement strategies in strengthening COVID-19 vaccine confidence using CDC's COVID-19 Vaccinate with Confidence strategic (Vaccine Confidence strategy) framework.

Our objectives were to determine (1) whether CDC provided oversight and assistance to the recipients in developing and implementing strategies that followed the CDC's Vaccine Confidence strategy, (2) how much of the ARP award funds each of the recipients had expended at the time of our audit, and (3) any potential challenges or barriers that the recipients faced when spending the ARP award funds.

### How OIG Did This Audit

Our audit covered the oversight and assistance CDC provided to 64 recipients that were awarded nearly \$244 million in ARP supplemental funding. We obtained the recipient supplemental award and expenditure data to identify how much of the ARP award funds each of the recipients had expended at the time of our audit. We then administered an online survey to the recipients and analyzed and summarized the survey responses to determine challenges or barriers faced in developing and implementing a vaccine confidence strategy, and to assess the oversight and assistance provided by CDC.

## CDC Provided Oversight and Assistance, but Recipients Faced Challenges in Implementing a COVID-19 Vaccine Confidence Strategy

### What OIG Found

CDC provided oversight and assistance to the recipients in developing and implementing a vaccine confidence strategy by utilizing recipient data, conducting periodic outreach through webinars and technical assistance calls, among other things. Of the nearly \$244 million in funding to the 64 recipients, more than \$116 million, or nearly 48 percent, had been expended as of March 4, 2024. On the basis of the recipients' responses to the OIG survey, we identified challenges or barriers that the recipients faced in developing and implementing a vaccine confidence strategy. Some of those challenges or barriers included (1) language and location barriers, (2) lengthy contract processes, (3) COVID-19 fatigue, and (4) vaccine mistrust or hesitancy, which impacted recipients' expending of award funds. The challenges or barriers that were identified in developing and implementing a vaccine confidence strategy from the survey of recipients provide CDC with areas on which to focus when implementing future strategies.

### What OIG Recommends

This report includes no recommendations. However, CDC indicated that it would use the suggestions and feedback from the recipients' responses to the OIG survey to improve the development and oversight of its Vaccinate with Confidence strategic framework until its completion, as well as initiatives that are in response to future public health emergencies. CDC elected not to provide formal written comments on our draft report but did provide technical comments, which we addressed as appropriate.

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## INTRODUCTION

### WHY WE DID THIS AUDIT

The Centers for Disease Control and Prevention (CDC), as part of its mission, provides strategic investments through its cooperative agreements with health departments aimed at reducing domestic infectious disease-related illnesses and death. Currently, CDC provides financial resources and technical assistance to 64 State, Local, and Territorial recipients (recipients) to support activities related to vaccine education and outreach.<sup>1</sup>

On March 11, 2021, the President signed into law the American Rescue Plan (ARP) Act of 2021 (P.L. No. 117–2) to support, among other things, critical COVID-19 public health activities, including vaccine distribution, testing, contact tracing, surveillance, and the public health workforce, building on prior emergency relief funding provided by Congress. The ARP Act appropriated \$1 billion to the Department of Health and Human Services (HHS) to carry out activities, acting through CDC, to strengthen vaccine confidence, provide further vaccine information and education activities, and improve rates of vaccination throughout the U.S. and its Territories.<sup>2</sup> CDC awarded nearly \$244 million to the 64 recipients to develop and implement strategies in strengthening COVID-19 vaccine confidence and preventing outbreaks of vaccine-preventable diseases using CDC’s COVID-19 Vaccinate with Confidence strategic (Vaccine Confidence strategy) framework.<sup>3, 4</sup>

COVID-19 has created extraordinary challenges for the delivery of health care and human services to the American people. As the oversight agency for HHS, the Office of Inspector General (OIG) oversees HHS’s COVID-19 response and recovery efforts. This audit is part of OIG’s COVID-19 response strategic plan.<sup>5</sup>

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<sup>1</sup> CDC used the existing Immunization and Vaccines for Children Cooperative Agreement (CoAg: IP19-1901 or CDC RFA IP19-1901) and recipients to ensure that the funding was deployed. The 64 recipients included all 50 states, 9 territories (American Samoa, the District of Columbia, Guam, Marshall Islands, Micronesia, Northern Marianas, Palau, Puerto Rico, and Virgin Islands), and 5 cities (Chicago, Houston, New York City, Philadelphia, and San Antonio).

<sup>2</sup> Section 2302 of the ARP Act of 2021 (P.L. No. 117-2). Available online at [American Rescue Plan Act of 2021](#). Accessed on Mar. 1, 2024.

<sup>3</sup> CDC allocated \$250 million of the \$1 billion to vaccine confidence activities. CDC is required to withhold 2.5 percent from funding for the Public Health Service evaluation assessment resulting in \$243,750,000 being obligated and awarded to the recipients.

<sup>4</sup> CDC. Available online at [Vaccinate with Confidence Strategy](#). Accessed on Mar. 1, 2024.

<sup>5</sup> OIG’s COVID-19 response strategic plan and oversight activities can be accessed at [OIG Strategic Plan: Oversight of COVID-19 Response and Recovery May 2020](#). Accessed on Mar. 15, 2024.

## OBJECTIVES

Our objectives were to determine (1) whether CDC provided oversight and assistance to the recipients in developing and implementing strategies that followed the CDC’s Vaccine Confidence strategy, (2) how much of the ARP award funds each of the recipients had expended at the time of our audit, and (3) any potential challenges or barriers that the recipients faced when spending the ARP award funds.

## BACKGROUND

### American Rescue Plan Funding for COVID-19 Vaccine Confidence Strategy

The ARP Act included several supplemental awards to fund a variety of COVID-19 vaccine-related activities. The Addendum to COVID-19 Vaccination Supplement 4 provided an additional \$250 million, of which nearly \$244 million, was awarded to the 64 recipients to develop and implement a vaccine confidence strategy to build trust, empower health care personnel, and engage communities and individuals.<sup>6</sup> The award funds were made available to the recipients in furtherance of these activities for the period May 2021 through June 2024.<sup>7</sup> The amount available to each recipient was determined using a population-based formula.

### CDC’s COVID-19 Vaccine Confidence Strategy

CDC defines “vaccine confidence” as the belief that vaccines work, are safe, and are part of a trustworthy medical system. Strong confidence in COVID-19 vaccines within communities could lead to more adults, adolescents, and children getting vaccinated, which leads to fewer COVID-19 illnesses, hospitalizations, and deaths. However, many factors influence vaccine decision-making, including cultural, social, and political factors, individual and group factors, and vaccine-specific factors.<sup>8</sup>

CDC awarded the 64 recipients nearly \$244 million to develop and implement a vaccine confidence strategy and support efforts to build vaccine confidence and conduct outreach to (1) build trust in COVID-19 vaccines, (2) empower the health care personnel who provide them, and (3) engage communities and individuals. Award funds may be used for television, radio, internet, and other media and communications technologies, as well as in-person activities.

