

Frequently Asked Questions

Request for Applications:

Building Up Infection Prevention & Control in Local Departments in Healthcare-Associated Infections and Antimicrobial Resistance (BUILD HAIAR)

How many awards are available?

We anticipate funding at least 12 local health departments, with the possibility of more depending on our current spend down. The number of recipients also hinges on the number of applicants for required activities versus those applying for both required and supplemental activities. However, we are confident that we will be able to fund a minimum of 12 local health departments.

Can you clarify the LHD decolonization strategy opportunity? Would this be technical support offered by the group in California?

To explore the decolonization strategy, check out the [webinars](#) and products that we have developed. You can also find the links in the RFA. One of our partners, Susan Wang from Shield, OC, discusses how health departments can implement this strategy in their respective areas.

We have intentionally not been too prescriptive in the RFA about what this activity should look like because it may vary from place to place. However, we have indicated what we have done with other health departments pursuing this and what we can offer to those interested in the decolonization strategy. We can arrange a reverse site visit to guide you through the decolonization training and auditing process in your long-term care facilities. We can also help you map out a decolonization strategy for your jurisdiction.

Could you provide additional information regarding the "prioritized" applicants? For instance, would it be possible to know the approximate number of applicants who may be considered for priority review?

When we say that we will prioritize individuals who have been previously funded for this work, it means that we have a scoring rubric in place that gives them a bonus point. This is because we acknowledge that they have the baseline capacity to implement the project since they have already started planning and working on it.

However, it is important to note that being previously funded does not guarantee selection. It is merely one of the deciding factors in the selection process. In case we receive two applications that are equally strong or weak, the applicant who has been previously funded will be given preference.

For the application, would addressing one of the supplemental activities be adequate?

Yes, you can. You have the option to apply for up to \$60,000 for the required activities without having to apply for supplemental activities. However, if you wish to apply for one or two of the supplemental activities, you may do so and receive funding of up to \$10,000 per supplemental activity.

Do you anticipate LHDs to continue to partner with Infection Preventionists (invited to participate from outside the LHD staff) if available?

This question is related to our previous work, which has effectively encouraged local health departments to collaborate with external infection prevention experts or individuals with similar expertise. This collaboration has helped to increase the capacity of local health departments through training and hands-on feedback. It is entirely at the discretion of the local health department to decide how this collaboration will be implemented. If you have a pre-existing relationship with an individual who has this expertise and has worked with your local health department before, it would be beneficial to continue working with them and consider including them in your budget through full funding or incentives. However, it is not mandatory to engage external individuals, so the local health department can decide how they would like to proceed.

Since the Strategy and Approach section in the application has a 2500-character limit, can we include our existing Action Plan as a separate attachment?

There is an optional section under Upload for uploading additional documents, such as an action plan or other relevant information.

I believe there is an inconsistency in the supplementary piece relating to the CIC exam. One section states that you should "apply and take," while another section states that you should "obtain" the CIC. I believe the discrepancy pertains to whether or not passing the exam is required to meet the criteria.

It is not mandatory to take the exam during the project period as we understand that it may take a considerable amount of time to prepare for it. However, you will need to include in your supplemental activity application what you expect to achieve and how far you plan to go with the project plan. This can be registering for the exam by the end of the project period or purchasing study materials and setting aside time for staff to prepare for the exam. Passing the exam is not necessary to complete the supplemental activity. This language will be updated in the Scope of Work and RFA.

Would it be necessary to implement the decolonization strategy, or is it sufficient to explore it?

Tell us how you plan to implement the decolonization strategy and what it looks like for you. We understand that this could take some time, at least a year, and the project period is only 8 months. While we don't expect you to fully implement the strategy, we would like you to explore what it could look like, create a plan, and identify how it can complement your existing work. Building relationships with long-term care facilities and other relevant parties will also be crucial in implementing the strategy going forward. Even though we don't anticipate seeing a tangible outcome within the project period, we want you to start the process of decolonization and develop a plan for its implementation in your jurisdiction.

In the past, the NACCHO process and our own internal processes (Board of Health approval of fully executed agreement) have significantly shortened past grant time duration. Have there been process changes that will enable a fuller/lengthier grant schedule?

We have made some improvements to our sourcing processes that should help to streamline the application and contract process. Specifically, we have updated some of the forms and documentation required upfront as part of the application. However, due to some bureaucratic hurdles on both our ends, there may still be delays. If you have worked with us before, you may be familiar with this issue. Therefore, it would be helpful if you could address potential delays in your project planning and suggest ways to mitigate them. Additionally, if you have any ideas on how to implement your project within a shorter time frame, please include them in your application.

