Rural Local Health Department Partnership in Healthcare Associated Infections (HAI), Antimicrobial Resistance (AMR) and Antimicrobial Stewardship (AMS)

Exploratory Survey Report
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Executive Summary

Successful infection control practices include collaboration and effective communication across many sectors of healthcare. Rural, frontier, and small local health departments (LHDs) are conduits of that collaboration and communication and must maintain the expertise to make recommendations for effective infection control practices amongst various settings. Amidst the COVID-19 pandemic, the capacity for LHDs to provide that expertise was extended and expended and health disparities and challenges were exacerbated especially in rural areas. In collaboration with NACCHO, HCC, Inc. initiated an exploratory survey from a convenience sample of rural, frontier, and small LHDs to assess, evaluate, and identify resources that address HAI, AMR and AMS initiatives and efforts.

In collaboration with NACCHO, HCC, Inc. identified five (5) project objectives:

1. Identify and recruit rural LHDs and their partnerships to provide exploratory assessment criteria for HAI, AMR, and AMS work.
2. Assess performance for rural LHD-their partnerships collaborations engaged in HAI, AMR, and AMS initiatives.
3. Assess barriers for rural LHD-their partnerships collaborations not currently engaged in HAI, AMR, and AMS initiatives.
4. Inform on workforce development and capacity building in LHD and their partnerships engaged or not engaged in HAI, AMR, and AMS initiatives.
5. Produce products to share data from assessments and evaluation (e.g., one event, resource, research brief, and/or infographic).

The exploratory survey was conducted in March 2022 using a Qualtrics platform. The survey consisted of eight (8) questions; a skip pattern was employed to distinguish between those who engaged in HAI, AMR, and/or AMS initiatives/activities and those that did not. Key findings include:

• Over two-thirds (67%) of the respondents indicated they did not have staff trained in activities or competencies in any of the listed areas (i.e., HAI, AMR, and AMS).
• Of those respondents (59%) who identified places from which they gather training and/or HAI, AMS, and AMR resources, CDC, APIC, CIC, NACCHO, TRAIN, and state DOH websites were the most frequently cited.
• Slightly over half (55%) of the respondents indicated that their health department does not currently engage in initiatives/activities around HAI, AMR and/or AMS. Of these respondents:
  o Slightly less than three-fourths (72%) of the respondents identified barriers which prevented their LHD from engaging with HAI, AMR, and AMS with the majority indicating lack of funding, lack of staff time, and lack of training.
  o Over half (56%) of the respondents provided a list of agencies they would like to work with for HAI, AMR, and AMS which included hospitals, long-term care
facilities, and local healthcare providers.

- Slightly less than two-thirds (64%) of the respondents identified activities and/or initiatives they would like to engage in for HAI, AMR, and/or AMS; the majority focused on communications/messaging to the public and community partners.

- Over one-third (44%) of the respondents indicated that their health department does engage in initiatives/activities around HAI, AMR and/or AMS. Of these respondents:
  - Nearly half (47%) of those who provided a response indicated they decided to engage in activities or initiatives around healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS) because it was part of their FLEX and/or CDC program.
  - More than two-thirds (70%) of the respondents provided activities or initiatives they have implemented for HAI, AMR and/or AMS including outbreak investigations, response to COVID-19, work with hospital infection control/prevention, and partnering with local and state agencies.
  - Nearly three-quarters (70%) of the respondents provided the name and contact information for partner organizations/facilities which they have collaborated with on initiatives for HAI, AMR, and AMS. The most common responses were CDC, local hospital infection control/prevention, and other local and state agencies.

- One-third (33%) of the respondents indicated they would be willing to participate in a more in-depth interview about HAI, AMR, and AMS activities for their LHD. Over one-third (40%) did not want to participate in a more in-depth interview, and slightly more than one-quarter (27%) did not respond to the question.

Upon review of the data results, NACCHO, CDC, and HCC, Inc. identified the following next steps for HCC, Inc. on the HAI, AMR, and AMS rural, frontier, and small LHD project:

1. Create a template for a blog series based on the exploratory survey results.
2. Create the assessment tool for in-depth phone interviews to further explore objectives 2-4 listed above.
3. Provide NACCHO with interview schedule with list of candidates for recipients of NACCHO360 scholarship.
4. Invite, schedule, and conduct in-depth phone interviews.
5. Perform data analyses.
6. Write project report.
7. Produce products to share data from assessments and evaluation (e.g., one event, resource, research brief, and/or infographic).
Introduction

Health Communications Consultants, Inc. (HCC, Inc.) is providing assessment and evaluation of rural, frontier, and small local health department (LHD) partnerships in Healthcare Associated Infections (HAI), Antimicrobial Resistance (AMR) and Antimicrobial Stewardship (AMS). This project has five goals:

1. Identify and recruit rural LHDs and their partnerships to provide exploratory assessment criteria for HAI, AMR, and AMS work.
2. Assess performance for rural LHD-their partnerships collaborations engaged in HAI, AMR, and AMS initiatives.
3. Assess barriers for rural LHD-their partnerships collaborations not currently engaged in HAI, AMR, and AMS initiatives.
4. Inform on workforce development and capacity building in LHD and their partnerships engaged or not engaged in HAI, AMR, and AMS initiatives.
5. Produce products to share data from assessments and evaluation (e.g., one event, resource, research brief, and/or infographic).

This report serves to summarize the results of an exploratory survey which was conducted with rural, frontier, and small LHDs and to identify next steps for the project.

HAI Exploratory Survey for Rural Health

Exploratory research is used when the issue of study is new or when the data collection process might pose a challenge. The questions are designed to understand more about a particular topic of interest (i.e., HAI work at rural LHDs) and to assist with connecting ideas without adding preconceived notions or assumptions. Exploratory research is most relevant when there is limited to no prior information on the topic available from past researchers.

