

Charter of the BioSense Governance Group (version 4.0)

Purpose of the BioSense Governance Group

The BioSense Governance Group is a collaborative group composed of the Association of State and Territorial Health Officials (ASTHO), Council of State and Territorial Epidemiologists (CSTE), International Society for Disease Surveillance (ISDS), National Association of City and County Health Officials (NACCHO), state, local, provider and federal partners, and supported by ASTHO in accordance with a cooperative agreement between ASTHO and the CDC to ensure key stakeholder involvement in BioSense. The purpose of this group is to provide guidance to ASTHO about the development and use of BioSense. To achieve this purpose, the BioSense Governance Group will:

- provide representation from a diverse set of public health stakeholders from state, local, and federal levels
- advise on strategic priorities, policy, and direction for BioSense
- advise on system development to assure that it is responsive to jurisdictional and user input
- serve as a conduit for feedback and recommendations from the constituents that the Governance Group members represent
- identify and recommend new categories of data or functionality to be added to BioSense
- form sub-committees and policy workgroups as needed.
- assist in resolution of disputes if other attempts to solve problems have proved ineffective.

BioSense

BioSense, a service for public health agencies and their partners, is a the web-accessible platform used to receive, store, maintain, process, analyze, and display surveillance data. BioSense can also be utilized as a tool for sharing data between public health agencies.

BioSense Program

The BioSense Program, through the Centers for Disease Control and Prevention (CDC) Public Health Surveillance and Informatics Program Office, facilitates recognition and tracking of health problems as they evolve, and provides public health officials with data, information and tools aimed at preparing for and responding, in a coordinated way, to threats to the health of the American people.

Participating Jurisdiction

The term “participating jurisdiction” will denote either a local, territorial, or state health jurisdiction, or federal agency, that operates under either statutory or regulatory authority to provide data to BioSense and that has agreed to the terms and conditions of the BioSense Data Use Agreement (DUA). The formal designation of a participating jurisdiction in the BioSense DUA is “Data Source.”

Associated Organization

BioSense participating jurisdictions will identify associated organizations for their jurisdiction. The term “associated organization” will denote each health care organization generating data for BioSense, and each organization having any BioSense users.

User

The term "User" is any authorized user of data available through BioSense. Each user must be affiliated with a participating jurisdiction or CDC and be accountable to that jurisdiction for abiding by the Terms and Conditions of Data Use and Security standards.

Roles of the BioSense Governance Group:

Governance Group members are expected to represent their respective constituencies and:

- Solicit input from their respective constituencies
- Act as a conduit of information between their constituencies and the Governance Group
- Actively participate in conference calls and face-to-face meetings

Desired attributes of Governance Group members include:

- Knowledge and experience in syndromic surveillance and policy
- Interest and commitment to improving national surveillance efforts
- Ability to fairly represent the views of their constituencies
- Familiarity with the assets and needs of their constituencies
- Skill in collaboration and consensus
- Ability to attend twice-yearly face-to-face meetings and monthly teleconferences

Composition of the BioSense Governance Group

The Governance Group shall be composed of 15 people, 14 with a single vote on all matters under the purview of the BioSense Governance Group and 1 non-voting member, representing the CDC:

- 4 Individuals shall represent the various public health associations that will utilize BioSense. Specifically, there shall be one representative, each with a single vote, from:
 - The Association of State and Territorial Health Officials (ASTHO)
 - The Council of State and Territorial Epidemiologists (CSTE)
 - The National Association of County and City Health Officials (NACCHO)
 - The International Society for Disease Surveillance (ISDS)
- 8 Individuals, each with a single vote, shall represent the state/territorial (3), city/county (3), and non-public health (2) contributors of data to BioSense:
 - 3 shall be from state or territorial public health agencies
 - 3 shall be from county or city public health agencies
 - 2 shall be from data contributors that are non-public health agencies (such as healthcare facilities, pharmacies, etc.)
- 3 Individuals shall represent the following federal data submitting agencies:
 - The U.S. Centers for Disease Control and Prevention (CDC)
 - CDC will be a non-voting member
 - The U.S. Department of Veterans Affairs (VA)
 - The U.S. Department of Defense (DOD)

Selection of Governance Group Members:

Representatives of ASTHO, CSTE, NACCHO, ISDS, CDC, VA, and DOD shall be chosen by their respective groups using whatever means each group sees fit to use.