Figure 1 on the next page illustrates CDC's Vaccinate with Confidence strategic framework to reinforce confidence in COVID-19 vaccines.

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<sup>6</sup> CDC. [Addendum to COVID-19 Vaccination Supplement 4-May 2021 Funding Vaccine Confidence](#). Accessed on Mar. 1, 2024.

<sup>7</sup> After the draft report issuance, CDC notified OIG that the award has been extended through December 31, 2024.

<sup>8</sup> CDC. Available online at [What is Vaccine Confidence](#). Accessed on Mar. 15, 2024.



Figure 1: CDC’s Vaccine Confidence Strategy<sup>9</sup>



# Vaccinate with Confidence

## CDC’s Strategy to Reinforce Confidence in COVID-19 Vaccines

<b>Build Trust</b>	<p><b>Objective: Share clear, complete, and accurate messages about COVID-19 vaccines and take visible actions to build trust in the vaccine, the vaccinator, and the system in coordination with federal, state, and local agencies and partners.</b></p> <ul style="list-style-type: none"><li>✓ Communicate transparently about the process for authorizing, approving, making recommendations for, monitoring the safety of, distributing, and administering COVID-19 vaccines, including data handling.</li><li>✓ Provide regular updates on benefits, safety, side effects and effectiveness; clearly communicate what is <u>not</u> known.</li><li>✓ Proactively address and mitigate the spread and harm of misinformation via social media platforms, partners, and trusted messengers.</li></ul>
<b>Empower Healthcare Personnel</b>	<p><b>Objective: Promote confidence among healthcare personnel* in their decision to get vaccinated and to recommend vaccination to their patients.</b></p> <ul style="list-style-type: none"><li>✓ Engage national professional associations, health systems, and healthcare personnel often and early to ensure a clear understanding of the vaccine development and approval process, new vaccine technologies, and the benefits of vaccination.</li><li>✓ Ensure healthcare systems and medical practices are equipped to create a culture that builds confidence in COVID-19 vaccination.</li><li>✓ Strengthen the capacity of healthcare professionals to have empathetic vaccine conversations, address myths and common questions, provide tailored vaccine information to patients, and use motivational interviewing techniques when needed.</li></ul>
<b>Engage Communities &amp; Individuals</b>	<p><b>Objective: Engage communities in a sustainable, equitable and inclusive way—using two-way communication to listen, build trust, and increase collaboration.</b></p> <ul style="list-style-type: none"><li>✓ Empower vaccine recipients to share their personal stories and reasons for vaccination within their circles of influence.</li><li>✓ Work with health departments and national partners to engage communities around vaccine confidence and service delivery strategies, including adaptation of vaccination sites to meet community needs.</li><li>✓ Collaborate with trusted messengers—such as faith-based and community leaders—to tailor and share culturally relevant messages and materials with diverse communities.</li></ul>

\*Personnel = All staff working in healthcare settings, including physicians, PAs/NPs, nurses, allied health professionals, pharmacists, social workers, support staff, and community health workers

### Requirements for CDC’s Monitoring and Oversight of the Recipients

CDC is required to adhere to the *Grants Policy and Administration Manual*, which includes oversight, to determine whether recipients comply with applicable award terms and conditions, reporting requirements, and required activities. CDC is required to conduct post-award monitoring for all cooperative agreements regularly.<sup>10</sup> Post-award monitoring is intended to ensure that the recipients make progress in achieving the objectives of the Federal award,

<sup>9</sup> CDC. [Vaccinate with Confidence-CDC's Strategy to Reinforce Confidence in COVID-19 Vaccines](#). Accessed on Mar. 1, 2024.

<sup>10</sup> Post-award monitoring is the ongoing activity that extends through the period of performance and closeout.

consistent with performance goals included in the Federal award and specific project activities.<sup>11</sup>

The objectives and goals of the Vaccinate with Confidence strategic framework are for recipients to develop and implement a vaccine confidence strategy for COVID-19 and routine immunization to ensure greater equity and access to vaccines by those disproportionately affected by COVID-19. As an awarding agency, CDC is required to ensure that recipients accomplish program goals and objectives.<sup>12</sup> To accomplish this, CDC has approximately 15 project officers who provide oversight and technical support to the recipients for this cooperative agreement. Project officers are assigned (typically by HHS geographical region) to work with the recipients to meet the goals and objectives and ensure compliance. The project officers are listed on the Notice of Award and have the responsibility for overseeing the project.

CDC stated that it continually and closely monitored the recipients' performance, activities, and progress through regular engagement, including routine and ongoing communication between CDC and the recipients.

## **HOW WE CONDUCTED THIS AUDIT**

Our audit covered the oversight and assistance CDC provided to 64 recipients that were awarded nearly \$244 million in ARP supplemental funding to develop and implement a vaccine confidence strategy within their jurisdictions during the funding award period (May 2021 through June 2024). To accomplish our objectives, we obtained and reviewed the *Grants Policy Administration Manual*, the terms and conditions of the ARP supplemental awards, CDC policies and procedures and the CDC COVID-19 Vaccine Confidence strategy guidance. We met with CDC officials to gain an understanding of the oversight and assistance and reviewed the types of resources and technical assistance that CDC provided to the recipients in developing and implementing a COVID-19 vaccine confidence strategy. We also obtained the recipient supplemental award and expenditure data from the HHS Payment Management System to identify how much of the ARP award funds each of the recipients had expended at the time of our audit. Appendix B contains the complete list of the Vaccine Confidence strategy award funds and expenditures for the 64 recipients.

To assess the oversight and assistance provided by CDC, and to determine the potential challenges or barriers in developing and implementing a vaccine confidence strategy, we administered an online survey to the 64 recipients that were awarded the ARP supplemental

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<sup>11</sup> Grants Policy and Administration Manual, part H, Chapter 2.

<sup>12</sup> Ibid.

funding.<sup>13</sup> We received responses from all 64 recipients; our analysis and summarization of the survey results relied only on self-reported data from recipients. We did not independently verify information received from the recipients.

After administering the survey to the recipients, we provided CDC with a summary of the survey responses. We obtained CDC's feedback on the survey responses, and CDC explained that it would share the recipients' suggestions and feedback with applicable CDC officials. Appendix C contains the survey that we sent to the recipients.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology.

## FINDINGS

CDC provided oversight and assistance to the recipients in developing and implementing a vaccine confidence strategy by utilizing recipient data, conducting periodic outreach through webinars and technical assistance calls, among other things. Of the nearly \$244 million in funding to the 64 recipients, more than \$116 million, or nearly 48 percent, had been expended as of March 4, 2024.<sup>14</sup> On the basis of the recipients' responses to the OIG survey, we identified challenges or barriers that the recipients faced in developing and implementing a vaccine confidence strategy. Some of those challenges or barriers included (1) language and location barriers, (2) lengthy contract processes, (3) COVID-19 fatigue, and (4) vaccine mistrust or hesitancy, which impacted recipients' expending of award funds. The challenges or barriers that were identified in developing and implementing a vaccine confidence strategy from the survey of recipients provide CDC with areas on which to focus when implementing future strategies.

