

COOPERATIVE  
EXTENSION

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FOUNDATION



**EXCITE**

Extension Collaborative on  
Immunization Teaching & Engagement

## Annual Report - Year One

2021-2022

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## ATTRIBUTION

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Extension Collaborative on Immunization Teaching and Engagement (EXCITE) Annual Report – Year One

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Extension Collaboration on Immunization Teaching and Engagement (EXCITE) is a nationwide local response by U.S. Cooperative Extension made possible through an interagency agreement between United States Department of Agriculture – National Institute of Food and Agriculture (USDA-NIFA) and the Centers for Disease Control and Prevention (CDC) and a cooperative agreement with the Extension Foundation in partnership with the ECOP Health Program Action Team.

96 Projects representing 73 Land-grant Universities across the United States are funded to be part of this national effort.

On behalf of the Cooperative Extension System, the Extension Foundation serves as Principal Investigator, provides grant administration, fiscal, operational, and technological services, system-wide communication, innovation processes, wrap-around services for projects, data collection and dashboards, and partnership development for the EXCITE Program.

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## KEY PARTNERSHIPS AND FUNDING

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Extension Collaboration on Immunization Teaching and Engagement (EXCITE) is a nationwide local response by U.S. Cooperative Extension made possible through an interagency agreement between United States Department of Agriculture – National Institute of Food and Agriculture (USDA-NIFA) and the Centers for Disease Control and Prevention (CDC) and a cooperative agreement with the Extension Foundation in partnership with the ECOP Health Program Action Team.

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## SITUATION

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Early in 2020, a novel coronavirus—COVID-19—emerged, starting a global pandemic, from which the world is still reeling. As the virus evolved, so did public health recommendations. It was a time of uncertainty and confusion, characterized by misinformation, mixed messages, and misperceptions about the appropriate response to the deadly virus.

The Centers for Disease Control and Prevention (CDC) and the medical community were confident that a vaccine in development could protect the world population from the virus and stop the spread. In late fall 2020, the Food and Drug Administration approved vaccines from three manufacturers on an emergency basis; and while producing and distributing enough vaccines to enough locations were big challenges, the shots finally started to become available to the public in early spring 2021. Yet, convincing the general population to get vaccinated, and to do so as quickly as possible, was more difficult than many public health experts anticipated.

To address this vaccine hesitancy, especially in rural communities, the Extension Collaboration for Immunization, Teaching, and Engagement (EXCITE) project was created. It was made possible through an interagency agreement between United States Department of Agriculture – National Institute of Food and Agriculture (USDA-NIFA) and the Centers for Disease Control and Prevention (CDC) and a cooperative agreement with the Extension Foundation in partnership with the ECOP Health Program Action Team. With funding from the CDC via an Interagency Agreement with the U.S. Department of Agriculture (USDA) National Institute of Food and Agriculture (NIFA) and a cooperative agreement with the Extension Foundation, the EXCITE team set four goals:

1. Decrease vaccine hesitancy among rural and medically underserved audiences.
2. Increase connection and communication between priority populations and health care systems.
3. Increase accessibility of vaccination clinics to priority populations.

4. Help CDC, USDA-NIFA, Cooperative Extension System (CES), and health partners implement public health programs to reduce health disparities.

***The results of the program's first year have been impressive. EXCITE created more than 10 million engagements through television, social media, print materials, and in-person health information clinics, teaching its audience about the COVID-19 vaccines and other adult immunizations and spreading the message that vaccines are safe and effective.***

The EXCITE teams:

- Facilitated discussions at the community level to understand and then address barriers and concerns about COVID-19 vaccines and other adult vaccinations;
- Helped increase connections and communication between the community and health care systems;
- Increased accessibility to and acceptability of local vaccination clinics; and
- Mobilized communities to implement public health programs to reduce health disparities.

In many of the communities the EXCITE project targeted, community discussions have occurred, public health partnerships established, 12,779,843 reached and 26,517 shots in arms were achieved in the first fifteen months. In addition, 291,636 engagement activities were conducted, and 1,311 educational assets were developed or adopted (taken from other models and localized) in Year One. The impact of this program is clear evidence that CES has the research, tools, and public trust to be a leader in improving the health and well-being of rural and medically underserved populations.

***In the first fifteen months:***

- ***291,636 engagement activities***
- ***1,311 educational assets***
- ***12,779,843 reached***
- ***26,517 shots in arms***

## **The Unique Strengths Extension Brings to Immunization Education**

***"The CDC funded the EXCITE project because it had partnered with CES in the past and knew that CES has considerable influence among people in rural and medically underserved communities..."***

In recent years, Cooperative Extension has broadened its scope of work to include health and well-being, representing a cultural shift in its programmatic focus. In the last decade, in particular, CES has made great progress in establishing science-based health programs and content, grounded in the 2014 "Strategic Framework for Health and Well-Being." This work positioned CES to respond quickly when public suspicion of the COVID-19 vaccines began to grow, by leveraging the organization's unique strengths:

- CES has a long history of addressing local needs, especially, in rural areas, given the organization's traditional focus on agriculture. While focused on local needs, CES is also a national network, with Extension offices in nearly every county or parish.
- The organization delivers factual (evidence-based) information in an easily accessible form for its audience.

- As an educational organization, CES has strong skills in multiple delivery strategies and uses innovative methods.
- CES routinely partners with other organizations to respond on a community level to a variety of issues—such as disease prevention and environmental challenges. Extension collaborates with experts across departments and colleges of the Land-Grant University (LGUs) and with community partners, such as non-profit and government organizations, schools, hospitals, and worship- and recreation-based community organizations.
- CES agents live, work, worship, and play in the communities they serve and have a long history of being trusted messengers of information.

## EXCITE Goals and Objectives

The CDC funded the EXCITE project because it had partnered with CES in the past and knew that CES has considerable influence among people in rural and medically underserved communities, who should be a high priority for COVID-19 vaccinations for several reasons:

- They experience multiple disparities (employment, income, barriers to services).
- They are older and have an increased risk for one or more chronic medical conditions.
- They are often essential workers, such as those in agricultural industries, that are critical to the food supply and long-term well-being of the nation.
- They have limited/constrained access to healthcare services and professionals, including specialty healthcare personnel.
- Rural per capita COVID-19 incidents and death rates continue to exceed those in urban communities, and people in rural areas experience higher rates of vaccine hesitancy. (CDC-OADPS-HRSA IDDA).

## General Approach - Description of Activity One and Activity Two

***Activity One: All 111 LGUs were eligible to apply. 72 were awarded funding in a noncompetitive award process.***

To dispel myths about the COVID-19 vaccine and increase immunization rates among rural and medically underserved populations, the CDC created a “Vaccinate with Confidence” messaging campaign and partnered with the EXCITE program to deliver it.

Activity One in this effort was the **COVID Immunization Education Program (Vaccinate with Confidence)**, a one-year project to quickly roll out and test various messages about the vaccine in targeted counties around the country. Informed by the CDC’s [Rapid Community Assessment Tools](#) and other methods, EXCITE tailored its approach according to the populations it wanted to reach, using a variety of channels that included social media, faith communities, pop-up immunization clinics, and written or verbal messages.

Activity Two, **Adult Immunization Education Pilot Projects**, is a two-year project to reach further into key demographics with even more precise, effective messaging about the COVID-19 vaccine and other adult immunizations, such as flu shots. There are 24 pilot projects, selected by the CDC to ensure diversity in methodology, partnership models, and target populations. All chosen pilot projects promote immunization education, community uptake, and the availability of vaccination clinics.

This longer project also incorporates market research as a part of the intervention to understand priority population views and perspectives and to inform future iterations of the intervention. Current versions may include worksite education, train-the-trainer sessions, media campaigns, the development of community leaders as messengers, or the use of volunteers for local program delivery. Lessons learned through activity two can inform how CES, CDC, and local health professionals could collaborate to educate and reach priority populations to improve adult immunization rates in general.

All 111 LGUs were eligible to apply to deliver the “Vaccinate with Confidence” campaign, and 72 were awarded funding in a noncompetitive award process. Each application was reviewed for compliance by the Program Director, Operations Manager, and a representative of CDC. Activity One funds were contracted in sub-awards to all successful applicants and provided a set funding amount for all 111 LGUs (\$24,178 for 1862 and \$26,000 for 1890 and 1994 institutions). This slight increase among 1890 and 1994 institutions was to help address some of the system inequities within the funding of these institutions. Approximately \$3 million was budgeted for Activity One.

