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EXCITE

Extension Collaborative on
Immunization Teaching & Engagement

EXCITE Pilot Projects - Final Report

June 2021-May 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 Extension Committee on Organization and Policy (ECOP) Health Program Action Team (PAT).

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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EXECUTIVE SUMMARY

During the COVID-19 pandemic, the Centers for Disease Control and Prevention (CDC) recognized the capacity of Cooperative Extension (CES) as a national system to help provide education related to vaccination hesitancy. When the COVID-19 pandemic emerged, there was not a vaccine to address the disease. The country shut down in all areas beyond essential services to minimize the spread of the COVID-19 virus. A vaccine was in development and just becoming available. By this point in time, however, use of the vaccine was greatly politicized, misinformation was being proliferated through various forms, and both availability and confidence in the vaccine were limited.

To address vaccine hesitancy, especially in rural communities and sparsely populated areas, 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 CDC and a cooperative agreement with the Extension Foundation in partnership with the Extension Committee on Organization and Policy (ECOP) Health Program Action Team (PAT). With funding from the CDC via an interagency agreement USDA NIFA and a cooperative agreement with the Extension Foundation, the EXCITE team set four goals:

- Decrease vaccine hesitancy among rural and medically underserved audiences.
- Increase connection and communication between priority populations and health care systems.
- Increase accessibility of vaccination clinics to priority populations.
- Help CDC, USDA NIFA, CES, and health partners implement public health programs to reduce health disparities.

The EXCITE project represented a high-speed initiative aimed at swiftly providing the public with up-to-date, evidence-based information. Its primary objective was to empower individuals to make informed decisions regarding COVID-19 and other adult vaccines and increase confidence in use of these vaccines. This report is focused on a two-year Immunization Education Pilot Project (hereinafter referred to as “Pilot Projects”). Competitive funding was awarded to 24 projects that represented 31 Land-grant universities (LGUs). There were five unique strengths identified in CES that were considered advantageous for increased confidence in adult immunization education:

- Partnerships,
- Multiple delivery methods,
- Trusted Messengers in communities,
- Providers of evidence-based information in an understandable form, and
- Being a part of a national system with the ability to address local needs.

The Pilot Projects conducted from June of 2021 to May of 2023 incorporated market research to further inform and successfully obtain the intended outcomes. Pilot Projects reached 6,637,025, conducted 36,929 engagement activities, collaborated with 234 partners, and developed and adopted over 450 assets. When none of the 1994 LGU’s applied for the project, a specific effort involved hiring an immunization coach to more fully engage and serve as a resource for those institutions. Additionally, an internal assessment of the CES organization related to vaccine confidence of its own staff and a toolkit to enhance vaccine confidence within CES were developed. Lessons learned from these Adult Immunization Pilot Projects are being incorporated into ongoing immunization education funded projects.

Pilot Projects Overview

EXCITE Pilot Projects was a two-year project funded to create and test innovative vaccine education messages and delivery methods for priority populations. The Pilot Projects were initiated in June 2021 and completed in May 2023.

Pilot Projects selected for funding were chosen to be geographically dispersed, differing in scope and methodology to meet a diversity of rural and other medically underserved at-risk areas and communities around COVID-19, influenza, and other adult vaccinations. In all, twenty-seven Pilot Projects were selected through a proposal review process conducted by CDC and Extension's Health Director, Dr. Roger Rennekamp. All chosen Pilot Projects promoted immunization education, community uptake, and the availability of vaccination clinics designed to increase access to immunizations among rural and other underserved communities.

Pilot Projects chosen for funding self-selected at least one of the following common indicators established by the Planning Team and conducted evaluation of that indicator. The indicators included:

- Facilitate discussions at the community level to address barriers and concerns about COVID-19, flu, and other vaccinations.
- Increase connection and communication between communities and health care systems.
- Increase accessibility and acceptability of local COVID-19, flu, and other adult vaccinations vaccination clinics and opportunities.
- Mobilize communities to implement public health programs to reduce health disparities.

Approximately \$4,000,000 in available funds was budgeted for sub-awards to LGUs for competitively awarded Pilot Projects. Twenty-four projects were initially selected, and an additional three were awarded, for a total of 27 projects. With some LGUs working collaboratively, there was a total of 31 1890 and 1862 institutions involved. Three of those were 1890/1862 pairings; one was two 1890 institutions paired together. The funding amount available for the Pilot Projects was \$200,000.

A complete view of the institutions represented is provided in the map on the following page, labeled Figure 1: Map of Land-grant institutions participating in EXCITE Pilot Projects.

Land-grant Institutions participating in EXCITE Pilot Project

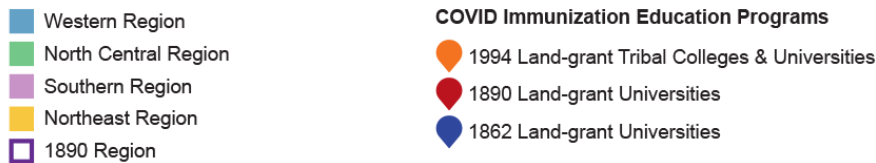
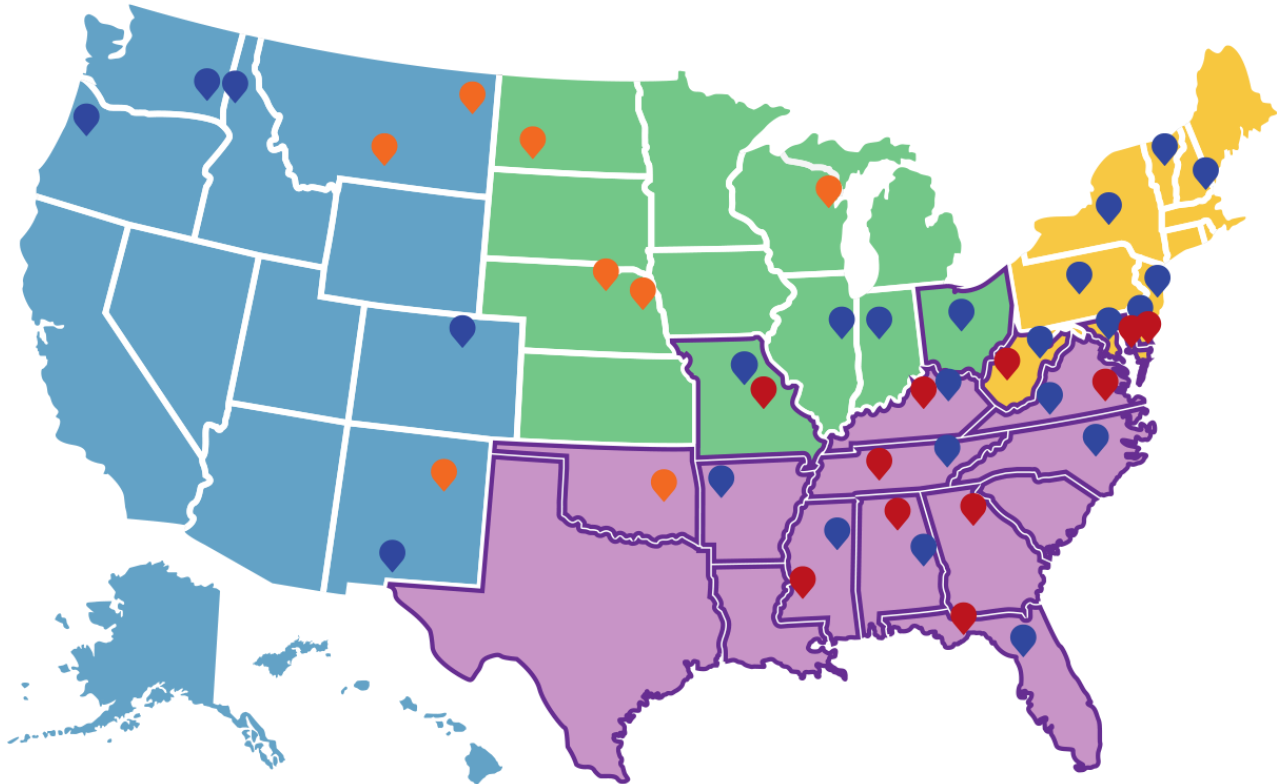


