REALM PROJECT

REopening Archives, Libraries, and Museums

15 April 2021

oc.lc/realm-project

#REALMproject
This webinar synthesizes various studies and data; however, the scientific understanding regarding COVID-19 is continuously evolving. This material is being provided for informational purposes only, and readers are encouraged to review federal, state, tribal, territorial, and local guidance. The authors, sponsors, and researchers are not liable for any damages resulting from use, misuse, or reliance upon this information, or any errors or omissions herein.
Vaccinations

The CDC reports updated vaccination numbers daily on a COVID-19 data tracker.
REALM PROJECT

- Project funder
- Consults on project goals and activities
- Convenes steering committee and working groups

- Collects and synthesizes stakeholder input to inform decisions
- Publishes and distributes research and information to the archives, libraries, and museums communities

- Conducts literature review
- Conducts research on materials
REALM is providing data that helps us better understand the virus. Local institutions can use that data, along with local information about risk levels, to inform their practices and policies.

The project is NOT making recommendations. Every institution is different, and its team will need to develop policies that work for them and their community.
STATUS OF COVID-19 RESEARCH
What implications does SARS-CoV-2 vaccination have for public health interventions and policies, especially related to indoor environments?

What differences have been found for SARS-CoV-2 variants (compared to the original strain) in terms of spread, transmissibility, surface attenuation, and effectiveness of public health interventions?
RESEARCH FINDINGS: KNOWN UNKNOWNS

**Vaccines**
- How long immunity lasts for different vaccines.
- How well the vaccines keep people from spreading SARS-CoV-2 to others, even without symptoms.
- How and when vaccines will be available for children under 16 years old.
- How well different vaccines will protect against future SARS-CoV-2 variants.
- How dosing with two different vaccines for first and second doses can affect efficacy (e.g., Pfizer then Moderna).

**Variants**
- If some variants are more transmissible for certain demographics (e.g., older adults).
- The likelihood of reinfection due to SARS-CoV-2 variants.
- How the infectious dose (amount of virus needed for infection) differs among variants and in comparison to the early lineage.
TOOLKIT RESOURCES

- Decision-making considerations
- Reopening considerations

Considerations for COVID-19 decision-making in libraries, archives, and museums

While working toward resuming operations and services to the public, many factors and resources (national, state, local) should inform your local decision-making. This list of considerations offers a starting point and includes links to guides and additional information.

STAY INFORMED

- Understand your current local COVID-19 situation and consult with local and state health departments. View the CDC's State & Territorial Health Department Website.
- Monitor federal, state, and local guidelines and data as conditions change. View the CDC's COVID Data Tracker. Be prepared to be flexible and update policies and procedures as new information about COVID-19 becomes available.

PERSON-TO-PERSON TRANSMISSION

- Familiarize yourself with personal hygiene practices outlined in the CDC's Guide on How to Protect Yourself and Others.

OBJECT-TO-PERSON TRANSMISSION

- Determine whether it is appropriate to quarantine or clean an object. Refer to the NEH/NEW guide on Disinfecting Books for pertinent considerations. It's advisable to clean the object, consider quarantine.

Realms of Knowledge Project

CHECKLIST

- Stock disinfecting agents.
- Determine the length of quarantine. These include the guidelines (see 'Stay Informed' section), who is responsible (library members), and where the materials are stored (library's homes).
- Visit Books and Other Collections and learn about the virus lifespan on different materials.

CHECKLIST

- Send alerts to stakeholders.
- Conduct training on new policies and procedures.
- Informational sessions will be shared as more is learned about COVID-19.
Topics of upcoming resources include:

- mask policies
- docent & volunteer management

Keep up to date with toolkit resource releases on the REALM website and through our mailing list.
REALM Webinar: Strategies for Promoting COVID-19 Vaccine Confidence

April 15, 2021

Elisabeth Wilhelm
Co-Lead
Vaccine Confidence Team | CDC COVID-19 Response
Vaccine Task Force

Vaccinate with Confidence
cdc.gov/coronavirus
The public is becoming more confident in COVID-19 vaccines as more people get vaccinated.

Have you personally received at least one dose of the COVID-19 vaccine, or not? When an FDA authorized vaccine for COVID-19 is available to you for free, do you think you will...?

