

National Association of Chronic Disease Directors Diabetes Council

OPERATING RULES

ARTICLE I. NAME

The name of this organization is the Council for Diabetes Prevention and Control, hereafter known as the Diabetes Council.

ARTICLE II. PURPOSE AND FUNCTIONS

Section 1. Purpose of the Diabetes Council: The purpose of the Diabetes Council is to serve as a channel through which staff of diabetes prevention and control programs of states, territories, commonwealths, districts and possessions of the United States may advocate public policy, improve the effectiveness and efficiency of public health diabetes prevention and control programs, and enhance professional development of the members in order to improve the health of the nation.

Section 2. Functions of the Diabetes Council: The functions of the Diabetes Council shall include the following, to:

- Participate with the National Association of Chronic Disease Directors, hereinafter referred to as NACDD, in promoting programs to protect the health of the nation;
- Provide an avenue through which public health diabetes prevention and control programs may act collectively with national, professional, governmental, and voluntary agencies and associations on issues that affect the operation and implementation of publicly-funded diabetes prevention and control programs.
- Link with entities to create opportunities to exchange and share ideas, strategies and methods for professional development and program growth;
- Formulate positions on public policy and legislation which can be sent as recommendations to the NACDD Legislative and Policy Committee;
- Coordinate advocacy activities and public policy statements with the NACDD Legislative and Policy Committee;
- Provide a forum for Diabetes Council issues and activities;
- Negotiate consensus positions on federal program administrative policies and legislation related to diabetes control and prevention;
- Evaluate and translate relevant scientific and educational developments and their implications;
- Serve in a consultative role with the NACDD Issues Committee;
- Adopt operating rules for the conduct of the Diabetes Council's business which are consistent with the by-laws of the National Association of Chronic Disease Directors.

ARTICLE III. MEMBERSHIP

Section 1. Eligible agencies: Eligible agencies shall include the public health Diabetes Prevention and Control Programs of states, territories, commonwealths, districts, possessions or tribal organization of the United States.

Section 2. Voting members: Voting membership will be open to the Diabetes Prevention and Control Program Director/Coordinator (or her/his designee) from any eligible agency. Each eligible agency will have one voting member.

Section 3. Non-voting members: Non-voting membership will be open to any employee or contracted employee from Diabetes Prevention and Control Programs from any state, territory, district,

commonwealth, possession or tribal organization. There will be no limit on the number of persons from eligible agencies that may participate as non-voting members.

Section 4. Associate members: Individuals from partner organizations such as the American Diabetes Association and the American Association of Diabetes Educators are invited to apply for Associate Membership in NACDD. Associate members of NACDD with an interest in diabetes prevention and control may become an associate member of the Diabetes Council by application to the Council Chair. Other state and territorial chronic disease program managers and staff interested in diabetes prevention and control may become an associate member of the Diabetes Council by application to the Council Chair. Associate members are non-voting members, and they may participate in discussions, activities, committees, and work groups.

Section 5. Term of membership: When the DPCP's voting member leaves his/her position with the DPCP agency, she/he will cease to be the voting member. Any change in status of a voting member needs to be documented in writing to the Diabetes Council chairperson, with a new voting member specified by the DPCP. Individuals continuing to work in their state agency and remain working in a related area (e.g., chronic disease epidemiology) may remain a member of the Council as a non-voting member. Individuals leaving work with their state agency may remain a member of the Council by applying for associate membership.

Section 6. Partnerships: Nothing in these operational guidelines shall prevent or deter Diabetes Council members from convening or forming alliances or partnerships not described herein.

ARTICLE IV. DIABETES COUNCIL OFFICERS

Section 1. Composition: There will be five officers of the Diabetes Council, each of whom shall be a member of the Steering Committee: a Chair, Chair-Elect, Immediate Past Chair, Financial Manager, and Secretary. Each officer shall be elected by the membership, to represent and act on behalf of the Diabetes Council, in conjunction with the Diabetes Council Steering Committee.

