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EXCITE

Extension Collaborative on
Immunization Teaching & Engagement

Annual Report – Year Two

June 1, 2022 – May 30, 2023

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ATTRIBUTION

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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.

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.

The EXCITE Program Team: Dr. Michelle Rodgers, University of Delaware and Extension Foundation; Dr. Katie Stofer, University of Florida; Dr. Beverly Coberly, Extension Foundation; Dr. Lindsey Haynes-Maslow, University of North Carolina – Chapel Hill; Dr. Laura Downey, Auburn University; Isabel Osborne, Extension Foundation; Maggie Grandon, American Indian Higher Education Consortium (AIHEC); Dawn Burton, Prairie View A&M University; Dr. Linda Kirk-Fox, Extension Foundation; Ruth Hursman, AIHEC/Extension Foundation; Molly Immendorf, Extension Foundation; Melanie Pugsley, Extension Foundation; and Karl Bradley, Extension Foundation.

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EXECUTIVE SUMMARY

This report reflects the first two years of the EXCITE initiative. While some of the narrative focuses specifically on year two activities, **all program statistics are cumulative.**

At the completion of year two of the EXCITE initiative, **19,586,347 contacts** have been reached through **178,228 engagement activities**. Engagement activities included:

- Direct communication,
- In-person events,
- Mass media,
- Print materials,
- Social media,
- Vaccination clinics,
- Virtual events, and
- Billboards.

The number of vaccination clinics and vaccines administered is significant to this grant. **Funded projects reported hosting 1,024 vaccination clinics in collaboration with partners and administering 26,023 vaccines.**

By the completion of year two of the EXCITE initiative, funded projects accomplished the following in pursuit of the project goals (*detailed in italics*). They are listed below.

Decrease vaccine hesitancy among rural and medically underserved audiences.

- EXCITE projects were encouraged to use questions adapted from the Centers for Disease Control and Prevention's (CDC) Vaccine Confidence Survey Question Bank to aid in the assessment and evaluation of results. In response to these questions:
 - 19 projects reported "Improved perceived importance of vaccines for preventive health and disease prevention";
 - 12 projects reported "Improved vaccination rate"; and
 - 9 projects reported "Improved trust in vaccinations."

Cooperative Extension professionals use the CDC Rapid Community Assessment and other methods to address barriers and concerns and increase the acceptability of COVID-19 and other adult vaccinations among priority populations through Activity One and Activity Two.

- EXCITE projects reported 178,228 engagement activities. Engagement activities included direct communication, in-person events, mass media, print materials, social media, vaccination clinics, virtual events, and billboards.
- EXCITE projects reported 19,586,347 contacts reached through the above engagement activities.

Activity One and Activity Two increase knowledge about and acceptability of COVID-19, flu, and other adult immunizations among priority populations.

- Six EXCITE projects reported "Improved social norms emphasizing importance of vaccinations" through their use of adapted CDC Confidence Survey Question Bank.
- In addition, projects reported administering 26,023 adult immunizations.

Activity One and Activity Two document barriers to vaccine confidence and vaccine access and effective interventions to eliminate these barriers.

- Nine EXCITE projects reported “Decreased barriers to vaccinations” as collected through their use of adapted CDC Confidence Survey Question Bank.

Cooperative Extension professionals partner with local health professionals and engage target priority populations in programs that increase the connection between communities and healthcare systems through Activity One and Activity Two.

- At the end of May 2023, Activity One projects reported working with 410 partners and Activity Two projects with 254 partners.

Cooperative Extension professionals in partnership with health professionals increase access to local vaccination clinics through Activity One and Activity Two.

- EXCITE-funded projects reported hosting 1,024 vaccination clinics in collaboration with partners.

CONCLUSION OF ACTIVITY ONE (A1) AND ACTIVITY TWO (A2) PROJECTS

Vaccinate with Confidence Campaign (Activity One – A1)

All 72 of the Vaccinate with Confidence campaign projects were completed as of October 2022 (this period included a six month no cost extension).

Fundamental to EXCITE Activity One (A1) were partnerships that enhanced community trust, outreach, and communication to their priority populations according to equity guidelines. 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.

The [National Network for Collaboration Framework](#) was identified at the beginning of the project as a way to evaluate the partnership goals. The National Network for Collaboration Framework distinguishes various types of partnerships in the following way. (The numbers are added for EXCITE initiative evaluation purposes and sharing results).

0. None

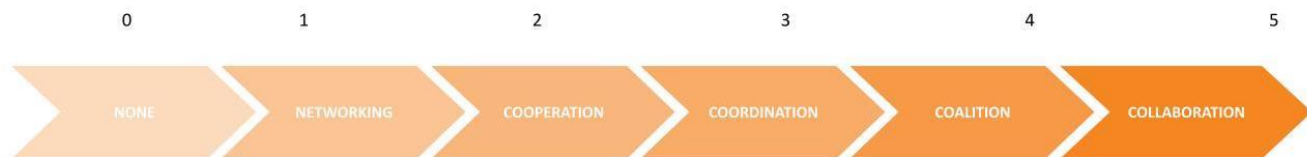
1. Networking

- No shared leadership
- No shared resources

- Informal communication
- 2. Cooperation
 - No shared leadership
 - Limited sharing of resources
 - More communication ensure tasks are done
- 3. Coordination
 - No shared leadership
 - Emphasizes sharing resources
 - Frequent and clear communication
- 4. Coalition
 - Shared leadership and clearly defined roles for group members
 - Generate new resources (human, fiscal, or technical)
 - Communication is frequent and is a priority to those involved
- 5. Collaboration
 - Leadership high, high trust level, productivity high
 - Ideas and decisions equally shared
 - Highly developed communication

The framework - as used by the EXCITE initiative - is illustrated below.

National Network for Collaboration Framework*



*Bergstrom, A., Clark, R., Hogue, T., Iyechad, T., Miller, J., Mullen, S., . . . Thurston, F. (1995). *Collaboration framework: Addressing community capacity*. Fargo, ND: The National Network for Collaboration. Retrieved from <http://www.uvm.edu/crs/nnco/collab/framework.html>

Figure 1: National Network for Collaboration Framework (as used by the EXCITE initiative).

Many of the external partnerships developed further along the continuum during the project. Of the 114 partnerships reported as external partnerships, 71% showed development of their partnership at least one point across the continuum. Around 27% of the partnership showed to either stay at the same relationship, while only 2% had a decrease on the spectrum scale.