In regard to registering and taking the a-IPC exam, how many individuals would need to take the exam?

It is entirely up to you how many people in your health department can take the exam, but there are some strict requirements that need to be met. These requirements are more flexible for the a-IPC, but for CIC, they are fairly strict regarding how long you've been in your position and what is within your purview and your role.

You can decide how many people you want to take the exam and then develop a budget that reflects that number. The budget can be up to \$10,000, but the textbooks and test itself for preparing for the exam for one person will not cost that much. If you have 10 people who will be taking it, the cost may be up to \$10,000. You should develop a budget that reflects the number of people who are interested and qualified to take the exam.

Can the CIC or a-IPC supplemental activity be pursued for this cycle if we've already received NACCHO funding for training materials but haven't yet completed certification?

Certainly, if this can assist in finalizing the certification process for you, it is acceptable. However, your budget must accurately reflect the associated costs. If you already have the necessary training materials, do not allocate funds for their purchase again unless additional personnel will be seeking certification.

Will these slides be shared?

Yes, they will be available on the [BUILD HAIAR RFA Announcement page](#), in addition to the recording of the informational session, which also will show the slides.

Will the progress made towards the planned decolonization strategy satisfy the supplemental activity, or will a fully executed decolonization strategy in one or more facilities be necessary to meet this deliverable? As such a strategy requires significant culture change on the part of facilities staff and protocols.

The RFA language refers to exploring what the decolonization strategy could look like in your jurisdiction due to the significant culture change that would be required for decolonization efforts. Based on the experiences of our Shield OC Partners, implementing a decolonization program requires extensive training, retraining, and investment from facility staff. While the specifics of what is required will vary from jurisdiction to jurisdiction, we want applicants to explore what decolonization efforts could look like in their area and make as much progress as possible during the project period. Ultimately, we seek to understand the role of the local Health Department in decolonization, and we want to learn from applicants what that would entail. We are not providing strict guidelines on how much progress needs to be made during the project period, but rather we seek a report or information on what has been accomplished, any challenges encountered, and the applicant's thoughts on what decolonization would look like in their area.

Will NACCHO be initiating discussion prompts to be used in the virtual community to encourage participants to utilize it and share current activities?

Historically, the virtual community was a space for peer sharing, which we left open for people to discuss topics as they saw fit. Potentially having some targeting discussion questions seems like a great idea and we may look to the demonstration sites to inform the topics of those posts and is something we can explore.

Is there potential for this funding opportunity to be extended at no cost?

No, there is not going to be an opportunity for this funding to be extended beyond June 30, 2024. We have a hard stop in the funding that we are receiving, and so that will be translated to this project as well. Hopefully, we will have future opportunities to work with local health departments, but it's not going to be through this funding opportunity in this contract mechanism.

If we have had a previous contract with NACCHO, could we request to utilize the language from one of the contracts developed earlier this year?

Yes, if you have worked with our contracts department in the past and they made certain adjustments to the contract language to meet legal requirements, we can likely accommodate those again. Please send that request via email to our infectiousdiseases@naccho.org inbox either now or after you receive the award notification.

In regards to Task C and the CIC opportunity, we currently have seven permanent LHD staff members who are in the process of becoming CIC certified. They have started a study group plan which is scheduled to continue through December 2024, after which the team will register for the exam. Currently, most of the team members are not eligible to register for the CIC as they have not worked enough hours in this specialty. Only one staff member is eligible and has a plan to register for the exam during this project period. We would like to request the full \$10,000 budget if possible. This budget will encompass study materials (\$1000), staff time to study and prepare (\$8500+), and the exam registration fee (\$410) which will be incurred during the project period. Our aim is to have the whole team certified by December 2024, and we believe our study group plan will enable us to achieve this goal.

The language is going to be updated for this supplemental activity to allow for situations like this. So yes, you would be able to apply for the full amount based on the scenario provided.

As we're exploring a project aligned with the Interim LHD CDC HAI/AR Strategy, it looks like there are multiple objectives within each goal, for the three goals. Do we need to identify an activity for each objective within each goal? And then the outcome level is determined by our experience, expertise, and capacity (per the three levels Christina described during the webinar)?

Yes, you will need to identify an activity for each objective within each goal. The objective and activity can be adjusted by level, as discussed during the webinar (you have to scroll far down for the levels and activities on the strategy page).

We had a quick question about the third supplemental activity on CIC or a-IPC certification: can funding be requested to support only staff from our agency, or may we explore supporting interested Infection Preventionists at LTCFs (or even acute care facilities)?

As long as you have a mechanism for funding/getting the support to your partners, we don't see any reason why they cannot be part of the CIC/a-IPC (or even the new LTC certification) activity.