ISDS
INTERNATIONAL SOCIETY FOR DISEASE SURVEILLANCE

Results from the 2018 National Syndromic Surveillance Program Community of Practice Member Satisfaction Assessment

October 1, 2018

National Syndromic Surveillance Program Community of Practice (NSSP-CoP): Strengthening Health Surveillance Capabilities Nationwide

Cooperative Agreement/Grant #1 NU50OE000098-01

This page is intentionally left blank.

Table of Contents

ACKNOWLEDGEMENTS **5**

EXECUTIVE SUMMARY **6**

Introduction *6*
Highlights of Results *6*

BACKGROUND **8**

METHODS AND DEMOGRAPHICS **8**

Data Collection Instrument *8*
Method *9*
Participants and Response Rate *9*
Table 1. Response Rate by Public Health Agency (n=43) *9*
Demographics *9*

ASSESSMENT RESULTS **11**

1.1 Engagement in the NSSP CoP and its Activities 11
Table 2: Characteristics of the NSSP CoP Call (n=42) *11*
1.2 Awareness, Availability, and Use of Tools for the NSSP CoP 11
Table 3: Frequency of use of Group Virtual Spaces/Tools (n=49) *12*
Table 4: Frequency of use of Resource Sharing Tools (n=46) *13*
Table 5: Likelihood of Recommending NSSP CoP Resources (n=46) *13*
1.3 Assessment of the NSSP Community of Practice Website 15
Table 6: Agreement regarding Navigation of the ISDS Website (n=44) *15*
1.4 Assessment of Collaborations and Partnerships 15
Table 7: Degree to which Membership in the NSSP CoP has Benefited Respondents (n=44) *16*
1.5 Value and Satisfaction with the NSSP CoP 17
Table 8: Perceived Value of the NSSP CoP (n=44) *18*

CONCLUSIONS AND RECOMMENDATIONS **19**

Limitations of the Assessment *20*

APPENDIX 1: RESPONDENTS' COMMENTS **22**

Q5. Please provide any additional feedback or suggestions regarding the monthly NSSP Community of Practice call. *22*
Q7. How often do you use the Group Virtual Spaces/Tools available at healthsurveillance.org to participate in group activities (i.e. share call information, webinars, and work on collaborative documents) and to connect with other NSSP Community of Practice members? *22*
Q8. How often do you use the resource sharing tools available to NSSP Community of Practice members at healthsurveillance.org? *23*
Q11. What additional tools, webinar topics, or trainings are needed to improve your knowledge, skills, and abilities related to syndromic surveillance? *24*
Q14. What suggestions do you have for improving the utility and navigation of the healthsurveillance.org website? *25*
Q17. What suggestions do you have to further facilitate collaborations among NSSP Community of Practice members? *26*
Q18. Overall, how satisfied are you with your membership in the NSSP Community of Practice? *27*

Q20. Do you have any additional feedback to provide on your experience with the NSSP Community of Practice? *27*

APPENDIX 2: NSSP COMMUNITY OF PRACTICE ASSESSMENT INSTRUMENT **29**

APPENDIX 3: EMAIL NOTIFICATIONS TEXT **36**

Acknowledgements

This collaborative Member Satisfaction Assessment project leveraged the contributions of the Centers for Disease Control and Prevention (CDC), the International Society for Disease Surveillance (ISDS), and the National Syndromic Surveillance Program Community of Practice Steering Committee (NSSP CoP SC) Chair and Deputy Chair. The NSSP CoP Steering Committee provided instrumental guidance throughout all stages of the project. This included input on the development of the survey instrument; suggestions on analytic approaches; and recommendations based on the survey.

CDC provided financial support for the project through the National Syndromic Surveillance Program Community of Practice (NSSP CoP): Strengthening Health Surveillance Capabilities Nationwide Cooperative Agreement (#1 NU50OE000098-01). The contents of this report are solely the responsibility of ISDS and do not necessarily represent the official views of CDC. ISDS is grateful for the assistance of the following contributors:

NSSP Community of Practice Steering Committee Representatives:

- Krystal Collier, Arizona Department of Health Services, NSSP CoP Steering Committee Chair
- Teresa Hamby, New Jersey Department of Health, NSSP CoP Steering Committee Deputy Chair

International Society of Disease Surveillance Staff Members:

- Emilie Lamb, Director of Informatics
- Shandy Dearth, Executive Director
- Catherine Tong, Program Coordinator

Centers for Disease Control and Prevention Representatives:

- Deborah Gould, Senior Advisor for Partnerships, Division of Health Informatics and Surveillance, Centers for Disease Control and Prevention.
- Michael Coletta, NSSP Program Manager, Division of Health Informatics and Surveillance, Centers for Disease Control and Prevention,
- Matt Guajardo, Project Officer, Division of Health Informatics and Surveillance, Centers for Disease Control and Prevention

Executive Summary

Introduction

The intent of the National Syndromic Surveillance Program Community of Practice (NSSP CoP) is to support open and dynamic participation of any individual or organization working on or interested in increasing the quality, utility, and availability of syndromic surveillance data. The goal of this assessment was to collect feedback from members regarding the barriers and challenges to participating in the NSSP CoP activities and utilizing its related tools.

The assessment was created and distributed using the online survey administration platform SurveyMonkey®, and a total of 197 NSSP CoP members, limited to state, local, and federal NSSP CoP members, were invited to participate. The assessment consisted of 23 questions of various types, including dichotomous (yes/no), multiple response, open-ended, and demographic questions. Administration of the assessment was anonymous, voluntary, and took approximately 15 minutes to complete. The assessment closed after a two-week period (May 7 to May 21, 2018) with a response rate of 26% (52/197). Results from the assessment will be used to inform future NSSP CoP initiatives and improvements.

Highlights of Results

More than 40 respondents (80%) stated that they regularly attend (at least once every quarter) the monthly NSSP CoP call, with 93% reporting that they agree or strongly agree that the call is a good use of their time. More than 75% of respondents felt that the monthly call generates new ideas for syndromic surveillance practice.

When asked about their awareness and use of tools available for NSSP CoP members on the ISDS website (www.healthsurveillance.org), more than 57% of respondents reported using the Group or Community Calendar at least once a month and 49% reported using the Group or Community Forums at least once a month. However, many respondents commented that it was easier to use other means of communication (i.e. email, newsletters, webinars, calls) to communicate with NSSP CoP members than to use the forums or messaging features available on the website.

Approximately 17% of respondents reported using the Surveillance Knowledge Repository (KR) (www.surveillancerepository.org) daily to once a week, and almost 20% reported using it several times a month. Nearly half (46%) of respondents reported using the KR once a month. When asked to provide additional information as to why they do not utilize a particular tool, respondents commented that the tools were not applicable to their job duties. When asked how likely they were to share the resources with other public health professionals, more than 60% of respondents stated that they were very likely to share information about the KR, including the webinars and syndromes housed in the KR, and the monthly NSSP CoP call.

A key goal of the NSSP CoP is the creation and dissemination of syndromic surveillance knowledge across the community members. A majority of respondents reported that the KR, the Webinar Library, and the monthly NSSP CoP call were very effective at increasing their knowledge base. This assessment also demonstrated a need for additional trainings on how to use resource sharing tools such as how to search the KR or navigate the healthsurveillance.org website. Multiple respondents expressed interest in technical trainings, conference calls, and webinars on data sharing and visualization through the BioSense Platform, specifically using SAS.

When asked how membership in the NSSP CoP has benefited its members, more than 70% agreed or strongly agreed that membership has helped to facilitate collaborative activities outside of their organization. Additionally, more than 70% of respondents reported that being a member of the NSSP CoP has motivated them to pursue partnerships with others to develop common solutions to reoccurring problems in syndromic surveillance. More than 60% of respondents reported being very satisfied with their membership in the NSSP CoP. More than 88% of respondents agreed that the NSSP CoP has improved their knowledge, skills, and abilities related to conducting syndromic surveillance and almost 91% agreed that it helps them to stay current in the syndromic surveillance field. Almost 80% agreed or strongly agreed that membership in the NSSP CoP has helped them to build professional relationships and network with others in the syndromic surveillance community. Approximately, 75% of respondents indicated that membership in the NSSP CoP helps to build trust, rapport, and a sense of community.

