

The National Syndromic Surveillance Program Community of Practice (NSSP CoP) Charter

Introduction

The National Syndromic Surveillance Program (NSSP) Community of Practice (CoP) charter provides the foundational and procedural basis for community and committee operations. It defines the community's mission, goals, organizational structure, and operational guidelines.

Community Overview

A CoP is a group of persons who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise by interacting regularly.¹ The three distinct elements that comprise a CoP are 1) a *community* that enables interaction (such as discussions, collaborative activities, and relationship building); 2) an identity defined by a shared *domain* of interest (such as syndromic surveillance); and 3) a shared *practice* of experiences, tools, methods, and ways of addressing recurring problems.

The NSSP CoP is a collaboration among states and local public health jurisdictions that contribute data to the NSSP BioSense Platform, public health practitioners who use local syndromic surveillance systems, Centers for Disease Control and Prevention (CDC) programs, other federal agencies, partner organizations, hospitals, healthcare professionals, and academic institutions. The NSSP CoP leverages the expertise and resources of its members to advance syndromic surveillance practice and the utilization of syndromic surveillance platforms (including the NSSP BioSense Platform). Through peer-to-peer collaborative activities, members of the NSSP CoP come together virtually to share information, build knowledge, develop expertise, and solve problems aimed at improving syndromic surveillance practice.

Partnership with CSTE

The Council of State and Territorial Epidemiologists (CSTE) partners with CDC NSSP to cultivate, facilitate, and maintain the NSSP CoP in accordance with cooperative agreement (CoAg) #6NU38OT000297: *Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health*.

CSTE acts as the professional home for applied epidemiologists representing multiple levels of public health practice. Its mission is to promote the effective use of epidemiologic data to guide public health practice and improve health, and its vision is to use the power of epidemiology to improve the public's health. Members are

¹ Wenger E, McDermott R, Snyder WM. *Cultivating Communities of Practice*. Harvard Business School Press. Boston, MA. 2002

epidemiologists and informaticians who conduct public health surveillance, support public health surveillance systems, and utilize surveillance data to guide public health action. CSTE is in a unique position to encourage the existing membership base to participate and collaborate with ongoing NSSP CoP activities.

NSSP CoP Strategic Framework

The vision, mission and overarching goals of the NSSP CoP supports Focus Area 2 of the Division of Health Informatics and Surveillance (DHIS) [2019-2021 Strategic Framework](#): *Syndromic Surveillance – Provide expertise, services, and systems to enable CDC and its partners to share detailed, timely, high-quality syndromic surveillance data to support public health practice.*

NSSP CoP Vision

The vision of the NSSP CoP is an inclusive and connected community of public health practitioners working together to advance syndromic surveillance practice.

NSSP CoP Mission

The mission of the NSSP CoP is to advance syndromic surveillance practice by leveraging the expertise and resources of its members to strengthen public health surveillance capabilities nationwide.

Overarching NSSP CoP Goals

- Build expertise and capacity for conducting syndromic surveillance through the sharing of best practices and success stories.
- Develop an environment that supports a collaborative information and data sharing community.
- Promote a greater understanding of the utility and application of syndromic surveillance.
- Enhance the relationships and bi-directional communications between CDC and its public health partners.
- Advance members’ professional development through knowledge sharing and group experiences.
- Integrate syndromic surveillance as a core surveillance function into every day public health practice.

NSSP CoP Organizational Structure

An established structure for the NSSP CoP sets a foundation for strategic action and ensures alignment of community activities with the NSSP CoP’s mission and goals. The following table details the community roles and their high-level responsibilities.

NSSP CoP Community Role	Organization	High Level Responsibilities
Executive Champion	CDC NSSP	<ul style="list-style-type: none"> • Champions the community and encourages participation in CoP activities. • Allocates CoAg funding to CSTE for coordination and support of the CoP.