As a component of the application, each LGU provided a COVID-19 Vulnerability Index for their selected geographic area as evidence that their project focused on rural and medically underserved communities. Documentation of the selected population was verified with input from public health departments and medical providers about areas with the greatest vaccine hesitancy. LGUs also described their planned implementation strategy and budget. The application promoted conversations between institutions in the same state to help them coordinate the most effective use of the funding.

For Activity Two, approximately \$4,000,000 in available funds was budgeted for sub-awards to LGUs for competitively awarded pilot projects, at a cap of \$200,000 each. Twenty-four projects were selected. With some collaborative projects this represented 31 LGUS. Four months after selection, funds unused in Activity One enabled two additional projects to be funded as well as providing additional funds for chosen projects. The two additional projects - described later - include an assessment of LGU Vaccination hesitancy and a pilot approach to working with 1994 institutions. Project completion is expected by April 2023.

## UNIQUE STRENGTHS DEMONSTRATED

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***There is an EXCITE project in nearly every state (X=47 and 1 U.S. territory). In addition, 13 projects worked with communities located on 17 different Native American reservations.***

While multiple new tools, structures, and leadership were being developed, the unique strengths of CES served as the stable core in the ability to respond to the global pandemic with immunization education.

There is an EXCITE project in nearly every state (X=47 and 1 U.S. territory). Numerous states have COVID Education Projects (Activity One) and Adult Immunization Education Pilot Projects (Activity Two) (X=24).

Each EXCITE project was developed using a rapid community assessment of local needs that were documented through a vulnerability index. EXCITE projects were specifically focused on reaching rural and medically underserved communities. A brief summary of the communities served is represented in the following table:

Communities Served	Number of Projects (may be more than one per project)
Hispanic, Latino, Spanish origin (including migrant farmworkers)	48
Black or African American	44
American Indian or Alaska Native	23
Asian	16
Native Hawaiian or other Pacific Islander	11

**Table 1: Number of EXCITE projects with populations served.**

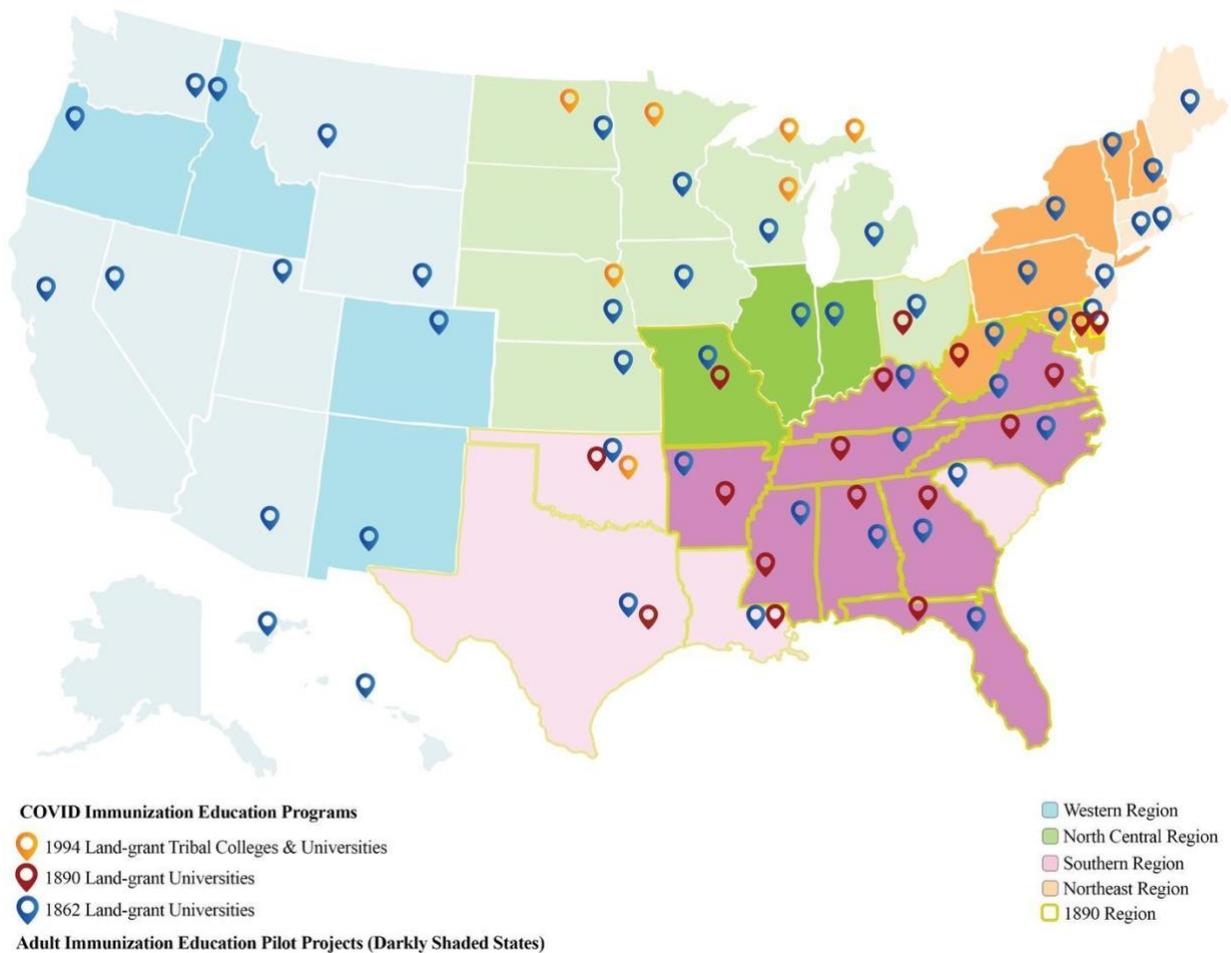
In addition, 13 projects worked with communities located on 17 different Native American reservations.

## National System Addressing Local Needs

While each project has a local focus, the national system provides a network for sharing educational assets, best practices, and lessons learned. For example, the program registry and monthly communications among projects provided a system that networked and supported challenging educational work during a national pandemic.

Figure 1 (on the following page) illustrates the location of all EXCITE Projects. States with orange, red, and blue pins represent 1994, 1890, and 1862 institutions involved in the COVID Immunization Education Programs (Activity One), respectively. States darkly shaded (darker blue, green, purple, orange) show institutions involved in Adult Immunization Education Pilot Projects (Activity Two).

Seven Activity Two pilot projects are combined LGU partnership efforts. Five of those are 1890 and 1862 partner projects; one project is 1890 institutions in neighboring states partnering; and one project is two 1862 in neighboring states partnering. Activity Two projects are all represented in the map below.



**Figure 1: Map of COVID Immunization Education Programs (Activity One) and Adult Immunization Pilot Projects (Activity Two)**

While each project was local, as approaches and assets were developed, the opportunities to adopt and adapt materials as a national system are exemplified in these EXCITE projects.

In Arkansas, Extension partnered with a Federally Qualified Health Center, ARcare, to create community-based education and mobile vaccine clinics targeting rural, low-income adults 18 years old and older, including minority and hard-to-reach populations. And in a multi-state project in Illinois and Indiana, Extension professionals used survey data from rural, minority, and agricultural workers to identify vaccine hesitancy facilitators and barriers. Once identified, those factors were addressed through tailored messages, community champions, and vaccine clinics.

***"While each project was local...the opportunities to adopt and adapt materials as a national system are exemplified in these EXCITE projects."***

Oregon State University Extension worked closely with partners in selected counties—verifying concerns raised by Latinx and rural white groups—to address fears and disinformation with educational materials distributed through print, mass media, and social media. Oregon Extension also worked with partners to help minimize logistical barriers to being vaccinated and assisted at vaccine clinics as requested.

The University of Wyoming EXCITE project, “Vaccinate Up,” focused on reducing COVID-19 vaccine hesitancy through fact-based conversations, protecting family and community, and telling the stories of people who have had COVID-19 and/or decided vaccination was the right choice for them. Priority populations included the Wind River Reservation. This was primarily a marketing campaign that used billboards, Pandora advertisements, flyers, social media, and information talking points distributed through Wyoming 2-1-1. Stories such as these can be told for each EXCITE project.



