

BY-LAWS

Revised October 2021

ARTICLE I: NAME

The name of this council shall be the North Carolina Diabetes Advisory Council, herein referred to as the NC DAC.

ARTICLE II: PURPOSE

The purpose of the NC DAC shall be to develop, recommend and advocate for sound policies, priorities and strategies for the prevention, detection, and management of diabetes and to advocate for and assist public and private agencies and organizations to become more effectively engaged in efforts to reduce the burden of diabetes in North Carolina.

ARTICLE III: DUTIES AND RESPONSIBILITIES:

The duties and responsibilities of the NC DAC shall include, but not be limited to:

- A. Advise the North Carolina Division of Public Health's Community and Clinical Connections for Prevention and Health Branch in determining diabetes priorities in North Carolina. This includes ways to prevent and manage diabetes, addressing the diabetes burden to North Carolina residents, and mitigating major obstacles and barriers to such management.
- B. Educate and advocate for prevention, early detection, treatment, and self-management education for diabetes prevention and management as a health priority for all North Carolinians.
- C. Provide scientific credibility and public validity for new service priority areas and interventions based on evolving clinical and epidemiological studies and technology.
- D. Foster interagency collaboration and networking for identification, utilization, and expansion of resources for diabetes prevention and management services.
- E. Regularly participate in developing and disseminating state plans for Diabetes Prevention and Management.
- F. Evaluate present and proposed strategies for the prevention and management of diabetes in North Carolina in terms of assessed need, estimated costs, potential benefits and probability of success of each strategy.



ARTICLE IV: MEMBERSHIP

Section 1: Composition of the NC DAC

The North Carolina Diabetes Advisory Council shall consist of no more than 50 voting members, and shall be composed of individuals and organizations that are involved in diabetes care, education, and advocacy or who are interested in supporting the DAC's purpose, mission and goals. The NC DAC membership should be inclusive and reflective of NC's population and geographic areas. Therefore, it is expected that membership will include representation from organizations such as those listed below. The NC DAC does not require all membership positions to be filled at all times.

- 1. Local Health Directors/Local Health Directors Association/Local Health Department
- 2. Nursing
 - a. North Carolina Nurses Association
 - b. North Carolina Board of Nursing
- Diabetes Care and Education Specialist, Association of Diabetes Care and Education Specialists, North Carolina Coordinating Body
- 4. American Diabetes Association, North Carolina Affiliate
- 5. North Carolina Office of Minority Health and Health Disparities
- 6. Registered Dietitian Nutritionist
 - a. North Carolina Academy of Nutrition and Dietetics
 - b. North Carolina Board of Dietetics
- 7. North Carolina Medical Society
 - a. Carolinas Society of Endocrinologists (AACE)
 - b. NC Chapter, American College of Physicians
 - c. North Carolina Society of Eye Physicians and Surgeons
- 8. North Carolina Academy of Family Physicians
- 9. Clinical Experts in Diabetes
 - a. North Carolina Academy of Physician Assistants
 - b. American Association of Nurse Practitioners (Region 4)
 - c. American College of Cardiology, North Carolina chapter
 - d. North Carolina Foot & Ankle Society, Podiatrist
 - e. North Carolina Audiology Association, Audiologist
 - f. North Carolina Dental Association, Dentist



- 10. Pharmacists/North Carolina Pharmacy Association/NC Community Pharmacy Group
- 11. Business/Industry Government Affairs or Medical Service Liaisons from organizations such as, but not limited to, pharmaceutical companies, diabetes technology companies, and other diabetes related organizations.
- 12. Insurers, such as, but not limited to, BlueCross Blue Shield NC, NC Medicaid, NC State Health Plan, etc.
- 13. Institutes of Higher Education, such as, but not limited to, University of North Carolina, Wake Forest University, Duke University, East Carolina University, etc.
- 14. Health Systems, such as, but not limited to, Vidant, Duke University Medical Center, Wake Med Health and Hospitals, University of North Carolina
- 15. Representatives of organizations focused on diabetes prevention and management, including but not limited to community coalitions, community health workers, etc.
- 16. North Carolina Community Health Center Association
- 17. NC Alliance of YMCAs
- 18. Area Health Education Center
- 19. Food Bank of Central and Eastern North Carolina
- 20. Old North State Medical Society
- 21. County Commissioner and/or Legislator
- 22. NC Quality Improvement Organization
- 23. NC Community Organizations
- 24. Faith Based Organizations
- 25. NC Department of Public Instruction/other Public Educational Entity
- 26. NC Office of Rural Health
- 27. Person(s) with diabetes
- 28. Eat Smart/Move More North Carolina



Other Members

Liaison members

- 1. North Carolina Division of Public Health Cancer Prevention and Control Branch
- 2. North Carolina Division of Public Health Tobacco Prevention and Control Branch
- 3. North Carolina Division of Public Health Children and Youth Branch
- 4. Other liaison members with an interest/focus on diabetes may be added with the approval of the Co-Chairs

Liaison members are named by the Branch Heads of each respective branch. Liaison members have no set term or term limits, and may participate in any ad hoc groups or subcommittees. Liaison members do not have voting rights.

Stakeholders

Stakeholders may include any person or organization that is interested in reducing the burden of diabetes in North Carolina and supports the mission of the NC DAC. Stakeholders are welcome to attend all meetings, have no terms or term limits, and may participate in any ad hoc groups or subcommittees. Stakeholders do not have voting rights.