For those partnerships that moved significantly across the spectrum (4-5 points) the primary success factor included achieving high vaccine rates, and the ability to successfully reach people who may or may not have been vaccinated primarily due to fears around the vaccine. Another general theme relating to the success of the project was building relationships: when the primary contact was able to have successful meetings and create a relationship of trust around the community, it helped to meet the project goals.

For the 63% of partners who moved up the continuum at least 1-3 levels, the general feedback showed a successful ability to reach out to the community regarding the vaccine through webinars, social media, and community meetings. There was also an emphasis on the ability to create and maintain trust within the community through facilitated awareness and positive social norms surrounding the COVID 19 immunization.

For those who saw no change in the relationship, the primary barriers faced were establishing trust within the priority population, not having a direct line of communication, and that there were limited resources to support the project.

The full detailed results of the Activity One project are available [here](#).

Adult and COVID Vaccinate Pilot Projects (Activity Two - A2)

All 24 of the 1862 and 1890/1862 two-year pilot projects and six of the 1994 one-year projects were completed on May 31, 2023. A complete list of participating institutions is available [here](#).

When no applications for the pilot projects from 1994 institutions were received in the original call for proposals, the 1994 engagement coordinator, Maggie Grandon, conducted interviews with 1994 institutions to determine the barrier to participating in this funding opportunity.

The availability of people resources to do the work was identified as the largest obstacle to participation. The 1994 institutions have extremely small Extension Departments with staff that wear many hats and are pulled in numerous directions. But they also had a strong commitment to their students and the greater tribal community that they represent and wanted to ensure that their community had the opportunity to benefit from this project. As a result, funding for a position to specifically support 1994 institutions to plan and implement vaccine education events was funded and contracted with Ruth Hursman, RN. As a nurse with experience working within tribal communities, Ruth was not only able to provide one-on-one coaching to the 1994 institutions, but also to assist the institutions with their immunization education. This resulted in eight 1994 institutions becoming involved in pilot projects that were conducted between September 1, 2022 and May 31, 2023.

Many of the 1994 institutions had a strong desire to participate in EXCITE work but they lacked the time and people resources to participate. Having a dedicated 1994 Project Coach, provided these institutions with the one-on-one assistance that many of them needed to participate.

Participating tribal institutions felt strongly that the immunization messaging must come from a trusted messenger. They incorporated the use of elders and respected tribal members to help share messages and prayers as part of the vaccination education offered. They also shared immunization education at culturally relevant activities such as ribbon skirt events, farmer's markets, and powwows. They often used storytelling at their educational events; community members shared the personal testimonials of the potentially devastating impacts of not vaccinating. They recorded videos related to vaccination, utilizing recognized tribal members. These were shared within the tribal community and beyond through social media. Tribal institutions utilized the 1994 Project Coach to provide immunization education when unable to find willing healthcare partners in their communities. Many of the 1994 institutions had never worked on healthcare-related projects and were apprehensive about doing so. Having a one-on-one project coach to assist helped alleviate that apprehension and offered the institutions the support they needed to be successful.

The average funding for these 24-month projects was \$200,000. Final reports for this project are due August 31, 2023. Report data will be analyzed in the next quarter and the final report will be incorporated in next year's annual report.

Communication Toolkit: “Getting to the Heart and Mind of the Matter”

Washington State University (WSU) received EXCITE funding to conduct a needs assessment among Extension professionals. WSU completed data collection with Extension professionals to gain insights for supporting vaccination communication efforts. Data collection approaches included:

- An online survey with Extension professionals (N=1009);
- Focus groups with “frontline” Extension professionals (N=31);
- Neuromarketing testing with Extension professionals (N=31); and
- Interviews with Extension directors/administrators (N=10) from all five Extension regions.

The WSU team provided recommendations based on the needs assessment. The recommendations were:

- Tailor training based on Extension roles;
- Prioritize preserving community trust and professional credibility;
- Establish connections with medical experts; and
- Strengthen science media literacy skills to counter misinformation and communicate emerging science.

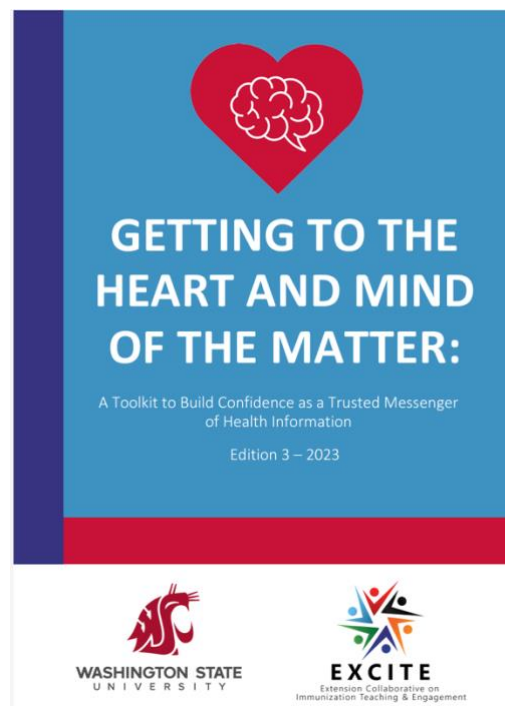


Figure 2: Cover, “Getting to the Heart and Mind of the Matter” Toolkit

This project aims to equip better and empower Extension professionals for vaccination education and to make an informed choice in their best interest to participate as active agents in vaccination education in their communities. To accomplish this, WSU produced an EXCITE Vaccine Education Toolkit, [“Getting to the Heart and Mind of the Matter”](#).

Professional development sessions were held in early 2023, focusing on three key themes, including:

- Motivational interviewing strategies;
- Science media literacy; and
- Neuromarketing for brain-friendly health communications.

All three modules were pilot tested in February and March and then updated with feedback from the pilots. The professional development sessions - which were recorded - now represent a valuable resource of online modules on all three topics, along with related PowerPoints and hangouts. EXCITE teams are encouraged to utilize this toolkit in the current EXCITE Implementation Phase.

The updated [Needs Assessment Report](#), incorporating the expert interviews and neuromarketing findings from the fall and winter data collection efforts, includes:

- The [EXCITE 2 Neuromarketing Creative Brief](#) that helped inform the creation of the toolkit and workshops;

- The [EXCITE Toolkit Workshop Assessment Report](#) from the spring and summer workshops; and
- A link to [toolkit resources](#).

Outputs

Partnerships have been a major focus of the EXCITE program. There were 664 partnerships involved in Activity One and Activity Two work. The final report for the Vaccinate with Confidence and the Vaccinate pilot projects focused on partnerships and development using the National Network for Collaboration Framework (Bergstrom, AI, et al 1995).