PODCAST

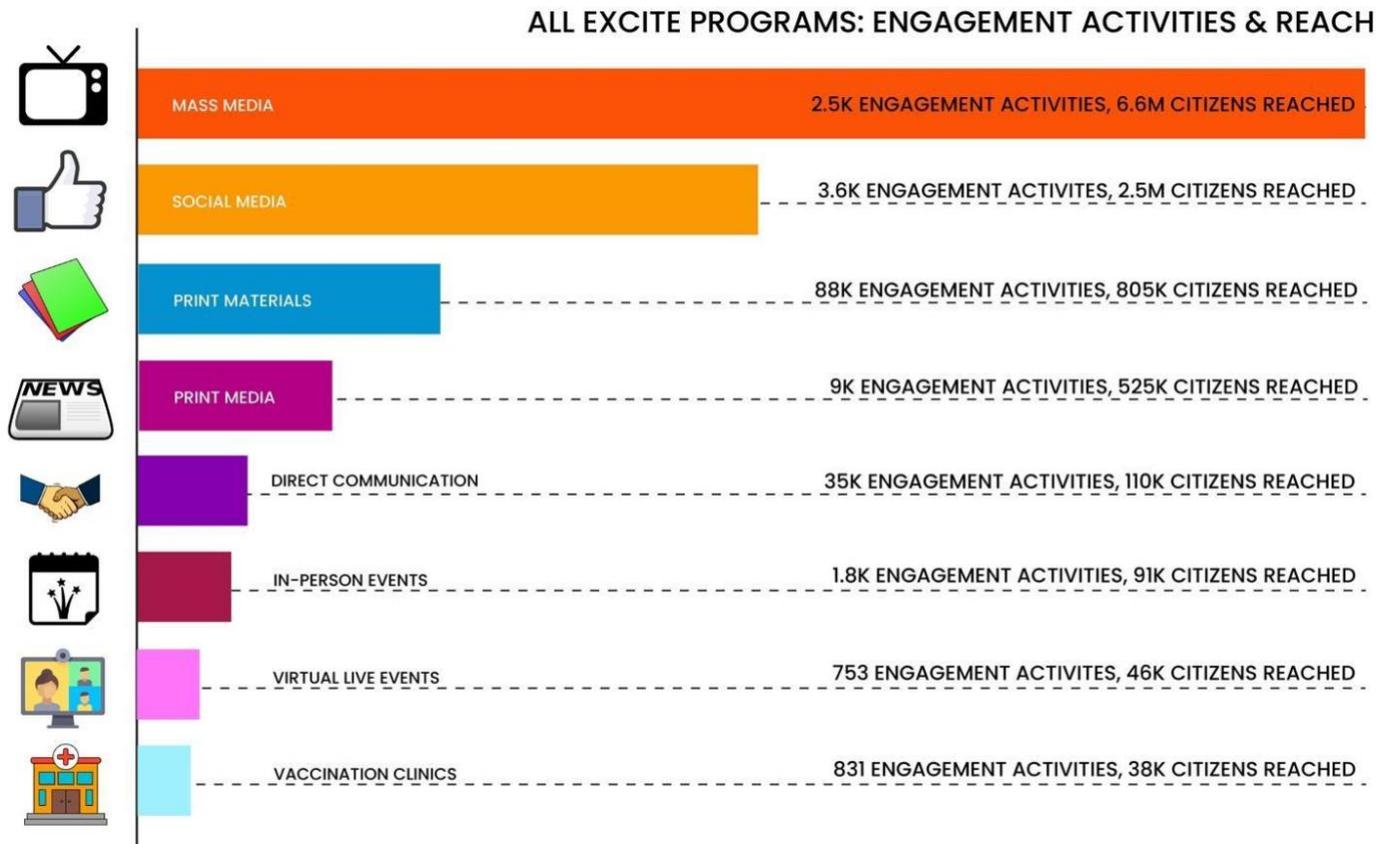
**Listen to EXCITE Stories on the Connect Extension Podcast**

[EXCITE 1890 & 1994 Engagement Coordinators](#)

[Getting to the Heart of the Matter with Washington State University](#)

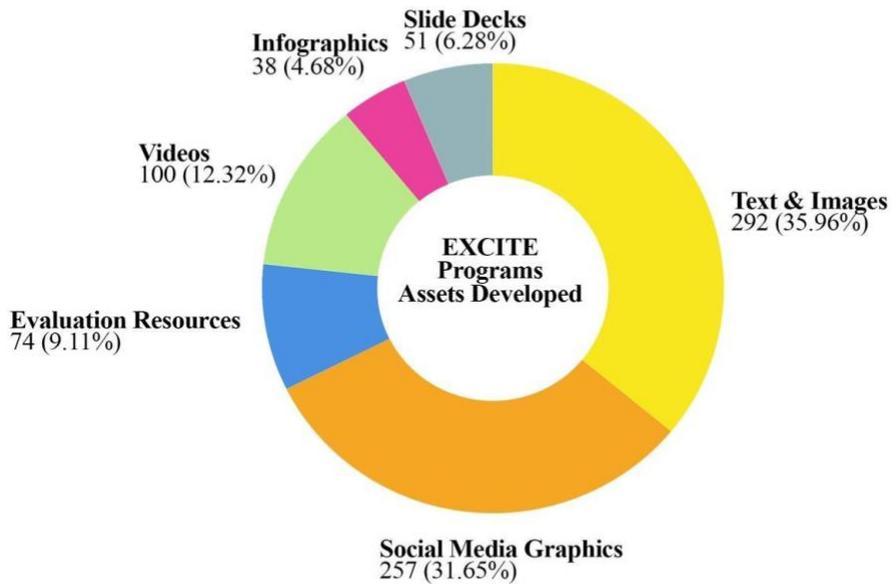
## Multiple Delivery Methods

The EXCITE projects use a variety of activities that are a part of the traditional Extension methodologies to engage target audiences. Figure 2 shows the combined engagement activities and reach of EXCITE COVID Immunization Education Programs (Activity One) and Adult Immunization Education Pilot Projects (Activity Two).

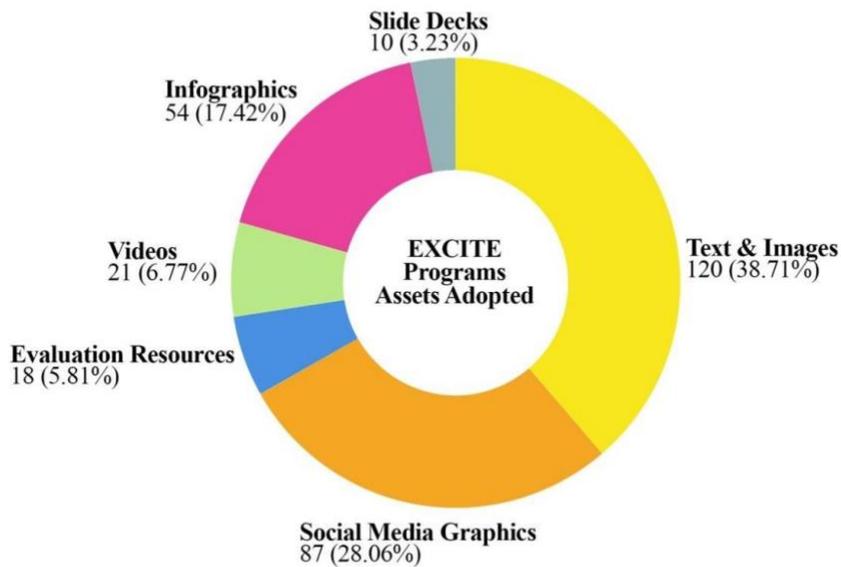


**Figure 2: Combined engagement activities and reach of EXCITE COVID Immunization Education Programs (Activity One) and Adult Immunization Education Pilot Projects (Activity Two)**

The projects were reported monthly or quarterly to the program team as “assets,” available in the [national registry](#). Figure 3 (next page) shows combined assets developed from COVID Immunization Education Programs (Activity One) and Adult Immunization Education Pilot Projects (Activity Two). Figure 4 (next page) shows combined assets adopted from COVID Immunization Education Programs (Activity One) and Adult Immunization Education Pilot Projects (Activity Two).