Figure 1: Map of Land-grant institutions participating in EXCITE Pilot Project.

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

The first year of the Pilot Project was focused on COVID-19 immunization education; the second year added all adult immunizations to the educational efforts. Using the CDC assessment tools, needs assessment processes were used to identify precision programs for this effort. Funded projects conducted intervention activities designed for their priority population. This project incorporated market research as a part of the intervention to understand priority population views and perspectives. Findings from market research informed future iterations of the intervention. Innovative delivery methods and messages were specific to the priority population.

Delivery methods included:

- Worksite education,
- Train-the-trainer,
- Media campaigns,
- Development of community leaders as messengers, and/or
- Use of volunteers for local program delivery.

Figure 2, below, illustrates Pilot Projects total data activities and reach by method.

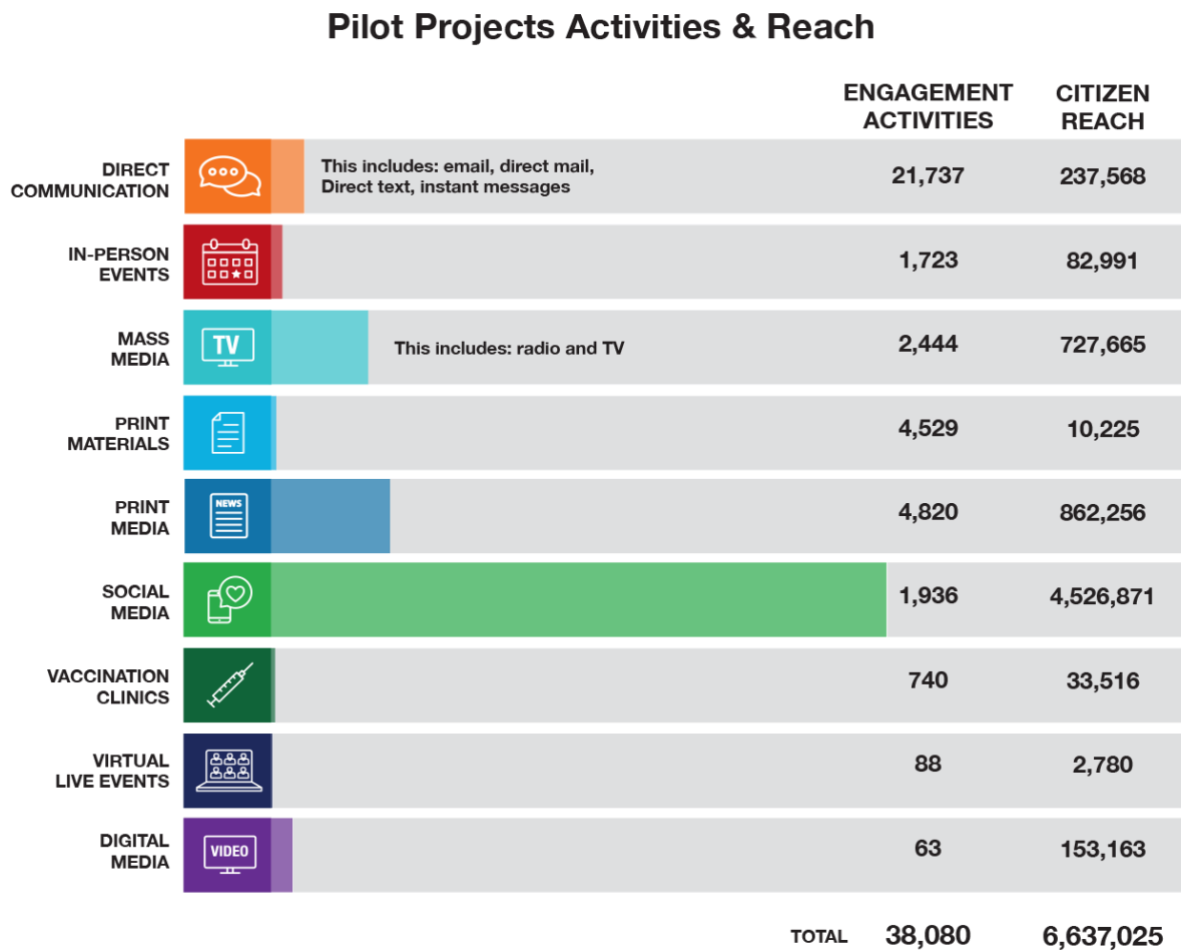


Figure 2: Pilot Projects total data activities and reach by method.

Lessons learned and successful responses to barriers were shared in monthly meetings of all the Pilot Projects to help inform how CES, CDC, and local health professionals can collaborate to educate and reach priority populations for improved adult immunization rates for COVID-19, flu, and other adult vaccinations.

Four months after selection, funds unused in the prior year's Vaccinate with Confidence awareness projects enabled additional Pilot Projects to be funded, as well as providing additional funds as requested for the initial 24 chosen projects. Two of these additional projects - described later - include a pilot approach to working with 1994 institutions, and an assessment of LGU vaccination hesitancy and a proposed response.