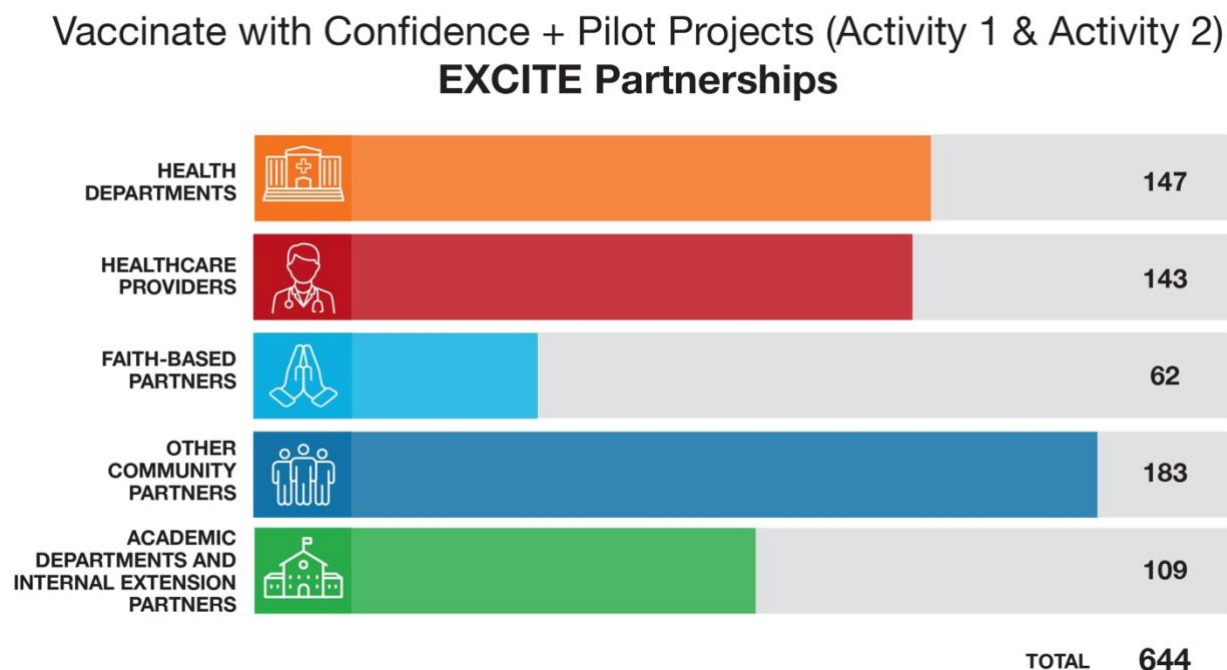


Figure 3: EXCITE Partnerships - Vaccinate with Confidence and Pilot Projects (Activity One and Activity Two)

EXCITE pilot projects developed videos that highlighted their various partners. These videos (assets) capture the experiences of EXCITE Activity Two teams and their public health or clinical partners. They were assets that were available to use in the design phase as partners were recruited. These brief videos can be accessed at the links below.

- North Carolina State Extension and the North Carolina Department of Health and Human Services: <https://use.vg/zfErGa>
- Delaware Extension and Delaware Department of Health and Human Services: <https://use.vg/0F7P0F>
- The University of Arkansas Extension and ARcare: <https://use.vg/H4lio5>

There were monthly opportunities for sharing successes and lessons learned, as well as professional development topics related to communication strategies and immunization updates. A full listing of professional development opportunities offered is available [here](#).

There were 59 assets adopted and 630 assets developed for Year One and Year Two. There were 176,130 activities conducted with a citizen reach of 19,029,843 for Years One and Two.

