

**BYLAWS** of the Northwest Michigan Chronic Disease Prevention Coalition  
of  
Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana,  
Osceola and Wexford counties

**ARTICLE I. NAME**

The name of this organization shall be the Northwest Michigan Chronic Disease Prevention Coalition of Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, Osceola and Wexford Counties, hereafter referred to as the NMCDPC.

**ARTICLE II. VISION STATEMENT**

To improve the quality of life through an area wide organization by providing a collaborative delivery of services based upon community needs.

**ARTICLE III. MISSION**

The mission of the Northwest Michigan Chronic Disease Prevention Coalition is to organize and promote chronic disease-related services and prevention opportunities available in our service region of Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, Osceola and Wexford counties.

**ARTICLE IV. PURPOSE**

- 4.1 Promote policy and environmental changes to reduce chronic disease.
- 4.2 Communicate chronic disease impact.
- 4.3 Educate constituent groups and the public about chronic disease.
- 4.4 Collaborate with chronic disease-related organizations.
- 4.5 Manage chronic disease-related resources.
- 4.6 To serve as a resource to local coalitions in member counties.

**ARTICLE V. GUIDING PRINCIPLES**

- 5.1 Collaboration among member agencies will enable us to do more with less and to share knowledge and resources.
- 5.2 Shared commitment to improving health will reflect a common understanding of the problem and a joint approach to solutions and actions.
- 5.3 Shared Measurement to assure consistent data and results across participant's activities.
- 5.4 Continuous communication that is consistent and open across the many players in order to "build trust, assure mutual objectives, and create common motivation."
- 5.5 Support through an organization with the capabilities to coordinate agencies and participants.

5.6 Funding approval or project endorsement should be based upon proposals that are data driven.

5.7 Successful collaborative initiatives have trained and committed membership.

5.8 Community collaborative initiatives are best with ample participation from citizens and consumers.

5.9 Meetings shall be run efficiently with a clear agenda and objectives that are reasonable to achieve.

## ARTICLE VI. MEMBERSHIP

6.1 Membership shall be inclusive It is the desire to have a membership that represents as fully as possible the healthcare community but which still permits productive meetings and facilitates the attainment of stated goals. There shall be no numerical limit on membership other than that determined by the vote of the membership as long as the organizations meet the eligibility requirements.

6.1.1 Membership Agreement (see attachment A)

6.1.2 Members not meeting membership requirements as defined by Section 6.5 and the Membership Agreement, can be removed by a two-thirds vote of the members in attendance at a meeting that has a quorum.

6.2 Core members shall include the following organizations. This membership is:

6.2.1 District #10 Health Department,

6.2.2 Ferris State University,

6.2.3 Munson Healthcare Cadillac Hospital,

6.2.4 Munson Healthcare Grayling Hospital,

6.2.5 Spectrum Health Big Rapids Hospital,

6.2.6 Spectrum Health Gerber Hospital,

6.2.7 Spectrum Health Ludington Hospital,

6.2.8 Spectrum Health Reed City Hospital,

6.2.9 West Shore Medical Center,

6.2.10 Kalkaska Memorial Health Center,

6.2.11 Michigan Department of Health and Human Services,

6.2.12 Wexford Physicians Health Organization,

6.2.13 Family Health Care,

6.2.14 Michigan State University Extension,

6.2.15 Mercy Health Lakeshore,

6.3 The chief executive officer or empowered designee shall represent each organization / position.

6.4 Core members are encouraged to meet specific expectations as identified by the membership agreement and agree to comply with the NMCDPC vision, mission and by-laws.

6.4.1 Commit to the goals of the NMCDPC.

6.4.2 Attend and participate in at least 4 of the 6 regularly scheduled meetings on an annual basis.

6.4.3 Serve on or assign staff to committees and work groups as necessary and appropriate.

6.4.4 Bring relevant issues to the agenda of the NMCDPC.

6.4.5 Sign a membership agreement that indicates their willingness to participate and to meet the membership expectations.

6.5 Decisions will be made by consensus. Representatives are encouraged and welcome, but are present only to assist the flow of information to and from members.

6.6 Membership shall be reviewed by the NMCDPC no less than annually. Additional members can be added to the membership list by nomination of member organizations. Organizations seeking membership shall submit a written request to the NMCDPC chairperson.

6.7 While the NMCDPC has established core memberships it does work through a committee structure. This permits far-reaching input into the study of community problems, services, needs, etc. Committee membership is not limited to core members.

## ARTICLE VII. MEETINGS, QUORUM AND VOTING PROCEDURE

7.1 A minimum of 6 scheduled meetings will be held annually. Special meetings can be called to address immediate needs.

7.2 A majority is defined as fifty percent of the core membership and shall constitute a quorum for the purpose of conducting business.

7.3 Consensus is the preferred decision making process. However, if consensus can not be reached when a decision must be made, a vote with simple majority of members present will be required.

7.4 Decisions needing an action between meetings can be made by the executive committee or by e-mail vote, but must be presented to the body at the next regularly scheduled meeting.

## ARTICLE VIII. COORDINATOR and OFFICERS

The NMCDPC Coordinator will be a staff member of DHD #10 to be determined by DHD #10 Administration.