The 1994 Pilot Project Effort

When no applications for the Pilot Projects were received from 1994 institutions 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 Washington State University (WSU) Project 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 to identify barriers to the involvement of educators in immunization education. 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

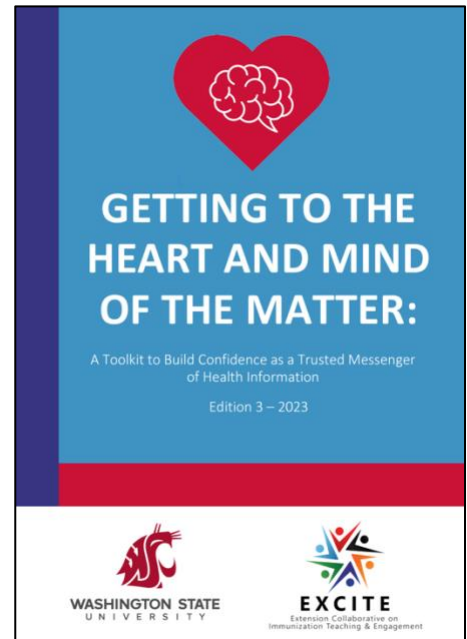
- Interviews with Extension directors/administrators (N=10) from all five Extension regions.

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.

This project sought to equip empower Extension professionals with the knowledge and tools to deliver effective vaccination education, and to make an informed choice to participate in vaccination education efforts 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 projects.

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](#).

The EXCITE Vaccine Education Toolkit is available here: [“Getting to the Heart and Mind of the Matter”](#).

MULTIPLE DELIVERY METHODS

As evidenced in Figures 3 and 4, EXCITE Pilot Projects both created new assets and adapted assets from partner organizations. Examples of assets include:

- Text and images,
- Social media graphics,
- Videos,
- Evaluation resources,
- Infographics, and
- Slide decks.

Assets were disseminated through partners, directly to individuals, and shared across Pilot Project teams to enhance collaboration and share ideas of what is working in specific communities.

The National Registry was created to formally share assets among Pilot Projects. Many projects described using the National Registry to share media developed, see other programming ideas and browse materials that could be used in their own campaigns.

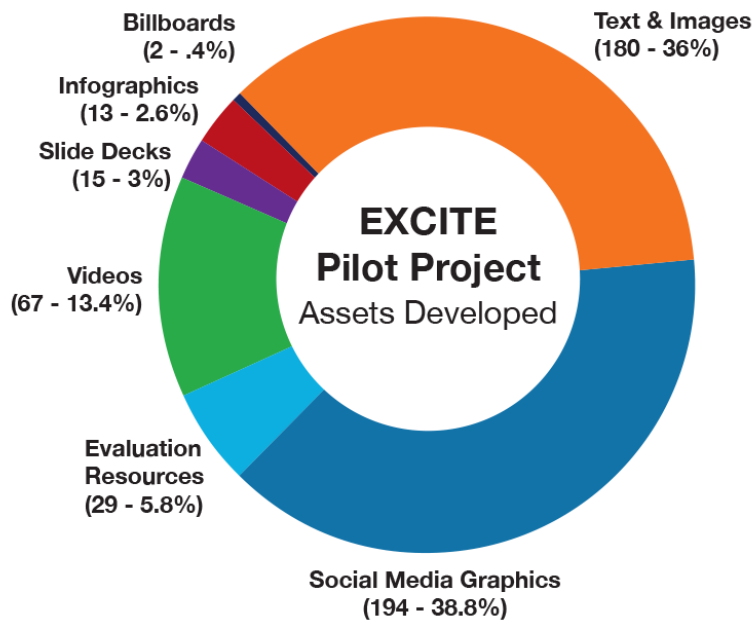


Figure 3: Pilot Projects assets developed.

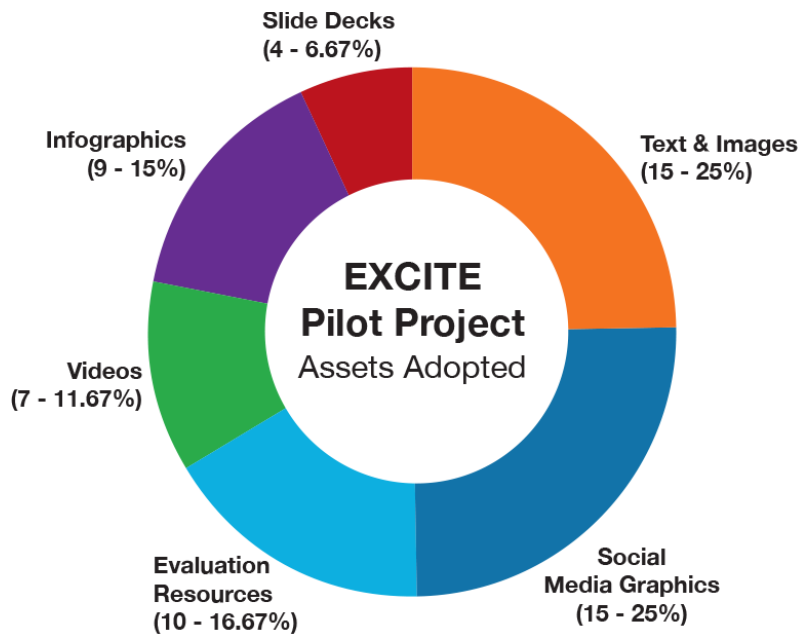


Figure 4: Pilot Projects assets adopted.

PARTNERSHIPS

Within the Pilot Projects, 234 total partnerships were reported. Partnerships were described as internal (within a project's own institution such as collaborating colleges of pharmacy, nursing, public health), or as external (outside of a project's own institution, such as community organizations, faith-based groups, health departments).

Partnerships were also described as new (created for the intent of working together on this vaccine education Pilot Project), or as existing (having prior relationships with one another enhanced and continued by this project). Of all the partnerships in the Pilot Projects, 80% were classified as external and 20% internal, while existing and new partnerships were more evenly split with 45% being new partnerships and 55% identified as prior existing partnerships.

Reported successes of partnerships included:

- Increased ability to deliver vaccines,
- Overcoming challenges to providing vaccine education, and
- Increased access to immunizations to vulnerable populations.

Pilot Projects along with their partners were able to increase availability of vaccines and immunization education to a wider audience and utilize experts in various fields to enrich their project's knowledge base. Partners also made it possible to access more translation services to facilitate effective communication with multilingual communities.

For example, **Auburn University** partnered with the Alabama Coalition for Immigrant Justice (ACIJ) to increase access to translation services.