The NSSP CoP has an overarching goal to harness the energy and expertise of individuals in the syndromic surveillance community to better serve their professional development and increase organizational capabilities in surveillance. This assessment demonstrates that even though there is still room to grow and improve, the NSSP CoP has made great strides towards accomplishing its goals.

Background

The Centers for Disease and Prevention's (CDC) National Syndromic Surveillance Program (NSSP) (www.cdc.gov/nssp) promotes and advances development of a syndromic surveillance (SyS) system for the timely exchange of syndromic data. These data are used to improve nationwide situational awareness and enhance responsiveness to hazardous events and disease outbreaks to protect America's health, safety, and security. NSSP functions through collaboration among individuals and organizations at local, state, and federal levels of public health; federal agencies including the U.S. Department of Defense and the U.S. Department of Veterans Affairs; public health partner organizations; and hospitals and health professionals.

NSSP includes the BioSense Platform, a secure integrated electronic health information system with standardized analytic tools and processes, and a collaborative NSSP Community of Practice (CoP). The International Society for Disease Surveillance (ISDS) facilitates and manages the NSSP CoP through a cooperative agreement with CDC (*Grant #1 NU500E000098-01-00, NSSP-CoP: Strengthening Health Surveillance Capabilities Nationwide*). The NSSP CoP is hosted on the ISDS website (www.healthsurveillance.org/NSSPCOP). The NSSP CoP aims to engage SyS practitioners in an ongoing dialogue; build capacity for SyS at the state and local levels; and foster collaborations and data sharing among jurisdictions to enhance situational awareness and improve the nation's responsiveness to outbreaks and public health hazards. NSSP CoP membership is open to any individual or organization interested in advancing SyS practice.

To assess member satisfaction with the NSSP CoP activities and related tools, ISDS administered an NSSP CoP member satisfaction assessment during the spring of 2018. The information collected in the assessment will be used for several purposes such as discovering opportunities to provide better support to members, learning about members technical and training needs, and modifying or developing new tools and services to improve syndromic surveillance practice. The CDC may also use this information to inform guidance and technical assistance activities in support of SyS practice at the state and local levels.

Methods and Demographics

Data Collection Instrument

The assessment was developed in collaboration between the NSSP CoP Steering Committee Chair and Deputy Chair, the ISDS Executive Director and Informatics Director, and subject matter experts from CDC. The assessment instrument was pilot tested by seven NSSP CoP members prior to the administration of the survey. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns, and establish the estimated time required to complete the assessment.

The assessment instrument consisted of 23 questions of various types, including dichotomous (yes/no), multiple response, open-ended, and demographic questions. The assessment measured respondent's engagement in NSSP CoP activities, awareness and use of NSSP CoP tools and resources, use of collaborations and partnerships, utility and ease of navigation of the

healthsurveillance.org website, and respondent characteristics. Administration of the assessment was anonymous, voluntary, and took approximately 15 minutes to complete. Participants in the assessment were informed that their responses would be shared in aggregate form only.

CDC's Division of Health Informatics and Surveillance obtained approval to conduct the assessment from the Office of Management and Budget (OMB) (*OMB Control No. 0920-0879 Information Collections to Advance State, Tribal, Local and Territorial (STLT) Governmental Agency System Performance, Capacity, and Program Delivery*). No payments or gifts were provided to respondents.

Method

The assessment was distributed using the online survey administration platform SurveyMonkey®. A total of 197 state, local, and federal NSSP CoP members were invited to participate in the assessment. Only individuals who used a state, local, or federal email account to register their membership within the community were invited to participate. Any members with a personal account (i.e. Gmail, Yahoo, etc.), a student or university account, or a private entity account were not included in those invited to participate.

Participants were emailed a web-enabled link where they could access the questionnaire and were given two weeks (May 7 to May 21, 2018) to complete the assessment. An email reminder was sent after one week to encourage participation. Additionally, a reminder to complete the assessment, if invited, was announced during the May 15, 2018 NSSP CoP monthly call, and ISDS encouraged NSSP CoP Committee Chairs to remind invited members to complete the assessment.

Participants and Response Rate

A total of 52 individuals participated in the assessment (response rate = 26%) (Table 1).

Table 1. Response Rate by Public Health Agency (n=43)

	State	Local	Federal
Number of NSSP members*	103	50	44
Response rate, n (%)	33 (32)	8 (16)	2 (4.6)
* *Based on the total NSSP CoP membership as of February 23, 2018 with a state, local or federal email address.*			

Demographics

More than 58% of respondents reported their primary role in relation to SyS practice is as an Epidemiologist and more than 37% reported being Data Analysts (Figure 1). More than 60% of respondents reported having worked in SyS between 2-5 years, with 16% reporting less than 1 year of experience in SyS.

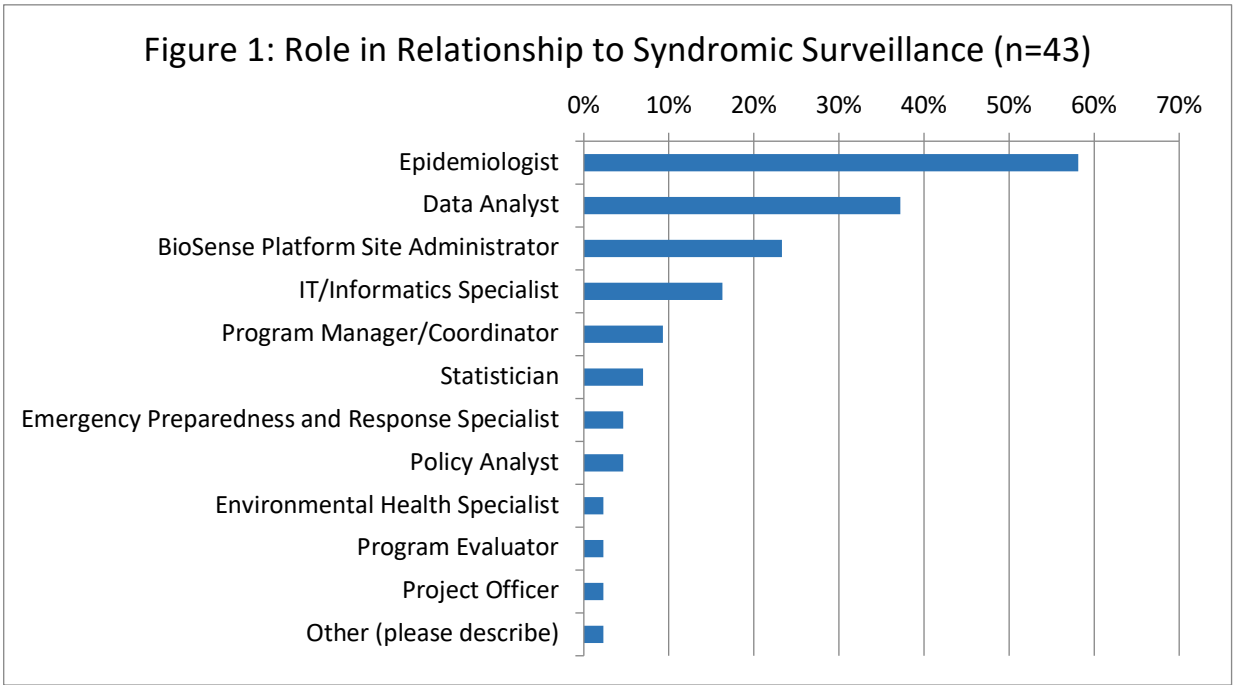


Figure 1: Role in Relationship to Syndromic Surveillance (n=43)
0%
10%
20%
30%
40%
50%
60%
70%
Epidemiologist
Data Analyst
BioSense Platform Site Administrator
IT/Informatics Specialist
Program Manager/Coordinator
Statistician
Emergency Preparedness and Response Specialist
Policy Analyst
Environmental Health Specialist
Program Evaluator
Project Officer
Other (please describe)

Assessment Results

1.1 Engagement in the NSSP CoP and its Activities

Overall, the results indicate that respondents are engaged in the NSSP CoP and its related activities. More than 40 respondents (80%) stated that they regularly attend (at least once every quarter) the monthly NSSP Community of Practice call, with 92.8% reporting that they either agree or strongly agree that the call is a good use of their time (Table 2). Of the 20% of the respondents who reported that they do not regularly attend the monthly NSSP CoP call, nearly half (44%) reported that they don't participate in the calls because the agenda topics rarely interest them or relate to their work, and more than one-third (33%) were unaware of the call.