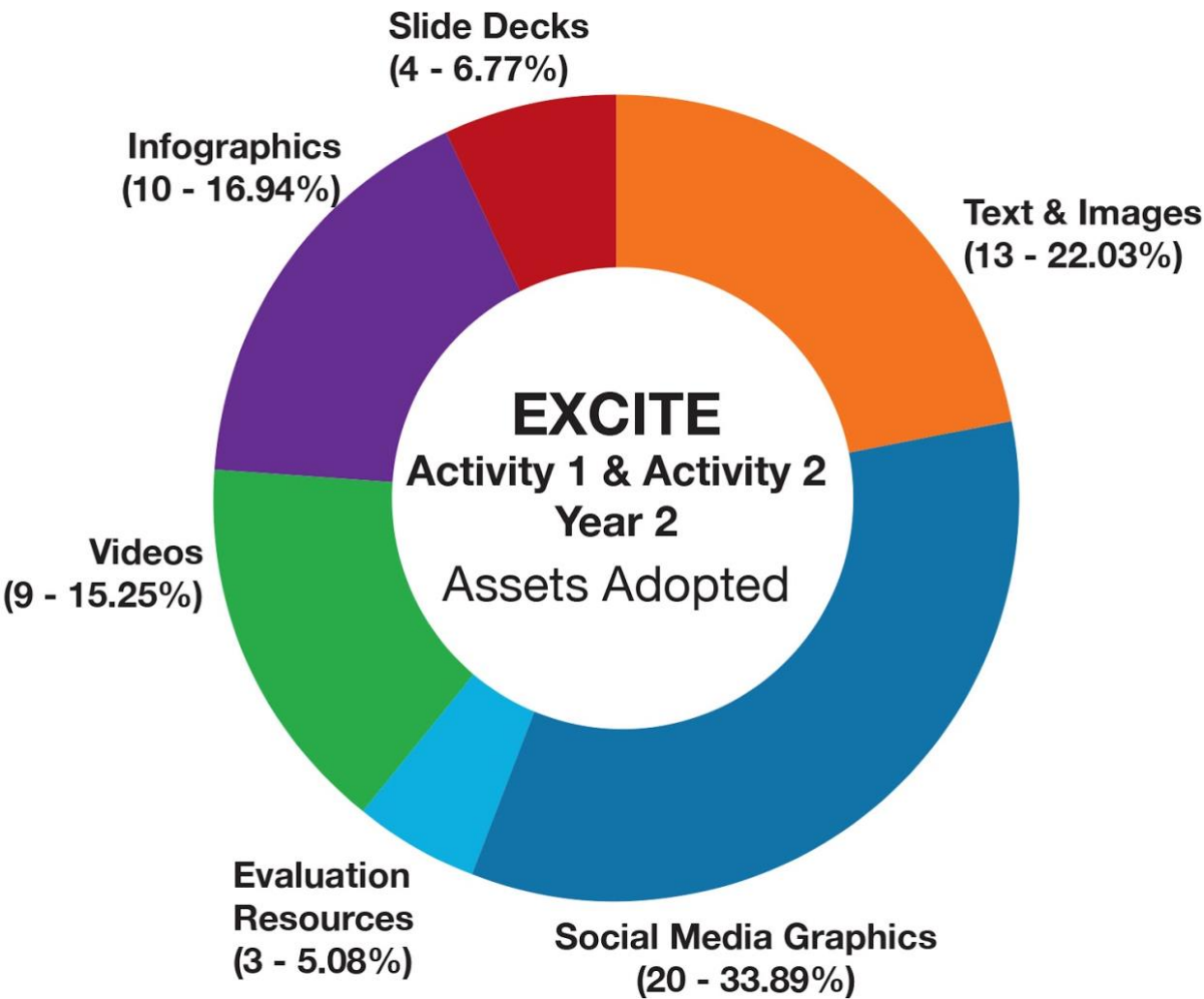


Figure 4: EXCITE Activity One and Activity Two Assets Adopted.

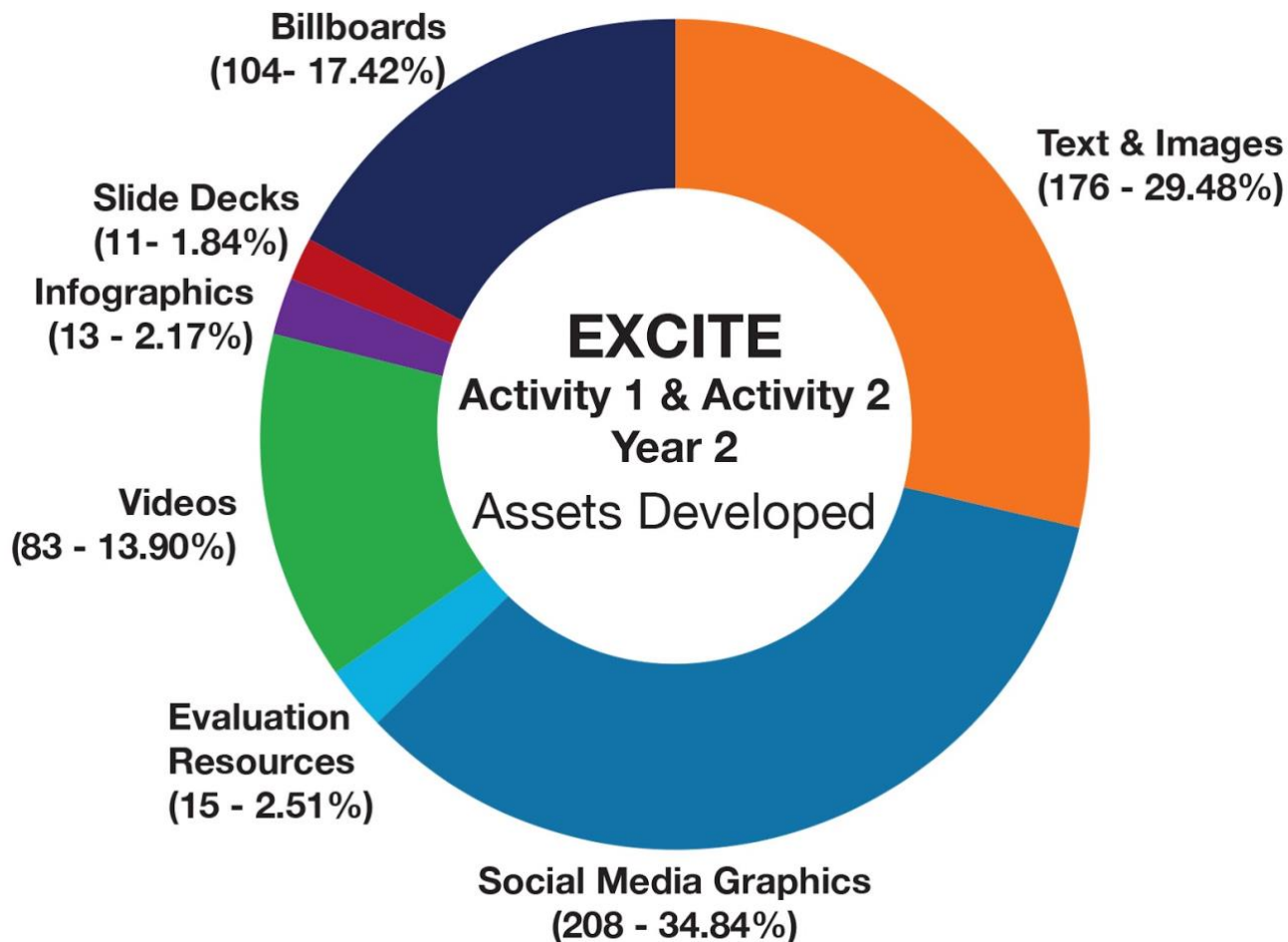


Figure 5: EXCITE Activity One and Activity Two Assets Developed.

Outcomes: Activity One (A1)

COVID Immunization Education Program (Vaccinate with Confidence - Activity One - A1) was a one-year project designed to quickly roll out and test various messages about the vaccine in priority 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.

Partnerships were considered an essential part of this project. Fundamental to EXCITE Activity One were partnerships to enhance community trust, outreach, and communication with the priority population. Partners included professional schools and departments within their 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 and educational efforts were critical to increasing immunization uptake. Project evaluation focused on the partnerships that were developed in this project.

A summary of the final reports from the Vaccinate with Confidence EXCITE project has confirmed the value of partnerships in this work. The National Network for Collaboration Framework was identified at the beginning of the project as a way to evaluate the partnership goals and distinguish various types of partnerships.

As discussed previously, many of the external partnerships developed further along the continuum during the project. Of the 114 partnerships reported as external partnerships, 71% showed development of their partnership at least one point across the continuum.

For those partnerships that moved significantly across the spectrum (4-5 points), the primary success factor included *achieving high vaccine rates*, and the ability to successfully reach people who may or may not have been vaccinated primarily due to fears around the vaccine. Another general theme relating to the success of the project was when the primary contact was able to have successful meetings and create a relationship of trust around the community, helping to meet the project goals.

For the 63% of partners who moved up the continuum at least 1-3 levels, the general feedback showed a successful ability to reach out to the community regarding the vaccine through webinars, social media, and community meetings. There was also an emphasis on the ability to create and maintain trust within the community through facilitated awareness and positive social norms surrounding the COVID-19 immunization.