“ACIJ was critical to partner with as we sought to meet the needs of Alabama’s Spanish speaking populations to provide access to the vaccine in a safe and comfortable environment. Given their role as advocates for Alabama immigrants, ACIJ was able to quickly establish connections to these populations and guide messaging, access, and impacts very quickly.”

Partnerships also increased Pilot Project teams’ ability to communicate messages broadly by accessing new channels to disseminate immunization education. This was evident in the partnership between Hispanic Communications Network (HCN) and **University of Vermont’s** use of social media.

“We entered into a contract with Hispanic Communications Network (HCN), a social change marketing agency with decades of experience reaching Latino populations to assist us with the creation of reusable assets related to adult immunizations, as well as with Facebook marketing and training around how to measure effective social media campaigns. Facebook posts on our program Facebook page promoting immunization was one delivery methods we utilized. Over the course of the Facebook social media campaign, we reached 354,909 users with a total of 729 link clicks.”

The ability for Pilot Projects and their partners to remain flexible and collaborative with one another was crucial. Many projects reported needing to pivot their target populations, method of delivery, and details of their messaging. The ability to overcome challenges together was a major success of many partnerships.

Mississippi State University described this:

“The major success of our partnerships has been flexibility among our partners, especially with the changing dynamic of our project. At some point in our work, we had to pivot due to our previously planned activities no longer being possible. Our partners have been accommodating and supported the shift in our focus.”

While partnerships brought about many Pilot Project successes, there also were difficulties. The complexity of contracts for utilizing funds, determining expectations of partners, and lack of time and resources were major barriers. Communication between partners and Pilot Project teams proved to be difficult while many communications were not in person and the need to balance many schedules. Additionally, many projects faced time and people resource restraints as individuals were stretched thin, especially during the pandemic. This barrier impacted all, but at an increased level for many smaller institutions. Limited staffing and time availability among partners also created obstacles for teams attempting to coordinate engagement activities.

Pilot Projects also faced political barriers as immunization misinformation was spreading in some communities and from politicians leading the states in which they were working. Some institutions and partners faced pushback to immunization education by leaders in the institution, who feared the work would be too political. Each CES organization receives a combination of federal, state, and local funds and can experience a financial threat if immunization education, and particularly COVID-19 immunization education, is not part of the prevailing political view.

Pilot Projects identified partnerships as a unique strength for Extension immunization education. Projects were able to share resources, expertise, and enhance their messaging by building partnerships with community organizations, public health departments, and trusted messengers within target communities.

Figure 5, shown on the following page, illustrates Pilot Projects partnership types.

Pilot Project Partners

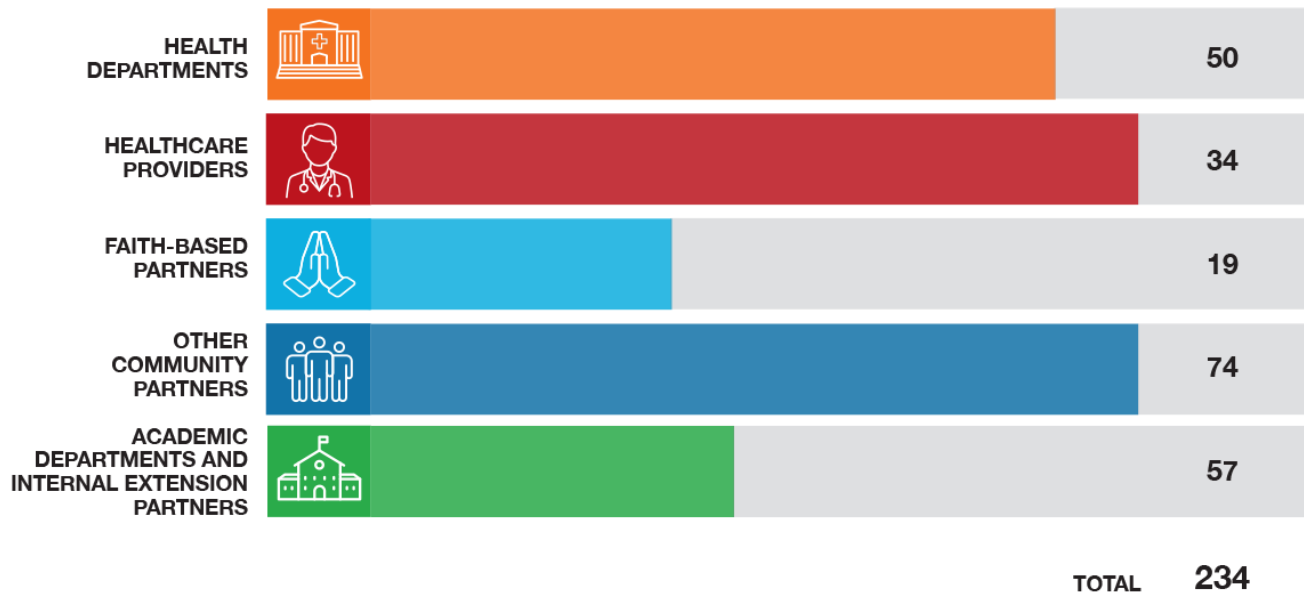


Figure 5: Pilot Projects partnerships.

Other Unique Strengths

In addition to multiple delivery methods and partnerships, other facets of the Extension effort considered unique strengths for immunization education included being trusted messengers. CES has existed for over 150 years. Extension educators live and work in the communities that they serve. The trusted messenger role is firmly established, especially as CES is considered a provider of evidence-based information in an understandable form. Pilot Projects also noted the value of being “in this together” with their colleagues across the country and felt true esprit de corps in doing this challenging work as a response of a system that was national, yet able to address local needs.

Thirteen of 24 projects included trusted messengers as a unique strength of their immunization education. Having trusted individuals or groups in their target communities improved their credibility and acceptance of information. The **Institute for American Indian Arts (IAIA)** utilized vaccinated students as trusted messengers:

“The students at IAIA became a part of the outreach program by starring in the educational videos that we produced around vaccinations. Since the students had previously received their vaccines, they were now ambassadors to other Indigenous communities about the ease and safety of receiving a vaccine. We learned that students are the best conduits of information to other young people, and that Indigenous populations respond favorably to hearing the message from other Indigenous people, particularly students who had already been vaccinated and boosted so they could attend college. The students are from Tribal Nations from across the country, so our message reaches a wide community.”

On the opposite side, some educators feared that the political divide of immunization might detract from their long-standing presence as a trusted messenger.