Methodology

In collaboration with NACCHO, HCC, Inc. developed an eight (8) question exploratory survey tool which was hosted on the Qualtrics Platform (see Appendix C - HAI Exploratory Survey for Rural Health). The questions were categorized as (1) demographic question, (1) short answer, (3) multiple choice, and (3) essay/short answer. A skip pattern was employed for respondents who answered “Yes” or “No” to differentiate between respondents currently engaged in initiatives or activities geared around HAI, AMR, or AMS verses those who were not engaged.

Convenience sampling was initiated by a survey link initially sent via email by NACCHO (see Appendix A - Initial Email to Potential Participants) to invited rural, frontier, and small
LHDs on March 9, 2022. A follow-up email was sent to Rural Café list (69 members) and posted to small LHD Virtual Community (6,413 members) on March 15, 2022. See Appendix B - Follow-up Email to Potential Participants. The survey was closed on March 25, 2022.

Exploratory Survey Results

The resulting data was reviewed by HCC, Inc. to identify common themes and discern potential next steps for Goals 2-5 listed above. The time stamps on the data indicate it took on average 8 minutes to complete the pre-assessment exploratory survey with a range of 2 to 16 minutes without outliers. The outlier range for completion was 30 to 105 minutes. Forty-eight (48) respondents representing forty-four (44) named LHDs from twenty-two (22) states participated in the exploratory survey. There were four (4) respondents without named LHD’s that had limited responses; three (3) non-responders were removed from the tally as they only responded to mandatory questions to move the survey forward, one (1) respondent was retained as they answered more than the mandatory questions. Therefore, the study population totaled 45 respondents. While the overall response rate is not robust when considering the convenience sample population size, the nature of an exploratory survey and the understanding that there is no accepted formula for volunteer-based sampling, the traditional N=30 should suffice.1-3.

Exploratory Survey Results - Summary

The respondent data to the HAI Exploratory Survey for Rural Health is present in Appendix D - HAI Exploratory Survey for Rural Health Survey Results. Review of the data yielded the following findings:

- Over two-thirds (67%; n=30 of 45) of the respondents indicated they did not have staff trained in activities or competencies in any of the listed areas (i.e., HAI, AMR, and AMS); less than one-quarter (17%; n=8 of 45) had staff trained in HAI, AMR, and AMS.
- Nearly one-quarter (31%; n=10 of 32) of the respondents stated they did not have any training or resources that they found the most useful in their HAI, AMR, and AMS work.
- Of those respondents (59%; n=19 of 32) who identified places from which they gather training and/or HAI, AMS, and AMR resources, CDC, APIC, CIC, NACCHO, TRAIN, and state DOH websites were the most frequently cited.
- Slightly over half (55%; n=25 of 45) of the respondents indicated that their health department does not currently engage in initiatives/activities around HAI, AMR and/or AMS. Of these respondents:
  - Slightly less than three-fourths (72%; n=18 of 25) of the respondents identified...
barriers which prevented their LHD from engaging with HAI, AMR, and AMS with the majority indicating lack of funding, lack of staff time, and lack of training.

- Over half (56%; n=14 of 25) of the respondents provided a list of agencies they would like to work with for HAI, AMR, and AMS which included hospitals, long-term care facilities, and local healthcare providers.
- Slightly less than two-thirds (64%; n=16 of 25) of the respondents identified activities and/or initiatives they would like to engage in for HAI, AMR, and/or AMS; the majority focused on communications/messaging to the public and community partners.

- Over one-third (44%; n=20 of 45) of the respondents indicated that their health department does engage in initiatives/activities around HAI, AMR and/or AMS. Of these respondents:
  - Nearly half (47%; n=7 of 15) of those who provided a response indicated they decided to engage in activities or initiatives around healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS) because it was part of their FLEX and/or CDC program.
  - More than two-thirds (70%; n=14 of 20) of the respondents provided activities or initiatives they have implemented for HAI, AMR and/or AMS including outbreak investigations, response to COVID-19, work with hospital infection control/prevention, and partnering with local and state agencies.
  - Nearly three-quarters (70%; n=14 of 20) of the respondents provided the name and contact information for partner organizations/facilities which they have collaborated with on initiatives for HAI, AMR, and AMS. The most common responses were CDC, local hospital infection control/prevention, and other local and state agencies.

- One-third (33%; n=15 of 45) of the respondents indicated they would be willing to participate in a more in-depth interview about HAI, AMR, and AMS activities for their LHD. Over one-third (40%; n=18 of 45) did not want to participate in a more in-depth interview, and slightly more than one-quarter (27%; n=12 of 45) did not respond to the question.

**Exploratory Survey Results - Specifics**
The first question on the survey collected demographic data from respondents including name, LHD name, county, state, email, phone number, and preferred method of communication (email, phone). Forty-four (44) named LHDs and one unnamed LHD participated in the pre-assessment exploratory survey representing 22 states. Several states had multiple respondents with Ohio having seven (7), Wisconsin with five (5), Illinois, Montana, North Dakota, and Texas with three (3) each, and Arizona, Colorado, Kentucky, and Montana with two (2) respondents each. There were four (4) respondents who provided no response in the demographic data section; three (3) non-responders will be removed from
the tally as they only answered the mandatory survey questions, and one (1) will be retained as additional survey questions as well as the mandatory survey questions had a response. The adjusted survey population totals 45 respondents.

The second question asked the question *Does your health department have staff trained in activities or competencies for?* followed by three (3) areas - a. Healthcare associated infections (HAI); b. Antimicrobial resistance (AMR); and c. Antimicrobial stewardship (AMS). There were five (5) possible choices for respondents from which to select:

- Yes, we have staff trained in all 3 areas.
- Yes, we have staff trained in HAI, AMR but not AMS.
- Yes, we have staff trained in HAI and AMS but not AMR.
- Yes, we have staff trained in AMR and AMS but not HAI; and
- No, we do not have staff trained in any of these areas.

