

Great Lakes Border Health Initiative Steering Committee

Terms of Reference – May 2012

Overview

The Great Lakes Border Health Initiative (GLBHI) Steering Committee has representation from health agencies for the U.S. states of Indiana, Michigan, Minnesota, New York, Ohio, Pennsylvania, Wisconsin, and the Canadian province of Ontario as well as local health agencies near international borders to oversee the enhancement of collaborative early warning infectious disease surveillance and response between our jurisdictions, including the international borders, to maintain an agreement for information sharing, and to explore the development of a memorandum of understanding for additional cooperation between our jurisdictions.

1. Committee Mandate and Key Tasks

- (1) To identify opportunities to improve collaborative early warning infectious disease surveillance and surveillance information sharing between the above mentioned states and Ontario.
- (2) To reach agreement regarding the type of early warning infectious disease information to be shared, and the manner in which it will be shared, including maintaining a 24/7 response protocol between our jurisdictions that would include appropriate contacts, and their roles for all jurisdictions.
- (3) To monitor jurisdictions' technological developments for opportunities to streamline and optimize cross-border public health information sharing.
- (4) To explore the development of a Memorandum of Understanding (MOU) for resource sharing, as appropriate, in an emergency between Ontario and the above mentioned states and to identify opportunities for additional collaboration.¹

2. Membership

At a minimum will include:

- Steering Committee Chair(s) – U.S. State and Ontario co-leads
- Representative(s) from each U.S. state health agency
- Co-Chairs for each of the GLBHI Subcommittees:
 - Direct Care (ad hoc or as required)

¹ The MOU should be general enough to provide a framework which will be applicable to the circumstances and needs of all jurisdictions. Specific considerations can be included in appendixes [or schedules] if required.

- Education and Training (ad hoc or as required)
- Emergency Response (ad hoc or as required)
- Food Protection and Defense
- Laboratory
- Legal
- Surveillance and Communications
- (local) Medical Officers of Health or their delegates
- Other key stakeholders as identified by the Committee

3. Structure

When active, the subcommittees and work groups will report through their Chairs directly to the Steering Committee Chair(s).

Ontario Steering Committee Co-Chair will report to the Ontario Chief Medical Officer and designates in the Ministry of Health and Long-Term Care (MOHLTC), on activity updates.

Reports to the U.S. Centers for Disease Control and Prevention will be completed by state GLBHI leads through their annual reporting requirements or more frequently for specific federal needs.

Development of membership for Subcommittees and their respective Terms of Reference will be proposed by the Subcommittee Co-Chairs and approved by the Steering Committee [to include plans for accomplishment of key tasks identified under mandate, by the appropriate Subcommittee].

4. Administration

- Primary administrative and logistical support will be provided by the state health department of the U.S. Co-Chair of the Steering Committee.
- Work plans for key tasks will be developed jointly by the state health departments and the Ontario Ministry of Health and Long-Term Care with agreed upon deliverables and associated timelines.
- Meetings will be in-person or by teleconference with frequency to be determined jointly by the involved state health departments and MOHLTC.
- Sunset: this committee will complete its work after one calendar year and may be re-constituted, with re-negotiated Terms of Reference, with the agreement of involved state health departments and MOHLTC.
- This committee will reach agreement based upon a consensus of the members of the Steering Committee.

Organizational Structure