For full details of Activity One Outcomes, see the [final report](#) on Vaccinate with Confidence projects.

The below stories add further understanding of program outcomes.

The **Oregon State University** EXCITE team became part of COVID response in three Oregon counties, contributing to increased rates of vaccinations for rural white and Latinx populations (from 45-to 72%). EXCITE funds helped support a local non-profit serving the Latino population. The non-profit provided testimonies from local Latinx leaders about their vaccine experience. Focus group findings were used to tailor vaccine education messages that were delivered through radio ads. These Latinx vaccine networks formed under EXCITE will have lasting impacts by merging into other Health Department opportunities, such as Community Health Assessments and Community Health Improvement.

The **North Carolina State University** EXCITE team developed an educational program entitled "Get Informed and Decide" - "Me Informo y Decido", targeting Spanish-speaking H-2A agricultural workers to provide them with educational information about COVID-19 prevention and vaccination. The participants reported an average educational level of just over nine years, and were, on average, in their mid-30s, with the vast majority only Spanish speaking. After the program, participants responded correctly to over 90% of questions related to COVID-19, demonstrating the effectiveness of this educational training in teaching farmworkers essential safety information regarding COVID-19. The program demonstrated that farmworkers could participate, engage, and be empowered in decision-making when provided with a safe, open space.

Virginia's EXCITE team and the Madison County Health District collaborated to create a COVID Vaccine hotline registration system and vaccine clinic to target underserved populations. The hotline lowered registration barriers, allowing farmworkers, older people with limited or no internet access, and those with limited English proficiency to register. As a result, the clinic administered 4,466 vaccines, with 28% of registrants using the hotline. Virginia Cooperative Extension will continue its existing relationship with the public to vaccinate hard-to-reach and hesitant populations.

The EXCITE project in **California** aimed to reach under-resourced Indigenous Mexican migrant communities and Spanish-speaking Latinx families through large media channels. Extension professionals created science-based messages for radio and TV spots and social media video posts, which were then translated into four indigenous languages (Mixteco, Zapoteco, Purépecha, Triqui). Radio Indígena broadcast 25- to 30-second radio spots in the languages, reaching 3 million listeners from November 1, 2021, to January 31, 2022. Entravision/Univision broadcasted EXCITE in TV spots and videos on their social media platforms, reaching counties with a significant number of these communities (Ventura, Santa Barbara, Riverside, Los Angeles, and San Diego), reaching a daily audience of 25,000 listeners and 75,000 viewers for a potential reach of 9 million views.

Outcomes: Activity Two (A2)

The Activity Two projects continued in the second year to work with individuals who live in a large city, a suburb near a large city, a small city or town, and rural areas. These individuals included agricultural workers, college students, Extension personnel, faith-based communities, healthcare professionals, low-resource individuals, families or communities, tribal communities, rural communities, and communities of color. About 66% of the projects worked with individuals of Hispanic, Latino, or Spanish origin and one Native American reservation. The 24 Activity Two projects serve individuals who identify as White (n=20), Black or African American (n=18), American Indian or Alaska Native (n=5), Asian (n=3), and Native Hawaiian or other Pacific Islander (n=3). Other groups included BIPOC adults, recent immigrants, migrant farmworkers, and youth.

In year two, EXCITE pilot project teams expanded their programming efforts to focus on other adult immunizations. Moving into other adult immunizations required finding partners familiar with the subject matter and the primary populations of interest. Relationship building related to creating effective partnerships takes time. Finding multiple partners to support various adult immunizations of interest was sometimes necessary in these situations. As an example, one project forged a new relationship with a mass media organization with a specific focus on rural communities. This collaboration aimed to aid in the dissemination of educational content and effectively promote community events. While building new partnerships, original COVID-specific partnerships are sometimes weakened.

EXCITE project teams continued to innovate in year two, expanding their work into new areas. There were many activities and over 7 million citizens reached. Below are a few highlights.

Excite Year 2 - Activities and Reach










			ENGAGEMENT ACTIVITIES	CITIZEN REACH
DIRECT COMMUNICATION		This includes: email, direct mail, Direct text, instant messages	21,805	404,809
IN-PERSON EVENTS			1,213	77,005
MASS MEDIA		This includes: radio and TV	2,574	237,446
PRINT MATERIALS			7,065	15,480
PRINT MEDIA			1,889	1,153,086
SOCIAL MEDIA			951	5,361,058
VACCINATION CLINICS			210	10,092
VIRTUAL LIVE EVENTS			68	1060
DIGITAL MEDIA			63	153,163
TOTAL			35,838	7,413,199

Figure 6: EXCITE Year Two Activities and Reach.

The **University of Arkansas** EXCITE team has created a meaningful partnership with a Federally Qualified Health Center, ARcare, to enhance vaccine knowledge and empowerment among rural and low-income adults, including minority and hard-to-reach populations. Through this, the initiative has established education and mobile vaccine clinics, addressing specific barriers to vaccine acceptance. By providing information and resources, the project empowers individuals to make informed health decisions, contributing to increased vaccination rates in under-resourced communities.

The **Cornell University** Hyperlocal Vaccination Confidence Initiative demonstrates a commitment to health equity through its hyperlocal community engagement approach. By working through partnerships and implementing localized vaccination events, the project aims to promote vaccination confidence among socially vulnerable populations in different regions of New York. By engaging communities where they are and respecting their unique needs, this initiative contributes to securing access to adult vaccinations, including COVID-19 vaccines.

The **University of Idaho's** Mobile Vaccine Clinics for Agricultural Workers have made a remarkable impact by improving access to vaccines and health resources for this crucial workforce. Through 20 mobile vaccine clinics, they delivered 191 COVID-19 vaccinations, 122 flu vaccinations, and 28 Tdap vaccinations. By offering reliable immunization information and personalized access to vaccines, they have successfully addressed the healthcare needs of agricultural workers.

The **Lincoln University** EXCITE team has significantly impacted by providing education on vaccines and boosters to 3,148 adult African Americans, fostering a greater understanding of vaccines' role in maintaining good health. Throughout their efforts, vaccine confidence experienced a noticeable increase from year 1 to year 2, as indicated by the survey results. This progress underscores the team's commitment to addressing health disparities within the community and enhancing the knowledge and trust surrounding vaccinations among this population.

The **University of North Carolina's** Farmworker Vaccination Education Initiative has made a significant impact by increasing trust and knowledge about vaccines among farmworkers. Through their program, 92% of participants felt better informed about vaccines. This initiative has successfully empowered over 750 farmworkers in Eastern NC with accurate and reliable vaccine information, potentially altering their perceptions and choices regarding vaccination.