Another unique strength identified by 10 Pilot Projects was providing evidence-based information in an understandable form. Teams were able to ensure accurate information was disseminated in an accessible medium and language, which was crucial for informed decision-making around immunizations. In providing evidence-based information, EXCITE teams were able to maintain trust with communities while providing needed education. Projects reported having to balance approachability, reliability, and expertise for positive reception of immunization education. Many did this with more informal conversational presentations supplemented by handouts. **The University of Idaho** described their approach:

“Our team rarely utilized formal PowerPoints in our direct education presentations. We were intentional about creating an informal, conversational space that we hoped would create safety for attendees to engage and ask questions. We did offer a variety of handouts along a spectrum of detail and depth. This ranged from very simple, graphics-based handouts to the full CDC vaccine info sheets.”

Finally, nine EXCITE Pilot Program teams reported the unique strength of being part of a national system with the ability to address local needs. New Mexico State University described their perspective:

“The overarching lesson is to recognize local attitudes about national programs and attempt to meet people where they are – not to try and persuade, but to gently educate and provide reliable and trusted resources. A benefit to being part of a national system is to have access to what other state land-grant institutions and Extension Services are doing to address needs. Having this access reduces and/or eliminates the need to recreate the wheel, provides best practices, and a network of professionals who can offer suggestions, resources, and support.”

COMPLETION OF EXCITE PILOT PROJECTS

All EXCITE Pilot Projects completed their work by the original deadline of May 31st, 2023. The summary of the outreach effort statistics is evidenced in the chart below. The Pilot Projects provided a more in-depth opportunity than the one-year Vaccinate with Confidence projects, enabling them to go beyond awareness and more fully engage in educational efforts that might lead to knowledge gains and practice changes.

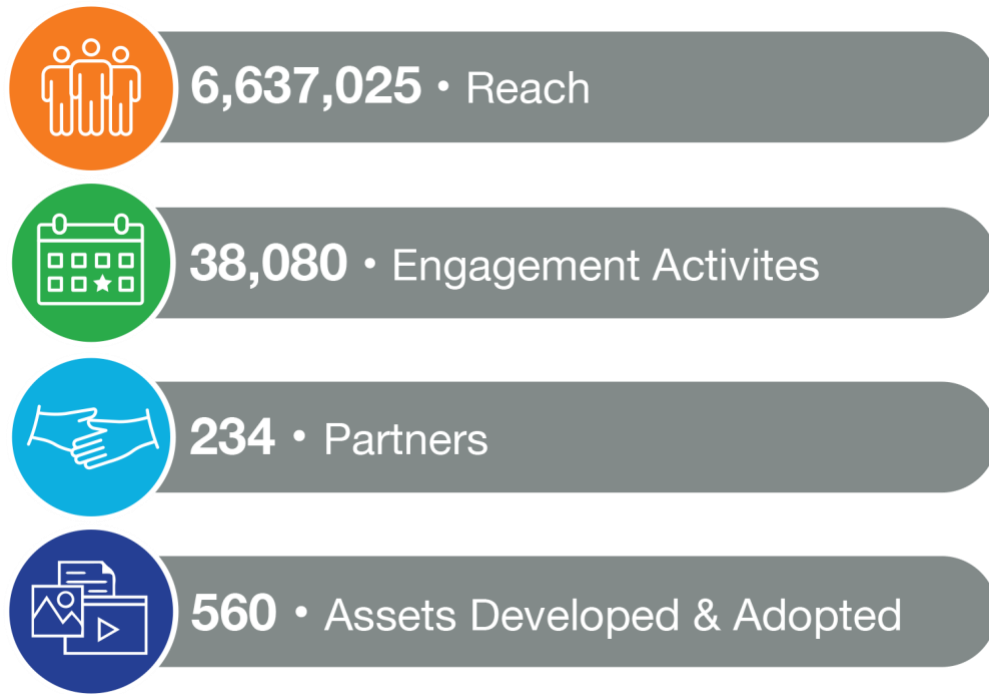


Figure 6: Summary of Pilot Projects outputs.

EVALUATION AND FINDINGS

A summary of the final reports from the EXCITE Pilot Projects 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. (See: 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 https://www.uvm.edu/sites/default/files/media/Collaboration_Framework_pub.pdf).

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 ensures 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 7: National Network for Collaboration Framework, as used by the EXCITE Initiative.

Partnerships were evaluated by Cooperative Extension using two different classifications: Internal or External and Existing or New. Internal partnerships were defined as those partners that were within the Land-grant university, such as other colleges, departments, medical schools, or clinics. External partnerships were those that were with organizations or groups that were external to the Land-grant, including nonprofit and for profit. See page 11 for additional information.

EXCITE institutions were also asked to identify whether the partners were existing, indicating that they were units within the University structure that Cooperative Extension was already working with in some other capacity, or new, indicating the opposite.

In addition to indicating whether the partnerships were existing or new, internal or external, for the final report, Vaccinate with Confidence projects were asked to retroactively indicate the type of partnership they had with various organizations at the onset of the project, and the type of partnership at the end of the project.

The two graphs on the following pages demonstrate the status of all relationships before and after the EXCITE project. Before the project began, the most common categories were “None” (0) and “Networking” (1). After the EXCITE project, there is a significant realignment, with the most frequent category being “Collaboration” (5). Relationships identifying as “Cooperation” (2), “Coordination” (3), and “Coalition” (4) increase post-project. There was a significant decrease in “None” (0) or “Networking” (1) relationship types.

INTERNAL AND EXTERNAL PARTNERSHIP RELATED TO THE NETWORK FOR COLLABORATION FRAMEWORK

External Partners

Many external partnerships developed and moved along the continuum during the project. Of the 69 external partnerships, 71% reported strengthening their working relations, as indicated by moving along the continuum. Twenty-seven percent of the reported external partners were at the same place along the continuum at the end of the grant, while only 2% had a decrease on the spectrum. Twenty-three external partners were at the “None” level before EXCITE. Still, all external partners rated as “None” before EXCITE had advanced at least one level by the end of the pilot project.

Before the grant, EXCITE teams had an average relationship status of 1.61 with external partners, representing a categorization between Networking “1” and Cooperation “2”) before the grant. After the grant, EXCITE teams reported external partners between Cooperation and Coordination on the continuum (indicated by an average score of 3.36). There was an average difference of 1.75 points among external partners along the continuum.

