**National Indian Health Board**

**Notice of Opportunity – Infectious Disease Peer Learning Community**

**Purpose of Infectious Disease Planning & Response** The [National Indian Health Board](https://urldefense.proofpoint.com/v2/url?u=http-3A__r20.rs6.net_tn.jsp-3Ff-3D001ue9rSYFAZBdbqcXHSUVl8tUCtarDkcCKMa8ecHPxyg9SxmqFV0p3zPO-5FRIqh0Mg8JILzjcnXxHx8yfDrVtJCPYWhB72Ok5l-5FLXCoZn91gjbHEOsAf-5FK7cptq6DchkHGV-2DqfD6QQMmS4-3D-26c-3DgFZFqzosVqYN-5FTml7zRG8dk6PEZDabvZvziUKXJiD-2DYmNAQ3-2DAVSog-3D-3D-26ch-3Dg6nTk-2DDSiFajE0hUw-5FkCyEUoYITWYZcPpBFjEtbPRaRjLIj-2DofW6cw-3D-3D&d=DwMFaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=vVkTmTGjaVIyrC8Y1s6ywA&m=bG0O4wJUhwU1BBu1LUuVW4D7uTeTh98EQJxafhiF6SQ&s=cWVjXtbvORY_1y8t59Z9UloDu4oZkkp_cbTL35rfehQ&e=) (NIHB) is working with the Centers for Disease Control and Prevention (CDC) to support emergency-based infrastructure for Indian Country. American Indians and Alaska Natives have increased vulnerability to emerging and re-emerging infectious diseases due to a lack of resources, public health emergency planning and response infrastructure intended to control outbreaks, and the complexity around jurisdictions, as well as lack of understanding among partners working with Tribes. Through this initiative, NIHB will assist Tribes with public health capacity building and training activities that engage public health and healthcare professionals and vulnerable populations to increase their ability to prevent and control outbreaks. A vital activity to aid in building capacity is creating peer learning community networks.

**Objectives of the Infectious Disease Learning Community**:

* Create and facilitate peer learning community networks for identified health professions in order to provide ongoing discussions and skills building.
* Support the prevention and control of current and future infectious disease outbreaks.
* Contribute to building Tribal public health capacity to improve the prevention and control of the present COVID-19 outbreak and future outbreaks.

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| **Eligibility for Infectious Disease Peer Learning Community Partnership** |

* Must be an official Tribal entity defined as a federally recognized Tribal Government, Tribal organization, inter-Tribal consortium, or Tribal health care facilities/health systemsas defined in the Indian Self-Determination and Education Assistance Act, as amended

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| **Infectious Disease Peer Learning Community Responsibilities** |

* Commit to hosting a peer learning community at least once a month to engage frontline personnel once a month to discuss topics relevant to preventing and controlling emerging and re-emerging infectious diseases
* Update NIHB on progress

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| **NIHB Responsibilities** |

* Provide technical assistance to peer learning community partners
* Will provide $15,000 to assist with setting up a peer learning community

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| **Application Process** |

* Complete the application
* Submit the application and supporting documents to Courtney Wheeler, cwheeler@nihb.org, by 11:59 PM EST, Monday March 15, 2021. The subject line of the email should read: “IDLC Interest Application”/ NIHB shall confirm receipt of all applications.

**Tribal Infectious Disease Learning Community Interest Application**

**Deadline: Monday, March 22, 2021**

**Instructions**: Fill out this application in its entirety by typing directly onto this document. Submit all sections of the application package (as a single Microsoft Word document) to Courtney Wheeler, at cwheeler@nihb.org. The subject line of the e-mail should read: ‘‘IDLC Interest Application.

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| **SECTION A (required): CONTACT INFORMATION** |
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| **Today’s Date**: Click here to enter a date. |
| **Contact Information**Contact information for the individual to be contacted for notification of application status: | **Name**: Click here to enter text. |
| **Title**: Click here to enter text. |
| **E-mail Address**: Click here to enter text. |
| **Phone Number**: Click here to enter text. |
| **Mailing Street Address**: Click here to enter text. |
| **City, State, Zip Code**: Click here to enter text. |
| **Tribal Affiliation (if applicable):** | Click here to enter text. |
| **IHS Service Area you where you primarily work:**  | **IHS Area**: Click here to enter text. |
| **Employer:** | **Name**: Click here to enter text. |
| **Mailing Street Address**: Click here to enter text. |
| **City, State, Zip Code**: Click here to enter text. |
| **Job Title/Occupation:** Click here to enter text. |
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| **SECTION C (required): INTEREST STATEMENT (*250 words maximum*)** |
| **Please add a brief description of your interest in establishing an infectious disease learning community, a brief description of your peer learning community, and how it can contribute to** **increasing knowledge and improving the prevention and control of current and future outbreaks.** Click here to enter text. |

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| **SECTION D (required): BUDGET** |
| **Please submit a budget. The budget must include expenditures for all activities.** Click here to enter text. |

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| **SUPPORTING DOCUMENTATION (required)** |
| **Please include**:[ ]  A Letter of Support from Tribe/Tribal organization representing (this can be added as a separate document or PDF). |