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<sup>13</sup> We did not validate the CDC's statements on the types of oversight and assistance activities it provided to the recipients. Instead, we used the recipient survey responses to determine whether CDC provided oversight and assistance to the recipients in developing and implementing strategies that followed the CDC's Vaccine Confidence strategy.

<sup>14</sup> HHS Payment Management System, OIG analysis of recipient data, Mar. 4, 2024.

## **CDC PROVIDED OVERSIGHT AND ASSISTANCE TO THE RECIPIENTS IN DEVELOPING AND IMPLEMENTING A VACCINE CONFIDENCE STRATEGY**

### **CDC Used Oversight Activities to Monitor Recipients**

CDC stated and most of the recipients concurred, based on their survey responses, that it regularly engaged in oversight activities of recipients, including communication with recipients and onsite visits, when applicable. CDC required recipients to regularly submit reports, such as quarterly progress reports on milestones in approved workplans, monthly fiscal reports specific to the supplemental funding award, reports on performance measure data, and annual progress reports. Additionally, CDC continued to (1) closely monitor recipient performance, activities, and progress through regular engagement and tracked recipient progress in achieving the desired outcomes; (2) ensure the accuracy of reports generated from recipient systems; and (3) create an environment that fostered integrity in program performance and results. For example, project officers work daily with recipients to provide guidance and assistance for how to spend award funds while allowing recipients maximum flexibility within the award guidelines.

### **CDC Provided Several Types of Technical Assistance to Recipients**

CDC explained that some of the technical assistance it provided to recipients for improving vaccination efforts included (1) technical assistance calls, (2) weekly office hours, (3) peer learning calls, (4) community of practice webinars, (5) implementation tools and resources, and (6) collaboration with community leaders and trusted messengers.<sup>15</sup> The following briefly details the technical assistance provided by CDC.

#### *Technical Assistance Calls*

Starting in May 2021, CDC conducted technical assistance calls for the Vaccine Confidence strategy with all the recipients. CDC and the recipients discussed how to build vaccine confidence and promote that vaccine confidence is the trust that patients, parents, or providers have in the (1) recommended vaccines; (2) providers who administer vaccines; (3) processes and policies that lead to vaccine development; and (4) licensure, manufacturing, and recommendations for use.

CDC also provided an update of the status of COVID-19 vaccine confidence in the U.S., overviews of vaccine confidence concepts, tips, best practices for building vaccine confidence in communities, tools to assess and address vaccine confidence, and to generate creative strategies to increase vaccine uptake.

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<sup>15</sup> Trusted messengers are people seen as credible sources of information by specific populations. Trusted messengers may be trained to be vaccine ambassadors and may include local doctors, community and faith-based leaders, or local celebrities. See Strategy #10 at [12 COVID-19 Vaccination Strategies for Your Community](#). Accessed on Mar. 1, 2024.

### *Weekly Office Hours*

Beginning in August 2021, CDC hosted weekly office hours for recipients to receive additional technical support. During the office hours, recipients had direct access to communicate with CDC program officials and other subject matter experts for technical assistance. Recipients were able to receive answers about COVID-19 vaccines, addressing COVID-19 vaccine misinformation, increasing healthcare provider capacity to support vaccine education and confidence, and how to engage community partners and trusted messengers in increasing vaccine confidence. In addition, recipients were able to share information and practices among peers and provide phone and virtual technical assistance in assessing, diagnosing, and addressing vaccine confidence challenges.

### *Peer Learning Calls*

To support peer-to-peer learning, CDC organized and facilitated small group discussion calls. Recipients were able to discuss specific COVID-19 issues and share creative solutions to those challenges. CDC hosted the peer learning calls to map out barriers and enablers for different audiences for a COVID-19 vaccination strategy and to generate creative strategies to increase vaccine uptake.

### *Community of Practice Webinars*

CDC offered a series of webinars addressing topics around COVID-19 vaccination. These interactive, web-based training modules offered a real-world perspective on different issues around COVID-19 vaccines. Topics ranged from routine clinical and vaccine safety information to guidance for onsite clinic vaccination activities and having conversations with vaccine recipients. Each webinar included self-test practice questions and lists of additional resources related to the topic discussed.

### *Implementation Tools and Resources*

CDC provided tools and resources to the recipients to use as they were developing and implementing a vaccine confidence strategy. Some of the tools and resources included the (1) vaccinate with confidence framework,<sup>16</sup> (2) vaccine communication toolkits to support vaccine education and outreach, (3) available survey and other types of data and reports on vaccine confidence in the U.S., and (4) *Rapid Community Assessment Guide*<sup>17</sup> to diagnose and address

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<sup>16</sup> See Figure 1.

<sup>17</sup> A rapid community assessment is a process for quickly collecting community insights about a public health issue to inform program design. The assessment involves reviewing existing data and conducting community-based interviews, listening sessions, observations, social listening, and surveys. [How to Conduct a Rapid Community Assessment](#). Accessed on Mar. 1, 2024.

low vaccine confidence or uptake in specific communities to build confidence in COVID-19 vaccines.

### *Collaboration With Community Leaders and Trusted Messengers*

CDC developed and implemented outreach campaigns and approaches to help recipients identify and train trusted messengers that represent the diversity of affected communities to promote vaccination through local media outlets, social media, faith-based venues, community events, and other community-based, culturally appropriate venues.

CDC supported ongoing training of identified trusted messengers by providing educational materials that utilize trauma-informed community engagement strategies that address vaccine hesitancy and misinformation, historical injustices, minimize mistrust, and advance health equity.

CDC also sponsored a project, *Trusted Messengers: Building Confidence in COVID-19 Vaccines Through Art*,<sup>18</sup> that spotlighted some of the arts and culture partners that worked with CDC and the CDC Foundation in 2022 to help bolster demand for COVID-19 vaccines by building trust and confidence in their communities. The goal of this project was to inspire people to get vaccinated by helping make COVID-19 vaccination messages more accessible, acceptable, and memorable by fostering dialogue and strengthening the voices of historically underserved communities. Organizations across the U.S. produced artwork and events in communities disproportionately impacted by the pandemic or with low vaccination rates.

For this project, CDC utilized multiple strategies and media, including public events, posters, social media and videos, community artists, and culture bearers translated information and ideas. They reached across diverse audiences to help strengthen our understanding and capture the emotions of living through a pandemic in a way that public health data alone cannot.