- Already gotten
- As soon as possible
- Wait and see
- Only if required
- Definitely not

<table>
<thead>
<tr>
<th>Month</th>
<th>Already gotten</th>
<th>As soon as possible</th>
<th>Wait and see</th>
<th>Only if required</th>
<th>Definitely not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar 2021</td>
<td>32%</td>
<td>30%</td>
<td>17%</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>Feb 2021</td>
<td>18%</td>
<td>37%</td>
<td>22%</td>
<td>7%</td>
<td>15%</td>
</tr>
<tr>
<td>Jan 2021</td>
<td>6%</td>
<td>41%</td>
<td>31%</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>Dec 2020</td>
<td>34%</td>
<td>39%</td>
<td>9%</td>
<td>15%</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: December 2020 survey did not have an option for respondents to indicate they had already been vaccinated. See topline for full question wording.

Vaccine demand falls on a continuum

INCREASING CONFIDENCE IN VACCINE, VACCINATOR, AND HEALTH SYSTEM

May have questions, take “wait and see” approach, want more information

Refusal

Passive Acceptance

Demand
High uptake of COVID-19 vaccines requires adequate supply meeting sufficient demand, mediated by access, equity, and vaccine confidence.
## CDC’s Strategy to Reinforce Confidence in COVID-19 Vaccines

### Build Trust

**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.

- Communicate transparently about the process for authorizing, approving, making recommendations for, monitoring the safety of, distributing, and administering COVID-19 vaccines, including data handling.
- Provide regular updates on benefits, safety, side effects and effectiveness; clearly communicate what is **not** known.
- Proactively address and mitigate the spread and harm of misinformation via social media platforms, partners, and trusted messengers.

### Empower Healthcare Personnel

**Objective:** Promote confidence among healthcare personnel* in their decision to get vaccinated and to recommend vaccination to their patients.

- 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.
- Ensure healthcare systems and medical practices are equipped to create a culture that builds confidence in COVID-19 vaccination.
- 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.

### Engage Communities & Individuals

**Objective:** Engage communities in a sustainable, equitable and inclusive way—using two-way communication to listen, build trust, and increase collaboration.

- Empower vaccine recipients to share their personal stories and reasons for vaccination within their circles of influence.
- 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.
- Collaborate with trusted messengers—such as faith-based and community leaders—to tailor and share culturally relevant messages and materials with diverse communities.

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

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

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

- Effectively deliver messages and strategies
- Validate the credibility of information
- Address mis- and disinformation
- Help create a feedback loop for addressing questions and concerns
- Bridge the gap between healthcare providers and patients
Building trust is a process, not an end state

- It is our job to let communities know that it is *okay and valid* to have questions, especially *for those that have been hurt by societal systems.*
It will take more than one conversation to change minds

- Vaccine hesitancy, especially when rooted in lack of trust rather than lack of information, is best addressed through trusted messengers in trusted spaces
Be prepared to address equity and access barriers that are identified

- Encourage two-way dialogue and allow space for people to ask questions and be heard.
Tips to address hesitancy from misinformation

- First, listen and acknowledge the reason why someone may be spreading misinformation, usually out of concern for others.
- Ask permission to offer information and answer questions.
- Share information from trusted sources (hint: it’s not always from a government health authority).
- When addressing misinformation on social media, address the underlying concern, but avoid repeating the misinformation.
COVID-19 Vaccine Communication Toolkit Materials

Key Messages and FAQs

A safe and effective COVID-19 vaccine is now available.

Key Messages about COVID-19 Vaccines

- You can help stop the pandemic by getting a COVID-19 vaccine.
- Vaccines are the most effective way to protect your health and prevent disease. Vaccine work with your body to create protection (immunity) so that you are less likely to get sick if you are exposed to COVID-19 virus.

In the coming weeks, doctor offices, small pharmacies, hospitals, and clinics will offer COVID-19 vaccines. Your doctor's office or local pharmacy may have connected with information about their vaccine plans. Finally, you can connect your state's or local health department, or find other local or state health resources at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

Fotonovela

Social media

Stickers

Slides


Alternative Languages: Arabic | Spanish | Korean | Russian | Simplified Chinese | Tagalog | Traditional Chinese | Vietnamese
Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
COVID-19 vaccines: the role of community institutions

Erica Palma Kimmerling
April 15th 2021
Questions we will explore

- What do the data say about COVID-19 vaccine hesitancy among different demographic groups?
- Why community institutions like museums and libraries?
- Where are the resources and promising practices?
Where to find the data and what to look for

KFF Vaccine Monitor

An ongoing research project tracking the public's attitudes and experiences with COVID-19 vaccinations.