NSSP CoP Community Role	Organization	High Level Responsibilities
		<ul style="list-style-type: none"> Assures the CoP’s mission and goals are aligned with the CDC DHIS strategic framework and other business requirements. Ensures the CoP’s procedures and processes are consistent with applicable federal rules and regulations, including those defining the role of CDC in providing oversight of the use of CDC resources. Provides technical and subject matter expertise to CSTE and the Core Committee as needed. Monitors CoAg performance and success.
Facilitator/Coordinator	CSTE	<ul style="list-style-type: none"> Champions the community and encourages participation in CoP activities. Establishes and provides administrative oversight of the Core Committee. Manages day-to-day activities of the CoP. Plans and schedules CoP activities (e.g., meetings, conference calls, etc.) Provides a collaboration platform for the community. Uses best practices to optimize efficiencies and effectiveness of CoP meetings. Interfaces with the Executive Champion (i.e., CDC NSSP). Builds/maintains CoP participation and membership. Curates the CoP Knowledge Repository. Evaluates CoP performance and success. Reports on CoAg performance measures and progress on activities specified in the workplan. Identifies programmatic activities and needs of the community to best facilitate the CoP (in collaboration with CDC NSSP and Core Committee). Maintains awareness of potential collaborations within the public health surveillance community.
Core Committee	CoP members representing state, tribal, local, and territorial (STLT) public health jurisdictions	<ul style="list-style-type: none"> Champions the community and encourages participation in CoP activities. Provides public health surveillance expertise. Interfaces with the community and assures relevant information is communicated to members. Identifies potential topics for CoP discussions, initiatives, subcommittees, or workgroups as needed. Identifies potential stakeholders and community members. Promotes peer-to-peer mentoring. Acts as a sounding board for ideas from CDC NSSP and CSTE.

NSSP CoP Community Role	Organization	High Level Responsibilities
		<ul style="list-style-type: none"> • Solicits input from the community and addresses community issues, questions and concerns. • Provides feedback to CSTE and CDC NSSP in the preparation and implementation of CoP trainings/webinars.
Subcommittees and workgroups	CoP members representing STLT public health jurisdictions	<ul style="list-style-type: none"> • NSSP CoP subcommittees organize around a specific functional area (e.g., preparedness, syndrome definitions, data quality). An NSSP CoP workgroup is a smaller, subgroup of a subcommittee that is specifically tasked to work on a particular project within a finite timeline.
General CoP membership	Individual CoP members	<ul style="list-style-type: none"> • Participate in or present on monthly CoP calls. • Join subcommittees or workgroups [if eligible]. • Participate in peer-to-peer mentoring. • Share knowledge, experiences, and lessons learned with other members. • Raise issues, questions and concerns to the Core Committee. • Contribute to the NSSP CoP knowledge repository.

Membership in the NSSP CoP

Membership in the NSSP CoP is voluntary and open to any person or organization interested in advancing syndromic surveillance practice. Membership in the CoP is free of charge and does not require CSTE membership. Participation in the NSSP CoP online community requires registration with the NSSP CoP by emailing syndromic@cste.org – members may request removal from the NSSP CoP membership directory and email distribution list also by contacting syndromic@cste.org.

Guiding Principles

All members of the NSSP CoP are asked to subscribe to the following Guiding Principles:

- Act with integrity and respect others.
- Strive to create an environment of trust and collaboration.
- Refrain from sharing or posting content that is classified, sensitive, or otherwise not releasable to the general public.
- Consider opportunities to work on cross-jurisdictional and/or cross-disciplinary projects that promote learning and collaboration experiences.

NSSP CoP Leadership and Officer Roles

NSSP CoP Core Committee

CSTE establishes and facilitates the Nssp CoP Core Committee – a community-driven body constituted of volunteer CoP members representing **STLT public health jurisdictions**. The purpose of the Core Committee is to provide guidance to CSTE to ensure that the Nssp CoP effectively promotes the use and practice of syndromic surveillance and enables a peer-to-peer, collaborative environment to foster and facilitate knowledge sharing and capacity building. The Core Committee includes the Core Committee Chair, Core Committee Past Chair, Core Committee Deputy Chair, and the co-chairs of the CoP subcommittees. Nomination and election procedures have been included below. Details on authority, responsibilities, and activities can be found in “Nssp Community of Practice Core Committee Positions: Desired Attributes and Position Expectations” document.

Core Committee Chair

To facilitate aspects of the Core Committee function, a **Core Committee Chair** will be elected every two years. Any member of the Nssp CoP who works at an STLT health department is eligible to be nominated for the position. Six weeks prior to the end of the current Core Committee Chair’s term (i.e., six weeks prior to July 31), an open call for nominations email will be sent to all Nssp CoP members. Nominations will be accepted from any CoP member (self-nominations acceptable). CSTE will review the nominations received by the deadline, and after confirming the nominee is fit for the position, CSTE will contact all nominees to confirm interest in running for the position and understanding of position responsibilities. The slate of eligible candidates will be announced to the entire Nssp CoP membership, and every Nssp CoP member is entitled to cast up to one vote for their preferred candidate.

The nominee that receives the majority of votes will be elected as the **Core Committee Chair**. In the instance that two candidates each receive the same number of majority votes (i.e., tie), a run-off between those two candidates will be held. The **Core Committee Chair’s** term shall begin on August 1 of the election year.