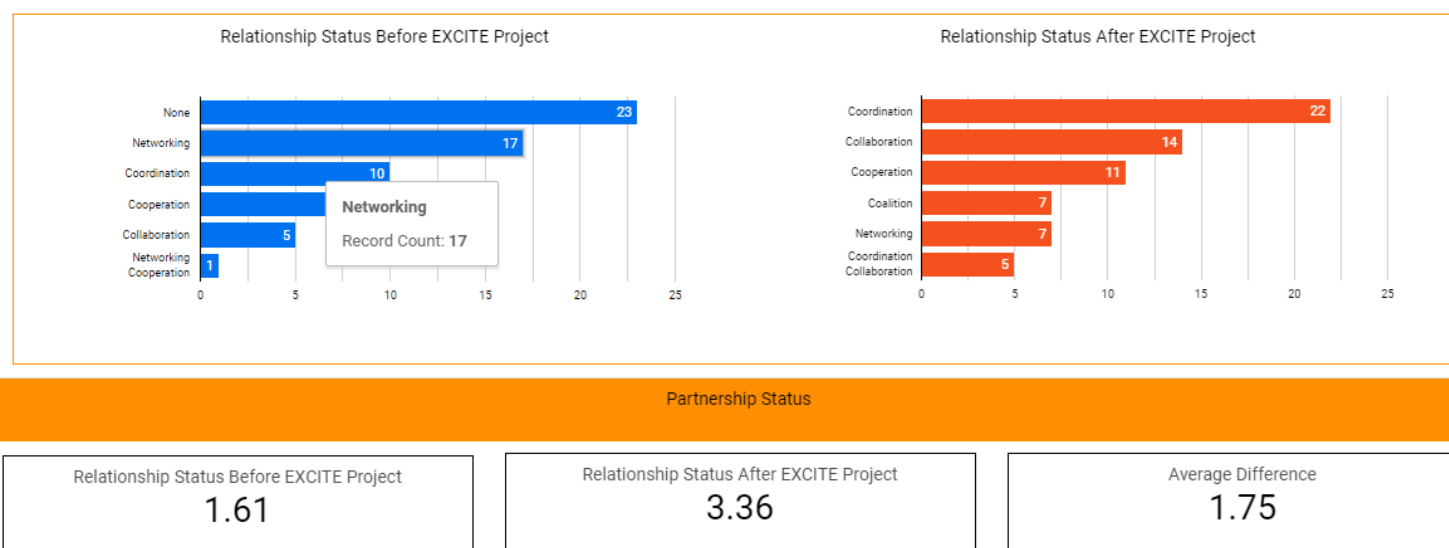


Figure 8: External Partners - Relationship status before and after EXCITE project.

The reflective narrative questions provided qualitative data on the perceived reason for the change in the relationship status. For those partnerships that moved significantly across the spectrum (4-5 points), factors of importance included EXCITE funding that provided a purpose for an improved working relationship. The funding allowed for greater communication and more frequent meetings. As one respondent noted:

“We attribute the change to the funding mechanism through the Extension Foundation that gave us the opportunity to work together.”

As teams began working together, they better understood and appreciated each other’s work.

Similarly, for the 57% of partners who moved along the continuum at least 1-3 levels, COVID-19 pandemic funding and the need for an innovative approach to immunization allowed a stronger working relationship to develop. One respondent provided the following statement about an external partner:

“While we have always had a good working relationship, through this effort, we deepened our cooperation to a much deeper collaboration.”

Internal Partners

EXCITE pilot project respondents identified 17 internal partners. Before the project began, six teams identified no working relationship with the internal partner, and no internal partner was placed exclusively at “Collaboration” along the continuum. After the pilot project, eight internal partners were placed in the category of “Collaboration,” two were categorized as “Coalition,” and one more as “Coalition and Collaboration.” Although placing a partner in more than one category is not ideal for analysis, these responses indicate that 11 internal partners had the strongest working relationship after the EXCITE pilot project. Only two internal partners had not advanced along the continuum by the end of the pilot project.

After the EXCITE pilot project, the relationship status had a rating of 4.18 (between Coalition at “4” and Collaboration at “5”), compared to 1.35 before the project. The average difference rating among internal partners was 2.82 from before EXCITE to after the EXCITE pilot project.

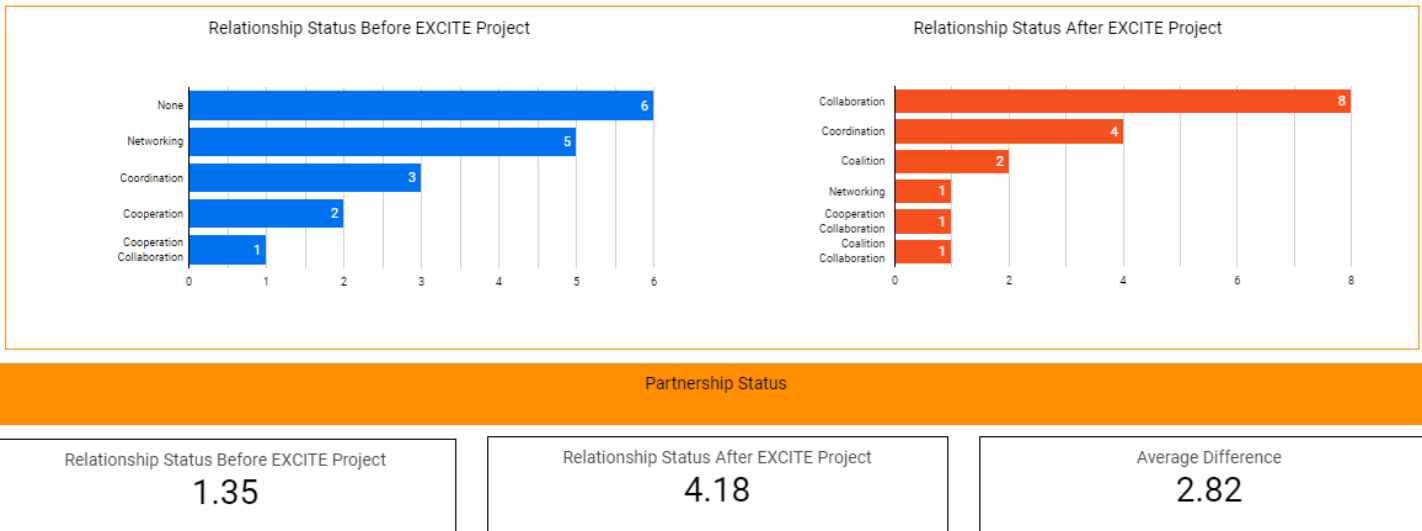


Figure 9: Internal Partners - Relationship status before and after EXCITE project.

EXCITE teams identified the COVID-19 pandemic and EXCITE funding as reasons for change among internal partners. These two primary reasons for change allowed for more communication, resource sharing, and mutual goals. When explaining the relationship to an internal partner, one EXCITE team member stated,

“This project really helped open some doors and create working relationships for future programs. We were able to help their team work through some of their struggles to better serve their clients in the future as well.”