Section 2. Term of office: The term of office for the Chair, Chair-Elect, and Immediate Past Chair shall be one year beginning at the date of the Diabetes Council's annual meeting (typically in May). The term of office for the Secretary and Financial Manager shall be for staggered two year terms beginning at the annual meeting. The Secretary's two year term shall commence in even numbered years. The Financial Manager's two year term shall commence in odd numbered years. The Chair-Elect will succeed to the Chair position and the Chair will succeed to the Immediate Past Chair position.

Section 3. Tenure and Eligibility of Office: The Chair and Chair-Elect may serve for one term at a time, with at least one intervening year since their last term in the same office. An exception will be made in the case of a vacancy in the office of the Chair. In that case, the Chair-Elect shall succeed to the office of the Chair to complete the unexpired term and shall serve the succeeding full year as Chair, as outlined in Article V, Section 2. The secretary and financial officer may serve for not more than two consecutive terms. Officers of the Diabetes Council will be members in good standing with the Diabetes Council. To be eligible for the office of Chair-Elect or Chair, the member must have been a member of the Diabetes Council for at least two years. Officers shall hold office until the end of the Diabetes Council's annual meeting (usually held in May).

Section 4. Chair responsibilities:

- Provide leadership and direction for the Diabetes Council and help set priorities;
- Ensure preparation of an annual work plan that is related to the NACDD Strategic Plan, NACDD Operational Plan and the Diabetes Council strategic plan;
- Ensure completion of work plan and deliverables as outlined in CDC Cooperative Agreement;
- Appoint chairpersons for committees as needed;
- Annually, reaffirm Committee Chair commitments to serve for another year;

- Act as spokesperson of the Diabetes Council in collaboration with the Diabetes Steering Committee, advance the purposes and positions of the Diabetes Council through every appropriate means possible;
- Communicate regularly with funding sponsors on behalf of NACDD and the Diabetes Council; negotiate program changes if needed;
- Coordinate and integrate activities with other councils, committees, and interest groups, as needed;
- Call and preside over meetings of the Diabetes Council Steering Committee and meetings of the Diabetes Council membership;
- Represent the Diabetes Council as a voting member of the NACDD Council/Issues Committee (Chair and Chair-elect of the Steering Committee shall serve);
- Provide periodic reports of activities to NACDD and Diabetes Council members;
- Approve requests for associate membership.
- Solicit DDT Liaisons to serve on each Diabetes Council standing committee;

Section 5. Chair-Elect responsibilities:

- Serve in the 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 requested by the Chair;
- Attend at least two conference calls for each standing committee;
- Represent the Diabetes Council as a voting member of the NACDD Council/Issues Committee (Chair and Chair-elect of the Steering Committee shall serve);
- Serve as Chair of the Strategic Planning Committee.

Section 6. Immediate Past Chair responsibilities:

- Act as chairperson during the Diabetes Council Steering Committee meetings when the Chair and Chair-Elect are not present;
- Chair the Nominations Committee;
- Serve as needed on the Operating Rules Committee;
- Serve as the Diabetes Council's representative for the Diabetes Translation Conference (DTC) Planning Committee;
- Serve as consultant to the Chair and Chair-Elect;
- Serve as needed on the:
 - Division of Diabetes Translation and Diabetes Council Leadership meetings
 - Diabetes Council Leadership monthly meetings
- Perform other duties requested by the Chair.

Section 7. Secretary responsibilities:

- Record all resolutions and proceedings of the Diabetes Council Steering Committee meetings and annual meetings of the Diabetes Council and disseminate them to Diabetes Council members; issue notices of meetings, conference calls; handle correspondence;
- Conduct roll call for all Diabetes Council membership meetings and all member calls;
- Perform other duties requested by the Chair.