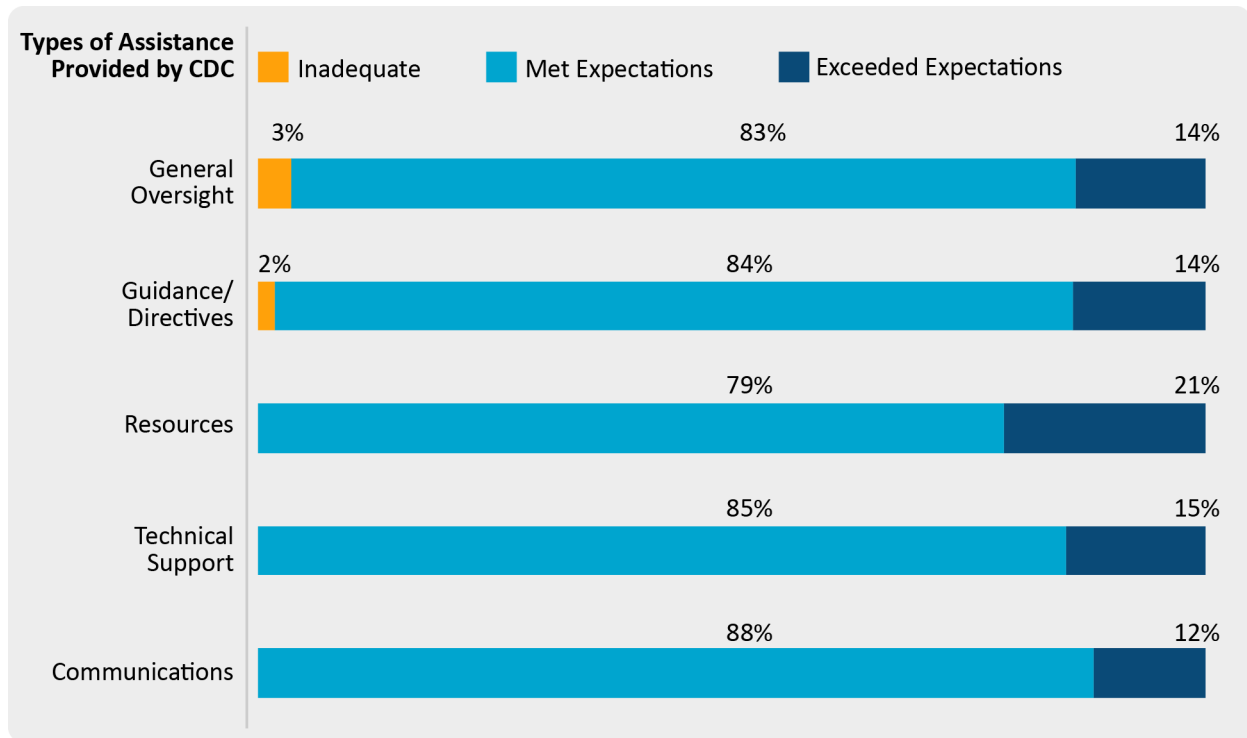
### **Most Recipients Responded That the Oversight and Assistance CDC Provided in Developing and Implementing a Vaccine Confidence Strategy Met or Exceeded Expectations**

We asked the recipients to rate the types of oversight and assistance provided by CDC in developing and implementing a vaccine confidence strategy. The types of oversight and assistance included in the survey were (1) general oversight, (2) guidance and directives, (3) resources, (4) technical support, and (5) communications. Most of the recipients reported that the oversight and assistance provided by CDC in developing and implementing a vaccine confidence strategy met or exceeded expectations. Figure 2 on the next page shows the recipient responses.

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<sup>18</sup> CDC. [Trusted Messengers: Building Confidence in COVID-19 Vaccines Through Art](#). Accessed on Mar. 15, 2024.

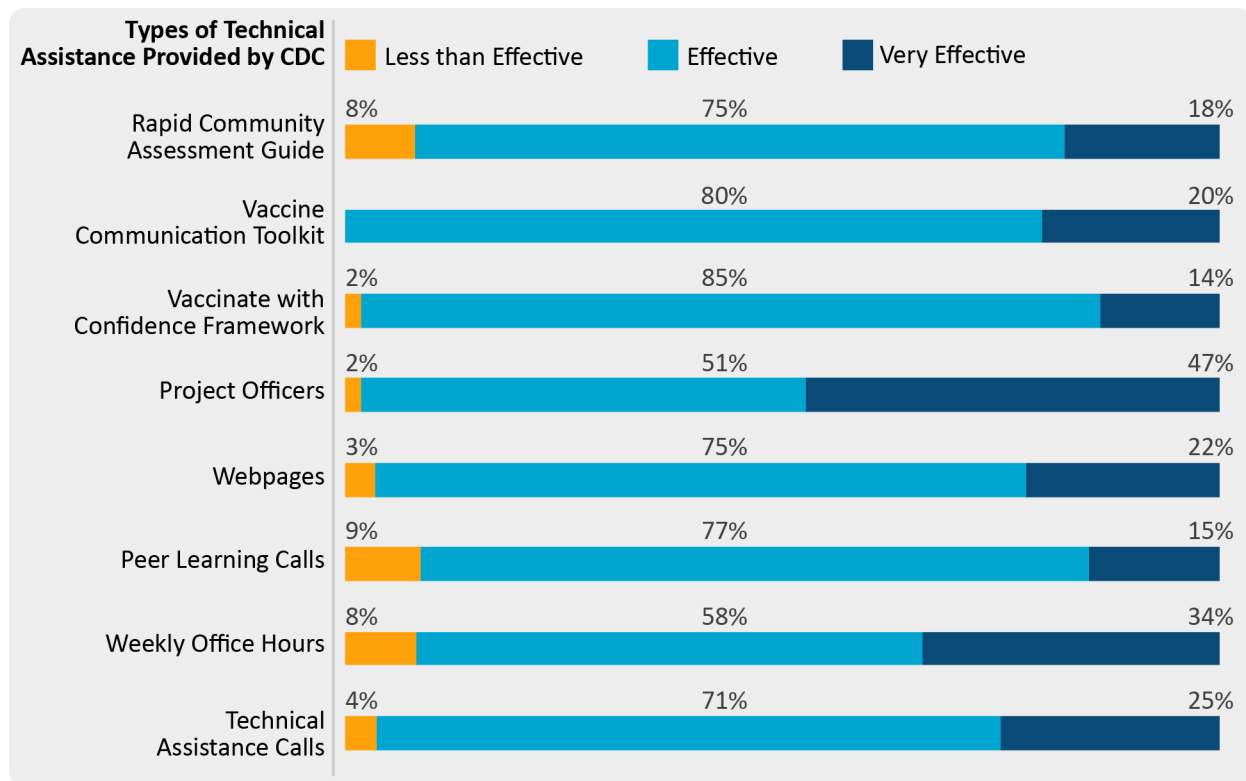
**Figure 2: Recipient Survey Responses on the Assistance Provided by CDC in Developing and Implementing a Vaccine Confidence Strategy**



For those recipients that responded that the oversight and assistance CDC provided was inadequate, we asked the recipients to describe why the assistance was inadequate. One recipient stated: “Guidance moving into commercialization ha[d] been very little and states feel unsure about processes moving forward.” Another recipient stated: “Funding should have been provided prior to the rollout of the vaccine.” Lastly, one recipient stated: “Due to COVID, onsite visit[s] w[ere] a major barrier, therefore CDC teams w[ere] not able to conduct oversight visits.”

