

INDIANA DIABETES ADVISORY COUNCIL BYLAWS

Article I. Mission and Purpose

The Indiana Diabetes Advisory Council, hereafter known as the Diabetes Advisory Council (DAC), is a statewide network of public and private partnerships. The DAC's mission is to reduce the diabetes burden in Indiana through the development, implementation and evaluation of a comprehensive State Plan that addresses diabetes care across the continuum from primary prevention to managed care. The mission will be accomplished through the collaborative efforts of a network of stakeholders throughout the state including diabetes service organizations, public and private health organizations, health plans, clinicians, individuals with diabetes, the business community, community-based organizations, pharmaceutical companies, universities and research entities, community members, advocates, educators, and other entities working toward a common goal.

Article II. Roles and Responsibilities

The role of the Indiana Diabetes Advisory Council is to:

- Function primarily as a network of interested persons coming together with the common goal of reducing the burden of diabetes in the state of Indiana;
- Establish yearly goals pertaining to the mission statement that can be achieved by the Council in a timely fashion. These goals are to be continually evaluated as objectives are completed and re-written as needed;
- Review available epidemiological, behavioral and social science, cost-effectiveness, and needs assessment data and other information required to prioritize needs related to diabetes;
- Identify unmet diabetes needs within populations and prioritize strategies and interventions;
- Identify diabetes-related resources available for health care professionals and for persons affected by diabetes;
- Promote diabetes education and outreach;
- Advocate for high quality diabetes care;
- Promote and advocate access to care for those persons affected by diabetes;
- Serve as an information/resource to the community regarding the impact and burden of diabetes; and
- Participate in policy-making processes that involve diabetes.

Article III. Membership

Section 1 - Body of Council: An individual and/or organization representing a diversity of evidence-based strategies on diabetes care, management, and prevention. The Council encourages diverse representation including disciplines, organizations, regions, race,

ethnicity, gender, and religious preference. All members may serve as committee members.

Each member shall be required to complete a membership commitment form and sign a conflict of interest form. Commitment forms shall be kept with the Council Advisor.

Section 2 - Terms of Membership: Membership will be renewed every three years for regular voting members. Each registered individual or organization shall have one vote.

Article IV. Steering Committee of the Diabetes Advisory Council

Section 1 – Composition of Steering Committee: There will be officers of the Diabetes Advisory Council, each of whom shall be a member of the Steering Committee: a Chair, Chair Elect, Immediate Past Chair, Committee Chairs, and Diabetes Advisory Council Advisor. Each officer, with the exception of the Council Advisor shall be elected by the membership. The Council Advisor shall be an ex-officio member of the Council and a non-voting member of the Steering Committee.

Section 2 - Role of the Steering Committee:

- Acts on behalf of the Diabetes Advisory Council and makes operational decisions as appropriate to guide the Council to accomplish its mission in accordance with bylaws;
- Sets priorities for diabetes prevention and control in Indiana based on current data, feasibility, and resource capacity in accordance with the State Plan;
- Determines areas of emphasis for Diabetes Advisory Committees, and monitors progress to ensure timely action on priority issues; and
- Provides the Indiana Diabetes Prevention and Control Program with strategic development, program direction, and support in the implementation and evaluation of specific interventions.

The Steering Committee meets as needed at the Indiana State Department of Health.

Section 3 - Term of Office: The two year term of office for the Chair and Chair Elect shall overlap the two year terms of the committee chairs.

Section 4 -Tenure and Eligibility of Office: The Chair and Chair Elect may serve one term only, with at least an intervening one year period since their last term in the same office, except in the case of a vacancy in the office of the Chair, the Chair Elect shall succeed to that office to complete the unexpired term and shall serve the succeeding full year as Chair. The committee chairs shall not serve more than two consecutive terms.

Officers of the Diabetes Advisory Council will be regular members in good standing with the Council. The role of secretary will be filled by ISDH staff.

Section 5 - Chair Responsibilities:

- Provide leadership and direction for the Diabetes Advisory Council and set priorities;

- Advance the purposes and positions of the Diabetes Advisory Council through every appropriate means possible;
- Coordinate and integrate activities with other councils, committees, and interest groups, as needed;
- Call and preside over meetings of the Diabetes Advisory Council Steering Committee and meetings of the Diabetes Advisory Council general membership;
- May serve on one Diabetes Advisory Council Committee;
- Provide periodic reports of activities to the Diabetes Advisory Council members.