Of the 45 respondents, eight (8) indicated they had staff trained in all 3 areas and seven (7) responded they had staff trained in HAI and AMR, but not AMS. Thirty (30) or sixty-seven percent (67%) specified they did not have staff trained in any of the listed areas (i.e., HAI, AMR, and AMS). It should be noted that no respondent indicated they had staff trained in HAI and AMS, but not AMR or they had staff trained in AMR and AMS, but not HAI.

The third question stated *Please list the training or resources that you find the most useful in your work in each of the following areas.* The areas listed were a. Healthcare associated infections (HAI); b. Antimicrobial resistance (AMR); and c. Antimicrobial stewardship (AMS). Twenty-nine percent (29%; n=13) did not respond to this question. Seventy-one percent (71%; n=32) responded to the question of which 10 respondents (23%) indicated NA or None; three (3) or 6% of the responses stated they needed training; and nineteen (19) or 42% of the respondents from fourteen (14) states provided more specific responses to the three areas listed (see *Appendix D - HAI Exploratory Survey for Rural Health Survey Results* for more details). Generally, these responses provided CDC, APIC, CIC, NACCHO, TRAIN, and state DOH websites from which they gather training or resources. Several indicated they are partnering with local academic institutions, local hospitals (e.g., HQIC), DSHS mentoring programs, and/or other state agencies.

Question 4 asked *Does your health department currently engage in initiatives or activities geared around healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship?* The question provided two response choices – Yes and No.

- Twenty (20) respondents (44%) indicated *Yes, our health department currently engages in initiatives/activities around HAI, AMR and/or AMS.*
- Twenty-five (25) respondents (55%) chose *No, our health department does not currently engage in initiatives/activities around HAI, AMR and/or AMS.*
At this point in the survey, respondents who answered Yes to Question 4 were directed to Questions 5a-7a, while respondents who answered No proceed to Questions 5b-7b, with all respondents answering Question 8.

Respondents (44%; n=20) who answered Yes, our health department currently engages in initiatives/activities around HAI, AMR and/or AMS to question 4.

Question 5a was an open-ended question and asked Why did you decide to engage in activities or initiatives around healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)? There were 15 responses which represented seventy-five percent (75%) of those who responded. Of those who responded, seven respondents (47%) indicated this was part of their FLEX program and/or CDC or other funding program. Other responses included the need to investigate cases of HAIs and AMRs including COVID-19 with long-term care facilities; to improve knowledge of staff; and by local stakeholder request. The specific responses are found in Appendix D - HAI Exploratory Survey for Rural Health Survey Results.

Question 6a asked What are some specific activities or initiatives that you have implemented for healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)? Fourteen respondents (70%) provided answers to this question. In general, the responses focused on the need to investigate outbreaks, respond to COVID-19, training and collaboration activities and training and monitoring activities. Additionally, working with hospital infection control/prevention, and partner with local and state agencies and training through calls, webinars, partnerships, and case studies were provided as examples. See Appendix D - HAI Exploratory Survey for Rural Health Survey Results for the specific open-ended responses.

Question 7a stated Please provide the name and contact information for partner organizations/facilities that you have collaborated with on initiatives for Healthcare associated infections (HAI), Antimicrobial resistance (AMR), and Antimicrobial stewardship (AMS). Fourteen respondents (70%) provided answers to this question. The most common responses were CDC, local hospital infection control/prevention, and other local and state agencies. Several respondents provide the specific name of individuals (including email addresses) with which they have worked. See Appendix D - HAI Exploratory Survey for Rural Health Survey Results for the specific open-ended responses.

Respondents (55%; n=25) who answered No, our health department does not currently
engage in initiatives/activities around HAI, AMR and/or AMS to question 4.

Question 5b asked *What are some of the barriers that have inhibited your health department from engaging in healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)?* Eighteen (18) respondents (72%) identified barriers which prevented their LHD from engaging with HAI, AMR, and AMS. Of these open-ended responses, the majority identified lack of staff time (n=9), lack of training (n=8), and lack of funding (n=4). Additionally, lack of “fit” with LHD priorities and perceived need by the LHD and its community partners were also common barriers (n=8). See Appendix D - HAI Exploratory Survey for Rural Health Survey Results contains the specific open-ended responses.

Question 6b asked *If barriers in question 5b were reduced, what are some specific activities or initiatives that you would like to engage in for healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)?* Sixteen (16) respondents (64%) identified activities and/or initiatives they would like to engage in for HAI, AMR, and/or AMS. The majority (50%; n=8) focused on communications/messaging to the public and community partners. Training was the other identified need for both staff and community healthcare partners. See Appendix D - HAI Exploratory Survey for Rural Health Survey Results for the specific open-ended responses.

Question 7b asked the open-ended question *What partner organizations would you like to collaborate with on initiatives with a healthcare associated infection (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS) component?* Fourteen (14) respondents (56%) provided a list of agencies they would like to work with for HAI, AMR, and AMS. Hospitals, long-term care facilities, and local healthcare providers were the most frequent responses. Three (3) respondents (21%) had some level of uncertainty to this question and answered “unsure. See Appendix D - HAI Exploratory Survey for Rural Health Survey Results provides the list of responses for this question.

The final question (Question 8) of the HAI Exploratory Survey for Rural Health was asked of all respondents - *Are you willing in participate in a more in-depth interview (approximately 1 hour via ZOOM) regarding HAI, AMR, and AMS activities in your health department?* The response choices were:

- Yes, I am willing to participate in a more in-depth interview and
- No, I am not willing to participate in a more in-depth interview.
Slightly over one-third (33%; n=15) of the respondents indicated they would be willing to participate in a more in-depth interview about HAI, AMR, and AMS activities for their LHD. Over one-third (40%; n=18) did not want to participate in a more in-depth interview and slightly over one-quarter (27%; n=12) did not respond to the question. Appendix D - HAI Exploratory Survey for Rural Health Survey Results contains a list of names and LHDs for this question.