Section 8. Financial Manager responsibilities:

- In collaboration with the Steering Committee, NACDD and CDC, prepare an annual Diabetes Council budget;
- Monitor Council expenditures; work with Chair and Chair-elect to determine the need for budget modifications.
- Prepare and present financial reports at each Diabetes Council Steering Committee meeting;
- Prepare and present financial reports at each Diabetes Council membership meeting;
- Represent the Council by serving on the NACDD Finance Committee
- Perform other duties requested by the Chair.

ARTICLE V. ELECTIONS

Section 1. Election of Officers: The Nominations Committee will solicit candidates for office from the membership and prepare a slate of candidates for each office to be filled. Nominations are considered anonymous and are solicited from all Council members, not just the voting members. The slate of candidates will be sent to the voting members via electronic mail prior to the Diabetes Council's annual meeting (usually held in May). Each voting member will submit one ballot to the Diabetes Council support staff prior to the annual meeting. Votes will be submitted electronically, by fax, or via U.S. mail. A candidate receiving a plurality of the vote for any office will be declared elected. The results of the election will be announced at the Council's annual meeting and new officers installed at the end of the Diabetes Council 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 in the office of Chair-Elect, the Council shall hold a special election for Chair-elect. In the event of a vacancy occurring in the office secretary or financial manager, 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.

ARTICLE VI. DIABETES COUNCIL STEERING COMMITTEE

Section 1. Composition: The Diabetes Council Steering Committee shall be composed of the Officers, including Chair, Chair-Elect, Secretary, Financial Manager, Immediate Past Chair, Chairs of standing committees, and a DDT Liaison. The DDT Liaison will not have voting privileges. Ex-Officio members may be invited to represent related councils/agencies on the Steering Committee but will not have voting privileges.

Section 2. Accountability: The Diabetes Council Steering Committee shall be responsible to the Membership for representing Diabetes Council positions and other matters to the full extent of their duties and powers. The Diabetes Council Steering Committee shall be accountable to the NACDD Board of Directors for fiscal matters, development of resolutions for consideration by the NACDD and for the responsibilities described in the NACDD by-laws. Annually, the Steering Committee shall submit a budget to the NACDD for anticipated expenses of the Diabetes Council.

Section 3. Duties/powers: The Diabetes Council Steering Committee shall:

- Use appropriate communication channels to facilitate sharing among members and to ensure that positions adopted by the Diabetes Council reflect the majority opinion of the membership;
- Build consensus among members and work with the Advocacy Committee to draft Diabetes Council positions to address issues or concerns regarding administrative issues, public policy, and legislative matters; position or issue papers adopted by the Diabetes Council shall be submitted to the NACDD Advocacy Committee for affirmation;
- Have full power in all matters demanding action between annual meetings of the members of the Diabetes Council;
- Obtain and manage funds as needed to support the purpose and other activities of the Diabetes Council;
- Plan and oversee the activities and projects of the Diabetes Council and its committees;
- Plan and manage at least one annual meeting of the membership;
- Appoint committees to conduct Diabetes Council business;
- Communicate, via the Chair, with the DDT-Centers for Disease Control and Prevention, NACDD, and other organizations.

Unless explicitly precluded within the Operating Rules, the Diabetes Council Steering Committee and the Diabetes Council Chair shall have the authority to act as necessary to carry out its duties and achieve its purpose.

ARTICLE VII. DIABETES COUNCIL COMMITTEES

Section 1. Establishment: The Diabetes Council Steering Committee shall have the authority to establish standing or ad hoc committees as needed. Establishment shall be by majority vote of the sitting Steering Committee members.

Section 2. Members: Each committee shall consist of at least three persons, a majority of whom are members of the Diabetes Council; as possible, the committee will have at least one DDT member to serve as liaison. The chairperson shall be appointed by the Diabetes Council Chair with the advice of the Diabetes Council Steering Committee. The chair of every standing committee shall be a member of the Diabetes Council Steering Committee and Strategic Planning Committee.