An elected Core Committee Chair will sit on the Core Committee for three years. The term of the **Core Committee Chair** shall be two years, ending on July 31st of the second year of the **Core Committee Chair’s** term, followed by one year serving as the **Core Committee Past Chair**. Upon completion of a Core Committee Chair’s term, elections will be held for a new Core Committee Chair. If no candidates for the role of Core Committee Chair are nominated, the presiding Core Committee Chair will nominate at least one candidate from the eligible Community of Practice membership base.

The **Core Committee Past Chair** will remain on the Core Committee as an advisor to the Core Committee and the Core Committee Chair for one year. During that time, they may provide historical context, best practices, and lessons learned to assist the Core Committee, Core Committee Chair, and Core Committee Deputy Chair in decision-making, as needed.

Core Committee Deputy Chair

The Core Committee Chair nominee that receives the second most votes during the election will be elected as the **Core Committee Deputy Chair**. Should the Core Committee Chair permanently resign, the Core Committee Deputy Chair will serve the remainder of the departing Core Committee Chair’s term.

The term of the **Core Committee Deputy Chair** shall be two years. Upon completion of a **Core Committee Chair and Core Committee Deputy Chairs’** concurrent two-year terms, elections will be held.

In the instance that the **Core Committee Chair** steps down, and the **Core Committee Deputy Chair** backfills that role, CSTE will solicit a Core Committee member (i.e., **Subcommittee Co-Chair**) to fill in the **Core Committee Deputy Chair** position for an interim time until ad hoc nominations and an election can be held.

Subcommittee Co-Chairs

Each topic-specific subcommittee will be led by two co-chairs. **Subcommittee Co-Chairs** shall be subject matter experts (SME) in syndromic surveillance with an interest in the subcommittee's specific topic area. The positions are voluntary and solicited for by the Core Committee and CSTE staff when a **Subcommittee Co-Chair** vacancy exists in the Community of Practice's structure. **Subcommittee Co-Chairs are not term-limited positions**; for as long as the **Subcommittee Co-Chairs** are able and willing to lead their subcommittee, they will remain on the Core Committee and in their Subcommittee Co-Chair position. Should a **Subcommittee Co-Chair** step down, CSTE will work with the Core Committee to solicit and identify another volunteer SME to fill the Subcommittee Co-Chair vacancy.

CDC and CSTE

Subject matter representatives from CSTE and CDC shall attend the Core Committee meetings and provide subject matter expertise and technical assistance to the Committee, as needed. Experts from CDC and CSTE are chosen by their respective groups using whatever means each group sees fit to use.

Organizational Liaisons

CSTE and the Core Committee may invite liaisons from other public health organizations, or relevant organizations, who have an interest in syndromic surveillance to participate in and/or present at Core Committee meetings.

Acknowledgement of Charter

The undersigned acknowledge the following:

- They have reviewed the NSSP Community of Practice charter in its entirety,
- Approve of the outlined procedures and responsibilities for the NSSP CoP Core Committee, Facilitator/Coordinator (CSTE), and Champion/Sponsor (CDC)
- Agree to abide by all outlined procedures, and
- Fulfill all identified responsibilities.

The charter will be reviewed annually at the start of the CoAg year. Changes to this community charter will be coordinated with and approved by the standing Core Committee Chair, Facilitator/Coordinator representative, and Champion/Sponsor representative undersigned or their designated representatives.

 Recoverable Signature

X 

Krystal S. Collier

Signed by: fdfd6290-3845-44e5-9476-c76b8e079898

Print Name: Krystal S. Collier, BA

Title: Syndromic Surveillance Program Coordinator

Agency/Organization: Electronic Disease Surveillance Program, Arizona Department of Health Services

Community Role: Chair, Core Committee

 Recoverable Signature

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Jeffrey P. Engel

Signed by: 07510f22-553f-46ad-bbad-70e8611a820c

Print Name: Jeffrey P. Engel, MD

Title: Executive Director

Agency/Organization: Council of State and Territorial Epidemiologists (CSTE)

Community Role: Facilitator/Coordinator

 Recoverable Signature

X Deborah W. Gould

Deborah Gould

Signed by: 6160aa39-8415-4704-8019-aec6817b8fdf

Print Name: Deborah Gould, PhD, MS

Title: Senior Advisor for Partnerships

Agency/Organization: Division of Health Informatics and Surveillance (DHIS), Center for Surveillance, Epidemiology and Laboratory Services (CELS), Deputy Director for Public Health Service and Surveillance (DDPHSS), Centers for Disease Control & Prevention (CDC)

Community Role: Champion/Sponsor