Pew Research Center

10 facts about Americans and coronavirus vaccines

BY CARY FUNK AND JOHN GRAMLICH
People who say “definitely not”

NOTE: See topline for full question wording
SOURCE: KFF COVID-19 Vaccine Monitor
People who say they will “wait and see”

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>17%</td>
</tr>
<tr>
<td>18-29</td>
<td>25%</td>
</tr>
<tr>
<td>30-49</td>
<td>18%</td>
</tr>
<tr>
<td>50-64</td>
<td>17%</td>
</tr>
<tr>
<td>65 and older</td>
<td>7%</td>
</tr>
<tr>
<td>White</td>
<td>16%</td>
</tr>
<tr>
<td>Black</td>
<td>24%</td>
</tr>
<tr>
<td>HispanicReps</td>
<td>18%</td>
</tr>
<tr>
<td>Inds</td>
<td>19%</td>
</tr>
<tr>
<td>Dems</td>
<td>21%</td>
</tr>
<tr>
<td>Urban</td>
<td>11%</td>
</tr>
<tr>
<td>Suburb</td>
<td>17%</td>
</tr>
<tr>
<td>Rural</td>
<td>13%</td>
</tr>
</tbody>
</table>

NOTE: See topline for full question wording
SOURCE: KFF COVID-19 Vaccine Monitor
Top concerns of U.S. adults

Among the U.S. adults who say they probably/definitely will NOT get a vaccine to prevent COVID-19, % who say each of the following is a major/minor reason

<table>
<thead>
<tr>
<th>Concern</th>
<th>Major Reason</th>
<th>Minor Reason</th>
<th>NET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concern about side effects</td>
<td>72</td>
<td>17</td>
<td>89</td>
</tr>
<tr>
<td>The vaccines were developed and tested too quickly</td>
<td>67</td>
<td>18</td>
<td>85</td>
</tr>
<tr>
<td>Want to know more about how well they work</td>
<td>61</td>
<td>19</td>
<td>80</td>
</tr>
<tr>
<td>Have seen too many mistakes from the medical care system in the past</td>
<td>46</td>
<td>28</td>
<td>74</td>
</tr>
<tr>
<td>Do not think I need it</td>
<td>42</td>
<td>26</td>
<td>68</td>
</tr>
<tr>
<td>Do not get vaccines in general</td>
<td>36</td>
<td>22</td>
<td>57</td>
</tr>
</tbody>
</table>

Note: Based on those who say they definitely/probably will NOT get a vaccine to prevent COVID-19. Respondents who gave other responses or did not give an answer are not shown.

Source: Survey conducted Feb. 16-21, 2021.
“Growing Share of Americans Say They Plan To Get a COVID-19 Vaccine – or Already Have”

PEW RESEARCH CENTER
## Sources of information

Percent who say they are likely to turn to each of the following when deciding whether to get a COVID-19 vaccine:

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Total</th>
<th>White Adults</th>
<th>Black Adults</th>
<th>Hispanic Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>A doctor nurse or other health care provider</td>
<td>79%</td>
<td>77%</td>
<td>84%</td>
<td>81%</td>
</tr>
<tr>
<td>The CDC</td>
<td>60%</td>
<td>55%</td>
<td>71%</td>
<td>69%</td>
</tr>
<tr>
<td>Family or friends</td>
<td>58%</td>
<td>56%</td>
<td>61%</td>
<td>63%</td>
</tr>
<tr>
<td>State or local public health department</td>
<td>57%</td>
<td>51%</td>
<td>71%</td>
<td>73%</td>
</tr>
<tr>
<td>A pharmacist</td>
<td>54%</td>
<td>52%</td>
<td>65%</td>
<td>57%</td>
</tr>
<tr>
<td>A religious leader</td>
<td>17%</td>
<td>11%</td>
<td>33%</td>
<td>29%</td>
</tr>
</tbody>
</table>

NOTE: Among those who have not yet been vaccinated. See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (Jan. 11-18, 2021)
Why community institutions: trusted sources

NOTE: “Most of the time” combines those who said “almost all” or “more than half” of the time. Respondents who gave other responses on each question or who did not give an answer are not shown. Other source types rated are not shown.