**Figure 3: Combined assets developed from EXCITE COVID Immunization Education Programs (Activity One) and Adult Immunization Education Pilot Projects (Activity Two)**



**Figure 4: Combined assets adopted from COVID Immunization Education Programs (Activity One) and Adult Immunization Education Pilot Projects (Activity Two)**

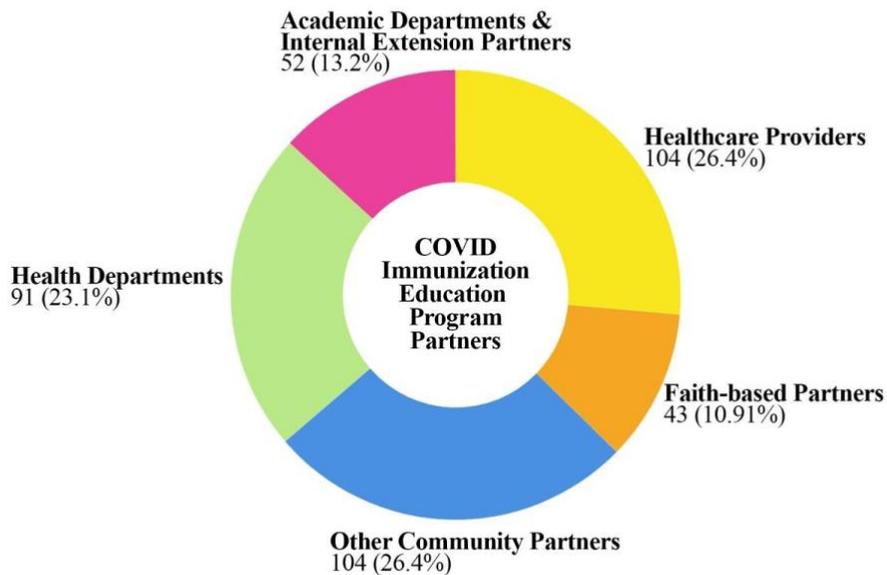
In California, the EXCITE project was focused on reaching underserved Mexican Indigenous migrant communities living in several California counties, as well as underserved Spanish-speaking Latino families. Extension professionals, in collaboration with partners, developed culturally relevant, science-based messages for radio and TV spots and social media video posts. Once the messages were created, they were translated into four variants of the indigenous languages (Mixteco, Zapoteco, Purépecha, Triqui), 25- to 30-second TV and radio spots were produced. The radio spots in the Indigenous languages were broadcast on Radio Indígena, a station that caters to Mexican indigenous migrant communities. From November 1, 2021, to January 31, 2022, seven 30-second radio spots in four indigenous languages aired, reaching a potential of 3 million listeners.

Another media partner was Entravision/Univision, a Spanish-speaking broadcasting network. TV spots and videos were broadcast on the network's social media platforms, reaching California counties where a significant number of these community members live (Ventura, Santa Barbara, Riverside, Los Angeles, and San Diego). Their estimated daily audience is 25,000 listeners. Seven 30-second TV spots promoted vaccination during Spanish newscasts, and one ran during prime time. Their estimated daily audience is 75,000 viewers, so the campaign had a potential reach of 9 million views. A landing page associated with the campaign received 663 pageviews from November 1, 2021, with an average time-on-page of nearly 2 minutes. By creating and implementing culturally relevant and translated campaigns, the team successfully reached thousands of Spanish-speaking Latinos to encourage them to be vaccinated.

Virginia's EXCITE team worked with the local health district and hospitals in Madison County to create a county-wide COVID Vaccine hotline registration system and vaccine clinic to target the county's underserved population. By implementing a hotline telephone registration system, they decreased registration barriers, allowing farmworkers, the elderly with limited or no internet access, and those with limited English proficiency to register for vaccines. As a result of this innovative and efficient effort, Madison County administered 4,466 vaccines at the clinic, with 28% of the registrants coming through the vaccine hotline. The Virginia Cooperative Extension will continue to build on its trusted relationship with the public to implement strategies to vaccinate hard-to-reach and hesitant populations.

## Partnerships

Fundamental to EXCITE (Activity One and Two) were partnerships to enhance community trust, outreach, and communication to their target population. Partnerships included professional schools and departments within their own institution, collaboration with nearby institutions and universities, healthcare providers, state and local health departments, faith-based organizations, and other community partners such as food banks and local non-governmental organizations. Additionally, partnerships with public health organizations that could provide vaccination in conjunction with educational efforts were critical to meeting the goal of increasing immunization uptake. See Figure 5 below for a visual representation of the types of partners involved in COVID Immunization Education Programs (Activity One) projects.



**Figure 5: COVID Immunization Education Program partnership breakdown (Activity One only)**

When asked to describe major successes of their partnerships the following schools responded:

***"The major successes of these partnerships provided an opportunity to reach a larger audience, to share resources, and to provide culturally appropriate learning and sharing experiences."***

***- Keweenaw Bay Ojibwa Community College***

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***"Partnerships through our EXCITE project have led to the creation of a framework for a train-the-trainer outreach model...[and] also led to the creation of a framework for health webinar programs for our extension work. Our partnerships through this project were integral in reaching the masses with research-based information about the COVID-19 vaccine."***

***- Louisiana State University***

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***"One of our PIs on this project was recognized in the state for the work she was doing with Grandparents and children in kinship care. The state government, through her efforts, provided incentives for grandparents who receive COVID-19 vaccines. Our collaboration with WVSU has opened up conversations around the co-creation of programs. At our administrative team level, discussions are ongoing on how both institutions can continue to work together. This project brought both Extension systems together in a unique way."***

***– West Virginia State University***

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The EXCITE team in West Virginia includes Extension professionals from West Virginia State University and West Virginia University. This team partnered with West Virginia State Extension's Healthy Grandfamilies initiative and utilized the Grandfamilies' network to deliver their "Don't Wait, Vaccinate!" campaign in the state. The Healthy Grandfamilies initiative was selected as an internal partner because it was a well-established initiative that aims to assist seniors in raising their grandchildren or great-grandchildren. Participants in the eight-week Healthy Grandfamilies course received educational materials and a health journal to track their health history, including vaccinations, as part of the program's instruction on health literacy. Additionally, a portion of the Grandfamilies monthly segment on the West Virginia Library Network was used to distribute immunization education. The team also hosted informational community meetings for grandparents in four priority counties to hear medical providers discuss COVID-19 vaccinations. These four counties were deemed a high priority because of poor health outcomes, income, diversity, and presence of the county Extension staff. In West Virginia, participants' understanding of and trust in the COVID-19 vaccination increased by attending community education workshops or participating in Healthy Grandfamilies.

EXCITE efforts in Michigan focused on reaching members of three Michigan tribal communities. Michigan State University Extension and two land-grant tribal colleges—Keweenaw Bay Ojibwa Community College and Bay Mills Community College, collaborated to ensure that culturally relevant and impactful immunization education and messages would reach tribe members of all ages in the state. The EXCITE project built capacity and increased trust within the Michigan Inter-Tribal Land-Grant Extension System (MILES) team and land-grant universities by providing an opportunity to work together on a shared project with a specific focus. Michigan State University, Keweenaw Bay Ojibwa Community College, and Bay Mills Community College shared educational messages they had jointly developed. During a challenging time of working remotely or with restricted and limited in-person events, the MILES team benefited from the EXCITE project by allowing tribal nations and community members to congregate in virtual spaces and to see other tribal nations and community members engaged in educational programming. Although the project initially relied on past connections, the EXCITE project gave Michigan State University Extension a purpose for reaching out to collaborate and deepen relationships with tribal nations. Strengthening these partnerships was a success for the Michigan State project.

Ultimately, the EXCITE project expanded awareness of Michigan State University Extension and MILES and increased the visibility of Michigan State University's Tribal Extension Educators across all tribal Nations and

communities in Michigan. The team stated that the Inter-Tribal Council collaboration of the EXCITE project shows how project funding can help organizations or entities work together for a specific cause to build true lasting partnerships. The team noted that they could accomplish impactful events by working together.

## Trusted Messenger

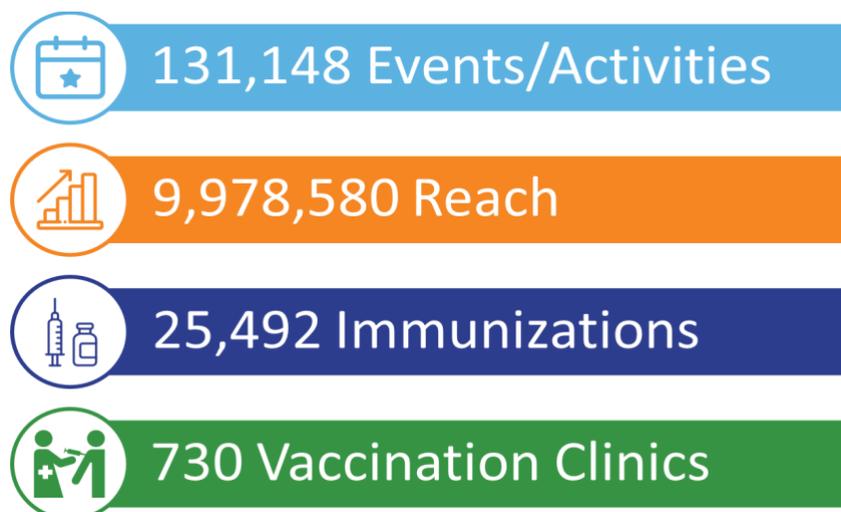
***“Trusted messengers—people deemed trustworthy, honest, and credible—were also crucial to delivering information directly to people at a local level.”***

During the COVID19 outbreak, it became clear that Americans no longer knew whom they should turn to for reliable information. In these highly political and often polarized times, *whom* the message comes from is just as important—if not more—than *what* the specific content of the message is.