Table 2: Characteristics of the NSSP CoP Call (n=42)

	Survey Responses, *n* (%)				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Is a good use of my time.	2 (4.8)	0 (0.0)	1 (2.4)	**30 (71.4)**	9 (21.4)
Is well organized/facilitated.	1 (2.4)	0 (0.0)	0 (0.0)	**30 (71.4)**	11 (26.2)
Provides a welcoming environment where I feel comfortable providing my opinion.	1 (2.4)	0 (0.0)	6 (14.3)	**22 (52.4)**	13 (30.9)
Provides important and relevant information.	2 (4.8)	0 (0.0)	0 (0.0)	**30 (71.4)**	10 (23.8)
Showcases syndromic surveillance best practices.	2 (4.8)	1 (2.4)	3 (7.1)	**26 (61.9)**	10 (23.8)
Generates new ideas for syndromic surveillance practice.	2 (4.8)	0 (0.0)	8 (19.1)	**23 (54.8)**	9 (21.4)

Participants provided several recommendations for future NSSP CoP call topics. Respondents were allowed to check multiple options.

- Infectious Disease (n=6)
- BioSense/ESSENCE (n=6)
- Data Reporting (n=6)
- Injury Prevention (n=5)
- Emergency Response (n=4)
- Data Sharing (n=4)

1.2 Awareness, Availability, and Use of Tools for the NSSP CoP

Over the course of the first two years of the NSSP CoP cooperative agreement, ISDS developed and made available multiple tools and resources for NSSP CoP members on the ISDS website (www.healthsurveillance.org) and the Surveillance Knowledge Repository (KR) (www.surveillancerepository.org).

The most utilized tool on the ISDS website was the Group or Community Calendar, which more than 57.1% of respondents reported using at least once a month, followed by the Group or Community Forums (49.0% reported using the forums at least once a month). The majority of respondents (73.5%) did not utilize the other tools available on the website, including the "My Feed," Messaging, or Connections features (Table 3).

Table 3: Frequency of use of Group Virtual Spaces/Tools (n=49)

	Survey Responses, *n* (%)			
	Daily to Once a Week	Several Times a Month	About Once a Month	I Don't Use This Tool
I utilize the Group or Community Calendar to identify the dates and times of group calls.	6 (12.2)	7 (14.3)	15 (30.6)	21 (42.9)
I utilize the Group or Community Forums to post questions to the community/group.	4 (8.2)	4 (8.2)	16 (32.6)	25 (51.0)
I utilize "My Feed" or the "Group Feed" to share updates with the community/group.	2 (4.0)	4 (8.2)	7 (14.3)	36 (73.5)
I utilize the Message feature to send emails to the community/group.	2 (4.0)	4 (8.2)	10 (20.4)	33 (67.4)
I utilize the Connection feature to connect with other members of the community.	2 (4.0)	3 (6.1)	16 (32.7)	28 (57.2)

Respondents provided additional comments regarding these tools. A majority of those who commented indicated that it was easier to use other means of communication (i.e. email, newsletters, webinars, calls) to communicate with other NSSP CoP members than to use the forums or messaging features available on the ISDS website. Additionally, multiple members stated that they are new to either ISDS, SyS, or the ISDS website and were not familiar with or aware of these tools. Some respondents indicated that they either didn't have time to utilize the resources of the NSSP CoP, because SyS is only a proportion of their duties, or that it was not applicable to their work.

In addition to the collaboration tools available on the ISDS website, ISDS developed and released the KR as a curated online database hosting various types of surveillance-related resources in multiple formats, including webinars, conference abstracts, and references. While all of the resources are stored in a single database within the KR, access to various types of resources (i.e. webinars, syndromes, etc.) is separated into different "Libraries."

Approximately 17% of respondents reported using the KR daily to once a week and almost 20% reported using it several times a month. The majority of respondents (46%) reported using the

repository about once a month. Of the individual "Libraries," the Syndrome Definition Library was reported to be used the most frequently, with 10.9% of respondents reporting that they used it daily to weekly and an additional 17.3% reporting using it several times a month. Only 30.4% of respondents reported utilizing the GitHub Code Sharing Library (Table 4).

Table 4: Frequency of use of Resource Sharing Tools (n=46)

	Survey Responses, *n* (%)			
	Daily to Once a Week	Several Times a Month	About Once a Month	I Don't Use This Tool
I utilize the Surveillance Knowledge Repository.	8 (17.4)	9 (19.6)	**21 (45.6)**	8 (17.4)
I utilize the Webinar Library.	4 (8.7)	7 (15.2)	**23 (50.0)**	12 (26.1)
I utilize the GitHub Code Sharing Library.	0 (0.0)	3 (6.5)	11 (23.9)	**32 (69.6)**
I utilize the Syndrome Definitions Library.	5 (10.9)	8 (17.4)	15 (32.6)	**18 (39.1)**
I utilize the Stories of Surveillance in Action Library.	3 (6.5)	6 (13.1)	14 (30.4)	**23 (50.0)**

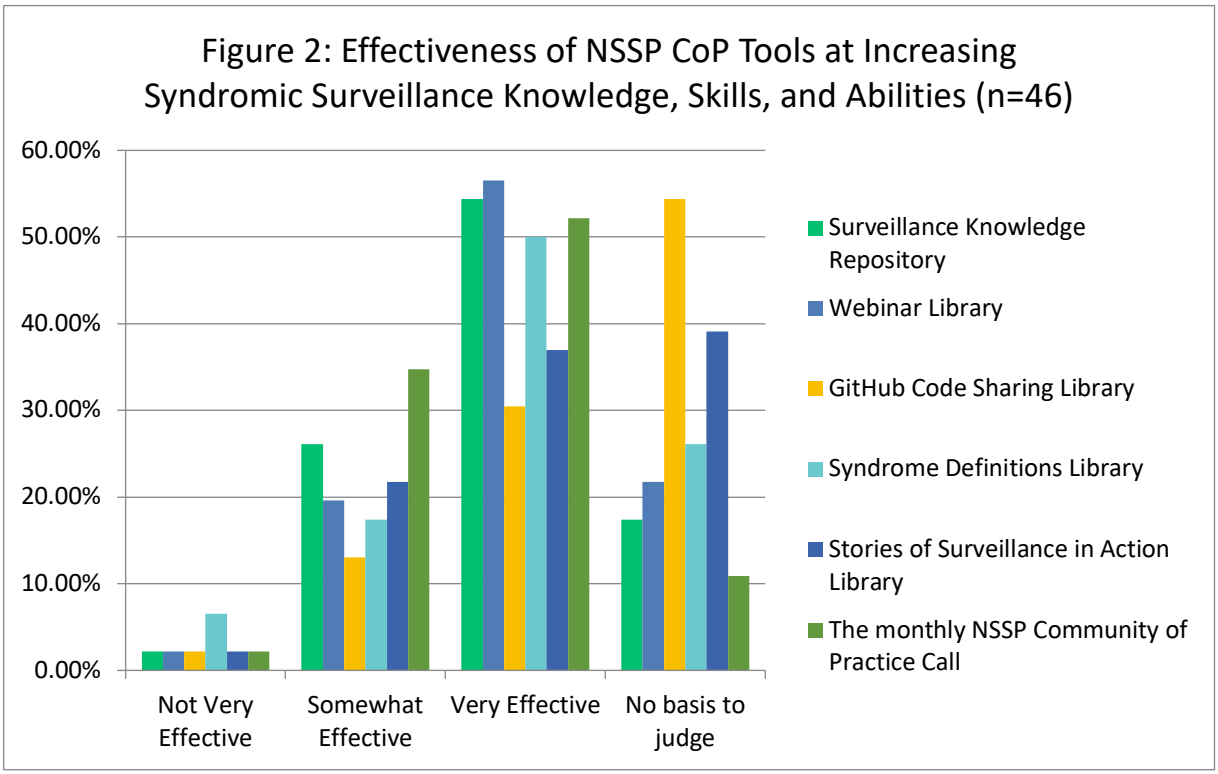
When asked to provide additional information as to why they do not utilize a particular tool, many respondents commented that the resource sharing tools were not applicable to their job duties. For example, they are not responsible for writing code or developing syndrome definitions and do not need to use the GitHub Code or Syndrome Definition Libraries. Additionally, several respondents reported a lack of time to use these tools while some were not aware of these tools. A few respondents reported that the GitHub website was blocked by their employer and thus they could not access the GitHub Code Sharing Library.