Officers of the NMCDPC will consist of a chairperson, and secretary and shall be elected at the October meeting. The officers must be NMCDPC members. Officers may not be staff of DHD #10.

8.1 The duties will be:

8.1.1 Chairperson:

8.1.1.1 To preside over meetings,

8.1.1.2 To appoint members for all Standing Committees,

8.1.1.3 To coordinate the activities of the NMCDPC and its committees

8.1.1.4 To chair the Executive Committee,

8.1.1.5 To call an annual planning retreat.

8.1.2 Secretary:

8.1.2.1 To ensure that minutes for each meeting are written and distributed within 2 weeks of the meeting,

8.1.2.2 To chair the nominating committee,

8.1.2.3 To provide yearly review of the by-laws.

8.2 Vacancy in any office, arising from any cause shall be filled by special election.

8.3 Officers will have a one-year term beginning January 1 and ending December 31.

8.4 Officers will serve no more than two continuous terms in the same office.

#### ARTICLE IX. COMMITTEES and WORKGROUPS

Standing Committees of NMCDPC are Executive and Membership.

Other committees may be added by the vote of the membership.

9.1 The Executive Committee shall consist of the officers of the NMCDPC, the chairpersons of the Standing Committees, and the immediate past chairperson, The Executive Committee is charged with the responsibility to:

9.1.1 To carry out any business that must be accomplished between meetings

9.1.2. Develop standards for the committee operations.

9.1.3 Receive and make recommendations to the membership at regularly scheduled meeting for:

a. Requests for grant funding

b. Requests for Letters of Support

c. Requests for resources from local coalitions

9.2 The Membership committee, consisting of a minimum of four (4) members who volunteer to serve on this committee, shall perform the following duties:

9.2.1 Review membership annually to determine how well current membership represents the community and allows the group to attain its stated goals.

9.2.2 Review core members' compliance to membership expectations and report to the full body annually, normally at the first meeting of each calendar year.

9.2.3 Review affiliate member or other community agent/agency requests for core membership and make recommendations to the full body. It is expected that this review and recommendation will be completed within 60 days of written membership request.

9.2.4 Recruit new members when directed by the full body.

9.2.5 Develop and maintain an orientation, mentoring and training plan for new core, consumer, and affiliate members.

9.2.6 Provide recognition to NMCDPC members for attendance, length of service, accomplishments, etc.

The Chair of the Membership Committee shall serve on the NMCDPC Executive Committee.

9.3. The Chronic Disease Coordinating Care Network will consist of NMCDPC members committed to the goals and objectives of each CDCN workgroup. Each workgroup will be chaired by a representative of DHD #10 who will take on the duties of calling meetings, setting the agenda, and completing and distributing minutes. Workgroups of the Chronic Disease Coordinating Network will include: 1) Policy, Systems and Environmental Change, 2) Community Clinical Linkages (Tobacco, Diabetes Prevention, and others as needed.), and Health Systems Intervention

## ARTICLE X. STRUCTURE

The structure of the NMCDPC provides the opportunity for local health coalitions to have collaborative relationships with the Northwest Michigan Chronic Disease Prevention Coalition. The NMCDPC can invite or be solicited by a local health coalition to form a relationship. The NMCDPC will use its vision, mission, goals, guiding principles and the purpose of the collaborative, initiative, or organization to determine the nature of relationship. The levels of relationship and the expectations of the responsibilities are defined from the least to most intense as:

### 10.1 Community Coordination/consultation

- Exchange information, either a one time event or a regular basis,
- Initiated either by the NMCDPC or local health coalition.
- Communication can be through reports or minutes or presentations at NMCDPC meetings.

### 10.2 Coordinated Planning

- Exchange information,

- Initiated either by the NMCDPC or local health coalition.
- The health coalition and the NMCDPC establish a mutually agreed upon relationship to coordinate planning.
- The local health coalition and the NMCDPC share needs assessments, evaluations, and reports.
- Reports to the NMCDPC at an agreed upon interval.

### 10.3 Endorsement

- Endorsement from NMCDPC is requested by a local health coalition as part of a grant submission or a funding requirement.
- Requests are submitted to the Executive Committee for recommendation,
- Follow up report will be requested if endorsed by NMCDPC at a frequency established in the approval letter.

### 10.4 Sponsorship

- A local health coalition requests the NMCDPC to support the mission / charge of the group.
- NMCDPC agrees to support mission/charge of the local health coalition request.
- The NMCDPC agrees to provide leadership.

The NMCDPC, through its members, allocates resources i.e. staff time for work groups, materials.

- The NMCDPC may assist in implementation project or program of Coalition i.e. develop working agreements.
- The local health coalition presents reports on its progress on a regular basis.
- The NMCDPC receives reports on a regular basis of the sponsored group's progress, evaluation.
- The NMCDPC is invested in the outcome of the initiative.

## ARTICLE XII. AMENDMENTS

These Bylaws may be amended by a two-thirds vote of those present at any regular or special meeting, or by a vote taken by e-mail. Proposed amendments shall be submitted in writing to the membership at least 30 days in advance.

Last Approved: June 10, 2016

Revised: February 2020- *awaiting final approval*