From Encountering Science in America (American Academy of Arts & Sciences, 2019)
The assets and strengths of community institutions

- Information vetting, curation, and local storytelling
- Experienced partners
- Physical infrastructure
- Skilled at engagement, informal learning
- Members of the community/existing relationships
Examples from the COVID-19 pandemic: addressing community priorities
Examples from the COVID-19 pandemic: content development and coordination

Photo by: Robert C. Reed, Hickory Daily Record
A starting point for engagement and communication

► The Public’s Role in COVID-19 Vaccination: Planning Recommendations Informed by Design Thinking and the Social, Behavioral, and Communication Sciences (Johns Hopkins Center for Health Security)

► COVID-19 Vaccination Communication: Applying Behavioral and Social Science to Address Vaccine Hesitancy and Foster Vaccine Confidence (National Institutes of Health)

► A practitioner’s guide to the principles of COVID-19 vaccine communications (Center for Public Interest Communications at the University of Florida College of Journalism and Communications)

► Communication Resources for COVID-19 Vaccines (Centers for Disease Control and Prevention)
## The communication considerations

<table>
<thead>
<tr>
<th><strong>Do’s</strong></th>
<th><strong>Don’ts</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Tailor message to the information needs and values of the intended audience.</td>
<td>✗ Use a “one size fits all” approach.</td>
</tr>
<tr>
<td>✓ Appeal to positive emotions (hope, caring for others).</td>
<td>✗ Incite negative emotions, such as fear and shame.</td>
</tr>
<tr>
<td>✓ Make vaccination the easy choice.</td>
<td>✗ Use judgmental language that may alienate some people.</td>
</tr>
<tr>
<td>✓ Use appealing formats: simple graphics, videos, personal narratives.</td>
<td>✗ Use directive language to suggest vaccination is a requirement or mandate.</td>
</tr>
<tr>
<td>✓ Use accessible language and ensure culturally sensitive translation into other languages.</td>
<td>✗ Overwhelm with complicated statistics and lengthy scientific explanations.</td>
</tr>
<tr>
<td>✓ Frame vaccination as a social norm.</td>
<td>✗ Set unrealistic expectations about vaccine availability.</td>
</tr>
<tr>
<td>✓ Support people in making informed decisions about vaccination.</td>
<td>✗ Exaggerate the vaccine’s ability to instantly end the pandemic.</td>
</tr>
<tr>
<td>✓ Emphasize unity and message consistency across the political spectrum.</td>
<td>✗ Dismiss widely shared concerns about side effects or adverse outcomes.</td>
</tr>
<tr>
<td>✓ Adapt to diverse platforms by partnering with traditional and social media outlets.</td>
<td>✗ Repeat the same message in the same way, inducing message fatigue.</td>
</tr>
<tr>
<td>✓ Monitor misinformation and respond when appropriate.</td>
<td>✗ Politicize COVID-19 vaccination.</td>
</tr>
</tbody>
</table>
Addressing misinformation: fields to learn from

- Behavioral, social, and cognitive sciences
- Science of science communication
- Public health communication

**PROBLEM**
Familiarity Backfire Effect
Repeting the Myth Increases Familiarity, Reinforcing It

**SOLUTION**
Emphasis on Facts
Avoid Repetition of the Myth; Reinforce the Correct Facts Instead

Preexposure Warning
Warn Upfront That Misleading Information is Coming

**SOURCE:** Adapted from Stephan Lewandowsky et al., "Misinformation and Its Correction: Continued Influence and Successful Debiasing," *Psychological Science in the Public Interest* 13 (3) (2012).

From *Encountering Science in America* (American Academy of Arts & Sciences, 2019)
Thank You

Contact info: ekimmerling@astc.org
According to the March 2021 KFF COVID-19 Vaccine Monitor:

- The share of U.S. adults who report being vaccinated for COVID-19 or intending to do so as soon as possible continues to rise (currently 61%)
- The share taking a “wait and see” approach continues to shrink (now 17%)
- The share who say they will “definitely not” get the vaccine (13%) has remained about the same since December

The American public considers museums the most trustworthy source of information in America, rated higher than local papers, nonprofit researchers, the U.S. government, and academic researchers.