When asked how likely they were to share the resources with other public health professionals, more than 63% of respondents stated that they were very likely to share information about the KR, the Webinar Library, the Syndrome Definitions Library, and the monthly NSSP CoP calls (Table 5).

Table 5: Likelihood of Recommending NSSP CoP Resources (n=46)

	Survey Responses, *n* (%)			
	Not Very Likely	Somewhat Likely	Very Likely	No basis to judge
Surveillance Knowledge Repository.	1 (2.1)	8 (17.4)	**32 (69.6)**	5 (10.9)
Webinar Library.	1 (2.1)	10 (21.7)	**29 (63.1)**	6 (13.1)
GitHub Code Sharing Library.	1 (2.1)	3 (6.5)	**21 (45.7)**	**21 (45.7)**
Syndrome Definitions Library.	1 (2.1)	4 (8.7)	**32 (69.6)**	9 (19.6)
Stories of Surveillance in Action Library.	2 (4.4)	6 (13.0)	**26 (56.5)**	12 (26.1)
The monthly NSSP Community of Practice Call.	2 (4.4)	14 (30.4)	**28 (60.9)**	2 (4.3)

A key goal of the NSSP CoP is the creation and dissemination of SyS knowledge across the membership, thus respondents were asked to rate the effectiveness of the resources at improving their SyS knowledge, skills, and abilities. A majority of respondents found that the KR (54.4%), the Webinar Library (56.5%), and the monthly NSSP CoP calls (52.2%) were very effective at increasing their SyS knowledge base. More than 54% of respondents had no basis to judge the GitHub Code Sharing Library, keeping with the results of the previous responses (Figure 2).



When asked to provide recommendations for additional topics for knowledge sharing events, respondents suggested the following topics for additional trainings to improve their technical skills:

- Machine Learning
- Introduction to SAS
- Training on GitHub
- Data Visualization

Additional thoughts on professional development trainings included:

- How to lead CoP workgroups
- Effective communication strategies
- Problem solving techniques
- How to navigate and use the KR

One respondent provided the following comment:

> *"There could be code developed that fills the gaps of ESSENCE (as a surveillance system) to complete analysis that all jurisdictions could utilize. By having code "ready to run", analytics can show changes based on exposures or natural events (e.g., novel parse classifier, resident zip code to facility distances, longitudinal / repeat ED visits). A group of syndromic surveillance members should review, edit, and archive submitted code sets for deployment. Code to translate statements from one language to another might also be needed."*

1.3 Assessment of the NSSP Community of Practice Website

All 44 respondents indicated that they access the NSSP CoP website (www.healthsurveillance.org/NSSPCOP) through a computer. Only 16% of respondents reported also using a smartphone to access the site. When asked about the SocialLink Phone application, 95% reported that they did not use the App (Android App or iPhone App) to engage with NSSP CoP related activities. (Table 6).

Table 6: Agreement regarding Navigation of the ISDS Website (n=44)

	Survey Responses, *n* (%)				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Overall the website is easy to use.	0 (0.0)	7 (15.9)	11 (25.0)	**23 (52.3)**	3 (6.8)
Information on the website is easy to find.	1 (2.3)	8 (18.2)	12 (27.3)	**20 (45.4)**	3 (6.8)
I use the website as my primary source for information about syndromic surveillance.	0 (0.0)	2 (4.5)	14 (31.8)	**19 (43.2)**	9 (20.5)

1.4 Assessment of Collaborations and Partnerships

The defined approach to the NSSP CoP relies on providing opportunities for members to learn from one another, collaborate on common issues and challenges, and keep members informed of local, regional, and national initiatives and emerging trends in the SyS practice community. When asked how their membership within the NSSP CoP has benefited them, more than 70% agreed or strongly agreed that membership has helped to facilitate collaborative activities outside of their organization. Additionally, more than 70% of respondents reported that being a member of the NSSP CoP has motivated them to pursue partnerships with others in the SyS community to work towards common solutions to reoccurring problems (Table 7).

Table 7: Degree to which Membership in the NSSP CoP has Benefited Respondents (n=44)

	Survey Responses, *n* (%)				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Being a member of the NSSP Community of Practice has helped me facilitate collaborative syndromic surveillance partnerships/activities with others *within* my organization or jurisdiction.	3 (6.8)	6 (13.6)	12 (27.3)	**16 (36.4)**	7 (15.9)
Being a member of the NSSP Community of Practice has helped me facilitate collaborative syndromic surveillance partnerships/activities with others *outside* my organization or jurisdiction.	2 (4.5)	2 (4.5)	9 (20.5)	**16 (36.4)**	15 (34.1)
Being a member of the NSSP Community of Practice has motivated me to partner with others in the syndromic surveillance community to resolve common problems or issues.	2 (4.5)	1 (2.3)	10 (22.7)	15 (34.1)	**16 (36.4)**
Being a member of the NSSP Community of Practice reduces duplication of efforts and prevents "reinvention of the wheel."	1 (2.3)	3 (6.8)	11 (25.0)	**18 (40.9)**	11 (25.0)

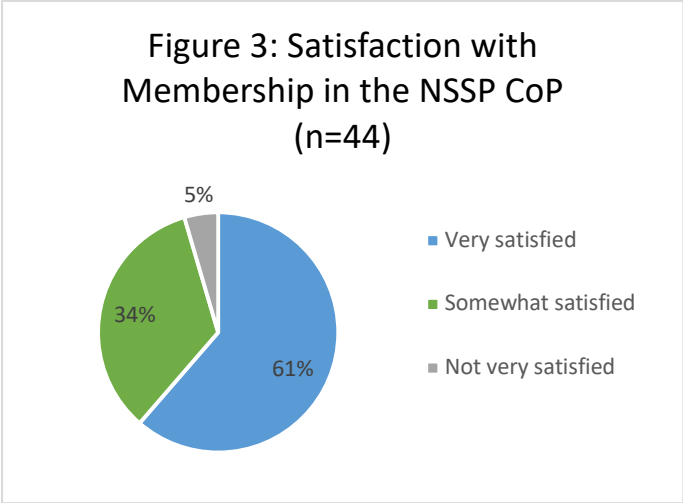
Respondents were asked to suggest ways to help further facilitate collaborations among NSSP CoP members. Their recommendations included reducing the barriers to participating in collaborative projects (i.e. not having to register for individual calls in a call series, provide more options for notifications regarding new NSSP CoP-related events); requesting feedback from members on what is needed to advance SyS practice in their jurisdictions; and providing more opportunities for members to collaborate on specific tasks during in-person meetings. One respondent provided the following comment:

> "*The majority of the community still seems to barely use any of the tools (e.g., forums, messaging). I don't know if this is due to lack of awareness, ability to do so, intimidation, or whether they have pre-existing connections/tools that serve these needs. I commonly post, but I almost never expect much response, which usually gives me pause before I spend my time trying to seek collaboration."*

1.5 Value and Satisfaction with the NSSP CoP

More than 60% of respondents reported being very satisfied with their membership in the NSSP CoP with an additional 34% reporting being somewhat satisfied. Multiple respondents reported hoping for more diversity (beyond just the state and local perspectives) and engagement among the members (Figure 3). One respondent submitted the following comment:

> *"In some ways, I feel like people are quieter and more fragmented than in previous years. I'm not sure the reasoning for this or necessarily how to improve it. Seemed people used to get more fired up about activities and were willing to be more active, but now the committee leads seem to do a lot of the heavy lifting without much interaction/feedback from the broader community. I miss the good discussions and impromptu sharing of ideas."*



Another respondent provided the following comment:

> *"I feel there is a disconnect between all players of syndromic surveillance. The PHIN messaging guide is different than what states may want to collect, which is different from what NSSP wants to collect, which is what vendors and facilities want to support sending. ISDS is stuck somewhere in the middle of all of this with fractions wishing to push their agenda, views, or interpretations on matters (all paying members). Benefits I find with the group are the continued findings in syndromic surveillance data and the sharing of information among members."*

More than 88% of respondents agreed or strongly agreed that the NSSP CoP has improved their knowledge, skills, and abilities related to conducting SyS and almost 91% agreed or strongly agreed that it helps them to stay current in the field. Almost 80% agreed or strongly agreed that membership in the NSSP CoP helped them to build professional relationships and network with others in the SyS community. Approximately, 75% of respondents agreed or strongly agreed that membership in the NSSP CoP helps to build trust, rapport, and a sense of community (Table 8).