In another survey question, we asked the recipients to rate the types of resources and technical assistance provided by CDC in developing and implementing a vaccine confidence strategy. The types of resources and technical assistance included in the survey were the (1) *Rapid Community Assessment Guide*, (2) vaccine communication toolkit, (3) Vaccinate with Confidence framework, (4) project officers, (5) webpages, (6) peer learning calls, (7) weekly office hours, and (8) technical assistance calls. Most of the recipients reported that all types of resources and technical assistance provided by CDC in developing and implementing a vaccine confidence strategy were effective or very effective. Figure 3 on the next page shows the recipient responses.

**Figure 3: Recipient Survey Responses on Types of Resources and Technical Assistance Provided by CDC in Developing and Implementing a Vaccine Confidence Strategy<sup>19</sup>**



For those recipients that responded that the types of resources and technical assistance were less than effective, we asked the recipients to describe why these types of resources and technical assistance were not effective. One recipient stated: “[the rapid] [c]ommunity [a]ssessment [g]uide was less than effective due to risk groups being assigned at the federal level [as] [t]his reduced the impact of the community assessment in the implementation of local strategies.” Two other recipients responded that the structure for the weekly office hours calls did not support responding to all recipient questions and that the calls had too many participants to provide more specific help. In addition, one recipient stated: “Due to time [zone] differences, [we] miss[ed] many [technical assistance] opportunities provided by CDC [subject matter experts].”

### **Recipients’ Comments on the Oversight and Assistance CDC Provided in Developing and Implementing a Vaccine Confidence Strategy**

We also provided the recipients an opportunity to provide additional comments about the oversight and assistance provided by CDC during the award period. For those that responded, there was a variety of feedback. For example, one recipient stated: “Our CDC project officer and his leadership were timely, supportive and responsive when we requested support . . . or

<sup>19</sup> Due to rounding, some categories are greater than 100 percent.



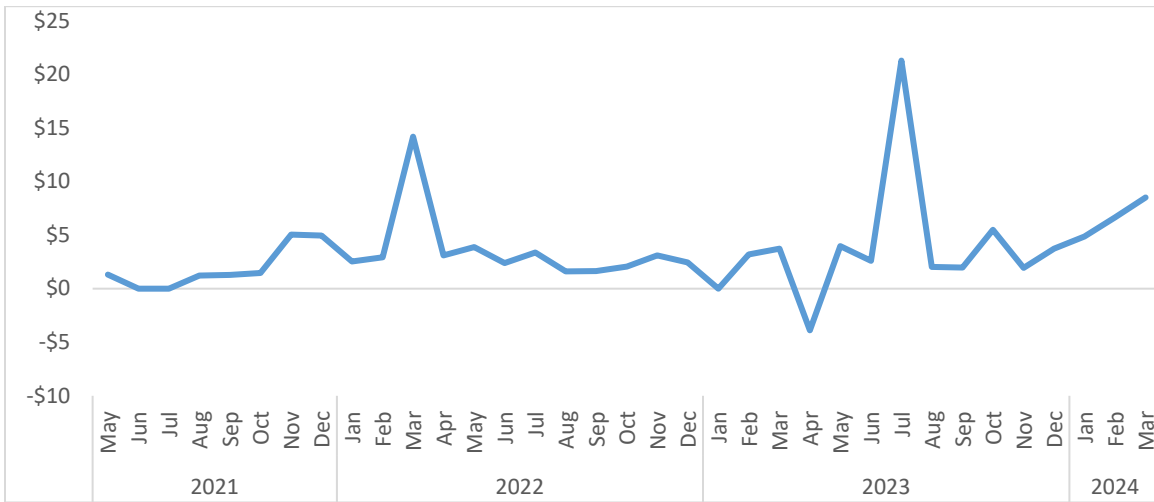
needed to discuss strategy/technical assistance needs.” Another recipient stated: “Oversight felt appropriate, although with continual change [in the] COVID vaccine recommendations, communication was sometimes difficult.” Additionally, one recipient said that it was “difficult to incorporate [the vaccine confidence] strategy with other on-going strategies.” Lastly, another recipient stated that it “wish[ed] that the different unit[s] within CDC were consistent and that guidance was clear, and that CDC staff were not so out of touch with the local jurisdictional need.”

In response to the survey results, CDC officials agreed that the concerns raised by the recipients were valid during the funding award period. CDC officials further explained that onsite barriers were a problem due to the worldwide lockdown, and the *Rapid Community Assessment Guide* was no longer in use because it was not effective. Additionally, the weekly office hours calls were very large, on a global scale, and recipients were expected to work with their assigned project officer to receive specific help if the issue was not resolved on those calls. CDC officials indicated that the recipients’ feedback was useful in understanding the technical assistance that was most effective. CDC will consider the recipients’ responses to the survey to highlight what to avoid in future situations in which rapid development of funding guidance and deployment of resources are necessary.

#### **RECIPIENTS’ USE OF VACCINE CONFIDENCE STRATEGY AWARD FUNDS**

As of March 4, 2024, the 64 recipients had expended more than \$116 million, or nearly 48 percent, of the nearly \$244 million in award funds for the funding period May 2021 through June 2024. Figure 4 on the next page shows the monthly expenditure amounts for all recipients during the funding period through March 4, 2024.

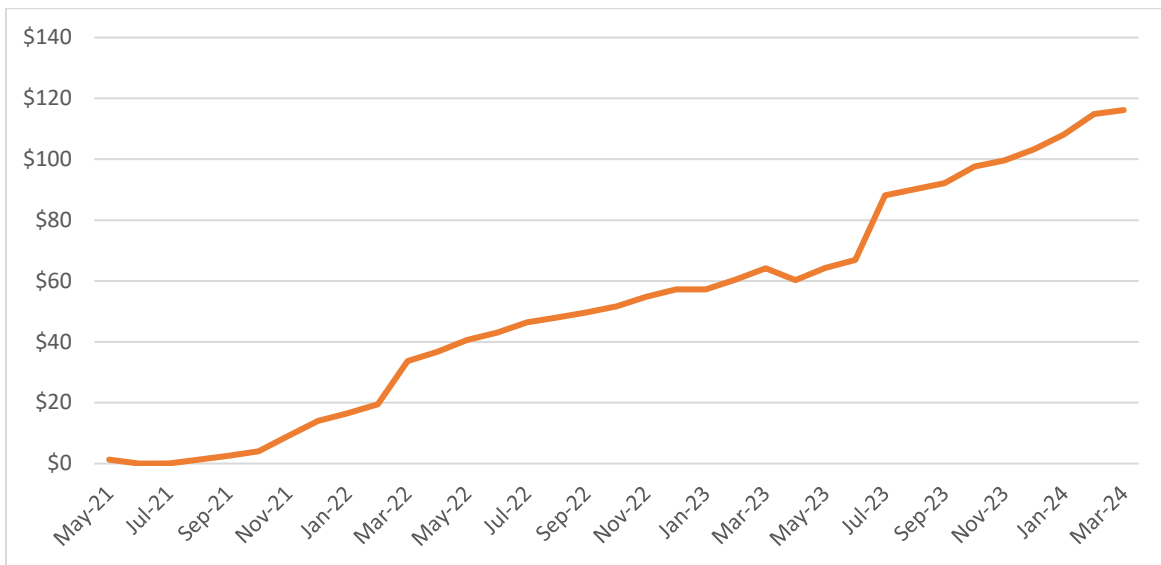
**Figure 4: Recipient Monthly Expenditures, in Millions, During the Funding Period (May 5, 2021, through March 4, 2024)<sup>20</sup>**