HAI for Rural Health Project Next Steps
As proposed in the HAI for Rural Health Statement of Work, the immediate next steps include:

1. Evaluate data for possible product deliverable (e.g., one event, resource, research brief, and/or infographic).
2. Develop an evaluation plan based on the zoom/phone interviews analysis and draft assessments.
   a. Collaborate with NACCHO on the evaluation plan and associated assessments.
   b. Outline the framework for the evaluation process.
   c. Finalize evaluation instruments (qualitative and quantitative).
3. Implementation of evaluation activities using a mixed method approach to data collection per methods outlined in the evaluation plan.

HCC, Inc. will discuss with NACCHO the product deliverable based on the HAI Exploratory Survey for Rural Health data. This deliverable will focus on specific data findings to a NACCHO-select target audience.

Discussions have included:

- Monthly post branded as a series (Essential Elements blog, NACCHO Voice blog, share with Rural café, Rural/Frontier Project, Small LHD VC)
  o Introduction email with thank you to survey LHD participants
  o “101” topics: What is HAI, AMR, AMS? Training and Monitoring, Outbreak and Surveillance, etc.
- Prep Summit in context with survey
  o Disconnect on what resources/initiatives is offered to LHD’s
    ▪ Ensure summit participants have a personalized invitation to join the information sharing platforms.
  o Offer of travel scholarship to NACCHO360-Expand to offer presentation session

An evaluation plan for the in-depth phone interviews will be developed and provided to
NACCHO for review, including the interview schedule. A cohort from the 15 respondents who indicated they would participate in the in-depth interview will be selected, email invitations will be sent, and interviews will be scheduled. HCC, Inc. will work with NACCHO as they review the plan and the interview schedule (list of questions), as well as, with the email invitation.

Of the 15 respondents willing to participate in a more in-depth interview, 8 were currently engaged in initiatives/activities around HAI, AMR and/or AMS. Four (4) of the 8 responded that they do not have staff trained in any of the areas.

| Florida Department of Health in Polk County |
| Pima County Health Department |
| University of Arizona |
| Idaho Bureau of Rural Health & Primary Care |
| MT DPHHS |
| Williamson County & Cities Health District |
| Pierce County Public Health Department |
| Chambers County Public Health |

Seven (7) LHD's were not currently engaged in initiatives/activities around HAI, AMR and/or AMS. One (1) of the 7, responded that their health department did have staff trained in HAI, AMR, but not AMS.

| Whitley County Health Department |
| Towner County Public Health |
| Cook County Public Health and Human Services |
| Logan Health - Cut Bank |
| Milam County Health Department |
| Langlade County Health Department |
| Stark County Health Department |
HCC, Inc. offers the following suggestions for the in-depth interview cohort for the following areas:

- **General Data Gathering:** (FDOH – Polk County), (Montana DPHHS), and (Langlade LHD) with one another additional person.
- **Outbreak Response and Surveillance Activities:** (FDOH – Polk County) and (Stark LHD).
- **Response due to COVID:** (Pima LHD) and (Pierce LHD).
- **Understanding a Partnership Starting Out:** (Pima LHD) and (University of Arizona).
- **Understanding the Use of Contractors and State Partners:** (Idaho Bureau of Rural Health & Primary Care).

**Modified Next Steps HAI for Rural Health Project based on April 13, 2022, Meeting**

NACCHO, CDC and HCC, Inc. held a project update meeting on April 13, 2022, in which *Appendix E - PowerPoint Presentation* was used to communicate the results of the exploratory survey. Meeting Notes can be found in *Appendix F - Meeting Notes from April 13, 2022*. Discussion of Next Steps resulted in the following products and processes:

**HCC, Inc.**

1. Create template for the blog series from the exploratory survey
2. Create the assessment tool for in-depth phone interviews to further explore objectives 2-4 listed above. See *Appendix F - Meeting Notes from April 13, 2022* for in-depth interview details.
3. Provide NACCHO with interview schedule with list of candidates for recipients of NACCHO360 scholarship.
4. Invite, schedule, and conduct in-depth phone interviews using the language provided by NACCHO in *Appendix G - Rural HAI Incentive Language for Participation in Assessment in the invitation*.
5. Perform data analyses.
6. Write project report.
7. Produce products to share data from assessments and evaluation (e.g., one event, resource, research brief, and/or infographic).

**CDC**

1. Push out the CDC local strategy.
2. Include rural, frontier, and small LHDs in abstract presentation if accepted at NACCHO360 Annual Meeting.
1. Invite rural, frontier and small LHDs identified from NACCHO’s Preparedness Summit to the NACCHO communities specifically created for them (e.g., Rural café, Rural/Frontier Project, Small LHD VC).
2. Be specific and intentional in marketing communications to LHD’s that identify as Rural, Frontier and Small.
Appendices

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Appendix A - Initial Email to Potential Participants

Sent 9 March 2022

Hello Everyone,

We hope this email finds you doing well in your COVID-19 response efforts and all your other day-to-day public health duties. You are receiving this email because you have worked with NACCHO on initiatives for Rural and/or Frontier communities.

NACCHO is always looking for ways to support and build workforce capacity for local health departments and recognizes that opportunities and challenges in rural settings may be unique. Working in the Healthcare Associated Infections (HAI), Antimicrobial Resistance (AMR), and Antimicrobial Stewardship (AMS) space, NACCHO wants to assess and evaluate the components in these programs for Rural and/or Frontier areas. NACCHO has contracted with Health Communications Consultants, Inc. (HCC, Inc.) to assist in the assessment and evaluation of HAI, AMR, and AMS activities in Rural/Frontier areas. HAI, AMR and AMS activities or initiatives include implementing infection prevention and control efforts, improving the use of antibiotics, identifying antibiotic resistant infections, reducing the transmission of resistant organisms, etc.

HCC, Inc. is represented by Sarah D. Matthews, Ph.D. (she/her/hers) and Sandra Ruzycki, MA (she/her/hers). Sarah and Sandra bring a wealth of experience working with local health departments, assessment, evaluation and HAI, AMR, and AMS programs.