Table 8: Perceived Value of the NSSP CoP (n=44)

	Survey Responses, *n* (%)				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Has improved my knowledge, skills, and abilities related to conducting syndromic surveillance.	2 (4.5)	0 (0.0)	3 (6.8)	**28 (63.7)**	11 (25.0)
Helps me stay current in the syndromic surveillance field.	2 (4.5)	0 (0.0)	2 (4.5)	**26 (59.1)**	14 (31.8)
Leverages a variety of knowledge sharing tools (knowledge repository, workgroups, forums, etc.)	2 (4.5)	1 (2.3)	8 (18.2)	**20 (45.5)**	13 (29.5)
Allows me to share my work and success stories with others.	2 (4.5)	2 (4.5)	12 (27.3)	**18 (40.9)**	10 (22.7)
Helps me build professional relationships and network with others in the syndromic surveillance community.	2 (4.5)	2 (4.5)	5 (11.4)	**18 (40.9)**	17 (38.6)
Builds trust, rapport, and a sense of community.	2 (4.5)	3 (6.8)	6 (13.6)	**17 (38.6)**	16 (36.4)
Provides me with learning opportunities (webinars, trainings)	2 (4.5)	0 (0.0)	3 (6.8)	**20 (45.4)**	19 (43.2)

When asked to provide additional feedback to improve their experience with the NSSP CoP, one respondent stated that it was challenging to "*stay engaged on the website every day since log-in is required. It feels like the stats for me not logging in do not adequately show how valuable the site really is (just not every day b/c of the other duties I have to perform for my job).*"

Another respondent expressed a similar opinion suggesting that the NSSP CoP work to "*limit the barriers of having to log-in multiple times and limit the barriers of sharing information.*"

One respondent provided the following suggestion to improve engagement on the ISDS website:

> *"I encourage new staff to get involved in the NSSP CoP, but I'm not sure where to send them or how to get them started. Maybe some big, flashing invitation, "I'm new to syndromic surveillance, visit here!" that would have guidance on how to get involved with groups, good links to trainings, etc."*

Additional comments included:

> *"I like the community of practice because its peers sharing with peers. Everyone seems like 'equals" and there is great collaboration. Please keep it that way. We don't need an 'us against them' mentality."*

> *"The CoP is an excellent resource and I greatly appreciate the tools, networking, and training opportunities it provides."*

Conclusions and Recommendations

The NSSP Community of Practice has continued to grow and develop since it was organized in July 2016. The results of this assessment will be used to further encourage the expansion and engagement of members of the NSSP CoP to advance the practice of SyS nationally.

This assessment demonstrates that a large proportion of respondents have been participating in SyS for five years or less and many indicated that SyS was only a portion of their duties. Many NSSP CoP members report having a limited amount of time to participate in NSSP CoP activities and usually have multiple responsibilities beyond syndromic surveillance. With that in mind, ISDS recommends that the NSSP CoP call continue to be a place where members of varying experience levels can join together to share ideas across a broader range of topics, including the use of SyS for infectious disease surveillance. Additionally, ISDS recommends that future NSSP CoP monthly calls focus on topics relating to data sharing and analytics, especially as they relate to use of the BioSense Platform, data reporting, and BioSense ESSENCE.

ISDS recommends continuing to focus member engagement efforts on the tools that the current NSSP CoP membership is aware of and using, specifically the Group and Community Calendars and Forums. Since many respondents indicated that they did not utilize or were not aware of the My Feed, Connections or Messaging Features, ISDS considers discontinuing efforts to encourage members to use these tools. The majority of members report using email as their primary communication tool and only infrequently login to the website to utilize the forums and virtual collaboration tools.

ISDS proposes that the lack of willingness of NSSP CoP members to engage in virtual conversations could be due to multiple factors, including: 1) a lack of timely responses to questions posed via the virtual collaboration tools (i.e. forums, blog comments, etc.), 2) a lack of time for members to circle back and follow up about non-responses, 3) fear of ridicule or a negative outcome from posting to an online community, possibly due to restrictions posed by their employer, and 4) difficulty utilizing the technology. Even with these challenges, ISDS sees a continued benefit to using the website and interacting via the forums and group pages, so we proposes the following strategies to encourage members to move away from communicating via private conversations that limit the sharing of knowledge and skills:

1. Increase member willingness to post questions to the community by designating regular time periods where members gather to address questions around specific topics via the forums, called ***Forum Fridays***. These designated times will reassure members that they will be able to engage in a conversation and receive a timely response to their questions.
2. Designate a new group member role, the ***Forum Champions***, who would commit to reviewing forum posts on a weekly basis and reaching out to specific community members, *via email*, to encourage them to login to the website and respond to other members on the forums.
3. Decrease reluctance to post to the online community by making sure that the expectations of member behavior, outlined in the NSSP CoP Charter, are more apparent to NSSP CoP members, especially the new members.

Additionally, ISDS proposes targeting engagement efforts at the Committee and Workgroup levels by enlisting the assistance of the Chairs and Group Administrators of these groups. ISDS recommends providing monthly **Engagement Reports** to the Chairs and Administrators with analytics about their group members' engagement in their group calls, group pages, and group forums. Based on the results of this assessment, ISDS also recommends pursuing improvements to website navigation to reduce the barriers around engagement (i.e. having to login to receive information, challenges locating information, intimidation about posting to forums, etc.).

In order to nurture a personal motivation to contribute to the community, NSSP CoP members need to feel a personal connection to other community members beyond the virtual community. Personal relationships among community members can serve to alleviate feelings of intimidation and fears about "having nothing to contribute" to the conversations of the community members.

ISDS proposes the following strategies to reinforce the personal connections between the members:

1. Designate a new group member role, the ***New Member Ambassador***, who would commit to reviewing the list of new NSSP CoP members on a monthly basis and reaching out to these new members directly, *via a standardized Welcome email,* to introduce them to all of the ways they can get engaged with community activities.
2. ISDS will help to facilitate and support at least one ***Expert Panel of NSSP CoP members*** as a method of allowing NSSP CoP members to share their experience and knowledge with the entire CoP. These events would provide an opportunity for NSSP CoP members to learn directly from other members and to hear from members other than ISDS Staff about what is involved in taking on more active roles within the community.

This assessment also demonstrated a need for additional trainings on utilizing the available tools like searching the KR, how to post to the forums, and how to subscribe to forum and group newsletters through the ISDS website. ISDS will continue to host the "**Website Insights**" section of the monthly NSSP CoP calls; however, we also recommend targeted training during work group calls to address specific concerns of the group members. Additionally, multiple respondents expressed interest in more technical trainings, calls, and webinars on data sharing and visualization through the BioSense Platform, specifically through SAS. ISDS will reach out to the NSSP Team and other partner organizations, including SAS, to identify presenters for technical trainings and webinars that can be made available to NSSP CoP members. Since some respondents stated that participation in the NSSP CoP has not helped them connect with others within their organization, ISDS also recommends providing trainings to help improve communications and engagement with colleagues within their organizations.

Limitations of the Assessment

Assessment results may not be representative of the entire NSSP CoP membership, as the OMB Paperwork Reduction Act Generic Information Collection clearance (OMB Control No. 0920-

0879) for this data collection limited our assessment to state, tribal, local, and territorial public health agency staff only. However, the respondents characteristics did correlate with the demographics of the NSSP CoP membership to a degree. Monthly progress reports generated by ISDS over the lifetime of the NSSP CoP show that a large percentage (34%) of the total NSSP CoP membership are state health department users; however, they represented more than 50% of the members requested to complete this assessment. Additionally, local health department users represent 19% of the total NSSP CoP membership but were more than 25% of invited members.