When the COVID-19 vaccines first became available, the Ad Council conducted months of interviews, surveys, and focus groups on understanding why some Americans hesitated to get the vaccine and who could best reach them to persuade them otherwise. Ultimately, the COVID-19 Vaccine Education Initiative uncovered that the typical model of consumer brand allies and media partners could not do it alone, especially when a decision is so personal. Trusted messengers—people deemed trustworthy, honest, and credible—were also crucial to delivering information directly to people at a local level.

CDC had identified Cooperative Extension as a trusted messenger, particularly in rural areas. As a result, CDC brought the Ad Council to Cooperative Extension Spotlight sessions to further expand understanding of how and why Cooperative Extension is a trusted messenger and how best to relay messages as a trusted messenger. Critical to the approach was for Extension to listen to the concerns and barriers expressed by participants, acknowledge those concerns as legitimate, and then provide the appropriate science-based information in response to those concerns.

With the short timeframe of the Activity One project, the EXCITE program reach demonstrates one level of success as a trusted messenger through program reach, vaccination clinics held, and attendance. See evaluation highlights below:



**Figure 6: Evaluation highlights for events/activities, reach, immunizations provided, and vaccination clinics held.**

The Activity Two projects provided time and resources beyond providing messages. Focus groups, surveys, community convenings, and discussions provided the opportunity to understand the concerns and develop materials in response to those concerns. This approach is truly one of engaging the participants in identifying the educational approach and needed assets. The following project story of North Carolina State University illustrates this approach.

The North Carolina State University EXCITE team developed an educational program targeting Spanish-speaking H-2A agricultural workers. "Get Informed and Decide" - "Me Informo y Decido" - provided space for reflection, dialogue, and education about COVID-19 prevention and vaccination. Educational tools included a PowerPoint or flipchart covering a list of the North Carolina Department of Health and Human Services vaccination plans. The team delivered an educational presentation to the farmworkers' employer (grower, farm labor contractor) in a traditional farm setting. The team provided information and, most importantly, created an environment that facilitated dialogue and answering questions. The program demonstrated that farmworkers could participate, engage, and be empowered in decision-making when a safe, open space is provided. The team has found success in its educational program and reports a positive rate of acceptance of vaccinations from the H-2A temporary agricultural workers.

### **Providing factual (evidence-based) information in an understandable form**

One of the most challenging aspects of the EXCITE project was that knowledge and information about COVID were rapidly changing. Unfortunately, the fast-paced changes were a key component of widespread misinformation. However, with regular communication and support from CDC, other trusted partners provided up-to-date information and expertise to EXCITE project teams. For example, the National Ad Council met twice through a Spotlight session and provided assets targeted explicitly to rural communities.

Some respondents to the LGU COVID-19 survey expressed concern that immunization education (a politicized topic) decreased the positive perception of Extension and the relationship with stakeholders as a factual and evidence-based organization. Others stated that the long-standing unique strength of providing factual information in a way that can be understood is precisely the role of Cooperative Extension and lifts stakeholder perception as being a trusted messenger in a crisis. This difference of opinion continues to be an internal discussion and opportunity for work in year two of this project. Regardless of the debate, Extension has demonstrated the ability to be flexible and shift focus to be a provider of factual information to reach many individuals to inform their personal choices during a pandemic. All EXCITE projects demonstrate that expertise, and the following projects further demonstrate this quick response to a national crisis.

The EXCITE team at Lincoln University addressed COVID-19 misinformation and supported their constituents by developing resources and programming to reach the needs of multiple demographics across the state. This team focused on direct teaching and storytelling to change perceptions and move people from contemplative to action steps or from refusal to pre-contemplation. They specifically disseminated evidence-based information on COVID-19 vaccines to work against myths on social media.

The College of Menominee Nation, a tribal college located in Keshena, Wisconsin, has a population especially vulnerable to this pandemic. Given the limited vaccination rates among 18-24-year-olds, the EXCITE project team at the College of Menominee Nation selected young adults as their priority population. The team created short videos featuring selected vaccinated community members in that age group to share their personal vaccination stories. These videos are posted to Instagram as Instagram Reels and on the College's

Facebook page. Eight videos were created in total. The first video highlighted a 17-year-old Menominee Tribal member who got vaccinated after catching COVID-19. The video garnered around 5.3k views on the combined platforms. The vaccine rate among the priority population has increased from 31.2% to 77.6% since the start of the EXCITE project.

## DESIGNING FOR SYSTEM WORK

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***"EXCITE enabled CES to work differently and quickly as a system. Using a national leadership structure and common goals, each state was to program locally but come together frequently to share methodologies and delivery strategies across the nation."***

### Readiness for Change

Cooperative Extension has a long history of meeting needs at the local level and providing research-based information to help individuals to make informed decisions. And while Cooperative Extension did not have a long-standing traditional program focused on adult immunization education, it has been firmly moving in the direction of Health and Well-Being as a Cooperative Extension System (CES). A 2014 Strategic Framework for Health and Well-Being followed by an [updated Strategic Framework in 2021](#) focused on addressing the socio-economic framework to increase the health and well-being of all. This is a cultural shift for the organization that focused on agriculture in its first 100 years and was intentionally choosing to add addressing health, well-being, and equity as a focus in the next 100 years of its organizational efforts. Grounded in the Strategic Framework for Health and Wellbeing, great strides have been made in the last decade to establish Cooperative Extension's growing involvement in health and wellbeing efforts in many states. This system change effort provided the grounding for Cooperative Extension to step forward and utilize its science-based network structure to respond to the country's emerging needs.

While Extension is a national network system traditionally, most of the efforts are focused on a statewide plan of work built on needs assessments in the state. EXCITE enabled CES to work differently and quickly as a system. Using a national leadership structure and common goals, each state was to program locally but come together frequently to share methodologies and delivery strategies across the nation. Best practices were identified, and local projects pivoted their approach as needed to those that were identified as being more successful. Assets were developed and shared in a program registry and then adapted for use locally without each state having to develop its own materials. Common reporting tools were developed that enabled outputs to be monitored in each local project and compiled to demonstrate national outputs and reach. This is a new system change design for Cooperative Extension, and multiple new "solutions" needed to be created to accomplish the "system work." What follows are some of the system tools that were developed during this process.

### Leadership Structure

To help foster "system work," multiple innovations related to programmatic leadership and organizational structure had to be created while the project was being implemented. The EXCITE project embraced innovative techniques such as failing fast and lean experimentation. Iterative processes were employed as

the project developed. There were two primary areas of innovation necessary for the EXCITE project: Programmatic leadership that liaised and aligned with organizational leadership and an organizational structure to support the funded project.

## **The Extension Foundation Role**

Building on previous experience in grant and contract management for the Pesticide Safety Education Funds Management Program (PSEFMP) funding for CES, the Extension Foundation was selected by the USDA National Institute of Food and Agriculture (NIFA) to provide overall leadership for the EXCITE project. Christine Geith, CEO of the Extension Foundation, provided visionary leadership in responding to the NIFA RFA. The Extension Foundation also provided the development and online application process and established and implemented grant and contract processes for over 96 institutions. It developed technology tools for a program registry of tools and an online reporting system. The Foundation serves as the “solutions team” to the programmatic needs identified by the EXCITE Program Team. Several members of the Foundation staff serve on the EXCITE Program Team.

## EXCITE National Program Team

The University of Delaware Extension Director, Michelle Rodgers, was providing leadership to the ECOP Health Innovation Task Force, from which the partnership with CDC was developed and was the catalyst for the Immunization Education partnership. A buy-out of 80% of Michelle’s directorship provided project leadership for EXCITE for both the design phase and then implementation. Once the Interagency agreement between CDC and NIFA was established and a project was awarded from NIFA to the Extension Foundation, the necessary funding was in place to bring programmatic leadership to the project.