Representatives of the 8 non-federal data submitting groups shall be chosen by secret-ballot election, facilitated by ASTHO, among the population of BioSense participating jurisdictions and associated organizations. Elections shall be held separately for state/territorial, county/city, and non-public health representatives.

For state/territorial and county/city elections, each participating jurisdiction and associated organization is permitted to nominate one representative as a candidate for election in their respective categories.

For non-public health agency representative elections, the participating jurisdictions and associated organizations may nominate one candidate from a data-contributing facility.

Only State and territorial participating jurisdictions and associated organizations may vote in the state/territorial elections.

Only city and county participating jurisdictions and associated organizations may vote in city/county elections.

State/territorial and city/county participating jurisdictions and associated organizations can vote in elections for the non-public health agency representatives

For each position for which they may vote, each participating jurisdiction and associated organization may cast one vote.

The top 3 vote-receivers from the state/territorial and county/city elections, and the top 2 from non-public health elections, shall be the representatives on the Governance Group for the upcoming Term.

In the event there are more than nine nominees for state or local public health representatives, or more than six non-public health nominees, there will first be a runoff election in which the top four vote-receivers for state or local public health, or the top three non-public health vote-receivers, will be the candidates in the final election.

Governance Group Terms of Service

Governance Group members will serve a term of two years to begin on the first day of the month just following their elections.

These terms will be staggered as follows:

- 1) State/territorial and county/city: 2 members shall serve in the same 2-year term while 1 member will serve an overlapping 2-year term, staggered by one year.
- 2) Non-Public Health groups: each of the two members shall serve overlapping 2-year terms, staggered by one year.

If any scheduling conflict prevents a member from attending any meeting, the member is permitted to designate a substitute, with voting rights.

Permanent resignations created for any reason will be filled by selection of an interim member that will serve the remainder of the departed member's term. Federal and association interim members shall be chosen by their respective organizations as they see fit. State/territory interim members shall be chosen by state public health associations (ASTHO and CSTE), city/county interim members shall be

chosen by NACCHO, and non-public health interim members shall be chosen by ASTHO, CSTE, NACCHO, and ISDS, each association having one vote for each non-public health resignation.

Governance Group Chairs

To facilitate aspects of Governance Group function, a chair shall be elected. The term of the Chair shall be one year, followed by one year as Past-Chair. The Past Chair shall serve as a backup when the chair is unable to participate for any period. Permanent resignation of the Chair (or Past-Chair) created for any reason will be filled by a vote for an interim Chair (or Past-Chair) that will serve the remainder of the departing Chair's (or Past-Chair's) term.

The Chair will be elected – by secret ballot of the Group membership – with the Chair-elect having achieved a plurality of votes. In the case of a tie between two members, a second vote will be held until one receives a plurality.

Upon completion of a Chair's term, the Group will hold elections for a new Chair.

Policy Formation by the Governance Group

The BioSense Governance Group shall meet, in person or by conference call, on a periodic basis as determined by the Group in order to discuss policy issues surrounding use of and participation in BioSense. Meeting frequency should be at least twice per year, but as many meetings may be held as necessary.

Issues defined as Policy (defining broad scopes of action or major recommendations for BioSense development) will require a vote as described below in "Voting on Policy". Issues that are operational in nature (tasks involved in the achievement of policy goals) may be decided by acclamation or the absence of dissenting opinion. Any governance group member may decide that an issue be voted upon as a policy issue. In the absence of such a decision, the chair (or past-chair, in the chair's absence) will decide which issues require a Policy vote.

Policy proposals to be considered by the Governance Group may be suggested by a member of the Group or by other BioSense participating jurisdictions and users.

If an issue is to be considered by the Governance Group, documents outlining policy proposals will be drafted (facilitated by ASTHO) and supplied to the Group for comment, revision, and, votes for approval, if warranted.

Voting on Policy

Votes will be held at arranged meetings of the Governance Group (in person or via teleconference).

