



TRIBAL INFECTIOUS DISEASE PLANNING AND RESPONSE

STEERING COMMITTEE APPLICATION

PURPOSE OF STEERING COMMITTEE The steering committee is a group of six individuals representing professionals at the front line of preventing and controlling the spread of emerging and re-emerging infectious disease threats such as COVID-19. This committee includes clinicians and other healthcare professionals, healthcare systems experts, emergency managers, and representatives from other Tribal organizations and institutions responsible for infectious disease outbreak prevention and control across Indian Country. Collaborative activities would extend from the following objectives: 1) support the dissemination and uptake of guidance, guidelines, and best practices for the prevention and control of the present and future infectious disease outbreaks 2) develop guidance, tools, and a series of best practices that can be used by Tribal health and public health professionals in their local response to outbreak 3) assist with implementing two technical assistance activities to support the prevention and control of emerging and re-emerging infectious disease threats such as COVID-19 and 4) provide feedback on the evaluation of the technical assistance activities to determine effectiveness and impact.

QUALIFICATIONS FOR STEERING COMMITTEE MEMBERS

- Successful applicants must possess strong relationship-building skills, networking, analytical thinking, knowledge and experience in infectious disease, and Tribal capacity building to help build Tribal public health capacity specific to preventing infectious disease threats.
- NIHB is looking for a diverse group of people to make up this committee, including, but not limited to Tribal physicians, nurse practitioners, nurses, school nurses, pharmacists, health educators, medical and nursing students, and other health care providers (or other public health professionals with responsibilities due to the COVID-19 pandemic), training and capacity building assistance professionals, and health systems experts.

STEERING COMMITTEE RESPONSIBILITIES

- Commit to two hours per month with NIHB
- Provide guidance and input to develop training, webinars, and other resources on preventing and controlling the spread of infectious diseases
- Share your expertise as an advisor with NIHB staff and other committee members
- Contribute to building Tribal capacity to support the prevention and control of the present outbreak (and future outbreaks) by assisting with developing, adapting, and reviewing video and print materials
- Serve as a speaker or moderator during an Infectious Disease Institute session or peer learning community webinar
- Foster positive communication outside the committee and actively promote



NIHB RESPONSIBILITIES

- Support Steering Committee members travel to attend the National Tribal Public Health Summit 2023
- Will provide \$1,500 per grant year to Steering Committee members, Tribes, or Tribal Organizations (if individuals are unable to accept financial payment) to support time and expertise with the Steering Committee
- Organize and facilitate meetings, including arranging dates and times and determining meeting platform

APPLICATION PROCESS

- Complete the enclosed application package. The following will comprise a completed application package:
 - Section A: Tribe and Contact Information
 - Section B: Area of Expertise
 - Section C: Interest Statement
 - Section D: Education and Honors
 - Section E: Supporting Documentation (Letter of Support)
- Submit all application sections and supporting documents to Audrianna Marzette, amarzette@nihb.org, by 11:59 PM EST, **Friday, March 25, 2022**. The email's subject line should read: "ID Steering Committee Application." NIHB shall confirm receipt of all applications.
- NIHB will notify applicants by April 11, 2022.
- NIHB will generate a Memorandum of Agreement (MOA) for accepted applicants. Both parties will sign the MOA.



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Tribal Infectious Response Steering Committee Application

Instructions: Fill out this application in its entirety by typing directly onto this document. Submit all sections of the application package (as a single pdf document) to Audrianna Marzette at amarzette@nihb.org. The subject line of the e-mail should read: "ID Steering Committee Application".

SECTION A (required): CONTACT INFORMATION	
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.
Years of experience in infection prevention and control or related field:	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.
What is your primary practice setting: <input type="checkbox"/> Hospital <input type="checkbox"/> Health Center <input type="checkbox"/> Health Station <input type="checkbox"/> Alaska Village Clinic <input type="checkbox"/> Tribal Health Department <input type="checkbox"/> School Health Center <input type="checkbox"/> Ambulatory Care <input type="checkbox"/> Critical Access Hospital <input type="checkbox"/> Nursing Care Facility <input type="checkbox"/> Youth Regional Treatment Center <input type="checkbox"/> Outpatient Clinic (e.g., medical and dental offices) <input type="checkbox"/> Other If Other, please list here: Click here to enter text.	

SECTION B (required): AREAS OF EXPERTISE	
Please check the box that best represents your work experience in infectious disease preparedness and response. (Select all that apply)	
<input type="checkbox"/> Inf	<input type="checkbox"/> Public Health Emergency Preparedness Essentials



	Emergency Management and Leadership	<input type="checkbox"/>
	Exposure Management (e.g., COVID-19, STD, HCV, Influenza, Healthcare-Associated Infections)	<input type="checkbox"/>
	Experience with facilitating the identification, investigation, diagnosis, treatment, or prevention of infectious diseases	<input type="checkbox"/>
Clinical Practice Settings	Ambulatory Care	<input type="checkbox"/>
	Emergency Response Settings	<input type="checkbox"/>
	Urgent Care Centers	<input type="checkbox"/>
	Other: Click here to enter text.	<input type="checkbox"/>

SECTION C (required): INTEREST STATEMENT (250 words maximum)

Please add a brief description of your interest in the Steering Committee program and how your knowledge and experience will contribute to improving clinical and public health outcomes to prevent and control emerging and re-emerging infectious disease outbreaks in Indian Country.

[Click here to enter text.](#)

SECTION D (required): EDUCATION/HONORS

A resume may be attached containing this and any other information that would help evaluate your application.

Bio (150 words maximum)

[Click here to enter text.](#)

Education (list schools, degree, program/concentration, and year completed)

[Click here to enter text.](#)

Professional Associations, Affiliations, and Certifications (list name/title, position (if applicable), and years)

[Click here to enter text.](#)

SECTION E (required): SUPPORTING DOCUMENTATION

Please include:

A Letter of Support from the Tribe/Tribal organization you represent (this can be added as a separate document or PDF). The letter of support from the Tribe or Tribal organization should state how your experience and ability to provide input on the project will improve Tribes and Tribal health systems.