Source: HHS Payment Management System, OIG analysis of recipient data.

Figure 5 shows the cumulative expenditure amounts for all recipients during the funding period through March 4, 2024.

**Figure 5: Recipient Cumulative Expenditures, in Millions, During the Funding Period (May 5, 2021, through March 4, 2024)**

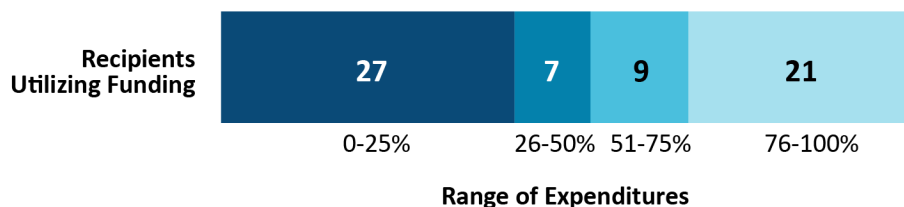


Source: HHS Payment Management System, OIG analysis of recipient data.

<sup>20</sup> CDC officials explained that the April 2023 negative monthly expenditures occurred because recipients returned funds to the HHS Payment Management System.

Figure 6 shows the range of recipient expenditures and percentage of their fund utilization.

**Figure 6: Range of Recipient Expenditures Through March 4, 2024**



Funding was awarded for the period May 2021 through June 2024. CDC explained that any unexpended award funds will be de-obligated from the recipients and returned to CDC following normal grant procedures. CDC will then return award funds to HHS after the funding is de-obligated and, according to CDC’s General Terms and Conditions for Non-research Grants, de-obligated award funds will be returned to the U.S. Treasury.<sup>21</sup>

Appendix B contains the complete list of the Vaccine Confidence strategy award funds and expenditures for the 64 recipients.

## **RECIPIENTS’ RESPONSES RELATED TO THE CHALLENGES OR BARRIERS FACED IN EXPENDING AWARD FUNDS AND DEVELOPING AND IMPLEMENTING A VACCINE CONFIDENCE STRATEGY**

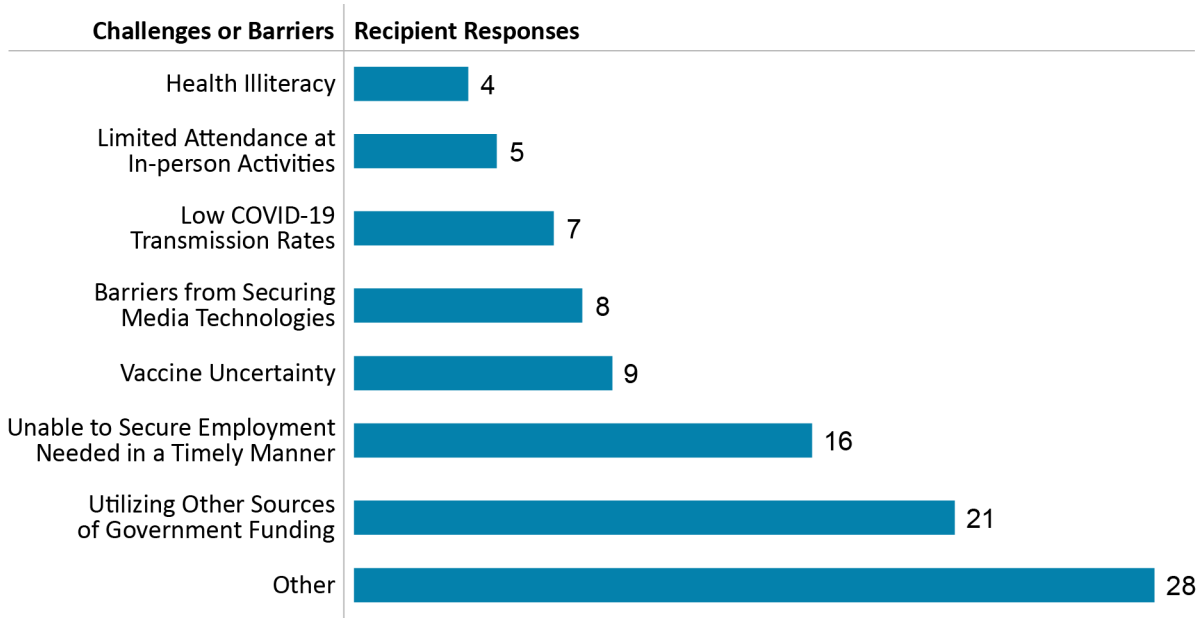
### **Challenges or Barriers the Recipients Faced in Expending Vaccine Confidence Strategy Award Funds**

In one of the survey questions, we asked the recipients to identify any challenges or barriers that prevented them from expending award funds. Figure 7 on the next page shows the challenges or barriers the recipients indicated they experienced.

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<sup>21</sup> CDC General Terms and Conditions for Non-research Grants and Cooperative Agreements. (Revised Oct. 2023.)

**Figure 7: Recipient Survey Responses for Challenges or Barriers in Expending Vaccine Confidence Strategy Award Funds<sup>22, 23</sup>**



Of the 28 recipients that responded “Other,” some stated that they planned to develop strategies to expend the award funds throughout the remainder of the award period, and others stated that procurement and administrative issues delayed their spending.

In another survey question, we asked recipients that had not yet expended all award funds whether they anticipated expending award funds by the end of the award period, June 30, 2024. Forty-nine recipients, or 83 percent, indicated that they anticipated expending all award funds by the end of the award period.<sup>24</sup>

CDC officials stated that some of the challenges or barriers that prevented recipients from expending award funds that were identified in the survey responses are at the jurisdiction level and out of CDC’s control. For example, CDC does not offer recipient assistance with administrative issues or with securing employment. However, CDC’s project officers work daily with recipients to provide guidance and assistance on how to spend award funds while allowing recipients maximum flexibility within the award guidelines.