Section 6 - Chair Elect Responsibilities:

- Serve in absence of the Chair;
- Succeed to the Office of Chair after serving a one year term as Chair Elect, or immediately, in the event of the Chair's resignation;
- Perform other duties as requested by the Chair;
- May serve on one Diabetes Advisory Council Committee.

Section 7 - Immediate Past Chair Responsibilities:

- Act as Chairperson on the Diabetes Advisory Council Steering Committee when the Chair and Chair Elect are not present;
- Solicit candidates for office of Chair Elect from membership and prepare a slate of candidates for each office to be filled.
- Perform other duties as requested by the Chair.

Section 8 - Council Advisor Responsibilities:

Inform and provide the Council with information on programs and activities carried out pursuant to the State Plan to reduce the burden of diabetes in Indiana.

- Serve as the primary liaison between the Council and the Indiana Diabetes Prevention and Control Program. Serve as the primary point of contact with other governmental entities in the implementation of diabetes-related programs and policies.
- Provide technical support and assistance, e.g., set up committee and advisory council meetings.

Section 9 – Committee Chairperson Responsibilities:

Develop meeting agendas based on input from the committee goals and objectives as prioritized by the Diabetes State Plan.

- Assign tasks to committee members to ensure that objectives are met in a timely fashion.
- Submit meeting minutes to include objective status with time frame, and target date of completion after each meeting to Council Advisor and Council Chairperson.
- Manage committee functioning.
- Represent the committee as a member of the Steering Committee.

Article V. General Council Member Responsibilities

Participate in activities according to Council bylaws.

- Attend at least three of the quarterly Council meetings a year; if unable to attend, send a designated representative from the organization to attend,
- In person attendance preferred; participation via conference call accepted,
- Vote on Diabetes Advisory Council issues,
- Participate in the process of determining statewide diabetes prevention and control strategies,
- Commit the member organization to activities that support the Diabetes Advisory Council mission,
- Report the member organization's progress and accomplishments regarding Diabetes Advisory Council priorities to the Steering Committee at least annually,
- Participate in elections for the Chair-Elect and Committee Chairs,
- Participate in election of the Diabetes Council Officers, and
- Serve on at least one of the Diabetes Advisory Council committees.

Article VI. Elections

Section 1 - Election of Chair-Elect: The Immediate Past Chair will solicit candidates for office from the general membership and prepare a slate of candidates for each office to be filled. The slate of candidates will be sent to the voting members via electronic mail. A candidate for office receiving a majority of the vote by voting members ***in attendance*** will be declared elected. The results of the election will be announced via electronic mail and at the following quarterly meeting. New officers will be installed at the end of the meeting.

Section 2 - Vacancies: In the event of a vacancy in the office of the Chair, the Chair-Elect shall succeed to that office to complete the unexpired term and shall serve the succeeding full year as Chair. In the event of a vacancy occurring in the office of Chair-Elect or other members of the Steering Committee, the Steering Committee shall have authority to fill the vacancy for the remainder of the term by appointment or special election.

Section 3 – Committee Chair Elections: The Immediate Past Chair will solicit candidates for office from the committee members and prepare a slate of candidates for the office of Committee Chair. The slate of candidates will be sent to the voting members of the committee via U.S. or electronic mail. A candidate for office receiving a majority of the vote by voting members ***in attendance*** will be declared elected.

Article VII. Diabetes Council Committees

Section 1 - Establishment: The Diabetes Advisory Council Steering Committee shall have the authority to establish and revise standing or ad hoc committees as needed. Establishment shall be by majority vote of the sitting Steering Committee members. Ad hoc committees will remain active until goals are completed, or the Diabetes Advisory Council votes otherwise.

Section 2 - Members: Each committee shall consist of at least five persons, a majority of whom are 'regular voting members' of the Diabetes Council. The Chairperson shall be appointed by the Diabetes Council Chair with the advice of the Steering Committee. The Chair of every standing committee shall be a member of the Diabetes Council Steering Committee. Staff from the Diabetes Prevention and Control Program will sit on one or more committees per person, as appropriate.

Section 3 - Terms of Membership: Committee members shall serve indefinitely at the discretion of the Steering Committee Officers.