ISDS recommends repeating the assessment to include the entire NSSP CoP membership, possibly if the National Syndromic Surveillance Program Community of Practice (NSSP CoP): Strengthening Health Surveillance Capabilities Nationwide Cooperative Agreement/Grant is renewed for another 3-year cycle. This would provide a better estimate of the engagement, tool usage, and satisfaction of the overall NSSP CoP member community.

Appendix 1: Respondents' Comments

Q5. Please provide any additional feedback or suggestions regarding the monthly NSSP Community of Practice call.

Respondent	Comment
Respondent #1	I only participate as needed, if the agenda topics relate to my work.
Respondent #2	Other obligations

Q7. How often do you use the Group Virtual Spaces/Tools available at healthsurveillance.org to participate in group activities (i.e. share call information, webinars, and work on collaborative documents) and to connect with other NSSP Community of Practice members?

Respondent	Comment
Respondent #1	Logging in to a separate system rather than just emailing individuals directly with questions is a barrier.
Respondent #2	I am new to ISDS, and still feel like I'm getting my head wrapped around all of the work going on and how I could or should utilize these features.
Respondent #3	I'm just not practiced in using these tools in this way. Often it's much easier to use email.
Respondent #4	Weird formatting issues with the website. Our county blocks most of the features.
Respondent #5	I still feel too new; much to learn on my part
Respondent #6	I did not know we had this tool. I haven't been able to explore for a little while due to my work load.
Respondent #7	I rely on email to receive information about upcoming calls and communicate with other members.
Respondent #8	I was not aware of the tools. I recently started working with syndromic data again so perhaps will use it this year
Respondent #9	No applicable to what I do
Respondent #10	Feed sharing - not my thing, no time to write up for public consumption. Message feature - just use regular email, believe most respond better to regular email since have to login to view messages
Respondent #11	I am with CDC and take an interest in but am not in a position to engage with community on technical topics
Respondent #12	Did not know it was available
Respondent #13	I underutilize the features on the ISDS website as I am busy doing other syndromic surveillance activities or have other means to communicate with individuals (e.g., direct email, communication on conference calls).
Respondent #14	I bring questions to appropriate webinars, as needed. When I email members of the community/group, I email them directly.
Respondent #15	I don't have time to use these features and am not sure they would add much to my life it I were an active user. I have plenty of other social networking

	tools (Facebook, LinkedIn) that I can barely utilize as is. I may use the group message feature more if I were leading a particular group.
Respondent #16	I don't use the calendar because I get what I need about upcoming calls from ISDS email updates. I haven't messaged anyone or used the forums because it was easier to email my questions directly to specific individuals who could answer them. I did use the ISDS website to find those email addresses though. I don't use the feeds because I don't have time to post updates. I have not connected with anyone because I don't have time, I'm not sure what I'll get out of it, don't feel like I need to build another social network and if I have a question, I'll email them directly.
Respondent #17	I'm not sure when its appropriate to use these tools and some seem redundant.
Respondent #18	I haven't been that active in the community. I generally ask my state team for advice/guidance on items.
Respondent #19	There are better ways to communicate with my groups
Respondent #20	I haven't had a need to use the tool. For many tasks, it's easier to just send a person an email.
Respondent #21	I get information about calls from emails and newsletters. I use email to directly connect with colleagues rather than the Message or Feed feature.
Respondent #22	I mostly just email people. I honestly don't know what having a "Connection" does.
Respondent #23	I have two staff who use these tools
Respondent #24	It is tough to maintain a high level of engagement with the NSSP COP when syndromic surveillance is only a part of my job.
Respondent #25	My primary duties involve the EHR Incentive Program; I participate to make sure I know what's going on for syndromic surveillance, but it's not a major part of my role.
Respondent #26	I wasn't aware of some of the tools and don't have time to use the others
Respondent #27	I am relatively new to SyS and still learning a lot and haven't explored all the tools available at healthsurveillance.org

Q8. How often do you use the resource sharing tools available to NSSP Community of Practice members at healthsurveillance.org?

Respondent	Comment
Respondent #1	Have not needed to obtain code. Generally, I write my own.
Respondent #2	I don't have time, mainly.
Respondent #3	I know it exists, but that's where my knowledge of the tool stops.
Respondent #4	They are areas I want to explore, but just haven't had the time to.
Respondent #5	Not relevant to my work duties
Respondent #6	I have not needed either Code sharing or syndrome definitions to date.
Respondent #7	I'm still kind of new and haven't explored them yet

Respondent #8	Knowledge Repository is difficult to search. Sometimes I search but the search results don't turn up items that I know should be present. It's usually easier for me to find (from elsewhere) a direct link to a particular item.
Respondent #9	Not aware of these tools
Respondent #10	I forgot that the GitHub site existed. I don't have much use for the stories.
Respondent #11	Not applicable
Respondent #12	Webinar library - time constraints, if I couldn't make to the original, usually no time to make it up, think it could be a useful tool, if I ever have time to use it Definition Library - not part of my job currently Stories Library - not part of my job currently
Respondent #13	I do not have technical/programming skills
Respondent #14	Don't have a need to utilize code sharing in my position.
Respondent #15	I am busy doing other syndromic surveillance activities and do not have time to review content unless I am asked a specific question about a resource. I also do not use R, and therefore do not use GitHub for code sharing.
Respondent #16	Our Nevada administration and IT department will not allow us to use GitHub.
Respondent #17	GitHub - I forget it exists and I'm not sure how to get there or what I'd need it for. Stories of Surveillance - I usually read the success stories shared in the monthly NSSP newsletter, but I'm limited on time to endlessly read what everyone else is doing!
Respondent #18	I don't use GitHub because I have no need to (yet).
Respondent #19	My role on my team doesn't have much to do with surveillance.
Respondent #20	I haven't had a chance yet!
Respondent #21	I'm just an analyst. I'm not helping define syndromes.
Respondent #22	My SyS staff use these tools
Respondent #23	GitHub is restricted on my employer's computer.
Respondent #24	I was not aware of these tools

Q11. What additional tools, webinar topics, or trainings are needed to improve your knowledge, skills, and abilities related to syndromic surveillance?

Respondent	Comment
Respondent #1	Machine learning
Respondent #2	It would be hard to say before looking at what's currently available.
Respondent #3	Intro to SAS
Respondent #4	Training on how to use GitHub
Respondent #5	I don't want to skew the survey results, but I think there's always a need for beginner-level info and for problem-solving info that requires advanced knowledge. We always have to meet the needs of different audiences--and we might want to dedicate a place for beginners only.

Respondent #6	Tools on visualization best practices, leading groups within the CoP, GitHub training-uploading code etc., how to communicate more effectively with partners
Respondent #7	There could be code developed that fills the gaps of ESSENCE (as a surveillance system) to complete analysis that all jurisdictions could utilize. By having code "ready to run", analytics can show changes based on exposures or natural events (e.g., novel parse classifier, resident zip code to facility distances, longitudinal / repeat ED visits). A group of syndromic surveillance members should review, edit, and archive submitted code sets for deployment. Code to translate statements from one language to another might also be needed.
Respondent #8	I like the idea of each tools and am not sure I need a lot of additional tools/webinars/trainings (knowledge repository, webinar library, syndrome definitions) but I have a VERY hard time finding something that I know exists in any of these tools or navigating to them to begin with. I also don't understand if the knowledge repository has everything (webinar, syndromes) or if you have to navigate to those tools independently to find things. I often end up finding/copying links from the ISDS newsletter about things that have been posted so that I can find them at a later date.
Respondent #9	Would like to have presentations from more experienced SyS experts on where they think SyS is headed. How about academics? Are they involved in SyS?
Respondent #10	Regular ESSENCE Q&A, if this is not planned already. Those are great!

Q14. What suggestions do you have for improving the utility and navigation of the healthsurveillance.org website?