The **University of Vermont's** Farmworker Vaccination Outreach Program has successfully overcome access barriers and significantly boosted vaccination uptake in rural communities. Their efforts resulted in administering 792 COVID-19 doses, 663 flu shots, and 140 Tdap vaccines to farmworkers and owners. This achievement strengthens herd immunity and safeguards farming communities against COVID-19 and other adult illnesses.

The **Virginia Cooperative Extension (VCE)** EXCITE Project - which includes Virginia State University and Virginia Tech - has been recognized for its outstanding efforts in addressing vaccine-related health disparities in rural and under-resourced communities. The project received the National Immunization Excellence Award for "Immunization Neighborhood Champion," acknowledging its role in fostering collaboration and communication among immunization stakeholders. The team was nominated for this award by their partner at the Virginia Health Department, who saw first-hand how Extension's reach into rural and underserved Virginia communities helped to facilitate access to vaccine education and vaccines. During the COVID-19 pandemic, VCE partnered with state and local Virginia Department of Health offices to serve as trusted messengers in local communities. They worked with emergency medical services, local hospitals, school systems, and parks and recreation to establish weekly vaccination clinics for 13 weeks. VCE interns also assisted with call-in registrations, contacted eligible residents, and helped host vaccine clinics, increasing access to vaccinations in high-need areas.

ADDITIONAL FUNDING OF OVER SEVEN MILLION (DEVELOPMENT OF EXCITE)

Development of EXCITE Design and Implementation – Adult Immunization Program

The addition of \$7,552,500 from CDC this program year was provided to continue the original IAA scope of work and led to the development of new projects. In particular, these projects are inclusive of all adult immunizations as well as Covid-19 and must include a public health partner as a partner. Building on the learnings in the previous projects, the program leadership team used the summer of 2022 to create a two- phase project. All Land-grant institutions were given the opportunity to participate in a six-month design phase. Previous feedback indicated that the most significant challenges to participation were the availability of staff time/resources to prepare for the project and time to develop partnerships, agree on roles and responsibilities before implementation, and conduct local needs assessments to determine priority populations and partnerships.

Thus, the design phase funding included \$10,000 to buy out time to enable Extension personnel to perform the design phase as a current employee, or they could choose to contract an employee. Additionally, great emphasis was placed early on with identifying potential partners and conducting needs assessments. Each

project required at least one public health partner from a list provided by CDC. Projects were required to include at least one of the following as a partner at the Networking Level: Department of Public Health (state, regional, or local level), Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, or Indian Health Services.

The expected outcome of the design phase was to have an application for the implementation phase of EXCITE funding or a request for funding to another organization. In preparation for the September launch of the design phase, the program team built upon Activity One and Activity Two experiences to determine the EXCITE team organizational design, program design, request for proposal, and a rubric for selection, as well as the professional development that would be offered as a part of the design phase.

Design Phase

Forty (40) LGU institutions participated in the design phase that occurred from September 2022 to February 2023. Most institutions chose the staff time buyout option for the funding. In post-design phase reflection, staff buyout of time emerged as the best option for ease and simplicity for both the institutions and EXF.

The design phase included professional development sessions, office hours and one-on-one assistance on the six topics that were part of the implementation phase application. These monthly professional development efforts included:

- EXCITE implementation application overview and process,
- Assessment of priority populations and partners,
- Budget and finance basics,
- Adult immunization in your state,
- Toolkit tools to include in internal and external aspects of the grant, and
- Implementation (goals, timeline, etc.).

Participation in these webinars included on average 30+ institutions with in-person attendance. Recordings were made available for those who could not attend the scheduled training session.

At the completion of the design phase, 35 of the LGU institutions submitted applications by the March 15 deadline to be considered for the implementation phase. A phone interview with staff from those institutions that did not apply indicated that some reasons that institutions did not apply included:

- Program leadership did not prioritize this as a use of staff resources,
- Ability to devote the time needed for the development of the project and/or implementation, and/or
- A need to focus on other funding priorities to maintain staff.

Review/Selection and Contracting Process

CDC was a partner in the development of the overall plan for funding and also provided the review of applications for selection in the implementation phase, along with Dr. Roger Rennekamp, ECOP National Health Project Director. In May, each reviewer received and personally reviewed 32 applications. This included four projects with a pairing of institutions for one application (Florida State and Florida A&M, Texas and Ohio State, West Virginia and West Virginia State and Virginia and Virginia State). In total, 35 institutions submitted an application. Of these institutions, four represented first-time involvement with the EXCITE program.

Applications were scored based on a weighted rubric with these categories:

- Priority population,
- Public health need and partners,
- Adult vaccination assessment in state, and
- Effort to create Extension internal confidence.

The results were compiled and the summary of all the input was shared at a Zoom meeting of all the reviewers and the EXCITE leadership team. By the first of May, 27 institutions were selected to participate in the implementation phase based on their submitted applications. Six institutions received notice of the ability to resubmit and were provided with a set of review comments that would need to be addressed. A coach was assigned to each institution to assist them in making the necessary changes and resubmitting the application within six weeks. All six were successfully resubmitted and approved, for a total of 33 implementation projects. There are pairings of three 1890 and 1862 institutions, which increases the number of LGU Extension institutions involved in EXCITE implementation to 36 institutions involved in the Implementation Phase Adult Immunization Education.

With input from previous experience, EXF implemented several process changes.

- First, the contract information gathered during the design phase contract provided all the necessary information to initiate the contracts. All but three of the institutions had design contracts.
- Secondly, the financial team was reviewing the budget for appropriate expenditures while the selection reviewers were completing a programmatic review. As a result, when the results were communicated to the applicants, they had immediate feedback of any budget revisions needed to complete the contractual process. Many were able to complete this in the requested 10-day timeframe and by the time of the launch session in mid-June, many of the contracts were in place and spending could begin.

Implementation Phase - Adult Immunization Education

On June 23, 2023, a professional development launch session was held for all 36 successful land-grant institution applicants. There are nine 1890 institutions, four 1994 institutions, and 23 1862 institutions. All EXCITE team members (internal and external to Extension) were invited to participate. At this workshop the overall goals, program and evaluation expectations, timelines and response to questions were provided.