To jump-start this project, HCC, Inc. has prepared a short survey consisting of 8 closed- and open-ended questions which will take you less than 15 minutes of your time. We ask that you complete this survey by March 25, 2022. The survey link is provided above the signature line on this email. Thank you in advance for your participation on this project. Your input is critical to help us better understand the HAI, AMR and AMS work that Rural and Frontier health departments/organizations and their partners are currently engaged.

Link to the survey: https://healthcc.qualtrics.com/jfe/form/SV_72MyJ9IrteLbCku

Best,
NACCHO Covid-Workforce Team
Appendix B - Follow-up Email to Potential Participants

Sent March 15, 2022
Subject: Action Requested: NACCHO HAI, AMR, AMS Exploratory Survey

NACCHO is always looking for ways to support and build workforce capacity for local health departments and recognizes that opportunities and challenges in rural settings may be unique. Working in the Healthcare Associated Infections (HAI), Antimicrobial Resistance (AMR), and Antimicrobial Stewardship (AMS) space, NACCHO wants to assess and evaluate the components in these programs for Rural and/or Frontier areas. NACCHO is working with Health Communications Consultants, Inc. (HCC, Inc.) to assist in the assessment and evaluation of HAI, AMR, and AMS activities in Rural/Frontier areas, and we would appreciate your feedback through this short survey consisting of 8 closed- and open-ended questions which will take you less than 15 minutes of your time. We ask that you complete this survey by March 25, 2022.

COMPLETE THE SURVEY HERE

Please feel free to the staff member(s) on your team that work closely with HAIs, AME, and AMS on a daily basis. Thank you in advance for your participation on this project. Your input is critical to help us better understand the HAI, AMR and AMS work that Rural and Frontier health departments/organizations and their partners are currently engaged.

Christina Baum, MPH
(pronouns: she/her/hers- Why?)
Director, Infectious Disease
National Association of County and City Health Officials (NACCHO)
Appendix C - HAI Exploratory Survey for Rural Health

1. (Demographics) Please provide the following information:
   - Name
   - Health Department Name
   - County
   - State
   - Email
   - Phone number
   - Preferred method of communication (email, phone)

2. (Multiple Choice) Does your health department have staff trained in activities or competencies for?
   - a. Healthcare associated infections (HAI)
   - b. Antimicrobial resistance (AMR)
   - c. Antimicrobial stewardship (AMS)
   Choices:
   - Yes, we have staff trained in all 3 areas.
   - Yes, we have staff trained in HAI, AMR but not AMS.
   - Yes, we have staff trained in HAI and AMS but not AMR
   - Yes, we have staff trained in AMR and AMS but not HAI
   - No, we do not have staff trained in any of these areas.

3. (Essay text box entry) Please list the training or resources that you find the most useful in your work in each of the following areas. (Note: Please use website links, names of documents, etc. Put NA if training or resources are not used for the specified area).
   - a. Healthcare associated infections (HAI)
   - b. Antimicrobial resistance (AMR)
   - c. Antimicrobial stewardship (AMS)

4. (Multiple Choice) Does your health department currently engage in initiatives or activities geared around healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)? (Question 4 response divides the questionnaire)
   Choices:
   - Yes, our health department currently engages in initiatives/activities around HAI, AMR and/or AMS
   - No, our health department does not currently engage in initiatives/activities around HAI, AMR and/or AMS.
5a. (Essay text box entry) If Yes to Question 4. Why did you **decide to engage** in activities or initiatives around healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)?

6a. (Essay text box entry) If Yes to Question 4. What are some specific activities or initiatives that you have implemented for healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)?

7a. (Essay text box entry) If Yes to Question 4. Please provide the name and contact information for partner organizations/facilities that you have collaborated with on initiatives for:
   a. Healthcare associated infections (HAI)
   b. Antimicrobial resistance (AMR)
   c. Antimicrobial stewardship (AMS)

5b. (Essay text box entry) If No to Question 4. What are some of the **barriers** that have inhibited your health department from engaging in healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)?

6b. (Essay text box entry) If barriers in question 5 were reduced, what are some specific activities or initiatives that you would like to engage in for healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)?

7b. (Essay text box entry) What partner organizations would you like to collaborate with on initiatives with a healthcare associated infection (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS) component?

8. (Multiple Choice) Are you willing in participate in a more in-depth interview (approximately 1 hour via ZOOM) regarding HAI, AMR, and AMS activities in your health department? Y/N

   Choices:
   Yes, I am willing to participate in a more in-depth interview
   No, I am not willing to participate in a more in-depth interview

Thank you for your time and input on this survey for HAI, AMR, and AMS work in rural and frontier communities. Your responses have been recorded.
Appendix D - HAI Exploratory Survey for Rural Health Survey Results

Results were removed from the sharable document. If you wish to review the results of the survey, please contact NACCHO at infectiousdiseases@naccho.org
Appendix E - PowerPoint Presentation

Exploratory Survey
Rural Local Health Department Partnership in HAI, AMR and AMS

Project Goals

- This project has five goals:

1. Identify and recruit rural LHDs and their partnerships to provide exploratory assessment criteria for HAI, AMR and AMS work.
2. Assess performance for rural LHD-their partnerships collaborations engaged in HAI, AMR and AMS initiatives.
3. Assess barriers for rural LHD - their partnerships collaborations not currently engaged in HAI, AMR and AMS initiatives.
4. Inform on workforce development and capacity building in LHD and their partnerships engaged or not engaged in HAI, AMR and AMS initiatives.
5. Produce products to share data from assessments and evaluation (e.g., one event, resource, research brief, and/or infographic).
Survey Completion

- Forty-eight (48) responses in the pre-assessment exploratory survey.
- Of these respondents:
  - Four (4) did not provide any/complete contact information, random responses.
  - Three (3) non-responders will be removed from the tally, no contact information, only responded to mandatory questions.
  - One (1) will be retained, no contact information but responds to many survey questions not only mandatory questions.
- Total: 45 respondents.

