EXCITE
Priority Populations & Partnerships
October 13, 2022
## Today’s Agenda

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<tr>
<th>Time</th>
<th>Session Description</th>
<th>Presenter(s)</th>
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<tr>
<td>3:00-3:20 pm ET</td>
<td>Identifying and working with priority populations</td>
<td>Lindsey Haynes-Maslow</td>
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<td>3:20-3:40 pm ET</td>
<td>Building partnerships</td>
<td>Laura Downey</td>
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<td>2:40-2:50 pm ET</td>
<td>EXCITE Application</td>
<td>Brenna Kotar</td>
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<td>2:50-3:00 pm ET</td>
<td>Q&amp;A</td>
<td>Lindsey, Laura, Brenna</td>
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Priority Populations…What Do You Need to Know?

Two EXCITE requirements
1) Rural and/or
2) Medically underserved
Reaching Priority Populations

Define priority population

Gather data on priority population
Ex: demographic, socio-economic, cultural, health indicators and rankings

Recognize their understanding of immunizations/vaccines
Ex: needs, wants, hopes, fears, knowledge, attitude, behavior, and perceived risk of vaccines

Defining “Rural”: Lots of Definitions!

- Census Data (county percent rural)
- OMB (population >10,000 but <50,000)
- Frontier & Remote Area (FAR) codes by census tract
- Rural Urban Commuting Areas (RUCA) by census tract
- Rural Urban Continuum Codes (RUCC)
Defining “Rural”: Rural Health Information Hub

Am I Rural? – Help
- Step-by-Step Guide
- How We Match Locations
- Rural Classification

Step-by-Step Guide
Getting to Know the Am I Rural? Screen
The Am I Rural? screen has two sections, the control panel on the left and a clickable map on the right.

ABOUT AM I RURAL?
The Am I Rural? service can be used to help determine whether a specific location is considered rural based on various definitions of rural, including definitions that are used as eligibility criteria for federal programs. The information provided by this service addresses only the rural aspect of a program’s requirements. Your “Am I Rural?” report is not a guarantee of your eligibility status. Please check with the program contacts directly to verify your eligibility for specific federal programs.

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Defining “Medically Underserved”

- Medically Underserved Areas/Populations (MUAs/MUPs) are designated by the Health Resources and Services Administration (HRSA)
  - MUAs/MUPs may also be designated by a state's Governor

- MUAs are geographic areas where there is a shortage of health services.

- MUPs are groups of people with economic, cultural, or linguistic barriers to healthcare.

Data Source: data.HRSA.gov; Rural Health Information Hub
Where to Find Demographic Data?
Where to Find COVID-19 Vaccine Data?

https://covid.cdc.gov/
How Does Data Support Working with Your Priority Population?
Priority Populations and Partner(s)
EXCITE Project Partners

- Institutional Partners
- Another LGU
- Public Health Agency
- Other Partners
Another LGU

The application will ask you to describe:

- the nature of your relationship.
- each LGUs roles and responsibilities.
- experience with this partner or plan for building partnership.
The application will ask you to describe:

- the nature of your relationship.
- partner’s contribution to the project.
- experience with this partner or plan for building partnership.

Upload a letter of commitment.
Other Key Partners

The application will ask you to describe:

- the nature of your relationship.
- partner’s role on the project.
Nature of Your Relationship
National Network for Collaboration Framework

Networking
- No shared leadership
- No shared resources
- Informal communication

Cooperation
- No shared leadership
- Limited sharing of resources
- More communication to ensure tasks are done

Coordination
- No shared leadership
- Emphasize sharing resources
- Frequent and clear communication

Coalition
- Shared leadership and clearly defined roles for group members
- Generate new resources (human, fiscal, or technical)
- Communication is frequent and a priority to those involved

Collaboration
- Leadership high, trust level high, productivity high
- Ideas and decisions equally shared
- Highly developed communication

Relationship Description: Partners dialog and share information

Example: Extension professional and another agency’s employees share information about immunization education efforts provided independently to adults.
**Relationship Description:** Partners assist with referrals, provide space, distribute immunization education materials, and host events open to community members.

**Example:** Extension professionals place immunization education publications in the lobby of another agency; They provide a brief immunization education presentation at a local event.
Relationship Description: Partners have a common focus that aids in decreasing barriers to adult immunizations.

Example: Extension professional works with community agency to increase opportunities for immunizations.
**Relationship Description:** Partners have longer-term commitment to joint action.

**Example:** Extension professionals work with local agency to initiate and maintain changes that increase opportunities for adult immunizations.
**Relationship Description**: Partners contribute to joint activities and decisions about effective strategies and interventions; an interdependent system that works to address issues and opportunities.

**Example**: Local public health agency organized a multi-agency group to address adult immunization rates. Extension is a partner who works to identify locally relevant strategies.
Concluding Thoughts

- Numerous factors influence the working relationship—time, needs, trust, contextual factors.
- An “ideal” level might evolve over time as needs change (Extension, partner, and/or community needs).
EXCITE Implementation Phase Application Questions

1. Who is your priority population? Describe in a narrative the demographics, number of total population, geographic scope. Describe how they meet the designation “Rural and medically underserved”.

2. What existing data did you use as a part of your needs assessment? How did existing data inform your decision on a priority population (Rationale)?

3. What approach did you use for additional data collection? How did the findings for additional data inform your decision?

4. What is your experience with your proposed priority population or plan for building that relationship?
Questions…