Land-grant Institutions Participating in EXCITE By Project

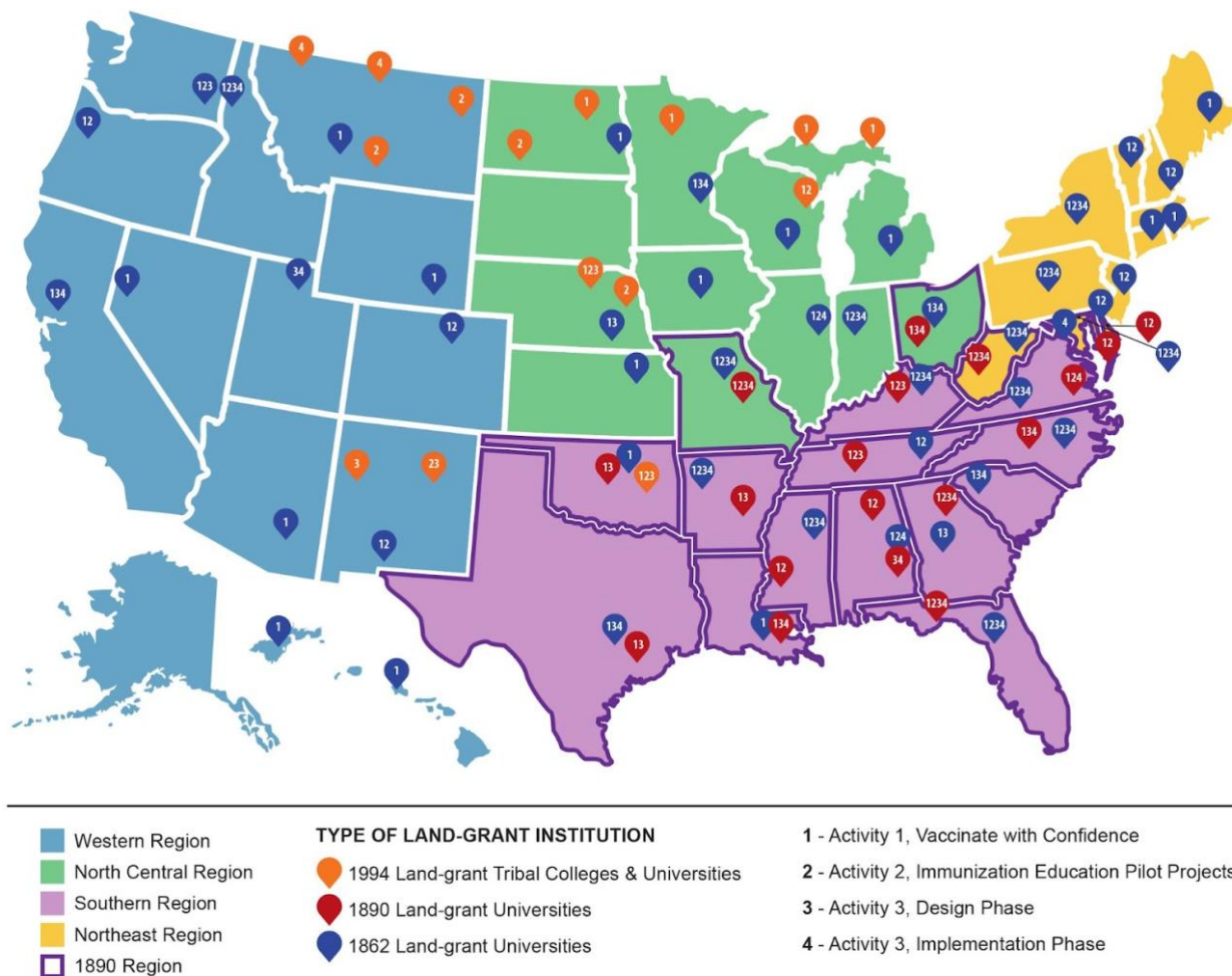


Figure 7: Land-grant Institutions participating in EXCITE by project.

We realized we needed to add additional coaches to meet applicants' needs. A national call for interested applicants was made after the team developed a job description that included coaching 5-7 teams at 25% FTE. The selection committee focused on the following selection criteria:

- Public health knowledge,
- Experience with Extension,
- Educational program experience as a coach,
- Grant management experience,
- Experience with multiple types of LGUs, and
- Previous experience with EXCITE.

Two new coaches were selected and brought on board for the June launch.

CDC-INITIATED NRHA AND EXTENSION PROJECT RURAL CONVENING AND PILOT PROJECTS

In this budget year, CDC provided \$450,000 for the Rural Adult Immunization Convening and Pilot Project. The goal of the project is to implement and evaluate promising strategies for increasing vaccine confidence and uptake at rural pilot sites with a targeted effort to engage Extension professionals and National Rural Health Association (NRHA) members to collaborate in the community. The objectives include:

- To better understand the successes and challenges around implementing adult immunization,
- Identifying promising strategies in rural clinical settings, and
- Increasing understanding of how to successfully forge rural health partnerships, especially between providers and trusted messengers.

The activities for the project include the following:

- Assessment and compilation of current strategies through rural practices, and
- Convening and establishing three pilot projects that involve NRHA and Extension partnerships to utilize successful projects in a community setting to increase vaccine confidence and uptake.

In the past year the project team of CDC, NRHA, and Extension EXCITE leadership have contracted with Oliver Russell and Associates to complete a secondary analysis of themes, gaps in research, and key strategies for adult immunization education. This analysis included one-hour personal interviews with key leaders in immunization education and a review of key literature. A report was produced that provided the basis on which to plan a strategy meeting among selected and representative rural immunization education providers across the nation. The Oliver Russell and Associates report is included [here](#).

A virtual rural adult vaccination strategy meeting was held on February 23, 2023. The goal of this strategy session was to inform decision making about the direction of pilot projects. Over 40 subject matter experts discussed the merits and challenges of promising practices and successes identified through literature and practice relative to increased confidence and immunization uptake.

At present, potential pilot projects with common interest of NRHA community partners and EXCITE projects in three locations are being explored for implementation.

LESSONS LEARNED AT THE PROJECT LEVEL

Partner burnout and staffing issues remained challenges for some EXCITE teams. Staffing issues hindered project partnership efforts. High employee turnover created challenges with moving work forward and workload distribution. Another area for improvement was supporting teams that were experiencing partner burnout.

Unexpected partnerships were also occurring that increased and expanded reach. For example, the University of Idaho partnered with a food bank at an event to support under-resourced audiences. Developing new partnerships is positive, but these efforts take time.