Respondents

22 States
46 Respondents Adjusted N=45

- Arizona (AZ) - Pima County Health Department; University of Arizona
- California (CA) - Salinas County Public Health
- Colorado (CO) - Moffat County Public Health; Elbert County Public Health
- Florida (FL) - Florida Department of Health in Polk County
- Georgia (GA) - Georgia State Office of Rural Health
- Idaho (ID) - Idaho Bureau of Rural Health & Primary Care
- Illinois (IL) - The Critical Access Hospital Network; Henry & Stark County Health Departments; Schuyler County Health Department
- Kansas (KS) - Chih; Lane County Health Department
- Kentucky (KY) - Whitley County Health Department
- Maryland (MD) - Kent County Health Department
- Mississippi (MS) - Union County Health Department
- Missouri (MO) - Shelby County Health Department
- Minnesota (MN) - Dock County Public Health and Human Services
- Montana (MT) - MT DPHHS; Montana Hospital Association; Montana Hospital Association
- New Hampshire (NH) - Rural Health and Primary Care for the state of New Hampshire
- North Dakota (ND) - Cavalier County Health District; Tower County Public Health; St. Mary's Burleigh Public Health
- New York (NY) - Sullivan County Department of Public Health
- Ohio (OH) - Logan County Health District; MHRS; Ohio State Office of Rural Health; Stark County Health Department; Coshocton City Health Department; Portsmouth City Health Department; Union County Health Department
- Texas (TX) - Tyler County Health Department; Chambers County Public Health; Williamson County & Cities Health District
- Vermont (VT) - Vermont Department of Health
- Wisconsin (WI) - Langlade County Health Department; Douglas County Dept of HHS; Jackson County Public Health; Monroe County Health Department; Pierce County Public Health Department
- West Virginia (WV) - Grafton City Hospital
Exploratory Survey

The HAI Exploratory Survey consisted of 8 questions.

- Demographic question
- 1 short answer
- 3 multiple choice
- 3 essay/short answer

A skip pattern was employed for respondents who answered “Yes” or “No” to differentiate between respondents currently engaged in initiatives or activities geared around healthcare-associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS) versus those who did not engage.

Survey Completion Time

- Outliers: 105 minutes; 30 minutes
- Range without outliers: 2-16 minutes
- Average without outliers: 8 minutes
Does your health department have staff trained in activities or competencies for: a. Healthcare associated infections (HAI); b. Antimicrobial resistance (AMR); and c. Antimicrobial stewardship (AMS).

<table>
<thead>
<tr>
<th>Answer</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, we have staff trained in all 3 areas</td>
<td>17.78%</td>
<td>8</td>
</tr>
<tr>
<td>Yes, we have staff trained in HAI, AMR but not AMS</td>
<td>15.56%</td>
<td>7</td>
</tr>
<tr>
<td>Yes, we have staff trained in HAI and AMS but not AMR</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Yes, we have staff trained in AMR and AMS but not HAI</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>No, we do not have staff trained in any of these areas</td>
<td>66.67%</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>45</td>
</tr>
</tbody>
</table>

Please list the training or resources that you find the most useful in your work in each of the following areas: a. Healthcare associated infections (HAI); b. Antimicrobial resistance (AMR); and c. Antimicrobial stewardship (AMS).

- Twenty percent (20%) did not respond to this question. (N=13)
- Seventy-one percent (71%) responded to the question. (N=32)
- Ten (10) respondents (22%) indicated NA or None.
- Three (3) responses stated they needed training.
- Nineteen (19) respondents from fourteen (14) states provided more specific responses to the three areas listed:
  - Generally, these responses provided CDC, APIC, CIC, NACCHO, TRAIN, and state DOH websites from which they gather training or resources.
  - Several indicated they are partnering with local academic institutions, local hospitals (e.g., HQIC). DSHS mentoring programs, and/or other state agencies.
Specific Training and Resources Provided (Excerpts)

Arizona
- We currently have a BLOC NACCHO grant to focus on these areas, so while we don’t have staff trained now, through the grant we will be training a staff person, and also creating a staff training program. To do this we will be partnering with individuals at the University of Arizona as well as an IPC specialist. Training materials we also plan to use are through APIC - both a book and a study course.
- Our health department has a dedicated Infection Preventionist Pharmacist that is faculty on the University of Washington TASP (UW TASP) program. The AzFlex program supports 4 critical access hospitals in the UW TASP program.
- The Arizona Department of Health also has an HAI program, but most of the hospitals participate in HQIC programs and get resources from HQIC.

Florida
- For HAI, we’ve had internal trainings, but also use resources from CDC (https://www.cdc.gov/hai) and the Florida Department of Health (https://www.floridahealth.gov/diseases-and-conditions/health-care-associated-infections/index.html).
- For AMR, we’ve also had internal trainings, and likewise use resources from CDC (https://www.cdc.gov/antibiotic-use/core-elements/) and FDOH (https://www.floridahealth.gov/diseases-and-conditions/health-care-associated-infections/index.html).
- For AMS, we have not had specific trainings, but we do use resources from CDC (https://www.cdc.gov/antibiotic-use/core-elements/) and FDOH (https://www.floridahealth.gov/diseases-and-conditions/health-care-associated-infections/index.html).

Idaho
- We leverage our partners and contractors for HAI and AMS. The Idaho Department of Health & Welfare which we are a part of has a Bureau focused on HAI so we work together to ensure education includes rural entities such as CAHs. We work with the Idaho Hospital Association who also oversees the HQIC program and one of their focus areas is AMS for CAHs. We have a contract with the University of Washington Tele-Antimicrobial Stewardship (TATSAP) to provide weekly sessions on AMS for Idaho. 16 out of 27 CAHs. We also have a small cohort working on Asymptomatic Bacterial Urinary tract infection control practices/Emergency preparedness plans.

