

*The Infectious Diseases Society of America (IDSA),
the Society for Healthcare Epidemiology Association (SHEA),
and the Pediatric Infectious Diseases Society (PIDS) are pleased to announce the
**Leaders in Epidemiology, Antimicrobial Stewardship and Public Health (LEAP)
Fellowship Award***

Request for Applications for 2022-2023 Academic Year

Four grants of \$100,000 will be awarded to Infectious Disease Fellows or early career clinical ID physicians (MD, DO, or foreign equivalent degree) that will help to foster a bridge and collaborative endeavors between academic institutions and local public health departments.

KEY DATES

- On-line Application Process Opens: December 1, 2021
- Application Deadline: February 1, 2022 – Midnight Pacific; no exceptions permitted.
- Notice of Award: March 31st, 2022
- Award Start Date: July 1, 2022
- Award Completion Date: June 30, 2023

PROGRAM DESCRIPTION

Modern public health faces immense challenges. The specters of antimicrobial resistance and emerging infectious diseases require increasingly close coordination between health departments and healthcare facilities. Infectious Diseases (ID) physicians are often called upon to be the critical link in these relationships; however, they are often inexperienced in working with public health agencies. To address this need, the Infectious Diseases Society of America (IDSA), the Society for Healthcare Epidemiology of America (SHEA), and the Pediatric Infectious Diseases Society (PIDS), have joined together to create the **Leaders in Epidemiology, Antimicrobial Stewardship, and Public Health (LEAP)** fellowship. Sponsored by the Centers for Disease Control and Prevention, this fellowship aims to foster the next generation of Infectious Diseases leaders with interdisciplinary expertise in the integration of healthcare epidemiology, antimicrobial stewardship, and public health through hands-on experience with experts in these areas.

AWARD INFORMATION

The 2022-23 LEAP Fellowship award consists of a flat \$100,000 award per fellow for a one-year period, provided to the awardees' training program to fund the salary (both direct and indirect) of the awarded trainee.

Do not include Facility and Administrative (F&A) costs in the project proposal budget. F&A costs are expected to be provided by the affiliated organization or institution as contribution towards the training of the applicant. Any exceptions will be identified in the notice of award.

The award period is July 1, 2022 - June 30, 2023. Up to four awards are expected to be made for this current funding period. The priority of the LEAP Fellowship award is to fund outstanding individuals and build long-lasting collaborations between healthcare institutions and public health departments. The LEAP fellowship welcomes geographic diversity among applicants and their health departments. Late or incomplete applications, including those that do not conform to application instructions, will not be considered.

ELIGIBILITY CRITERIA

Institutions and candidates must meet the criteria below to qualify for consideration.

Applicants must:

- Have received an MD, DO, or foreign equivalent degree from an accredited institution.
- Have a valid, active US medical license at the time of application.
- Have previously completed their 1st year of an ACGME-accredited ID Training Fellowship, or currently be on track to complete that 1st year by 7/1/2022.
- Generally be no greater than 3 years post-graduate from an ACGME-accredited ID Training Fellowship, though candidates beyond 3 years may still apply and their applications will be considered on a case-by-case basis.
- If not presently in training, be an ABIM board-certified ID physician, or an ABP board-certified or board eligible Pediatric ID physician.
- Be affiliated with an ID training program that meets the eligibility criterion defined in this document. Acceptable affiliations include being a trainee enrolled in the training program, or a full-time faculty member in the ID division encompassing the training program.
- Guarantee a minimum dedicated time commitment for LEAP Fellowship activities during the 2022-2023 academic year of 75% of full-time professional effort, in the event an award is made.