In quarter three, teams reported that institutional issues related to limited human resources have caused challenges due to employee turnover, retirement, and general changes in staff positions and responsibilities. Relationships between various departments across campuses were being strengthened, and departments

external to Extension saw an increased value in partnering with Extension. They also reported that discoveries about priority changes were determined as partnerships evolved. With a shift in priorities came the understanding that the once-mutual goals no longer existed. These discoveries created opportunities to connect with local community-based organizations or health departments. This shift also helped as teams transitioned from COVID to focus on more broad immunization efforts.

At the EXCITE Strategy Session held in quarter four, EXCITE program team members facilitated a discussion with funded teams to reflect on the implementation and evaluation of EXCITE Activity Two projects. The insight the EXCITE team gained from these conversations informed future implementation strategies in the EXCITE Implementation Phase. Many teams discussed that recognition and support from Extension and university leadership would move adult immunization education forward in Extension.

Other suggestions from the conversation included:

- Training around partnerships—what partners need, how to be a good partner;
- Communicating with partners; and
- Connecting with other partners.

Many teams were also interested in finding interpreter materials, resources, and evaluation tools in different languages to communicate with non-English speaking populations. Teams also said they would benefit from training around strategies for capturing reach and data in general. This might include capturing social media reach, more standardized evaluation tools, and measuring outcomes. Teams have reported that partnerships for EXCITE are turning into other partnership opportunities to work together.

Finally, teams reported that unrestricted funding would help them to do more in the communities in which they work. Examples of other uses for funding included incentives for events to combat survey fatigue, funding to purchase vaccines, and the ability to work towards “whole health” education with immunization as a component of health.

LESSONS LEARNED AT THE SYSTEM LEVEL

Several process changes were incorporated over the past year, a direct result of working at the systems level. The institutional teams reinforced the value of the team coaches in the Activity Two project. With the new funding, the program team was restructured to have additional coaches, with six institutions assigned per .25 coach FTE. Coaching time includes meeting with the PI and program team at an institution team meeting and meeting as a cohort with all the PIs. Program team meetings were restructured: one meeting focused on the coaching work, and a second meeting for the full team focused on organizational support items (i.e., professional development needs, evaluation, resources, communications, and strategies). By hiring a mentor for coaches and having the program director committed to 100% time, we hope to enable a greater focus on system-level efforts, such as national partnerships and sustainability.

In addition to a greater focus on coaching, it was also determined that coaching needed to augment the programmatic focus with an integrated view of budgeting. The goal is to further enable program and programmatic changes within the approved budget and any necessary budget changes.

Several financial learnings have led to new system-wide financial processes. EXF recognized the need for new grant management software that would provide financial integration and greater transparency of invoicing and funding. EXCITE is the inaugural implementer of the new grant management software, WizeHive. Additionally, there was a need to switch from granting total funding to an invoice and receipt approach. This change will provide a much stronger just-in-time awareness of the program and finance stance and an opportunity to address any concerns earlier in the grant timeframe. There is also a desire to develop a stronger working relationship between the PI and the sponsored program offices at both the institutions and at the EXF level.

People resources, described as “boots on the ground” to do the work, continues to be a critical aspect of the EXCITE effort. Several adjustments were made to address this. First, more equitable funding was provided that allows each institution in a partnered relationship to receive an equitable portion of the funds related to their role in the project. Both institutions received a contract rather than one subcontracting from the other. Inclusion of funding for personnel was reinforced and is more evident in the current implementation funded projects. There is recognition that some institutions have been successful in accessing additional funds for immunization education work. Michigan State University received \$7 million for a three-year immunization project and the University of Tennessee received \$2.9 million for immunization education from the Tennessee Department of Public Health. A desire to focus on sustainability for the future will be further developed in the coming year.

A limitation of personnel is most strongly recognized in the Tribal Colleges. A new model/approach was implemented with a full-time coach to work with tribal institutions, in some cases going into the tribal community to be a part of the EXCITE educational effort. This new design piloted in Activity Two (A2) has yielded continued and larger involvement of the Tribal Colleges in the implementation phase.

A programmatic model/approach was demonstrated by the Activity Two (A2) teams. WSU’s Getting to the Heart and Mind of the Matter team is being affirmed as a strong approach to working in the community to achieve behavioral change. The WSU model includes needs assessment and discussion with the community regarding their perceived needs, developing an educational response, testing the materials developed, using stakeholder feedback to make adjustments and then proceeding again with the educational program then followed up by evaluation and the cycle is repeated. This approach is at the root of “community engagement” methodology. It replaces Extension’s use of the “expert model” (with the answers going into the community to solve problems) with a community-informed approach with Extension as a trusted messenger and partner in working alongside community members and community organizations. This represents a shift that has been occurring over time across the Extension system, but which is routinely incorporated into the model of the EXCITE work.

Sharing the lessons learned and the successes among Extension peers engaged in similar work has become a very welcomed activity of EXCITE educators. This model is well demonstrated in the section of this report about the WSU “Getting to the Heart and Mind of the Matter” toolkit project. The results of this project are tools that are being used across the Extension system in EXCITE and other health-related programmatic efforts.

Finally, EXCITE project teams produce valuable resources and assets, like those found in the WSU toolkit and other institutions’ work, including videos, fact sheets, translations, etc.) EXCITE teams are creating strategies that are being tested, modified, and changed based on feedback. We need a more current, searchable, and easily updated process to organize system-wide EXCITE assets. New efforts to develop this for the EXCITE and Extension system are underway.

NEXT STEPS

The immediate goals of this project encompass the introduction of the WizeHive grant software program and the provision of training for individuals utilizing the new system. WizeHive will serve EXF, EXCITE coaches, program team members, principal investigators (PIs), and institution-sponsored programs. This substantial endeavor is anticipated to undergo multiple refinements as experience is acquired.

Final Activity Two programmatic reports are due on August 31, 2023. The intent is to again work with the company “Futurity” to conduct the data analysis and a visual representation of the Activity Two project findings. Additionally, Activity Two financial reports and close out efforts will yield new budget information. An overall budget evaluation based on the closing of Activity Two and the design phase will likely result in a budget amendment and lend to a longer-term objective of focusing on sustainability. The financial findings will be paired with system-wide input regarding long term sustainability plans that include funding sources and efforts, telling the EXCITE story, and leadership development.

Development and support for three pilot projects that combine the efforts of Extension and NRHA in immunization education has been initiated. This will be fully developed in this coming year with an 18-month window for implementation followed by evaluation.

The EXCITE program team structure changes will require an assessment to determine if this organizational structure provides the desired outcomes: strong EXCITE institutional teams with integrated programmatic and financial management and effective and efficient use of staff providing programmatic leadership for EXCITE.

There remains a great deal to be “excited” about as we move into the third year of EXCITE.