The setting

- BioSense 2.0 is federally funded
  - Intended to meet national, state and local needs
  - Decentralized strategy for meeting national surveillance and situational awareness needs (top-down approach didn’t work well)
- Operated on contract by ASTHO
- CDC is serious about listening to the user community
- ASTHO and CDC need a mechanism to receive input from the user community systematically on architecture, user interface, tools, policies etc.
Interim Governance Group

- A sort of constitutional convention for the eventual Governance Group
- 2 representatives each from CSTE, ASTHO, NACCHO, and ISDS
- Staff support from all four organizations
- Constant supportive presence from CDC and BS 2.0 contractors (RTI, Epidemico)
- Started meeting October 2011 and is about to disband
Purpose of Governance Group

• The purpose of this group is to oversee the development and use of BioSense 2.0.

• The Governance Group will:
  • provide representation from a diverse set of public health stakeholders from state, local, and federal levels
  • set strategic priorities, policy, and direction for BioSense 2.0
  • assure that system development 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 2.0
  • form governance sub-committees and policy workgroups as needed.
  • assist in resolution of disputes if other attempts to solve problems have proved ineffective.
Who will the GG members be?

- 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 in 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
Make-up of the GG

- The Governance Group shall be composed of 15 people, each with a single vote on all matters under the purview of the Governance Group.
- One representative each 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)
- One representative from each of these federal data submitting agencies:
  - The U.S. Center for Disease Control (CDC)
  - The U.S. Department of Veterans Affairs (VA)
  - The U.S. Department of Defense (DOD)
- 8 Individuals shall represent the state/territorial (3), city/county (3), and non-public health (2) contributors of data to BioSense 2.0:
  - 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)
Correct Past Representation Imbalance

Non Public Health  Public Health Jurisdictions  Associations  Feds

Hosp(s)  Health sys  Local  Local  Local  State  State  State

ASTHO  CSTE  NACCHO  ISDS

CDC  VA  DOD
Transition from IGG to GG

- The 8 GG members representing data contributors have to be from jurisdictions that are contributing data to BS 2.0
- There aren’t very many of these yet
- CSTE and ASTHO will appoint three transitional state representatives
- NACCHO will appoint three transitional local representatives
- The four associations together will appoint the first two representatives of ‘other’ data providers

- In a steady state these 8 will be chosen by an election process among DUA-holders in the three categories (state, local, non-governmental)

- Trigger for elections is at least 25 jurisdictions with signed DUAs.
How will the permanent representatives be chosen? **Warning – weeds!**

- 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 2.0 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 located within their jurisdiction.
  - 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.
Staggered terms

• 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.

• Non-Public Health groups: each of the two members shall serve overlapping 2-year terms, staggered by one year.
Chair

- The GG will elect its own chair for a one-year term
- The immediate past chair will fill in for the current chair as needed
Voting

- Issues requiring a vote are to be submitted to the GG members two weeks in advance.
- 80% of the members (12) must be present to take a vote.
- Passage of an issue requires 67% of those present voting yes, with at least three of the four association members voting yes.
- The goal shall always be to achieve consensus.

- “Affiliated organizations” can vote. These are entities that submit data under a different organization’s DUA.
  - Local health department that submits under state DUA can vote for local representatives, and
  - Hospitals that submit data through a local or state can vote for non-governmental representatives
  - (This language in the DUA needs some clean-up)
Changes to the charter

• The GG can change its own charter
• 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 67% (10) votes in the affirmative and all Governance Group members present
What will the GG really do?

- A lot of this will be up to its members
- Associations and GG members will have to be vigilant about keeping channels of communication open in both directions with developers and funders