Respondent	Comment
Respondent #1	Items are buried. Having to log in multiple times is also a barrier. It is not easy to post things, nor is it easy to add to the syndrome definition library. No epi I know has time to devote to putting definitions in a standard format.
Respondent #2	The bar at the top changes depending on where you go. I use the bar as my primary navigation and having that change depending on the page I'm on is really difficult. The site just isn't very navigable in general.
Respondent #3	I have a hard time easily finding items like meeting notes and webinar recordings in the Knowledge Repository. Possibly put some shortcuts to these on a main page? Then would not need to know which tab they are under (e.g. groups or knowledge repository or blogs)
Respondent #4	Include a prominent link to My Feed (and other parts of the website) on the homepage healthsurveillance.org . Improve formatting of forum posts - entire posts are displayed as single paragraphs (regardless of whether the author separated the post into paragraphs), and any URLs are displayed as plain text rather than as links. This makes posts very difficult to read.
Respondent #5	Have different background colors for each tab or topic. The website looks the same whatever the topic is.

Respondent #6	Once in the Social Link, not obvious how to get back to Home Page or other pages outside of Social Link. Recommend including link at top of page similar to that at top of Home page which takes you "back to Social Link" but instead takes you "back Home". Instructions often refer to Social Link as something else, very confusing. Recommend consistent naming and referring to items as they are named on the site for clarity.
Respondent #7	How to save my connections if my status of being a paid member or not can remain the same?
Respondent #8	Searching for information is separated from other areas (silo). If searches provided results across all ISDS areas, that would be ideal.
Respondent #9	when I search for things in the KR, I almost never find them, even if I know they exist and have accessed them previously. I'm not sure I totally understand what's available in the KR vs. other pieces and why there are different "libraries". The groups pages are challenging because once you access a group, you get locked into the Social Link page and have to figure out how to navigate back out to the larger site. I'm always confused by this and have to remind myself. Also, within the groups is a bit hard to navigate and find resources within the "pages". Ability to collaborate is challenging. The forums are tricky because I don't know what all forums exist and have tried to subscribe but realized I only get the initial post of a thread even if subscribed to a forum as a whole.
Respondent #10	Would help to have a guide or set of FAQS on how to find things and navigate the site
Respondent #11	I don't find the interface that user friendly, but I'm not sure if that is something ISDS could change without totally changing products.
Respondent #12	Make pages that are not-accessible to non-members/not signed in members visible, but not available. Its tough to guess if you are looking in the wrong place or if you aren't signed in.

Q17. What suggestions do you have to further facilitate collaborations among NSSP Community of Practice members?

Respondent	Comment
Respondent #1	Having to register for every single call is a barrier. If it is not on my calendar or a notification is not sent, people will continue to miss meetings and not attend. A better method would be to send notifications or invites without the need to register to every single meeting.
Respondent #2	Might have more ideas next year
Respondent #3	Opportunities to collaborate with other members of the CoP on specific tasks and in person meetings really drive the connections with our national community.
Respondent #4	I want to hear and read more inspiration from my peers on their work on syndromic surveillance activities.
Respondent #5	Create a CEHRT vendor specific issues list for onboarding.

Respondent #6	I know ISDS has been working hard to make sure people understand the new website, but the majority of the community still seems to barely use any of the tools (e.g., forums, messaging). I don't know if this is due to lack of awareness, ability to do so, intimidation, or whether they have pre-existing connections/tools that serve these needs. I commonly post, but I almost never expect much response, which usually gives me pause before I spend my time trying to seek collaboration.
Respondent #7	ask members for their feedback on what they need to advance SyS in their jurisdictions.
Respondent #8	I think ISDS has always done this very well!
Respondent #9	Allow options for active notifications of new events by COP committees.

Q18. Overall, how satisfied are you with your membership in the NSSP Community of Practice?

Respondent	Comment
Respondent #1	Have not really participated that much, would like to see more practical uses for the data and infectious disease processes
Respondent #2	We need more members that can help voice the other perspective of our partners that aren't just state and local syndromic jurisdictions. More diversity.
Respondent #3	I feel there is a disconnect between all players of syndromic surveillance. The PHIN messaging guide is different than what states may want to collect, which is different from what NSSP wants to collect, which is what vendors and facilities want to support sending. ISDS is stuck somewhere in the middle of all of this with fractions wishing to push their agenda, views, or interpretations on matters (all paying members). Benefits I find with the group are the continued findings in syndromic surveillance data and the sharing of information among members. My membership comes directly from my pocket (versus paid by attending the conference) and therefore I still find being a member valuable as it relates to my position.
Respondent #4	In some ways, I feel like people are quieter and more fragmented than in previous years. I'm not sure the reasoning for this or necessarily how to improve it. Seemed people used to get more fired up about activities and were willing to be more active, but now the committee leads seem to do a lot of the heavy lifting without much interaction/feedback from the broader community. I miss the good discussions and impromptu sharing of ideas.
Respondent #5	I don't do a ton with syndromic surveillance

Q20. Do you have any additional feedback to provide on your experience with the NSSP Community of Practice?

Respondent	Comment
Respondent #1	Make it easier to use. Limit the barriers of having to log-in multiple times, and limit the barriers of sharing information.

Respondent #2	It is hard to stay engaged on the website every day since log-in is required. It feels like the stats for me not logging in do not adequately show how valuable the site really is (just not every day b/c of the other duties I have to perform for my job)
Respondent #3	If the community expresses a need for a place to discuss a topic, even a topic completely unrelated to or only peripherally related to ISDS, the community should not be fobbed off or censored. (requested location for sharing examples of, information about and discussion of new DUAs removing ASTHO)
Respondent #4	I would like to learn more about what these results of this assessment mean for the future of the NSSP Community of Practice.
Respondent #5	Not all individuals that utilize syndromic surveillance at my jurisdiction are members in ISDS. I see there may have been work recently to provide open access to NSSP CoP or aspects of ISDS, but recruitment is still needed if you wish for this to work. If the agenda of NSSP are not universally acceptable by all members of ISDS, I would suggest dropping NSSP to suggest they hold their own conference calls. I would also like to see ISDS have a better role in influencing the MU/MACRA/"Promoting Interoperability" final rules, as they have a major impact on a jurisdiction's activities to keep facilities "in surveillance" and perform analysis of the submitted data.
Respondent #6	I encourage new staff to get involved in the NSSP CoP, but I'm not sure where to send them or how to get them started. Maybe some big, flashing invitation, "I'm new to syndromic surveillance, visit here!" that would have guidance on how to get involved with groups, good links to trainings, etc.
Respondent #7	I like the community of practice because its peers sharing with peers. Everyone seems like 'equals" and there is great collaboration. Please keep it that way. We don't need an 'us against them' mentality.
Respondent #8	The CoP is an excellent resource and I greatly appreciate the tools, networking, and training opportunities it provides.

Appendix 2: NSSP Community of Practice Assessment Instrument

Form Approved
OMB No. 0920-0879
Expiration Date 01/31/2021

Thank you for participating in the National Syndromic Surveillance Program (NSSP) Community of Practice (CoP) assessment. Your feedback is important and will be used to make improvements and plan future activities of the CoP.

The assessment is voluntary and takes approximately 15 minutes to complete. Please complete the assessment in a single session as you will not be able to save it and return to it at a later date.

Results of the assessment will be aggregated and shared with the NSSP CoP membership via a final report, webinars and/or publication. CDC and ISDS will not publish or share any identifying information about individual respondents or health departments.

Thank you for your participation.