Position descriptions were developed, and a national search for an assistant director, evaluation specialist, and marketing research positions was held. A request for letters was shared across the Cooperative Extension System. Applications were screened, and individuals were interviewed by the Project Director, Michelle Rodgers, and Extension Foundation Chief Operating Officer and PI, Beverly Coberly. Selected individuals received a contractual “buy-out” of 40% of their time from the LGUs that employed them. Additional positions added included 1890 and 1994 Institution coordinator positions. The Extension Foundation identified communication, program strategy, and team leadership expertise from within the organization and committed percentages of time to these roles. Existing Extension Foundation positions provided grants and contract support.

Over the first year, the programmatic leadership team has evolved and grown to meet the project's needs. The team presently includes 12 members, including a CES Extension Director as project director partnered with the CEO and CFO of the Extension Foundation for strategic leadership.

The programmatic team includes personnel with LGU programmatic experience in market research, research project implementation, evaluation, liaisons with the 1890 and 1994 institutions, and a catalyst coach. Additionally, Extension Foundation personnel serve as the “solutions team” and bring expertise in innovation and technology, team development, facilitation of innovation and distance technology, marketing and communications, grants and contract management, and IT expertise. A project liaison from CDC is also a member of the leadership team.

The diversity of perspectives, programmatic experience, innovative spirit, and passion for Extension’s commitment to system development with a focus on health and well-being has resulted in a highly functioning virtual team. This team has created the EXCITE project. They have also served as coaches to the Activity Two Pilot Projects. Team members are listed in the table on the next page.

**Table 2: EXCITE Program Team members and roles. Note: FTE**

<b>Program Team Member</b>	<b>Role</b>	<b>Institution</b>
Dr. Michelle Rodgers	Project Director	University of Delaware
Dr. Katie Stofer	Assistant Project Director	University of Florida
Dr. Beverly Coberly	Chief Operating Officer	Extension Foundation
Dr. Linsey Haynes-Maslow	Market Research Lead	University of North Carolina – Chapel Hill
Dr. Laura Downey	Evaluation Lead	Auburn University
Isabel Osborne	Evaluation and Market Research Assistant	Extension Foundation
Maggie Grandon	1994 Institutions Coordinator	American Indian Higher Education Consortium (AIHEC)
Ruth Hursman	1994 Resource Staff	AIHEC/Extension Foundation
Dawn Burton	1890 Institutions Coordinator	Prairie View A&M University
Dr. Linda Kirk-Fox	Project Catalyst and Coach	Extension Foundation
Molly Immendorf	Technology and Event Design Support	Extension Foundation
Melanie Pugsley	Communications Support	Extension Foundation
Karl Bradley	Leadership Support	Extension Foundation

**Table 2: EXCITE Team members, roles, and affiliations. Note that individual FTE ranges from 0.2 FTE to 0.8 FTE.**

## Program Team Meetings

The program team meets twice weekly to discuss various aspects of the EXCITE project. Team meeting time is well-organized as the needs of projects come up to coaches. Events such as Insight and Spotlight are collaboratively planned, and project updates are shared with the team monthly. Quarterly reports come in from grantees. This is also time for brainstorming on how to improve professional development offered to grantees, future funded project plans are put in place, and team members can call on colleagues to help with aspects of the project. For example, the program team compiles a quarterly report for CDC. Several team members contribute to CDC programmatic reports as they observe unique successes and challenges of grantees throughout EXCITE implementation.

## CDC Meetings

For the first six months of the project, weekly meetings were held with CDC project leaders (Alexi Piasecki and Julie Zajac), the Project Director, and Extension Foundation’s CEO and COO. These meetings enable the partners to share decision-making regarding the development of the implementation phase of the project. After the projects were launched, this team began meeting twice monthly for check-in on implementation and future reporting. CDC frequently contributes to the Spotlight and Insight sessions by presenting or connecting to other partners providing immunization education. Currently, this group has been in discussions regarding future funding and implementation plans for adult immunization education for 2022-2024.

## ECOP

Additionally, the Program Director meets routinely with the Committee on Organization and Policy (ECOP) and provides updates to this Extension System leadership group. Updates on the project are also provided quarterly at a minimum in the Monday Minute, the weekly newsletter of ECOP, and through the Extension Foundation weekly newsletter that goes to the Extension System.

## SYSTEM SOLUTIONS DEVELOPED

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The Program team identified multiple solutions that needed to be created for the EXCITE system work to occur, including the following:

- documentation of assets developed;
- a system for professional development and institution sharing of best practices and lessons learned;
- evaluating and reporting tools; and
- overall coaching support for the institutions

It should be noted that the investment in the following “solutions” has resulted in solutions that are now being employed in other program areas being developed by the ECOP Program Action Teams.

### Internal Assessment and Reporting

COVID Immunization Education Programs (Activity One) and Adult Immunization Education Pilot Projects (Activity Two) are asked to report aspects of their programming to the EXCITE Program Team in an online system. This information is used to compile reports for funders, acknowledge gaps in project development, identify needs for further support to grantees by the project team, and suggest themes for professional development events.

### Project Reporting System

COVID Immunization Education Programs (Activity One) are asked to report monthly to the programmatic reporting system. In their reporting form, they report target population demographic information, partnership elements, engagement activities and individuals reached, assets developed and/or adopted, then a short qualitative description of how their project is “successfully promoting the uptake of COVID-19 vaccines. See [Appendix 1](#) for the list of key performance indicators.

Adult Immunization Education Pilot Projects (Activity Two) are asked to report quarterly to the programmatic reporting system; their form is longer and requires more input. In their reporting form, they report target population demographic information, COVID-19 community assessment, implementation of an educational campaign, market research, and results, then whether or not they are addressing other adult immunizations, what other adult immunizations they may be targeting, then community assessment, implementation of an educational campaign, market research, and results for other adult immunizations. They are also asked what their project is doing to “successfully promote the uptake of COVID-19 or other adult immunizations.”

### Dashboard

Through the EXCITE initiative, the Extension Foundation has developed a dynamic data dashboard to archive existing programs, tools, evaluations, and other resources related to immunization education. As previously mentioned, the assets developed by projects are a key output of funded projects. These assets are primarily

educational campaign products adapted or developed through EXCITE funding. Projects can upload files or provide links to digital assets for other CES professionals to use in their immunization education efforts. Assets include text/images, social media graphics, videos, slide decks, and more.

Assets are available to Extension professionals and other stakeholders through the National Registry of Cooperative Extension Program & Assets and the interactive EXCITE map (<https://experience.arcgis.com/experience/f611a239d636482e9beb81faff08c0db>).

Combined, the assets from projects result in a repository of educational products available to CES professionals and serve to share tools across the system.

## Project Videos

Activity One EXCITE teams have been able to share their project's successes, challenges, and lessons learned during Spotlight events held by the EXCITE Program Team and at state and national conferences. These videos can be found on the [EXCITE Dashboard](#) or on the [Extension Webpage for EXCITE](#).

## Program Registry and Public-Facing Map

EXCITE project grantees contribute or upload educational campaign products adapted or developed through EXCITE funding as part of regular reporting. In addition to uploading files to the EXCITE reporting system, grantees may also provide links to digital assets adopted or developed for the EXCITE project. Assets include text/images, social media graphics, videos, slide decks, evaluation resources, and more.

EXCITE projects have developed 806 products related to adult immunization education and adopted 310 products (adaptation from existing materials). These products are now available to the land-grant system and other interested entities at <https://registry.extension.org/tables/210738947796171>.

An interactive dashboard of EXCITE projects with success videos embedded is at <https://experience.arcgis.com/experience/f611a239d636482e9beb81faff08c0db>. Again, the resources at this site are available to Extension professionals and others interested in the land-grant system's approach to addressing vaccine hesitancy. The dashboard offers summaries of each EXCITE project with counts of individuals reached and a description of their target/priority populations.

## Professional and Project Development

Early in the EXCITE initiative, the program team recognized that CES' capacity for this type of work might be more sustainable if they planned and implemented professional development and system sharing, prioritized evaluation and reporting, valued participation by external partners, consistently communicated with and coached teams with funded projects.

The original plan was to host a one-time Impact Collaborative, but as the EXCITE projects initiated, it became clear that teams needed monthly professional development, sharing, and coaching to support innovation. Attendance and participation by CES personnel have been excellent. Project sharing is a vital component of the EXCITE projects and is cited as one of the most critical components of professional development. Assets developed, successes, and lessons learned are routinely shared among the projects.

There are several examples of projects adjusting their scope of work and or delivery strategy based on LGU sharing. At a recent professional development session, one team presented their experiences using online radio, specifically Pandora, to disseminate vaccine education. Another grantee redirected their activities to include Pandora to reach their priority population as a result of that presentation.