Section 4 - Standing Committees: The revised committees of the Diabetes Advisory Council shall include the following segments described below:

- **Education & Health Services** – Inform and educate people about diabetes health issues; assure a competent diabetes health care workforce; assess and promote linking people to needed diabetes health services; assess the availability of diabetes health care services to the state's population; inform policy makers of barriers to accessing diabetes services within the state; and assist communities in developing programs to improve access;
- **Primary Prevention** – Educate and increase the number of providers utilizing appropriate diagnostic screening tests for at-risk patients; support pre-diabetes clinical screening guidelines as recommended by the ADA; promote provider and community awareness on diabetes prevention through referrals into appropriate screening and wellness programs; support policies, systems, and environmental changes to promote healthy lifestyles;
- **Advocacy & Partnerships** – Support and enhance the strategic priorities of the Diabetes State Plan to promote diabetes prevention and control efforts and inform state and systems' policy; mobilize partnerships and build constituencies who can identify diabetes priorities and create effective solutions; and build statewide partnerships and provide assistance to partners and communities to organize and take action to improve diabetes health in their local communities; and
- **Data, Surveillance & Evaluation** – Identify and make accessible diabetes data; create a state health profile; compile and provide data to organizations for program planning and evaluation; monitor progress toward State Plan objectives; assess whether State Plan components are producing the desired progress on outcomes; identify comparisons among groups, particularly among populations with disproportionately high risk factors and adverse health outcomes; justify the need for further funding and support; and find opportunities for continuous quality improvement.

Section 5 - Committee Responsibilities: Each committee shall develop priorities in accordance with the Diabetes State Plan and report activities to the Steering Committee. An annual report of activities and accomplishments will be provided to the membership.

Article VIII. Governance of Meetings

Section 1 - Schedule of Meetings: The Diabetes Advisory Council shall meet quarterly as a statewide body to conduct regular business; however, this does not preclude more frequent or committee meetings, as needed. Should there be no business to be addressed by the Diabetes Advisory Council, the Chairperson may postpone or cancel a scheduled meeting with the advanced written approval of the Diabetes Advisory Council Advisor.

Section 2 - Meeting Venues: Meetings of the Diabetes Advisory Council will be conducted at a convenient location or may be conducted by audio/video teleconference. The Diabetes Advisory Council Advisor shall arrange the meeting venue.

Section 3 - Attendance: Will be recorded at each meeting and submitted to the Diabetes Advisory Council Advisor.

Section 4 - Agenda: Meeting agenda shall be determined by the Diabetes Advisory Council Chairperson and subject to approval of the Steering Committee.

Section 5 - Meeting Access: General council meetings shall be open to the public. Members and interested parties are required to submit seven days in advance of the meeting to the Chairperson, a written outline or summary of issues they recommend for inclusion on the meeting agenda.

Section 6 - Quorum: The minimum number of members required to be present to carry out the business of the Diabetes Advisory Council shall be fifty percent of the voting members.

Section 7 - Emergency Meetings: Meetings to address urgent business may be called at the discretion of the Chairperson or Diabetes Advisory Council Advisor. Urgent business may be addressed through: a) audio or audio/video teleconference with available Diabetes Advisory Council members; or b) through polling of at least 2/3 of the membership by the Chairperson or the Chairperson's designee. All such urgent business and the process by which decisions are reached must be fully and completely documented and submitted for review at the next regularly scheduled Steering Committee meeting.

Section 8 - Meeting Notices: Notification of meetings and other information pertaining to the Diabetes Advisory Council shall be disseminated to the Diabetes Advisory Council members by the Council Advisor.

Section 9 - Proxy Voting: Each regular voting member may designate a proxy from their organization.

Article IX. Books and Records

The Council Advisor shall maintain records of all proceedings of the Diabetes Advisory Council, task forces and committees. The Diabetes Advisory Council Advisor will maintain all documentation for the proper conduct of the Council's business and affairs.

Article X. Amendments

These articles may be amended at any regular or special meeting of the Diabetes Advisory Councilor electronically via fax or email. Written notice of proposed changes shall be disseminated to each member at least seven (7) days prior to the date of the meeting. Article changes require a majority vote of the Diabetes Advisory Council members among those *in attendance*.

Article XI. Ratification

These Articles go into effect upon a consensus of the Diabetes Advisory Council.

Article XII. Review of Bylaws

These bylaws should be reviewed on a biennial basis by the Diabetes Advisory Council Steering Committee.

Last updated on September 13, 2010