Section 2: Selection of Members

New NC DAC members shall be nominated by another NC DAC member. The nomination is then reviewed and considered by the Co-Chairs of the NC DAC. After consideration, the Co-Chairs may approve the new member and will send a written communication of approval. If for any reason the proposed new member is not approved, written communication will be sent to the nominee with the reason for disapproval.

Section 3: Membership Privileges

- a) Members who have been appointed to the North Carolina Diabetes Advisory Council shall have the right to:
 - 1. Vote as outlined below in (b)
 - 2. Attend all meetings
 - 3. Work on assigned committees and subcommittees
 - 4. Provide input into the decision-making process
 - 5. Recommend members for appointment

b) Voting Privileges

Each member of the NC DAC shall have voting rights upon his/her appointment. Liaison members and stakeholders do not have voting rights. The NC DAC encourages attendance and input at each regular and



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special meeting from all interested parties. For the purposes of voting, in the event of a voting member's absence, a designee is urged to attend, but shall not be vested with voting privileges.

Voting may take place in person, remotely or via electronic means. A simple majority (51%) of voting members in attendance, participating remotely, or via email shall be sufficient. In the event of a tie, the Co-Chairs shall make the final decision.

Section 4: Term of Membership

- 1. The initial term of membership for the NC DAC shall be a three-year tenure. Upon completion of the tenure of office, NC DAC members may be re-appointed by the Co-Chairs for additional 3-year terms, or may choose to retire. There are no term limits for members.
- 2. If a member resigns and a new member is appointed to complete the term, they will serve the remainder of that term and then are eligible for re-appointment.
- 3. There are no terms or term limits for liaison members or stakeholders.
- 4. Termination of Membership
 - a) Any member may resign by giving written notice to the presiding Co-Chairs to be effective upon receipt or at any later date specified in the notice.
 - b) Removal
 - 1. When a NC DAC member is absent from more than two NC DAC meetings in a one-year period, without due cause or prior notification, the NC DAC Co-Chairs may send a letter to that member to determine his/her commitment to the NC DAC membership. The NC DAC Co-Chairs may also remove the member from the NC DAC if there continues to be a lack of participation.
 - 2. Any member's NC DAC appointment may be rescinded if the NC DAC member does not abide by the COI policy or it is determined a flagrant COI exists.

ARTICLE V: OFFICERS AND DPH REPRESENTATION

The officers of the NC DAC shall be Co-Chairs elected by the members of the NC DAC. There shall also be a representative from the NC Division of Public Health as a non-voting member who serves in a Coordinator role to the Officers. The NC DAC Co-Chairs shall have the qualifications as outlined in the descriptions below.

- Section 1. Officers of the NC DAC shall be 2 members who serve as Co-Chairs.
- Section 2. Officers must have served at least one three-year term on the NC DAC before being eligible for election.
- Section 3. Term of office is for two years, and may be renewed for one term. If either of the Co-Chairs resign, the NC DAC membership shall vote in a new Co-Chair whose two-year term begins at the time of their election.



- Section 4. The duties of the NC DAC Co-Chairs shall include:
 - To preside over NC DAC meetings.
 - To serve as official spokespersons for the NC DAC.
 - To act as ex-officio members to Ad hoc group.
 - To annually declare any conflicts of interest
 - To lead in good faith for the overall good of the NC DAC.
- Section 5. The duties of the Coordinator shall include:
 - Draft meeting schedule for Co-Chairs to approve in advance of the NC DAC meetings
 - Provide notes of the meeting
 - Follow-up on activities as directed by the Co-Chairs and any Ad hoc groups of the NC DAC
 - Facilitates communication between Co-Chairs and NC DAC members, stakeholders and liaison members

ARTICLE VI: AD HOC GROUPS

The NC DAC Co-Chairs and staff shall determine appropriate ad hoc groups to address issues as needed. NC DAC members, liaison members, stakeholders and NC DAC staff may participate in ad hoc groups.

ARTICLE VII: CONFLICT OF INTEREST

A conflict of interest exists when members of the NC DAC participate in a way that directly affects the personal or financial interests of the NC DAC members. In order to avoid conflict of interest problems, DAC members who have a personal or financial interest in an action must abstain from participating in the entire process which would include both discussion and voting. The NC DAC members who have or think they may have a conflict of interest should declare that there is or may be a conflict of interest and request a determination from the NC DAC. Where a conflict of interest is determined to exist, NC DAC members should abstain from voting and should be recorded as abstaining when votes are taken. Members shall exercise good faith in all transactions touching upon their duties with the NC DAC. In their dealing with and on behalf of the NC DAC, they are each held to a rule of honest and fair dealings between themselves.



ARTICLE VIII: MEETINGS

Regular Meetings

- A. The NC DAC shall schedule and hold a minimum of three meetings per fiscal year. These meetings shall be scheduled in advance, and the membership notified of their time and place. Remote meetings shall meet these requirements.
- B. The agenda for each meeting will be prepared by the NC DAC Co-Chairs and Coordinator. Any member, liaison member or stakeholder of the NC DAC may submit items for consideration.

ARTICLE IX: PARLIAMENTARY AUTHORITY

All meetings of the NC DAC shall be considered in accordance with Robert's Rules of Order, latest revised edition.

ARTICLE X: AMENDMENTS

Section 1. These by-laws may be amended at any business meeting by two thirds vote of the NC DAC membership present and voting, provided the proposed amendment has been submitted in writing to all voting members at least 30 days prior to the convening of the meeting.