EXISTING AND NEW PARTNERS RELATED TO THE NETWORK FOR COLLABORATION FRAMEWORK

Existing Partnerships

EXCITE pilot project team respondents identified 47 existing partners. By the nature of being an existing partner, all partners were at least at the “Networking” level. After the project, 12 existing partners had advanced to the “Collaboration” level of a working relationship. The relationship status before EXCITE was between Cooperation and Coordination (rating of 2.26), but after the pilot project, the average working relationship was between Coordination and Coalition. Despite many existing partners moving along the continuum, 17 were classified in the same category before and after the EXCITE pilot project, and one existing partner moved back a category during the project. The average difference was 1.38.

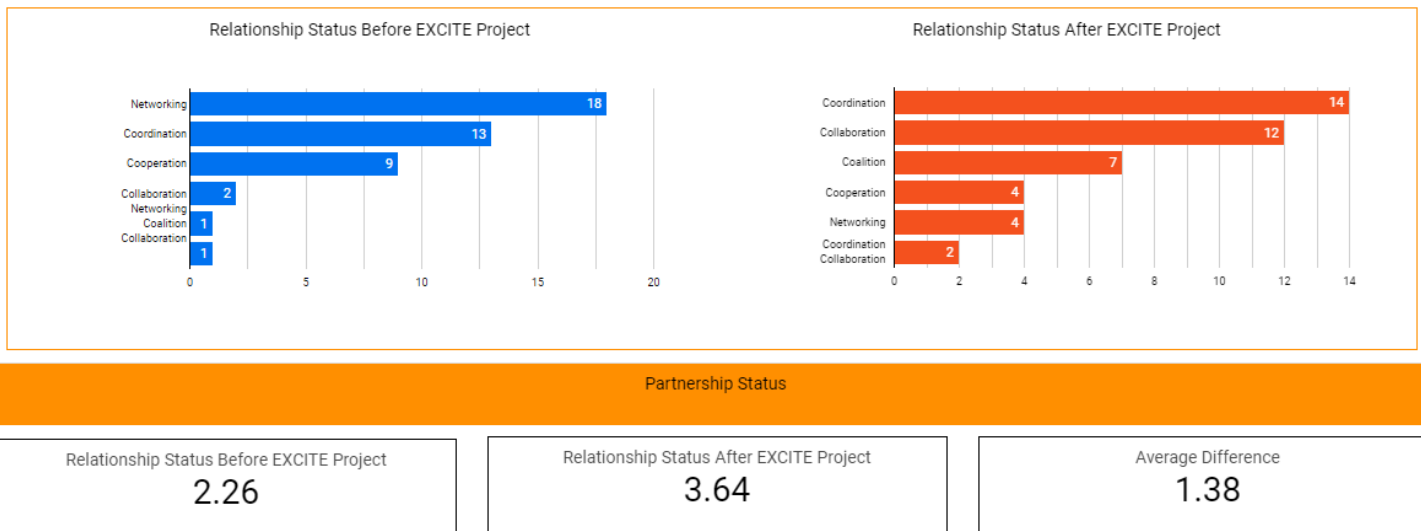


Figure 10: Existing Partnerships - Relationship status before and after EXCITE project.

Once again, teams reported that the nature of the pandemic and having EXCITE funding allowed some existing relationships to further develop. Although the nature of some existing relationships didn't change, many did because of “relationships built during this grant program,” as reported by one respondent. Another respondent stated, “This early phase of the partnership offered mutual understanding and ability to contact one another and share resources that helped to meet needs emerging through the pandemic.” One team whose existing partner did not move along the continuum reported, “This has been a steady and long-term partner in our immunization efforts.” This suggests that some existing partners have reached their needed potential and might not need to evolve more for collaborative work to happen.

New Partnerships

Thirty-nine partners were classified as new, and most had no working relationship (None “0”) with the EXCITE-funded team before pilot project funding. The average working relationship status before EXCITE was between None and Networking (rating 0.72), but that working relationship had advanced to a mean of 3.38 (between Coordination “3” and Coalition “4”) by the end of the project.

Interestingly, the working relationship score among new partners was higher than the working relationship score of existing partners (noted in the previous section) at the end of the Pilot Projects. The difference from before to after EXCITE was 2.67. As reported by the EXCITE respondent, seven new partners moved one category along the continuum, eleven new partners moved three, and eight teams moved five from before to after the Pilot Projects.

Mutual goals and benefits and increased understanding of each other were reasons for strengthening new partnerships identified by respondents. The importance of “mutuality” is illustrated by one EXCITE respondent who spoke of collaborating with her institution’s pharmacy. She stated EXCITE provided the “opportunity to collaborate on a project that was mutually beneficial, mutually engaging, and both programs needed the resources and expertise of the other organization to accomplish the mission of the project.”

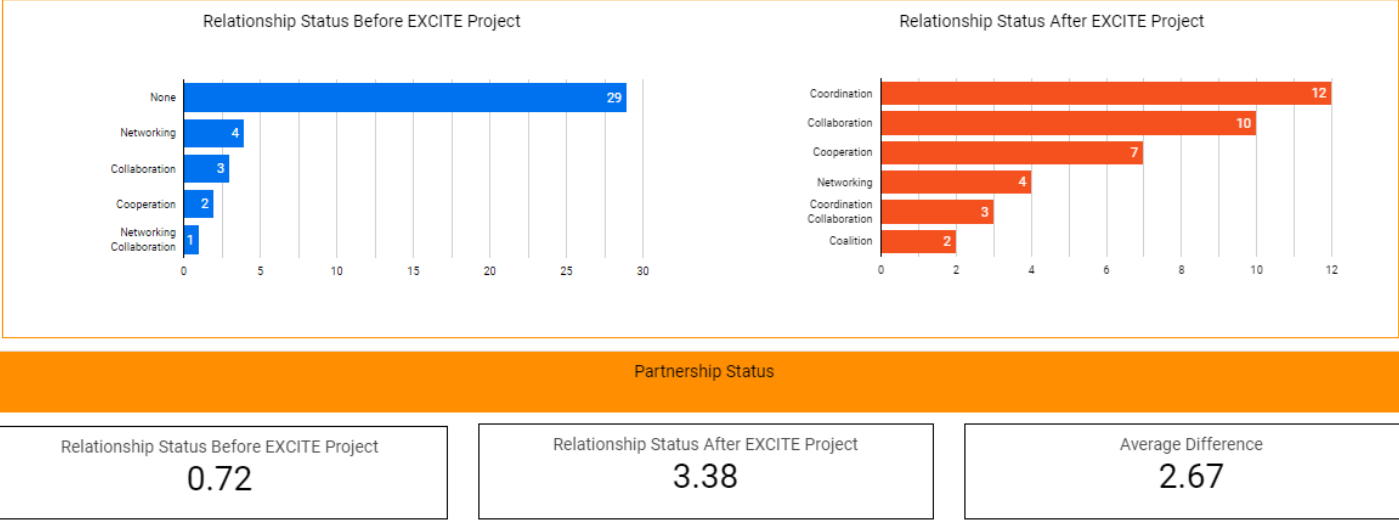


Figure 11: New Partnerships - Relationship status before and after EXCITE project.