The applicant's institution must:

- Have 501(c)(3) tax status
- Have an ACGME-accredited ID Training Fellowship.
- Have an ID physician-led Antimicrobial Stewardship Program (ASP) fulfilling all of the [CDC core elements of hospital antibiotic stewardship](https://www.cdc.gov/antibiotic-use/healthcare/implementation/core-elements.html) (<https://www.cdc.gov/antibiotic-use/healthcare/implementation/core-elements.html>). ASP leadership must be supportive of the applicant's education and participation in antimicrobial stewardship activities.
- Have an ID physician-led Hospital Epidemiology/Infection Prevention and Control Program (HE/IPC) whose leadership must be supportive of the applicant's education and participation in epidemiology and infection control efforts.
- Have a working relationship with a local health department (city, county, or state). The health department must be supportive of the applicant's education and participation in health department activities. Candidates newly establishing connections between their institution and a department of health can utilize the CDC's State-HAI Prevention Activities website to identify

emails for the public health contacts for their state (<https://www.cdc.gov/hai/state-based/index.html>).

Other requirements:

- A quality improvement or research project must be proposed at the time of application. This project should have relevance to the areas of public health, epidemiology or infection control, or antimicrobial stewardship, and be completable within the 2021-2022 academic year.
- A local mentor from within your institution must be identified. Local mentors are expected to play an active role during the course of the LEAP Fellowship in fostering the applicant's career development as a clinician-leader. Mentors are expected to act as advocates for the applicant at the departmental, institutional, and professional levels, provide guidance on the proposed project and act as the liaison for the candidate with the department of health. Mentors will also need to work alongside LEAP program members to track and help guide the development of the applicant.
- Institutional Review Boards (IRB) approvals, if required for the project proposed, are not necessary at the time of application. However, it is strongly recommended that approvals be in place by the start of the fellowship on 7/1/2022, and must be in place prior to initiation of the project.

If you have any questions about these eligibility criteria email mwagner@idsociety.org.

501(c)(3) STATUS OF THE APPLICANT'S INSTITUTION

The societies can award grants only to institutions that have letters from the US Internal Revenue Service documenting exemption from federal income taxation as an organization described in section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), and that they are not a private foundation or a Type III supporting organization as defined in Section 509(a) of the Code. Please note that this requirement does not exclude participation from applicants at state universities. State universities may not have a 501(c)(3) status and are encouraged to apply through their grant-receiving arms (e.g., applicants from the University of Texas may apply through the University of Texas Foundation).

REVIEW AND SELECTION CRITERIA

- **Overall Application Content:** Applications that show strong thematic coherence between applicant's career goals and project, their institution's activities, and public health department strategic goals will generally be scored higher than those that do not hold thematic coherence.
- **Applicant:** Applicants should demonstrate:
 - Evidence of interest in ID clinical leadership, hospital epidemiology and/or ASP, and public health in their personal statement, CV and/or biosketch.
 - Leadership abilities and evidence that individual development aims that are likely to assist in the applicant's career advancement. For example, if the applicant is aiming

for a career in hospital epidemiology, an individual development plan emphasizing involvement in cluster workup, exposure tracing, and perhaps coursework in epidemiology are examples of relevant individual development aims.