Spotlight sessions are held on the first Thursday of every month for any EXCITE team. Insight sessions are held on the third Thursday of each month for EXCITE Activity Two teams. A quarterly strategy session is held for EXCITE Activity Two teams. Strategy sessions combine professional development and coaching with reflection time to help teams implement the strategy session's learning into their projects. See Table 3 below for a brief summary of these events, a complete list and details of the sessions can be found in Appendix 2.

<b>Session type</b>	<b>Number of sessions</b>	<b>Attendance range</b>	<b>Topic examples</b>
Spotlight	12	37-127	Project sharing, partner spotlights, CDC updates, LGU hesitancy, lessons learned
Insight	9	42-78	Coaching time with EXCITE team members, team building, market research, Year 1 trends
Strategy Session	2	66-93	Crucial conversations, evaluation, diversity/equity/inclusion, the medical perspective on the transition out of COVID

**Table 3: Summary of EXCITE Professional and Project Development Sessions – Year One**

## Coaching

Additionally, each EXCITE program member is identified as a coach for an Activity Two team as they test, pilot, learn, and iterate their projects. Shortly after being awarded their competitive grant, each Activity Two team was assigned an EXCITE program team member as a coach. Eight national program team members are personally coaching three teams with mostly similar target populations. Program team coaches help their Activity Two teams in various ways. This support includes being a personal link to the national program team, praising the successes of each Activity Two team, and troubleshooting any challenges that arise as they design and implement their unique projects.

To achieve this, coaches typically meet with each team at least once per month. At times, this coaching takes place outside the formal professional development sessions based on the availability or needs of each team. Coaches report progress, successes, and challenges during program team meetings. These aid in determining the focus for process clarity, professional development strategy, and additional support for the Activity Two teams. Coaching for Activity One teams is done as needed and requested.

## Website and Newsletter

The EXCITE **website** is internally and externally facing. Internally it has several tools for grantees to access, including programmatic and financial reporting systems, user guides for the reporting system, recordings of professional development events, and the Impact Bullet Generator (available for teams to concisely convey the impact of their team’s actions in a meaningful way). See EXCITE Team Resources here:

<https://excite.extension.org/resources/>

The program team also puts together a **weekly newsletter** that shares reporting reminders, upcoming events, other updates, and successes of grantees. For example, August is National Immunization Awareness Month, and the newsletter shared CDC’s toolkit to reach patients and parents regarding routine vaccinations. In another newsletter, the program team celebrated projects who wrapped up their immunization education campaigns, “The following projects have completed their final reports: the University of Delaware, University of Arkansas, West Virginia University, Auburn University, and the University of Idaho. Congratulations, and job well done!” The program team emphasizes collaboration and support when providing resources for grantees, often encouraging communication between different projects which might have a similar target audience or educational approaches.

*These solutions are now in place or easily adapted for other system-wide efforts.*

The progress of implementing these solutions is represented in the timeline below.

Phase	Timeframe
National Program Team Selected/Contracted	April 2021
A1 Projects Initiated	May 2021
A 2 Projects Initiated	June 2021
Professional and Project Development Initiated	June 2021
Program Registry Available	June 2021
EXCITE Website Launched	June 2021
EXCITE Newsletters Distributed	June 2021
Assessment & Reporting Tool Launched	August 2021
Coaching of EXCITE Activity Two Teams Initiated	October 2021
Dashboard Available	January 2022
Public Facing Map Available	April 2022
Project Sharing Videos Posted	May 2022

**Table 4: EXCITE timeline of events**

## LESSONS LEARNED RESULT IN RAPID PIVOTS

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Throughout the course of EXCITE's first year, we continued to learn and respond quickly. Key lessons and how the team quickly pivoted are shared below.

### LGU Internal Hesitancy

As mentioned previously, an unanticipated issue became evident early in EXCITE implementation. Project teams shared at a Spotlight session the vaccine hesitancy was not only in the communities they were trying to reach but also experienced within the Extension organization. COVID19 vaccine hesitancy was characterized in multiple ways:

- Concern over the vaccine itself
- Lack of confidence in the ability to provide vaccination education and
- Concern that vaccine education would erode longstanding stakeholder support given the political divisiveness related to the pandemic.

As a result of this emerging need, a project specifically designed to address widespread vaccine hesitancy - especially among Extension personnel - was identified as a high priority need. The EXCITE program team developed a request for proposals for a land-grant institution team to:

- Assess hesitancy across 1862, 1890, and 1994 institutions' Extension personnel, and
- Design and facilitate programming to reduce hesitancy specifically around COVID-19 vaccination education.

The RFP was released in early October. We received six applications to this RFP by November 12, 2021. Washington State University's (WSU) Getting to the Heart of the Matter: Extension Professional Vaccination Education Willingness, Confidence and Beliefs was selected for this special 25th Activity Two pilot project. The purpose of this new project is to assess vaccine hesitancy of Extension field educators, specialists, and administrators, and 2) to create and implement a strategy to reduce vaccine hesitancy for COVID-19 and other adult immunizations and increase confidence and willingness to become immunization educators in their community. This project aims to reduce hesitancy around vaccination and increase willingness to serve in educational roles around adult vaccination among Cooperative Extension personnel at all three types of Land grant institutions (1862, 1890, 1994).

Between March 29 and April 12, 2022, WSU conducted an assessment with Extension professionals via an online Qualtrics survey to assess their attitude, confidence, and willingness to conduct COVID-19 and other vaccination education and personal vaccination attitudes and behaviors. More than 1,000 Extension professionals responded to the online survey, exceeding the goal. During the April Spotlight, WSU gave a status report on the survey respondents across the Cooperative Extension System who participated in the

survey. There was a good distribution across all subject matter areas (e.g., ag, natural resource, youth, family, and community programs) and across all country regions. Approximately one-half of the respondents are considered field agents, and approximately one-quarter are not currently involved in vaccine education. Over 100 agreed to be contacted for online focus groups. During this quarter, six virtual focus groups were conducted and two virtual community listening sessions.

In-depth interviews will be conducted with 20 Extension professionals that consent to follow-up contact after taking the survey and are identified as having moderate reactance, attitudes, confidence, and willingness for vaccination education but are not currently involved.

Following these initial steps, which provide the information needed for message development, the WSU team will use evidence-based neuromarketing techniques to develop and market-test motivational messages. These messages will then be used for marketing and embedded in the toolkit/workshop for media literacy and motivational interviewing to address vaccination hesitancy. They will develop motivational message content based on the assessment survey and in-depth interview results. WSU will develop and provide a communication toolkit and proposed delivery strategies at a future in-service for all EXCITE projects to improve vaccine confidence within the Extension system. The toolkit will be on the EXCITE website and WSU will evaluate the effectiveness of the toolkit in 2023.

## Engaging 1994 Institutions

A follow up interview was conducted with institutions that did not apply for EXCITE funding. The survey revealed the need to provide additional support for Tribal Colleges (1994 LGUs). 1994 LGUs demonstrated challenges associated with participation in the first iteration of the EXCITE Activity One and did not apply for Activity Two Pilot efforts. Many 1994 institutions identified a lack of available personnel as the reason for not pursuing EXCITE funding.

In response, the EXCITE team designated \$300,000 in funds to support an Activity Two level effort aimed solely at the 1994 institutions. Funds will pay for a coordinator to lead the collaborative immunization effort among participating 1994 institutions.

To increase commitment to the new 1994 engagement effort, the 1994 Coordinator

- Contacted the presidents of the Tribal Colleges and **Universities to solicit their** support;
- Requested assistance from the American Indian Higher Education Consortium's Land-grant Director;
- Spoke at the First Americans Land-grant Consortium Conference; and
- individually invited Tribal Colleges to engage in a pilot effort that was resourced and supported by the coordinator.

## EXCITE YEAR 2 AND BEYOND

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As EXCITE moves into the second year, the immunization education environment continues to shift and change, and the EXCITE program must also. The availability of new bivalent boosters, the onset of polio and monkeypox viruses, the Inflation Reduction Act that changes funding availability for adult vaccines, and a Presidential budget proposal that includes funding for an adult immunization program require the EXCITE program to think and act strategically. With those thoughts in mind, the following goals for year two of EXCITE are stated.

### Completion of Activity One Projects

About 50% of the Activity One projects required a no-cost extension, with 25% completing their work by August and the remaining 25% scheduled to complete work by October. The challenges of identifying partners, changing PI's, and institutional grant processes were barriers and are the primary reason for these extensions. The blessing is that the delayed expenditures and programs enable these institutions to have funding when new messages are communicated, and projects remain very relevant. Coaching and monitoring these projects to completion and a full data set to evaluate for Activity One is well underway.