<sup>22</sup> Recipient responses could have included more than one challenge or barrier faced in developing and implementing a vaccine confidence strategy. These are the main categories of responses that we received from the recipients.

<sup>23</sup> Vaccine uncertainty is the concern about the efficacy and safety of the COVID-19 vaccine.

<sup>24</sup> Five recipients had already expended all award funds at the time of our survey.

## **Challenges or Barriers the Recipients Faced in Developing and Implementing a Vaccine Confidence Strategy**

We also asked the recipients to describe any challenges or barriers that they faced in developing and implementing a vaccine confidence strategy. We received various narrative responses from the recipients.

Most of the challenges or barriers reported included (1) language and location barriers, (2) lengthy contract processes, (3) COVID-19 fatigue, and (4) vaccine mistrust or hesitancy. For example, one recipient stated: “Obtaining services for translators to build the Trusted Messenger that will go out into the community has been a barrier, either the finding of an agency or the actual local procurement process.”<sup>25</sup> Another recipient stated: “The Request for Proposal and contract process is lengthy and has taken time to put into place.” Additionally, one recipient stated: “People have COVID fatigue and don’t want to hear about [COVID] anymore.” Lastly, another recipient explained that there was “less interest in COVID vaccine-related matters from general public, media, [and] partners [and] confusion about what [people] should be doing, given everchanging, complicated vaccine recommendations.”

CDC officials acknowledged that while many recipients have already informed them of these issues, not all these issues were easily resolved. For example, CDC stated that vaccine fatigue exists, and misinformation is rampant.

## **CONCLUSION**

The ARP Act of 2021 was signed into law to support critical COVID-19 public health activities, which included strengthening COVID-19 vaccine confidence. CDC awarded nearly \$244 million to 64 recipients for developing and implementing strategies in strengthening CDC’s COVID-19 Vaccinate with Confidence strategic framework. As of March 4, 2024, more than \$116 million, or nearly 48 percent, of the funding had been expended by the 64 recipients.

Based on recipient responses to our survey, CDC provided oversight and assisted recipients in developing and implementing a vaccine confidence strategy by utilizing recipient data, conducting periodic outreach through webinars and technical assistance calls, among other things. Further, CDC provided technical assistance to the recipients for improving vaccination efforts. This included (1) technical assistance calls, (2) weekly office hours, (3) peer learning calls, (4) community of practice webinars, (5) implementation tools and resources, and (6) collaboration with community leaders and trusted messengers.

Additionally, the recipient responses to the survey indicated that recipients faced challenges or barriers in developing and implementing a vaccine confidence strategy, such as language and location barriers and vaccine mistrust or hesitancy, which impacted recipients’ expending of award funds. We obtained the information in this report and provided it to CDC for

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<sup>25</sup> See footnote 15.

consideration as it assesses the lessons learned associated with developing and implementing a Vaccine Confidence strategy in response to a public health emergency.

This report includes no recommendations. However, CDC indicated that it would use the suggestions and feedback from the recipients' responses to the OIG survey to improve the development and oversight of its Vaccinate with Confidence strategic framework until its completion, as well as initiatives that are in response to future public health emergencies. CDC elected not to provide formal written comments on our draft report but did provide technical comments, which we addressed as appropriate.

## APPENDIX A: AUDIT SCOPE AND METHODOLOGY

### SCOPE

Our audit covered the oversight and assistance CDC provided to 64 recipients that were awarded nearly \$244 million in funding to develop and implement a vaccine confidence strategy within their jurisdiction during the funding award period (May 2021 through June 2024).

We obtained and reviewed the *Grants Policy Administration Manual*, the terms and conditions of the supplemental awards, and guidance related to the COVID-19 Vaccine Confidence strategy funding. We reviewed the documentation that the recipients were required to submit to CDC during the award period and analyzed the oversight and assistance CDC provided to support the recipients' vaccine confidence strategy. In addition, we reviewed the technical assistance, implementation tools, and types of resources that CDC provided to recipients in developing and implementing a vaccine confidence strategy. To assess the oversight and assistance provided by CDC and determine the potential challenges or barriers in developing and implementing a vaccine confidence strategy, we administered an online survey to the 64 recipients that were awarded the ARP supplemental funding.

We did not perform an overall assessment of CDC's internal control structure. Rather, we limited our review of internal controls to those that were significant to our objectives. Specifically, we reviewed CDC's monitoring of recipients.

We conducted our audit work from July 2022 through May 2024.

### METHODOLOGY

To accomplish our objectives, we:

- reviewed applicable Federal requirements, the *HHS Grants Policy Administration Manual*, the terms and conditions of the awards, CDC policies and procedures, and the CDC COVID-19 Vaccine Confidence strategy guidance;
- met with CDC officials to gain an understanding of the oversight and assistance that CDC provided to the recipients in developing and implementing a COVID-19 vaccine confidence strategy;
- reviewed the types of resources and technical assistance that CDC provided to the recipients;
- obtained the recipient supplemental award and expenditure data from the HHS Payment Management System;

- administered an online survey to all recipients;
- analyzed and summarized the recipient survey responses; and
- discussed the results of our audit with CDC officials.

We provided CDC with a draft report on May 21, 2024, for review. CDC elected not to provide formal comments; however, it provided technical comments, which we addressed as appropriate.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.



**APPENDIX B: COVID-19 VACCINE CONFIDENCE STRATEGY FUNDING  
AND EXPENDITURES BY RECIPIENT**

<b>Recipient Name</b>	<b>Award</b>	<b>Expenditure Amount</b>	<b>Percent Expended</b>
Alabama Department of Public Health	\$3,599,737	\$34,328	1%
Alaska Health and Social Services	537,073	537,073	100
American Samoa Department of Health	36,268	-	-
Arizona Department of Health	5,343,765	2,814,585	53
Arkansas Department of Health	2,215,560	1,628,589	74
California Department of Public Health	29,008,414	28,809,691	99
Chicago Department of Health	1,977,818	1,512,650	76
City of San Antonio	1,135,935	-	-
Colorado Department of Public Health	4,227,851	2,590,569	61
Commonwealth Northern Mariana Islands	37,736	18,348	49
Connecticut Department of Public Health	2,617,502	2,558,788	98
Delaware State Department of Health	714,902	714,902	100
District of Columbia Department of Health	518,135	16,260	3
Federated States of Micronesia	75,178	-	-
Florida Department of Health	15,768,161	2,765,333	18
Georgia Department of Public Health	7,794,920	40,779	1
Guam Department of Public Health	123,706	25,020	20
Hawaii Department of Health	1,039,481	-	-
Houston Health and Human Services	1,703,456	35,031	2
Idaho Department of Health and Welfare	1,311,997	702,400	54
Illinois Department of Public Health	7,325,365	2,626,956	36
Indiana State Department of Health	4,942,546	3,057,202	62
Iowa Department of Public Health	2,316,336	12,456	1
Kansas Health and Environment	2,138,847	127,003	6
Kentucky State Cabinet for Health	3,280,000	2,799,873	85
Louisiana Department of Health	3,412,973	-	-
Maine Health and Human Services	986,871	878,408	89
Maryland Health and Mental Hygiene	4,438,515	3,940,195	89
Massachusetts Department of Public Health	5,060,221	4,285,758	85
Michigan Health and Human Services	7,331,981	3,554,542	48
Minnesota Department of Health	4,140,409	3,991,880	96
Mississippi State Department of Health	2,184,979	489,896	22
Missouri Department of Health	4,505,873	3,700,000	82
Montana Public Health and Human Services	784,657	784,657	100
Nebraska Department of Health	1,420,171	833,948	59