CDC estimates the average public reporting burden for this collection of information as 15-minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

Assessment of Engagement in the NSSP Community of Practice and its Activities

1. Do you regularly attend (at least once every 3 months) the monthly NSSP Community of Practice call (previously known as the Surveillance Community of Practice call) on the third Tuesday of each month from 3pm-4:30pm Eastern Time?*

   - Yes
   - No (skip to question 3)

2. The monthly NSSP Community of Practice call…*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Is a good use of my time	○	○	○	○	○
Is well organized/facilitated	○	○	○	○	○
Provides a welcoming environment where I feel comfortable providing my opinion	○	○	○	○	○
Provides important and relevant information	○	○	○	○	○
Showcases syndromic surveillance best practices	○	○	○	○	○
Generates new ideas for syndromic surveillance practice	○	○	○	○	○

3. If no, please explain why not? (check all that apply)
   - I was not aware of the monthly NSSP Community of Practice call.
   - The timing of the call (third Tuesday of the month from 3-4:30pm Eastern Time) is inconvenient for me.
   - The agenda topics on the calls rarely interest me or relate to my work.
   - Other (please specify)

4. What agenda topics would you like to see for future NSSP Community of Practice calls? (check all that apply)
   - Infectious Disease
   - Chronic Disease
   - Injury Prevention
   - Public Health Emergency Response
   - Natural Language Processing
   - BioSense/ESSENCE
   - Data Reporting
   - Data Sharing
   - Other (please specify)

5. Please provide any additional feedback or suggestions regarding the monthly NSSP Community of Practice call: [open ended text field]

6. Do you participate in any of the following NSSP Community of Practice workgroups or committees? (check all that apply)*

- Data Quality Committee (DQC)
- Overdose Surveillance Committee (ODSC)
- Syndrome Definition Committee (SDC)
- Syndromic Surveillance Public Health Emergency Preparedness, Response, and Recovery Committee (SPHERR)
- Metadata Visualization Application Workgroup
- Urgent Care Jurisdiction Workgroup
- None

Assessment of Awareness, Availability and Use of Tools for the NSSP Community of Practice

7. How often do you use the Group Virtual Spaces/Tools available at healthsurveillance.org to participate in group activities (i.e. share call information, webinars, and work on collaborative documents) and to connect with other NSSP Community of Practice members?*

	Daily	Several times a week	About once a week	Several times a month	About once a month	I don't use this tool
I utilize the Group or Community Calendar to identify the dates and times of group calls	○	○	○	○	○	○
I utilize the Group or Community Forums to post questions to the community/group	○	○	○	○	○	○
I utilize "My Feed" or the "Group Feed" to share updates with the community/group	○	○	○	○	○	○
I utilize the Message feature to send emails to the community/group	○	○	○	○	○	○
I utilize the Connection feature to connect with other members	○	○	○	○	○	○
If you answered "I don't use this tool" to any of the above, please explain why not. (open ended text field)						

8. How often do you use the resource sharing tools available to NSSP Community of Practice members at healthsurveillance.org?*

	Daily	Several times a week	About once a week	Several times a month	About once a month	I don't use this tool
I utilize the Surveillance Knowledge Repository	○	○	○	○	○	○
I utilize the Webinar Library	○	○	○	○	○	○
I utilize the GitHub Code sharing Library	○	○	○	○	○	○
I utilize the Syndrome Definitions Library	○	○	○	○	○	○
I utilize the Stories of Surveillance in Action Library	○	○	○	○	○	○
If you answered "I don't use this tool" to any of the above, please explain why not. (open ended text field)						

9. How likely are you to recommend the following resources/tools to other colleagues or public health professionals?*

	Not Very Likely	Somewhat Likely	Very Likely	No basis to judge
Surveillance Knowledge Repository	○	○	○	○
Webinar Library	○	○	○	○
GitHub Code Sharing Library	○	○	○	○
Syndrome Definitions Library	○	○	○	○
Stories of Surveillance in Action Library	○	○	○	○
The monthly NSSP Community of Practice call	○	○	○	○

10. How effective are the following resources/tools in increasing your syndromic surveillance knowledge, skills, and abilities?*

	Not Very Effective	Somewhat Effective	Very Effective	No basis to judge
Surveillance Knowledge Repository	○	○	○	○
Webinar Library	○	○	○	○
GitHub Code Sharing Library	○	○	○	○
Syndrome Definitions Library	○	○	○	○

Stories of Surveillance in Action Library				
The monthly NSSP Community of Practice call				

11. What additional tools, webinar topics, or trainings are needed to improve your knowledge, skills, and abilities related to syndromic surveillance? (open ended text field)

Assessment of the NSSP Community of Practice website (healthsurveillance.org)

12. How do you access the healthsurveillance.org website? (check all that apply)*

- Computer
- Tablet
- Smartphone
- Other (please specify)

13. Please rate your level of agreement with the following statements about the utility and navigation of the healthsurveillance.org website?*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Overall the website is easy to use					
Information on the website is easy to find					
I use the website as my primary source for information about syndromic surveillance					

14. What suggestions do you have for improving the utility and navigation of the healthsurveillance.org website? (open ended text field)

15. Do you use the SocialLink App (Android App or iPhone App) to connect with community members, receive notifications, and visit the group pages?*

- Yes
- No

Assessment of Collaborations and Partnerships

16. Please answer regarding the degree with which membership in the NSSP Community of Practice has helped you.*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Being a member of the NSSP Community of Practice has helped me facilitate collaborative SyS partnerships/activities with others within my organization or jurisdiction.					
Being a member of the NSSP Community of Practice has helped me facilitate					

collaborative SyS partnerships/activities with others outside my organization or jurisdiction.					
Being a member of the NSSP Community of Practice has motivated me to partner with others in the community to resolve common problems or issues					
Being a member of the NSSP Community of Practice reduces duplication of efforts and prevents "reinvention of the wheel"					

17. What suggestions do you have to further facilitate collaborations among NSSP Community of Practice members? (open ended text field)

18. Overall, how satisfied are you with your membership in the NSSP Community of Practice?*

- Very satisfied
- Somewhat satisfied
- Not very satisfied

What can be done to improve your experience with the NSSP Community of Practice? (open ended text field)

19. For me, the value of the NSSP Community of Practice is that it…*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Has improved my knowledge, skills, and abilities related to conducting syndromic surveillance.					
Helps me stay current in the syndromic surveillance field.					
Leverages a variety of knowledge sharing tools (knowledge repository, workgroups, forums, etc.)					
Allows me to share my work and success stories with others					
Helps me build professional relationships and network with others in the syndromic surveillance community					
Builds trust, rapport, and a sense of community					
Provides me with learning opportunities (webinars, trainings)					

20. Do you have any additional feedback to provide on your experience with the NSSP Community of Practice? (open ended text field)

Respondent Characteristics

21. Which best describes the type of public health agency or department in which you work?*

- State health department

- Local (city, town, county, district, parish, region) health department
- Federal agency

22. Which of the following best describes your job in relation to syndromic surveillance?

- Data Analyst
- Emergency Preparedness and Response specialist
- Environmental Health specialist
- Epidemiologist
- Health Communicator
- IT/Informatics specialist
- Policy Analyst
- Program Evaluator
- Program Manager/Coordinator
- Project Officer
- Physician/Medical Officer
- BioSense Platform Site Administrator
- Statistician
- Web manager/developer
- Other (please describe)

23. Overall, how long have you been involved with syndromic surveillance?
- 1 year or less
- 2-5 years
- 6-10 years
- More than 10 years

Thank you for participating in this assessment. Your input will help improve the NSSP Community of Practice.

Appendix 3: Email Notifications Text

Dear NSSP Community of Practice Member:

The International Society for Disease Surveillance (ISDS), and the National Syndromic Surveillance Program (NSSP) Community of Practice (CoP) Steering Committee, invites you to participate in an assessment of the NSSP CoP. The purpose of this assessment is to gain feedback from CoP members regarding barriers and challenges affecting participation in the CoP and its related activities.

This project is funded through a cooperative agreement with the Centers for Disease Control and Prevention. The information collected in this assessment may be used for several purposes such as discovering opportunities to provide better support to members, learning about members technical and training needs, and modifying or developing new tools and services to improve syndromic surveillance practice. The CDC may also use this information to inform guidance and technical assistance activities in support of syndromic surveillance practice at the state and local levels.

Completing the assessment is voluntary and takes approximately 15 minutes. Please complete the assessment in a single session as you will not be able to save it and return to it at a later date.

Results of the assessment will be aggregated and shared with CDC and the NSSP CoP membership via a final report, webinars and/or publication. CDC and ISDS will not publish or share any identifying information about individual respondents or health departments.

The deadline for completing the assessment is **May 21 at 11:59 pm EST**.

Please click on the following link to access the online assessment:

https://www.surveymonkey.com/r/KG9DFRX

Please do not forward the link to other colleagues.

If you have questions regarding the assessment or the NSSP CoP, please contact Emile Lamb at elamb@syndromic.org or (617) 997-0474.

Thank you for your participation.