Section 3. Terms of membership: Committee members and chairs shall serve indefinitely at the discretion of the Steering Committee Officers, with terms typically beginning and ending at the Diabetes Council meeting (usually held in May). Annually, the Chair will assess Committee Chair continued interest to serve.

Section 4. Standing committees: The standing committees of the Diabetes Council shall include: advocacy, membership and communications, mentoring, nominations, and professional and leadership development, and strategic planning.

- **Advocacy Committee** informs Council members about legislative and policy issues related to diabetes prevention and control. Also provides members with the tools needed to educate decision-makers regarding these issues.
- **Membership and Communication Committee** promotes membership for the Council; coordinates new member orientation activities; and encourages member involvement in the Council. The committee also develops and implements the Council's communication strategies. The committee uses a variety of communication vehicles to communicate to the membership and its partner organizations.
- **Mentoring Committee** oversees the Council's mentoring activities by matching states working on building their capacity to more experienced states. The Council has two primary mentoring opportunities: Diabetes Council Mentor Program and the Peer to Peer Program.
- **Nominations Committee** prepares a slate of officers for the Diabetes Council Steering Committee and facilitates the election process.
- **Professional and Leadership Development Committee** assesses professional development needs of the Council members and plans and implements professional development opportunities to meet these needs.
- **Strategic Planning Committee** develops and monitors the Council's long-term Strategic Plan and reports its progress to the Council members.

Section 5. Standing committee responsibilities: Each committee shall develop an annual work plan and report progress toward reaching work plan objectives to the Steering Committee quarterly. An annual report of activities and accomplishments will be provided to the membership.

ARTICLE VIII. MEETINGS OF THE MEMBERSHIP

Section 1. Frequency and purpose: A meeting of the membership shall be held at least annually, typically in conjunction with the CDC's Annual Diabetes Translation Conference. Additional meetings of the membership will frequently be held in conjunction with the CDC's Chronic Disease Conference or the CDC's Diabetes Program Director's meeting. The purposes of these meetings are to:

- Provide educational opportunities related to diabetes or inclusion of educational opportunities in other appropriate regional and/or national conferences;
- Receive committee reports;
- Receive updates on national issues that impact Diabetes Prevention and Control Programs;
- Provide a forum for discussion of critical issues;
- Formulate positions on issues in the name of the Diabetes Council;

- Install the newly elected officers;
- Conduct other business of the Diabetes Council.

Section 2. Notice: Notice of any meetings of the membership shall be sent to the members in writing/electronic mail at least 30 days prior to the meeting.

Section 3. Quorum: The minimum number of members required to be present to carry out the business of the Diabetes Council shall be a simple majority of voting members.

Section 4. Proxy voting: Each regular voting member may designate a proxy.

Section 5. Reimbursement: Steering Committee members should be prepared to pay expenses for attendance at meetings.

ARTICLE IX. PARLIAMENTARY AUTHORITY

The rules contained in the latest edition of “Roberts Rules of Order Revised” will govern meetings of the Diabetes Council in all cases in which they are applicable and in which they are not inconsistent with the bylaws of NACDD.

ARTICLE X. AMENDMENTS

These operating rules may be amended:

1. By written ballot approval of a simple majority of the regular voting members of the Diabetes Council, provided that all proposed amendments have been mailed via U.S. or electronic mail to voting members thirty (30) days prior to the vote; or
2. By a majority vote of the members of the Diabetes Council in attendance at any regular meeting, provided that all proposed amendments have been mailed via U.S. or electronic mail to voting members thirty (30) days prior to the vote; or
3. With no prior notice, by a two-thirds majority vote of the members of the Diabetes Council in attendance at a regular meeting.

Unless otherwise noted, all approved amendments become effective immediately upon completion of the balloting process.

Previously Adopted: April 17, 2000

Amended: March 1, 2005, July 11, 2008.