Minnesota
- We don’t provide direct healthcare services as a health department and do not have staff trained in these areas. We may consider it in the future, especially if we are asked to consult with other local partners on their infection control practices/emergency preparedness plans.

Montana
- CDC trainings. APIC training, CID.
- CDC trainings through webinars hosted by the AMR group.
- CDC trainings through webinars hosted by AMS group (we haven’t had training in this area for quite some time).

Wisconsin
- DHSH https://www.dhs.wisconsin.gov/regulations/mha-telemedicine.htm
- DHSH https://www.dhs.wisconsin.gov/disease/ami.htm
Does your health department currently engage in initiatives or activities geared around healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship?

- Twenty (20) respondents (44%) indicated Yes, our health department currently engages in initiatives/activities around HAI, AMR and/or AMS.

- Twenty-five (25) respondents (56%) chose No, our health department does not currently engage in initiatives/activities around HAI, AMR and/or AMS.

Survey diverges based on participant’s response to this question.

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Yes, our health department currently engages in initiatives/activities around HAI, AMR and/or AMS.

Why did you decide to engage in activities or initiatives around healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)?

(46%) indicated this was part of their FLEX program and/or CDC or other funding program.

- 15 of 20 provided additional detail
  - Funding/Program (n=7)
  - Outbreak Response (n=1)
  - COVID-19 Response (n=2)
  - Other (n=5)
Yes, our health department currently engages in initiatives/activities around HAI, AMR and/or AMS.

Why did you decide to engage in activities or initiatives around healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)?

Outbreak:
- We have had to investigate cases and outbreaks of HAIAs and AMRs. We are concerned with AMRs and had started working on promoting antimicrobial stewardship in long-term care facility settings prior to COVID-19.

COVID:
- We began working with long-term care facilities throughout COVID. We want to sustain the relationship that has been built, and one of the ongoing needs they have is HAIAs/AMS. So, we decided to train staff to be able to respond to this need.

COVID-19 pandemic and lack of support from state and federal levels for local health facilities.

Funding/government:
- I’m the Flex coordinator under the Medicare Rural Hospital Flexibility program. Under the Flex program, we have put resources into Antimicrobial Stewardship to support the online access hospital (OHAs).
- We have measures associated with HAI and AMS for the Idaho OHAs through the Medicare Beneficiary Quality Improvement Project (MBQIP); funded through the Medicare Rural Hospital Flexibility (Flex) grant. AMS and HAIAs are fundamental to infection prevention, so we work to support work in these areas and the measures provide the vehicle to do that.
- CDC provided funding to state health departments to perform these activities.
- As part of best practices and WPA resources with their HRSA Programs.
- Quality Improvement initiatives are required for the Medicare Rural Hospital Quality Improvement Program (MBQIP) under our Medicare Rural Hospital Flexibility (Flex) grant.
- HRSA programs with the Vermont Department of Health for over 10 years.
- IHA became a partner in the Hospital Quality Improvement Collaborative and AMS is a required aim of the Rural Hospital Flexibility Program.

Other:
- Local stakeholders have voiced interest. We assist in providing education.
- It was a tool that had not been a priority in the organization before and in which I don’t have a role or knowledge but greatly wanted to.
- To further my career and help share knowledge to our staff regarding new information.
- Due to home health.
- We do not.

Yes, our health department currently engages in initiatives/activities around HAI, AMR and/or AMS.

What are some specific activities or initiatives that you have implemented for healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)?

Seventy percent (70%) (14 of 20) provided answers to this question. In general, the responses focused on the need to:

- Investigate outbreaks.
- Respond to COVID-19
- Training and collaboration activities
- Training and monitoring activities

HC Health Communications Consultants
NACCHO
HC Health Communications Consultants
NACCHO
Yes, our health department currently engages in initiatives/activities around HAI, AMR and/or AMS.

What are some specific activities or initiatives that you have implemented for healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)?

Outbreaks:
- We regularly investigate notifiable diseases and outbreaks that are HAIs and collaborate with hospital infection preventionists regarding HAIs in their facilities. We also investigate cases of CRE and C. auris in conjunction with the PEOH HAI program. We began providing local LTCs with information on AMR, and plan on continuing that work as COVID-19 case numbers in those facilities decrease.

Covid:
- Mostly COVID related stuff until this point. But we have worked with state and local partners to perform CAPs and perform trainings for LTC staff. We continue having bi-weekly calls statics in March 2020 to share information training, education, and guidance. We also will expand with more LHD staff training, an EpipHIN/IPC coordinated outbreak response, and expanding our IPC support beyond COVID is under way.

Training and Collaboration:
- We also is providing education through our local CIDR team.
- Weekly ECHO teleconferences through VHR-TASP for 18 dialysis CAHs on AMR. These are also done with CAHs from Arizona, Washington, Oregon, and Utah. It provides a didactic and case study presented by a CAP each week.
- I have a monthly call with the facility IPs where we discuss any updates in guidance, like the addition of C. auris, HHN Alerts, ongoing cases and IPC training needs at their facilities.
- We benchmark these data sets, monitor and provide regular training, education, and technical assistance from Subject Matter Experts to improve the data. We are currently collaborating with several other states in a flu Quality Improvement Lab where we're focusing on HAI measures, CAUTI and CDI for Critical Access Hospitals.
- Weekly/Hospital IP meetings, weekly LTPC meetings, review of Infection Control Today Publications
- HAI Mentoring; Program ongoing
- Infection control

Training & Monitoring:
- By topic education with data analysis, root cause, and interventions.
- NHQ Mentor currently hosts a variety of webinars. Every Tuesday our HAI team has open office hours for all IPs. We also host a weekly Thursday infection prevention webinar
- AMR/AMS: We host a monthly webinar series (Montana Antimicrobial Stewardship Collaborative) where providers discuss cases, best practices, etc.
- Staff education including ER, MedSurg, Providers, Reports and updates to Performance Improvement / Quality, Med Staff and Board of Directors. Patient education. Quality & Strategic Dashboards.

