

**Poison Center and Public Health Collaborations Community of Practice**

**Community Charter**

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# **1 INTRODUCTION**

## **1.1 PURPOSE OF COMMUNITY CHARTER**

The Poison Center and Public Health Collaborations Community of Practice community charter documents information required to approve and support the activities necessary for a successful launch, cultivation, and sustainability of the Community of Practice. The community charter includes the needs, scope, justification, and resource commitments.

The intended audience of the Poison Center and Public Health Collaborations Community of Practice community charter is the community members, which include individuals in federal, state and local public health (PH) departments, and American Association of Poison Control Centers (AAPCC) member poison centers.

## **2 COMMUNITY OVERVIEW**

A Community of Practice (CoP) represents a group of professionals, informally bound to one another through exposure to a common class of problems and common pursuit of solutions. Communities of Practice are associated with knowledge management as a way of nurturing new knowledge, stimulating innovation, and sharing knowledge within an organization.

The Council of State and Territorial Epidemiologists (CSTE) identified the need for a common platform of discussion and were interested in building a community of practice to share experiences, identify best practices, and facilitate relationships among federal, state and local public health agencies and PCs. In June 2010, a kick-off roundtable discussion was held at the CSTE Conference in Portland, OR, and was attended by approximately 50 participants from federal, state, and local PH departments, AAPCC, and regional PCs. The focus of the discussion was to develop a framework for this community of practice, including goals, objectives, and meeting structure. As a result of the meeting, the Poison Center and Public Health Collaborations Community of Practice was created with members from state and local PH, PCs, CDC and AAPCC. The primary goal of this CoP is to serve as a platform for PCs and states to share ideas, interests and ways to work together to enhance public health hazardous exposure and illness surveillance. Members participate in quarterly webinars, in-person meetings at conferences, and an online forum.

## **3 JUSTIFICATION**

### **3.1 PUBLIC HEALTH NEED**

The degree of utilization of PC information in state PH departments for disease surveillance is variable. Some state PH departments utilize PC data for disease surveillance extensively; other states conduct surveillance activities with little to no use of PC data. Much of this inconsistency stems from differences in jurisdictions and available resources for both organizations. Many clinical toxicologists and public health officials agree that PC data can play an important role in public health practice and surveillance in particular. However, each state health department, like each PC, has different resources, capabilities and interests. In order to facilitate better collaboration, a common platform needs to be created to discuss these issues amongst state health departments and PCs.

## 4 SCOPE

### 4.1 MISSION

The Community's purpose is to facilitate better collaboration between local, state and federal public health and regional poison centers through sharing ideas, obstacles and best practices to enhance disease surveillance.

### 4.2 GOALS

The goals of the Poison Center and Public Health Collaborations Community of Practice are as follows:

- Build knowledge on mutually agreed public health and toxicology topics
- Develop and formulate best practices for poison center and public health collaboration
- Increase member enrollment from poison centers and public health so that all interested stakeholders are represented
- Operate around the following governance principles: participation, transparency, responsiveness, consensus, equity and inclusiveness, effectiveness, efficiency and accountability

## 5 COMMUNITY ORGANIZATION

### 5.1 ROLES AND RESPONSIBILITIES

This section describes the key roles supporting the community.

Community Role	Community Responsibilities
Community Co-chairs	The community co-chairs assume the primary leadership of the affairs of the community. The co-chairs will participate in all policy or program decisions of the community during monthly leadership calls. The co-chairs may sign official documents on behalf of the community and must approve all documents or statements before dissemination outside of the community. To ensure fair representation, one chair must represent state and local health departments and one chair must represent regional poison centers. Community co-chair terms will be two-year terms. Volunteers to serve as chair will be self-nominated. If more than two members volunteer to be co-chairs, a voting process during a Community of Practice webinar will be held to determine the co-chairs.
Community Leadership Team	Six to eight persons including the two co-chairs responsible for representing the many stakeholders of the community and providing direction and support to the community. Policy or program decisions of the community will be made by the leadership team by consensus. The leadership team will hold monthly conference calls to make decisions on administrative issues and establish basic policies and activities for the community. Leadership terms will last two years with an option to stagger in and out members every year in September. If there are more than 8 persons that volunteer to be in the leadership team, a voting process during a Community of Practice webinar will be held to determine the leadership team members.
Community Facilitator	Person or persons who perform the day-to-day management of the community and is responsible for routine dissemination of information and updates to community members.