- The award is for applicants interested in establishing a career partnering with public health agencies.
- The LEAP fellowship not intended for those aiming for an independent research career such as those planning to pursue an NIH R01 or other major research grant as a career goal.
- **Institution:** Institutions should demonstrate a departmental and institutional commitment to the applicant and their career development. Evidence of institutional capability for providing access to key resources such as leadership training, quality improvement technique training, relevant academic coursework, or experiential training with hospital leadership, should be documented in the Program Director & Division Head's Letter of Support.
 - **Hospital Epidemiology/Infection Prevention and Control Program:** In the combined Hospital Epidemiology/Stewardship Letter of Support, commitment of the HE/IPC to exposing and involving the applicant in HE/IPC activities should be demonstrated. In addition, breadth of potential HE/IPC education and experiences available to the applicant, as represented by the types of activities performed by the program. Examples include cluster investigation, surgical site infection monitoring and reduction efforts, outbreak/emerging infectious disease response, and other relevant HE/IPC leadership and quality improvement activities should be outlined.
 - **Antimicrobial Stewardship Program:** In the combined Hospital Epidemiology/Stewardship Letter of Support, commitment of the ASP to exposing and involving the applicant in ASP activities should be demonstrated. In addition, breadth of potential ASP education and experiences available to the applicant, as represented by the types of activities performed by the program such as antimicrobial use monitoring and intervention, drug use reviews, focused antimicrobial use improvement efforts, outpatient and post-acute care facility stewardship, multi-hospital stewardship efforts, sepsis management interventions, and other relevant ASP leadership and quality improvement activities should be outlined.
- **Health Department:** The Health Department Letter of Support should demonstrate the following:
 - Commitment of the health department to exposing and involving applicant in health department activities and efforts.
 - Breadth of potential health department experiences available to the applicant, as represented by the types of activities performed by the department, such as outbreak investigations, multi-drug-resistant organism (MDRO) reduction efforts, healthcare-associated infection mitigation, antimicrobial stewardship efforts, COVID-19 response efforts, and other relevant public health activities.
 - Understanding of the applicant project and a description of how the project and applicant's activities align with the Department's strategic goals and initiatives.

- **Mentor:** In their letter of support, the mentor should present their evaluation of the career goals and promise of the applicant, and demonstrate their potential to facilitate, support, and enable career advancement of the applicant.
- **Project:** Project descriptions should describe the following:
 - Relevance of the project to public health, hospital epidemiology, or antimicrobial stewardship.
 - The degree of potential impact from the project on the defined clinical or public health concern.
 - The feasibility of accomplishing the project aims or activities within the single-year timeframe of the LEAP Fellowship.
 - How concrete the work product is and whether there are clear measurable outcomes related to the intervention (if any was performed).
 - While all project ideas are welcome, projects that involve collaboration with public health and synergy with public health goals will generally be scored higher than those without.

Check List and On-Line application portal.

Access the on-line application site from the IDSA website at:

http://www.idsociety.org/Leap_Fellowship_page.aspx.

1. Download the templates for the NIH biosketch, Individual Development Plan and Project Proposal from the IDSA Website (from Link above) or from inside the application portal.

Application checklist

A complete application consists of contact Information for the following list below. Contact Information includes: Name, Degrees, Title, Institution, City, State, email, and phone.

- a. Applicant
- b. Mentor (can be the same as one of the following)
- c. Program Director
- d. Division Chair (must provide confirmation of institutional support)
- e. Hospital Epidemiology/Infection Prevention and Control Program leader
- f. Antimicrobial Stewardship Program leader
- g. Health Department representative

(2) Application Uploads

- a. LEAP format Biosketch w/ personal statement (maximum 5 pages)
- b. Curriculum Vitae (maximum 2 pages)
- c. Brief Individual Development Plan (maximum 2 page)
- d. *Project proposal and timeline for completion (maximum 2 pages. Example projects provided at the end of this document).

(3) Three or Four Support Letters:

- a. Joint: Training Program Director and Division Chair
- b. Joint: Hospital Epidemiology/Antimicrobial Stewardship Leadership
- c. Health Department Representative
- d. Mentor: Mentor for LEAP project (*note: this letter is **not** required if mentor is already submitting a supporting letter as a Program Director, Division Chair, Hospital Epidemiology/Antimicrobial Stewardship Leader. Instead those letters should contain the information that would normally be sent in the Mentor Letter*).

*Project Examples: Below are projects from previous LEAP Fellows.