Other:
- As mentioned previously we support the CAHs with the VHR-TASP which covers AMR and AMS. HOCi cover the HAIs that CAPs participate in.

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Yes, our health department currently engages in initiatives/activities around HAI, AMR and/or AMS.

Please provide the name and contact information for partner organizations/facilities that you have collaborated with on initiatives for Healthcare associated infections (HAI), Antimicrobial resistance (AMR), and Antimicrobial stewardship (AMS).

70% provided answers to this question (14 of 20). The most common responses were:
- CDC
- Local hospital infection control/prevention
- Other local and state agencies

Several respondents provided the specific name of individuals (including email addresses) with which they have worked.
No, our health department does not currently engage in initiatives/activities around HAI, AMR, and/or AMS.

What are some of the barriers that have inhibited your health department from engaging in healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)?

72% (18 of 25) identified barriers which prevented their LHD from engaging with HAI, AMR, and AMS. Of these open-ended responses the majority identified:

- Lack of funding (n=4)
- Lack of staff time (n=8)
- Lack of training. (n=8)

Additionally, lack of “fit” with LHD priorities and perceived need by the LHD and its community partners were also common barriers. (n=8)

If barriers were reduced, what are some specific activities or initiatives that you would like to engage in for healthcare associated infections (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS)?

64% (16 of 25) identified activities and/or initiatives they would like to engage in for HAI, AMR, and/or AMS.

- The majority (50%) focused on communications/messaging to the public and community partners.
- Training was the other identified need for both staff and community healthcare partners.
No, our health department does not currently engage in initiatives/activities around HAI, AMR and/or AMS.

What partner organizations would you like to collaborate with on initiatives with a healthcare associated infection (HAI), antimicrobial resistance (AMR) and/or antimicrobial stewardship (AMS) component?

56% (14 of 25) provided a list of agencies they would like to work with for HAI, AMR, and AMS.
- Hospitals
- Long-term care facilities
- Local healthcare providers
- Unsure (n=3)

Are you willing in participate in a more in-depth interview (approximately 1 hour via ZOOM) regarding HAI, AMR, and AMS activities in your health department?

- 33% (15 of 45) of the respondents indicated they would be willing to participate in a more in-depth interview about HAI, AMR, and AMS activities for their LHD.
- 40% (18 of 45) did not want to participate in a more in-depth interview.
- 27% (12 of 45) no response.
15 willing to participate in more in-depth interview.

- Yes, our health department currently engages in initiatives/activities around HAI, AMR and/or AMS.
- No, we do not have staff trained in any of these areas
- No, our health department does not currently engage in initiatives/activities around HAI, AMR and/or AMS.
- Yes, we have staff trained in HAI, AMR but not AMS.

Name of Departments

Florida Department of Health in Polk County
Pima County Health Department
University of Arizona
Idaho Bureau of Rural Health & Primary Care
MT DPHHS
Williamson County & Cities Health District
Pierce County Public Health Department
Chambers County Public Health
Whitley County Health Department
Towmer County Public Health
Cook County Public Health and Human Services
Logan Health - Cut Bank
Milam County Health Department
Lancaster County Health Department
Stark County Health Department

Next Steps: Products & Processes from Exploratory Survey

- In-depth Interviews.
- Monthly Post branded as a series (i.e., Essential Elements blog, NACCHO Voice blog, share with Rural café, Rural/Frontier Project, Small LHD VC).
  - Introduction email with thank you to survey LHD participants.
  - “101” topics: What is HAI, AMR, AMS? Training and Monitoring, Outbreak and Surveillance, etc.
- Prep Summit in context with survey.
  - Disconnect by participants on what resources/initiatives are offered to LHD’s.
  - Ensure Summit participants have a personalized invitation to join the information sharing platforms.
  - Offer travel scholarship to NACCHO0000 - Expand to offer presentation session.
Next Steps: In-depth interview

HCC, Inc. makes the following suggestions for the in-depth phone interview cohort for the following areas:

- **General Data Gathering**: (FDOH – Polk County), (Montana DPHHS), and (Langlade LHD) with one another additional person.
- **Outbreak Response and Surveillance Activities**: (FDOH – Polk County) and (Stark LHD).
- **Response due to COVID**: (Pima LHD) and (Pierce LHD).
- **Understanding a Partnership Starting Out**: (Pima LHD) and (University of Arizona).
- **Understanding Use of Contractors and State Partners**: (Idaho Bureau of Rural Health & Primary Care).

CDC Project

HCC, Inc. would like to align the in-depth phone interviews with CDC objectives.

- General Data Gathering
- Outbreak Response and Surveillance Activities
- Response due to COVID
- Understanding a Partnership Starting Out
- Understanding Use of Contractors and State Partners
Questions? Suggestions? Concerns?
Appendix F - Meeting Notes from April 13, 2022

Date: 04/13/2022
Time: 1:00pm-2:30pm
Subject: Review CDC HAI meeting stuff

Meeting Notes were removed from the sharable document. If you wish to review the notes from this meeting, please contact NACCHO at infectiousdiseases@naccho.org
Appendix G - Rural HAI Incentive Language for Participation in Assessment

NACCHO would love to hear your voice in our efforts to support and advocate for local health departments through this informative interview. **Include specific language regarding interview goals, time to complete, etc.** To show our appreciation for your dedication and time, NACCHO would like to offer you a scholarship to this year’s NACCHO 360 Annual Conference for the completion of this informative interview. The 2022 NACCHO 360 Conference, **Looking to the Future: Reimagining the Public Health System**, will be held July 19 – 22 at the Hyatt Regency Atlanta. We are planning for an in-person convening which will have a virtual component for those not able to attend in person. The scholarship will cover the cost of travel, hotels, and conference registration. Additional information regarding logistics will be obtained after the completion of the interview. Thank you for your consideration in participating in this interview.
References