<b>Recipient Name</b>	<b>Award</b>	<b>Expenditure Amount</b>	<b>Percent Expended</b>
Nevada Health and Human Services	2,261,337	423,421	19
New Hampshire Health and Human Services	998,250	850,336	85
New Jersey Department of Health	6,520,976	5,136,964	79
New Mexico Department of Health	1,539,414	1,328,991	86
New York City Health and Mental Hygiene	6,120,583	1,008,034	16
New York Department of Health	8,161,503	4,992,358	61
North Carolina Health and Human Services	7,699,964	906,646	12
North Dakota Department of Health	559,478	559,341	100
Ohio Department of Health	8,581,705	3,306,620	39
Oklahoma State Department of Health	2,905,062	-	-
Oregon Public Health Division	3,096,507	250,000	8
Palau Ministry of Health	15,931	-	-
Pennsylvania Department of Health	8,235,786	146,176	2
Philadelphia Department of Health	1,162,961	1,162,961	100
Puerto Rico Department of Health	2,344,692	797,221	34
Republic of Marshall Islands	57,191	-	-
Rhode Island Department of Health	777,744	200,039	26
South Carolina Health and Environmental	3,779,996	3,779,996	100
South Dakota Department of Health	649,484	166,390	26
Tennessee Department of Health	5,013,727	178,800	4
Texas Department of State Health Services	18,448,313	8,603,109	47
Utah Department of Health	2,353,696	861,348	37
Vermont Agency of Human Services	458,110	405,843	89
Virgin Islands Department of Health Group	77,968	49,039	63
Virginia Department of Health	6,266,463	-	-
Washington State Department of Health	5,590,573	2,921,127	52
West Virginia Health and Human Resources	1,315,728	1,315,728	100
Wisconsin Department of Health	4,274,616	499,344	12
Wyoming Department of Health	424,903	424,903	100
<b>Total</b>	<b>\$243,750,000</b>	<b>\$116,161,852<sup>26</sup></b>	<b>48%</b>

<sup>26</sup> The expenditures are the total drawdowns, as of March 4, 2024. The expenditure amounts were obtained from the HHS Payment Management System for the Vaccinate with Confidence funding.

APPENDIX C: OIG Survey to Recipients



# HHS/OIG Audit Survey: CDC's COVID-19 Vaccinate with Confidence Strategy

The Department of Health and Human Services (HHS), Office of Inspector General (OIG) is conducting an audit of the Centers for Disease Control and Prevention (CDC) awards to State, Tribal, Local and Territorial (STLT) recipients in support of the "Vaccinate with Confidence: Strategy to Reinforce Confidence in COVID-19 Vaccines." CDC provided \$250 million to further this strategy's focus - which includes building trust, empowering health care personnel, and engaging communities and individuals.

The objective of our audit is to determine whether the Centers for Disease Control and Prevention (CDC) provided oversight to the STLT recipients in developing and implementing a COVID-19 vaccine confidence strategy. As a recipient of HHS award funds, your agency is subject to OIG audits and other reviews. As a result, HHS/OIG is requesting your timely response to the following survey. The survey should take approximately 15 minutes to complete. Please complete this survey by March 31, 2023.

\* Required

1. Select the jurisdiction of your agency. \*

Select your answer

2. Rate the types of assistance provided by CDC with developing and implementing COVID-19 Vaccinate with Confidence Strategy in your jurisdiction: \*

	Exceeded Expectations	Met Expectations	Inadequate	Did Not Use Funds
a. Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Technical Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Guidance/Directives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. General Oversight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. If you responded "Inadequate" to any of the types of assistance listed in question 2, describe why the assistance provided by CDC was inadequate.

Enter your answer

4. Did CDC staff provide the level or type of assistance needed to successfully develop and implement the COVID-19 Vaccinate with Confidence Strategy in your jurisdiction? \*

- Yes
- No
- Not Applicable

5. Rate the types of resources and technical assistance provided by CDC for the development and implementation of the COVID-19 Vaccinate with Confidence Strategy in your jurisdiction: \*

	Very Effective	Effective	Slightly Effective	Not Effective	Not Applicable
a. Technical Assistance Calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Weekly Office Hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Peer Learning Calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Webpages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Project Offices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Vaccinate with Confidence Framework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Vaccine Communication Toolkit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Rapid Communication Assessment Guide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. If you responded “Not Effective” to any of the types of technical assistance listed in question 5, describe why the assistance provided by CDC was not effective.

Enter your answer

7. Did you utilize any of the following to build vaccine confidence and conduct outreach for the COVID-19 Vaccinate with Confidence Strategy in your jurisdiction? Please select all that apply.\*

- Media and telecommunication technologies (television/radio/internet/other)
- Distribution of vaccine related information

- Vaccine ambassadors
- Reminder/Recall Messages sent to patients
- Motivational interviewing
- Financial incentives
- School located vaccination programs
- Home delivered vaccinations
- Workplace vaccinations
- Effective Messages delivered by Trusted Messengers
- Provider recommendations
- Offer vaccine as default option during routine office visits
- Other

8. If you responded “Other” in question 7, please elaborate: \*

Enter your answer

9. Describe any issues or barriers your agency faced or currently facing with the development and implementation of the COVID-19 Vaccinate with Confidence Strategy in your jurisdiction: \*

Enter your answer

10. If you have not expended all of the COVID-19 Vaccinate with Confidence Strategy award funds, please indicate the reason(s) below. Select all that apply. \*

- Utilizing other sources of government funding
- Barriers from securing media technologies
- Limited attendance at in-person activities
- Low COVID-19 transmission rates

- Unable to secure employment needed in a timely manner
- Health illiteracy
- Vaccine uncertainty
- Other
- Not applicable

11. If you responded “Other” in question 10, please explain: \*

Enter your answer

12. Do you anticipate expending all the COVID-19 Vaccinate with Confidence Strategy award funds by June 30, 2024 (end of award period)? \*

- Yes
- No
- Not Applicable

13. Provide any additional comments you may have on the oversight CDC provided with the developing and implementing of the COVID-19 Vaccinate with Confidence Strategy in your jurisdiction. \*

Enter your answer

14. Please provide the name, title, and contact information for the person filling out the survey and the appropriate contact person(s) for any follow-up questions that we may have (if different).

Enter your answer