In order to assure a voting member of the Governance Group receives sufficient informed input from those they represent, any issues for which a vote is required shall be presented to the Group at least two weeks in advance of any scheduled vote.

A vote may only conclude when at least 80 (eighty) percent of the governance group have participated, voting for, against, or abstaining. Voting will occur during meetings if feasible; in votes during meetings, all

members in the meeting must be allowed to vote. Asynchronous voting outside of meetings, such as by email, may be used if necessary. When voting outside of meetings is used, the method will always provide an option for any member to require that the vote be postponed until there is more discussion. During voting outside of meetings, a single vote for postponement will result in the voting being abandoned, and the issue going back to discussion.

Sufficient time will be given to discuss each issue scheduled for a vote prior to the vote itself. The vote itself will be an open-ballot vote. A record of each vote (with each member's vote listed) will be presented in notes from the Governance Group meeting.

Passage of an issue shall require a majority of at least 67 (sixty-seven) percent of votes (not counting abstentions) in the affirmative, with at least 70 (seventy) percent of the associations (ASTHO, CSTE, NACCHO and ISDS, not counting abstentions or unfilled seats also voting in the affirmative. However the goal shall always be to strive for consensus.

Changes to the BioSense Governance Charter

Changes to this charter document shall be proposed to the Governance Group by providing the written amendments for the Group to consider. After sufficient time for discussion and debate, the Group shall vote on the written amendments.

Participation of all Governance Group members, or appointed substitutes, shall be required for a vote on charter amendments to proceed.

Passage of an amendment shall require a vote of 67 (sixty-seven) percent of the complete membership of the Governance Group in the affirmative.

Changes to the charter will be reflected in a new draft of this document, with a recording of the date of revision. An archive will be kept of all official previous versions of this charter.

The original Charter of the BioSense Governance Group was finalized on April 13, 2012. It was developed by the Interim Governance Group, with input from staff and public health membership of ASTHO, NACCHO, CSTE, ISDS, and the CDC.

The current Charter (version 4.0) was created by selected changes to the text, as deliberated and agreed to (as defined in the original charter) unanimously by the entire membership BioSense Governance Group on February 18, 2016.

A comparison document, showing the changes from the original document and version 4.0 is available.

The current members of the BioSense Governance Group at the time of approval of version 4.0 were:

Representation	Name	Organization
Association of State and Territorial Health Officials (ASTHO)	James Howgate	Georgia Department of Public Health
Council of State and Territorial Epidemiologists (CSTE)	James Collins	Michigan Department of Community Health
The International Society for Disease Surveillance (ISDS)	Joseph Gibson	Marion County Public Health Department
National Association of County and City Health Officials (NACCHO)	Bill Stephens	Tarrant County Public Health
State/Territorial Public Health	Caleb Wiedeman	Tennessee Department of Health
State/Territorial Public Health	Bryant Thomas Karras	Washington State Department of Health
State/Territorial Public Health	Stacey Hoferka	Illinois Department of Public Health
County/City Public Health	Atar Baer	Public Health - Seattle & King County
County/City Public Health	Jeff Lee	Idaho District Public Health
County/City Public Health	Holly Whittaker	Nevada County Public Health Department
Provider/HIE/EHR	Brian Dixon	Regenstrief Institute
Provider/HIE/EHR	Laura McCrary	Kansas Health Information Network
Centers for Disease Control and Prevention (CDC)	Michael Coletta	CDC
Department of Defense (DoD)	Jean Chretien	DoD
Department of Veteran's Affairs (VA)	Mark Holodniy	VA

Signature of acknowledgement of the BioSense Governance Charter as developed by the Governance Group on February 18, 2016.

The signature on this page by the Chair of the BioSense Governance Group represents that this document meets with the approval of the entirety of the Group. It also represents the understanding of the signatories that this is a "living document" which can be periodically modified and improved upon by the BioSense Governance Group, based upon input by stakeholders, following terms described within this document.

To be signed by the Chair of the BioSense Governance Group

Stacey Hoferka
Name


Signature

ILLinois Department of Public Health
Organization

Surveillance and Informatics Epidemiologist
Title

2/19/16
Date