### Completion of Activity Two Projects

Activity Two projects have begun their second year, and many are now pivoting, as planned, to adult immunization efforts. Little did we know at the onset how appropriate that pivot would be. Equipping teams to listen, iterate, and develop new assets and methods is the focus of the Activity Two work. Each project has a coach to guide this process, which will be completed by April 2023. Sharing best practices and processes will be critical among the projects for the second year.

### Additional Funding of \$7.5 Million

In September 2022, CDC has provided \$7.5 million for the continuation of the EXCITE project, with a focus on two items: LGU Vaccine Confidence and Adult Immunization Confidence. Fall 2022 activities include the completion of Activity One, ongoing work of Activity Two, and the launch and design stage for EXCITE 3. Plans are in place to launch an opportunity for all 111 LGUs to participate in a six-month design phase that includes training and coaching on five key components for the next round of EXCITE funding. Key components include:

- Incorporation of health care partners,
- Increased understanding of adult immunization and the impact of new national immunization programs,
- Budget planning and policies
- LGU hesitancy study results and training on a tool kit to increase LGU confidence in vaccine education

Additionally, a rural convening will be developed in partnership with the CDC, the National Rural Health Association and Extension. This effort will identify best practices addressing vaccine education in rural populations. It will be followed by three pilot projects that include Cooperative Extension and three types of public health partners: long-term care, federally qualified health care clinics, and primary care.

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## APPENDIX 1: EXCITE KEY PERFORMANCE INDICATORS

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Progress of activities for immunization education is monitored through tracking and reporting of key performance indicators including:

### a. **Communication and education:**

- i. Number CES field agents or other trained personnel
- ii. Number and types of audience-tested and culturally appropriate communication products developed to promote COVID-19 and influenza vaccinations
- iii. Types of communication channels or outlets used
- iv. Number and types of events or campaigns held to promote COVID-19 and influenza vaccination
- v. Number of people who attended promotional events
- vi. Major successes
- vii. Major challenges

### b. **Partnerships:**

- i. List of partners and notable contributions
- ii. Number of temporary and mobile COVID-19 or flu vaccination sites established as a result of partnerships
- iii. Number of people vaccinated at mobile vaccination clinics
- iv. Location of temporary and/or mobile COVID-19 or flu vaccination sites (e.g., county, facility, etc.)
- v. Number and types of educational campaigns conducted for providers or other healthcare professionals
- vi. Number and types of providers or other healthcare professionals reached through educational campaigns
- vii. Major successes for provider partnerships
- viii. Major challenges to provider partnerships

## APPENDIX 2: EXCITE EVENTS SUMMARY

Event	Month, Topic, and Reach
Spotlight	<p>June 2021</p> <p>Partner Spotlight: CDC National Association Rural Farm Workers LGU Spotlight: NCSU + Lincoln</p> <p>Attendance: 55</p>
	<p>July 2021</p> <p>Partner Spotlight: Russell Group Ad Council LGU Spotlight- UGA</p> <p>Attendance: 51</p>
	<p>August 2021</p> <p>Partner Spotlight: Ad Council focused on Rural Audience Research LGU Spotlight: Wisconsin Breakout rooms by the target audience for sharing</p> <p>Attendance: 127</p>
	<p>September 2021</p> <p>Topic: LGU Hesitancy</p> <p>Attendance: 99</p>
	<p>October 2021</p> <p>Topic: CDC updates on boosters and flu, breakout rooms by programming format (social media, radio, etc.)</p> <p>Attendance: 86</p>
	<p>November 2021</p> <p>Topic: 6-month reflection on Activity One/ Activity, breakouts by audience type</p> <p>Attendance: 81</p>
	<p>December 2021</p> <p>Topic:</p> <p>New webpage and ease of accessing resources</p> <p>Social Media Tips and Tricks from Rose Hayden-Smith, emeritus Cooperative Extension advisor in digital communications, University of California</p>

	<p>Spotlight on the College of Menominee Nation, Brian Kowalkowski, dean of continuing education at College of Menominee Nation, Keshena, Wisconsin</p> <p>Attendance: 87</p>
	<p>January 2022</p> <p>Topics: Success Sharing featuring nine EXCITE projects presentations addressing two questions regarding successes and lessons learned.</p> <p>University of Connecticut</p> <p>American Samoa Community College</p> <p>Tennessee State University</p> <p>Michigan State University</p> <p>Bay Mills Community College</p> <p>Keweenaw Bay Ojibwa Community College</p> <p>University of Vermont</p> <p>University of Minnesota</p> <p>University of Rhode Island</p> <p>Iowa State University</p> <p>All the presentations are posted to the website and were shared with the Extension Director/Administrator of the respective project.</p> <p>Attendance: 96</p>
	<p>February 2022</p> <p>Topics:</p> <p>CDC update from Alexi Piasecki on isolation, quarantine, and Omicron variant</p> <p>Qualtrics poll was conducted to ask interest to address additional immunization priorities if the opportunity presented itself</p> <p>Washington State University project Getting to the Heart of the Matter was introduced.</p> <p>In four breakout rooms, attendees discuss survey question design and means of</p>

	<p>assessing Cooperative Extension employees regarding vaccine knowledge and behaviors and science literacy.</p> <p>Why collecting stories of project impact matters and how to use the online tool Impact Bullet Generator with examples from Iowa State University EXCITE project.</p> <p>Attendance: 92</p>
	<p>March 2022</p> <p>Topics: No Cost Extensions and early project close out processes, poll on program registry use, and Spotlight lightning rounds</p> <p>Attendance: 81</p>
	<p>April 2022</p> <p>Topics: CDC Thank you- presentation from Alexi, Spotlight lightning rounds</p> <p>Attendance: 77</p>
	<p>May 2022</p> <p>Topic: Spotlight lightning rounds</p> <p>Attendance: 37</p>
Insight	<p>July 2021</p> <p>Team building: Recognition as a Resource</p> <p>CDC Adult Immunization 101 resources</p> <p>Breakout rooms-Check-in with coaches</p> <p>Attendance: 47</p>
	<p>August 2021</p> <p>A2 outcome &amp; related survey items Market research- what iteration do you have in your roadmap</p> <p>Breakout rooms-Check-in with coaches on roadmaps</p> <p>Attendance: 56</p>
	<p>September 2021</p> <p>Topic: Brief resources updates/team coaching</p>

Attendance: 52
<p>October 2021</p> <p>Topic: Team Coaching</p> <p>Attendance: 42</p>
<p>November 2021</p> <p>Topic: Market Research</p> <p>Co-sharing as part of these professional development opportunities has been identified as beneficial to EXCITE grantees. In some cases, information shared by one grantee has resulted in the redirection of another grantee’s activities. For example, at the November Spotlight session, one team presented their experiences using online radio, specifically Pandora, to disseminate vaccine education. Another grantee redirected their activities to include Pandora to reach their priority population from that presentation.</p> <p>Attendance: 57</p>
<p>December 2021</p> <p>Canceled for winter holidays</p>
<p>January 2022</p> <p>Canceled in favor of EXCITE Activity Two teams attending Extension Foundation Impact Collaborative workshop on community resilience</p>
<p>February 2022</p> <p>Topics: Evaluation, updating demographics in quarterly report, sharing successes in Mentimeter, and breakout sessions to review and update project roadmaps and address other team needs</p> <p>Attendance: 78</p>
<p>March 2022</p> <p>Topics: Intro to Washington State University’s project objectives and timeline, sharing from teams who have shifted their focus to other adult immunizations</p> <p>Attendance: 64</p>
<p>April 2022</p> <p>Topics: EXCITE Year 1 trend data from project reports, discussion on partnership and</p>

	<p>institutional issues</p> <p>Attendance: 56</p>
	<p>May 2022</p> <p>Topics: Vermont’s additional funding social media contractor presentation and discussion/ Q&amp;A on social media use in projects</p> <p>Attendance: 48</p>
<p>Strategy Session</p>	<p>October 2021</p> <p>6-month Strategy Session (Activity Two teams only):</p> <p>Topics: High-level overview of the importance of EXCITE from CDC and Extension; Crucial Conversations; Choice of Market Research, Evaluation, or Diversity/Equity/Inclusion</p> <p>Attendance: 93</p>
	<p>April 2022</p> <p>Topics: Medical Perspective on the transition out of Covid-19, other adult immunizations, and the use of iteration of EXCITE engagement efforts</p> <p>Attendance: 66</p>