PARTNERSHIP SUMMARY

The EXCITE team conceptualized partners in four broad categories – new or existing and internal or external. As presented in the table below and noted above, EXCITE teams identified 39 new and 47 existing partners identified by teams, and 69 external and 17 internal partners. When the nature of EXCITE partners was further explored, teams reported 36 external and existing partners, 33 new external partners, 11 existing internal partners, and 6 new internal partners. Across all the combinations of categories, new internal and external partners were strengthened the most, as indicated by the differences in rating from before to after the EXCITE project.

Type	Before Partnership	After Partnership	Average Difference	Partner
External	1.61	3.36	1.75	69
Internal	1.35	4.18	2.82	17

Initiation Status	Before Partnership	After Partnership	Average Difference	Partner
Existing	2.26	3.64	1.38	47
New	0.72	3.38	2.67	39

Type	Initiation Status	Before Partnership	After Partnership	Difference	Number of Partners
External	Existing	2.31	3.56	1.25	36
External	New	0.85	3.15	2.3	33
Internal	Existing	2.09	3.91	1.82	11
Internal	New	0.00	4.67	4.67	6

Figure 12: Partnership Summary - Relationship status before and after EXCITE project.

In summary, key learnings from the EXCITE Pilot Projects related to partnerships and success include:

- Collaborating with various partners allowed access to experts in different fields, enriching the project's knowledge base.
- An increased ability to communicate messages broadly: partner channels facilitated the broad dissemination of important messages.
- Partnerships opened doors, enabling CES to reach non-traditional Extension clientele and achieve greater diversity and inclusion goals.
- Collaboration created strong partnerships that are likely to continue and thrive in the future.
- Flexibility in partnerships is necessary. The ability to adapt to changing circumstances and remain flexible in partnerships contributed to the project's success.

EXCITE teams also identified barriers to partnership success around three key areas:

- Diverse agendas among health organizations can be challenging. Each health-related institution and organization has its agenda, making coordinating and collaborating on activities challenging if the organizations' priority agendas do not align.
- Small communities may struggle to attract partner organization and resources, resulting in isolation and an inability to focus on joint agendas. There were barriers due to staffing and time constraints; limited

staffing and time availability among partners can create obstacles in executing projects and outreach activities.

- If organizational leadership and political leaders are resistant to promoting vaccination outreach in the community, a collaborative public health agenda is difficult to establish.

PROJECT SUMMARY

The EXCITE Pilot Projects demonstrated that CES was able to continue to respond to meet immunization education needs for the COVID-19 pandemic and address increasing vaccine confidence for other adult vaccines.

The Extension Foundation was a significant contributor to this capability. As a sub-recipient to USDA NIFA, the Extension Foundation was able to quickly contract with each individual institution and provide critical infrastructure services and support, such as grant management systems, financial review and accountability, technology support and serving as a common ground for all the institutions. Many of the health educators involved in this project are new to the role of Principal Investigator (PI) and as such some systemwide training on the role of a PI is necessary. The value of assigning specific coaches to individual projects has been recognized as a critical component of project success both programmatically and financially. **The Extension Foundation provides a “home” location for a project team to work together to support national projects.**

The Cooperative Extension professionals involved were willing to initiate new work to respond to the ongoing COVID-19 pandemic and other adult immunization education efforts. Institutions involved continued the education campaigns and expanded on efforts and learnings that occurred in the first year with their Vaccinate with Confidence efforts. Of significance to this project was the market research conducted during the Pilot Project. Due to the two-year timeframe of the project, there was an opportunity to conduct market research, and then use information from that research to revise methods and materials to provide information in ways that would be better received.

There were many challenges experienced by Pilot Projects including a highly politicized environment, community fatigue related to COVID-19 and immunizations, and constant changing and updating of information, as more was learned about the virus and vaccine requirements.

Extension agents are representative of the communities in which they live and serve. They were viewed as trusted messengers by their communities as they sought out opportunities to learn evidence-based information related to adult immunizations and disseminated it throughout their community. For some Extension personnel, involvement was challenged by advisory boards and funders at the county and state level, where opinions differed regarding the approach to the pandemic. Most educators acknowledge greater ease and more acceptance in providing immunization education around the other adult immunizations than with the COVID-19 only focus.

Sustained aspects described by the Pilot Projects include strong community trust in educational programming with community outreach presentations and community partnerships. Many Pilot Projects reported that their partnership will continue and spread to other areas of community needs that they can address jointly.

There now exists a national CES library available to the entire system with the many assets developed, including videos, webinars, interviews and marketing techniques. Integration of immunization education as a whole health approach within existing extension programs also showed signs of promise within this Pilot Project.

Additionally, 13 of the 24 projects reported receiving additional funding to continue or expand their program efforts. Several of these new funding opportunities are newly funded EXCITE projects that focus on all adult immunization, including COVID-19, and also include an awareness campaign for the Bridge Access Program.

Other sources include open-ended flexible grants. For example:

- One of Oregon’s Medicaid managed care organizations continues to partner with **Oregon State University** to continue its vaccine educational outreach.
- **University of Illinois** was approached by Illinois Public Health Association to assist with additional vaccine projects; they have received \$400,000 additional funds to deliver vaccine awareness campaigns, host vaccine awareness events, and be a consultant on state level vaccine awareness campaigns.
- **Cornell University** also has an ongoing subaward from Montefiore/Albert Einstein Medical College to support the PANDEMIC Project.

Total additional funding opportunities for Pilot Projects to continue is over \$1M.

Finally, the value of the opportunity to integrate immunization education into ongoing CES programs seems like a promising practice. Additional funding of \$7M through the ongoing Interagency agreement of USDA NIFA and CDC will lead to new immunization projects during 2023-2024. Additional funding of \$6M to launch of COVID-19 Bridge Access Program funding awareness campaign focuses on integration with the Expanded Food and Nutrition (EFNEP) part of Cooperative Extension. In summary, there is strong evidence of the value of Cooperative Extension to implement vaccination education into enhanced health education efforts in the coming years.

*Despite the challenges and barriers,
EXCITE Pilot Projects
was successful in providing 38,080 engagement activities,
reaching 6,637,025 individuals.
EXCITE Pilot Projects joined with 234 partners.
560 assets were developed and adopted.*