- Fellow: Holly Villamagna, MD – Oregon Health & Science University
Title: Risk Factors for Large COVID Outbreaks in Oregon Long Term Care Facilities
Description: Long-term care facilities (LTCFs) face significant infection control challenges during the COVID-19 pandemic, with a vulnerable population accounting for 33% of U.S. COVID-19 deaths and unique characteristics such as shared rooms, frequent movement in and out of acute care facilities, close and long term staff contact, and difficulties with implementing infection control measures. The goal of this project is to compare facilities with large COVID-19 outbreaks with those where COVID-19 was introduced but able to be contained, in order to identify risk factors for large outbreaks in LTCFs to allow for better targeting of public health interventions.
- Fellow: Milner Staub, MD – VHA Tennessee Valley Healthcare System
Title: An Assessment of Outpatient Antimicrobial Prescriptions Across Tennessee
Description: As of 2015 Centers for Disease Control and Prevention (CDC) analysis, Tennessee (TN) had the 6th highest rate of outpatient antibiotic prescriptions in the country. From the initial analysis performed by the CDC in 2011 to the 2015 analysis, the prescriptions per 1000 population rate for all outpatient antibiotic prescriptions decreased from 1247 to 1165; however, to date, there has been no more recent comprehensive analysis of TN outpatient antibiotic prescription. Additionally, the information available is more global and lacks the granularity needed to inform state-level antimicrobial stewardship efforts. The purpose of this project is to analyze 2016 IQVIA TN outpatient antibiotic prescriptions to describe the most-used antimicrobial agents and classes prescribed by provider type, by practice specialty, and by geographic classification. With this information, the TN Department of Health (TDH), in coordination with healthcare and clinic systems across the state, can direct resources to target specific regions and specific prescriber groups that have a large antibiotic prescription impact. By targeting these groups, limited resources can be used to improve antibiotic use more effectively.
- Fellow: Danny Dodson, MD – Children’s Hospital Colorado
Title: Improving assessment and implementation of antibiotic stewardship: A partnership between state public health, academic medicine, and community hospitals

Description: We are conducting a mixed methods study using a cross-sectional survey and virtual interviews to evaluate and partner with antimicrobial stewardship programs in the state of Colorado. Survey questions are designed to assess adherence to CDC stewardship core elements, mechanism of adherence, extension of stewardship to pediatric patients, available resources, and perceived barriers to stewardship. Semi-structured interviews are being conducted to better assess the action, tracking, and reporting core elements at participating hospitals as well as qualitatively assess perceived barriers to improvement and the role of public health in assisting stewardship programs. Ultimately, we hope to transition to a long-term collaboration with community hospitals in which we educate, provide desired resources, and problem solve to improve antimicrobial stewardship in the state.

- Fellow: Gabriela Andujar Vazquez, MD – Tufts Medical Center
Title: Enhanced support for long term care facilities participating in a Massachusetts Department of Public Health antimicrobial stewardship initiative
Description: Multi-drug resistant organisms (MDROs) and *Clostridium difficile* are leading causes of morbidity and mortality in the United States, with the majority of deaths concentrated in the geriatric population. Due to immunosenescence, overuse of antibiotics, frequent transfers to acute care, and communal living quarters, long-term care facilities (LTCFs) can facilitate the spread of these organisms both within and between facilities. Furthermore, LTCFs tend to be resource-constrained, and lack the necessary expertise to apply essential Antimicrobial Stewardship (AS) and Infection Control (IC) measures which are now federally mandated. The Tufts Medical Center AS team has been partnering with the Massachusetts Department of Public Health (MADPH) to support LTCFs in their efforts to improve upon their AS and IC practices. Under our current contract with MADPH, which began in 2016, we offer a comprehensive education program for LTCFs regarding AS. Feedback from the 744 participant facilities repeatedly express that more individualized help is needed, though resources to obtain such support are scarce. Throughout 2017-2018, we delivered comprehensive webinar-based educational with question and answer sessions, nevertheless in post webinar surveys, facility representatives consistently asked for more hands-on involvement by experts. My LEAP project was designed as a pilot study enrolling 10 facilities participating in educational webinars and submitting antibiotic usage data. It is a prospective interventional cohort study with a retrospective data collection component in which the unit of analysis is the LTCF.