Nearly nine out of ten Canadians say they trust science museums as a source of science-related information (89%), slightly exceeding their trust in scientists and educational institutions.

= Leveraging trust in cultural organizations to educate and support Vaccination efforts.
Recent Survey Data Supports *

A majority of Americans (55%) want Arts and Culture Organizations to become more inclusive, community- and people-centered in one or more ways.

The desire for this type of change is higher among BIPOC Americans (63% to 76%) and lower among white Americans (49%).

Compared to the overall population, BIPOC respondents want Arts and Culture Organizations to bring people of different backgrounds together, and to help them grieve and process emotions.

Blacks/African Americans are more likely than other groups to say that Arts and Culture Organizations can help their communities stay informed with trusted information.

**Posters**

- Physical and digital
- Available for download and distribution by local museums, libraries, cultural organizations, and community members.
- Add your logo to identify your organization as a trusted source of vaccination information.
- Share on lamp posts, storefronts, main street, your front door ...

**Website**

- All resources are available for free download.
- Infographics, short videos, approachable content in several languages.
- Share for staff use. Use these tools for community conversations.

**Events**

- A calendar of events. Share and attend.
Supporters

We acknowledge with appreciation the following Supporters for their belief in this vision of convening the cultural community in an effort to help save lives.

American Alliance of Museums (AAM)
American Association for State and Local History (AASLH)
Association of African American Museums (AAAM)
Association of Zoos & Aquariums (AZA)
Association of Science and Technology Centers (ASTC)
Council of American Jewish Museums (CAJM)
International Coalition of Sites of Conscience (ICSC)
Institute of Museum and Library Services (IMLS)
National Council on Public History
National Indian Health Board (NIHB)
National Informal STEM Education Network (NISE Net)
REopening Libraries, Archives, and Museums (REALM)
The Smithsonian has collaborated with cultural organizations in communities across the nation to bring you the facts you need to make an informed decision about vaccination.

By sharing the science, history, and cultural impact of infectious disease and vaccines, we hope to build understanding of our current moment, where we’ve been, and where we go from here.
Help US!

Contribute content

Share content with your staff and audiences

Submit a poster

Display a poster

Host an event
IT STARTS AND ENDS WITH US.
The Historic House in Iowa

COVID-19 Vaccine

Why Should I?

- It prevents you from developing serious COVID-19 Disease.
- It helps to get our country back to normal as soon as possible.

Is it Safe?

- Two advisory committees reviewed all safety information and recommended the vaccines be approved by the FDA. The advisory committees are scientists and are not government employees or politicians.
- Everyone who received the vaccine in the study was monitored for 8 weeks for any side effects although the FDA normally only requires 6 weeks of monitoring.

Were Minorities Included In The Studies?

- Yes, different racial and ethnic groups were in the studies.
- An African American female was one of the scientists who discovered the technology used to make the vaccine.

Comfort Food During a Pandemic

COVID-19 quarantines pushed many Americans to change their way of life. With restaurant visits largely out of the picture, people turned to their own kitchens for sustenance and solace.
Children’s Museum in Utah

IT STARTS AND ENDS WITH US.

Mindheart: Manuela Molina

COVIBOOK

This short book in 25 languages was created to support and reassure children, under the age of 7, about COVID-19.

Smithsonian Science Education Center

COVID-19! How Can I Protect Myself and Others?

Engage in activities to explore the impact of COVID-19, understand the science, and learn how to stay safe. (20+ languages)
Library in Detroit

IT STARTS AND ENDS WITH US.

Dr. Spencer Crew

Exploratorium
Can a Virus Turn Us Against Each Other?

Spikes in hostility toward groups during a pandemic are not new. But why, and what can we do about it?
QUESTIONS

Crosby Kemper
Director
Institute of Museum and Library Services

Kendra Morgan
Senior Program Manager, OCLC

Elisabeth Wilhelm
Co-lead of Vaccine Confidence Team, COVID-19 Vaccine Task Force, CDC

Erica Kimmerling
Senior Advisor for Science and Engagement Policy and Partnerships, ASTC

Amy Marino
Senior Program Officer, Office of the Under-secretary for Science and Research, Smithsonian

This project was made possible in part by the Institute of Museum and Library Services, project number ODIS-246644-ODIS

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