

Bylaws

Washington CARES About Cancer Partnership

Approved February 2004

Amended November 2004

Amended September 2005

Amended December 2007

Updated October, 2009

I. Name

The name of the organization shall be the Washington CARES About Cancer Partnership.

II. Purpose of the Partnership

1. The **purpose of the Partnership** is to develop, implement, and evaluate a state comprehensive cancer control plan for Washington.
2. The **vision of the Partnership** is for Washington State to be a place where:
 - a. Individuals will not get preventable cancers.
 - b. Those individuals with detectable cancer are diagnosed in the earliest stage of the disease possible.
 - c. Those individuals with treatable cancers are given the highest quality state-of-the-art care available to maximize their survival and quality of life.
 - d. Those individuals in the end stages of incurable cancers are cared for in a way that maximizes the quality of their life and death.
 - e. Full support is given to research directed toward understanding the causes of cancers and toward improving prevention, early detection, treatment and palliation.
3. The **mission of the Partnership** is to reduce cancer incidence, morbidity and mortality; increase equity in access to appropriate preventive, screening, diagnostic, treatment, and palliative care; maximize the quality of life for all individuals with cancer; promote research; and educate consumers, providers, payers, and policy makers on cancer issues.

This will be accomplished by encouraging broad participation and a process that is prevention-oriented, evidence-based, data driven, culturally competent, survivor informed, outcome oriented, comprehensive in nature, respectful of individual's autonomy and rights, including patients' right to fully informed consent.

4. The **role of the Partnership** is to provide leadership in and advocacy for:
 - a. Identifying and prioritizing statewide needs for cancer prevention and control.
 - b. Identifying interventions and resources.
 - c. Coordinating activities.
 - d. Promoting the availability of sufficient health workforce, equipment, and services.
 - e. Seeking financial resources to fund plan initiatives.
 - f. Supporting efforts to increase awareness and share strategies to reduce the burden of cancer disparities faced by ethnically diverse and underserved populations.

III. Partnership Membership

1. Partnership membership is open to any organization or independent individual that meets the following requirements:
 - a. Be a legally operating entity within Washington State (e.g., non-profit organization, for-profit corporation, governmental agency) OR be an independent individual (e.g. advocate, cancer survivor, concerned citizen) who is interested in working towards reducing the burden of cancer in Washington.
 - b. Submit a membership application designating an official representative for the organization OR identifying the independent member. Organizations are expected to also identify an alternate representative to act on behalf of the organization in the absence of the official representative.
 - c. By virtue of holding the cooperative agreement with the Centers for Disease Control and Prevention to fund Comprehensive Cancer Control.
 - d. Endorse the mission, vision, roles, and values of the Partnership.
 - e. Agree to be identified as a Partnership member organization or independent member.

2. **Official representatives of member organizations** of the Partnership have the following rights and responsibilities:
 - a. Attend Partnership meetings regularly.
 - b. Vote to elect Partnership Steering Committee members representing member organizations and vote to adopt or reject bylaw amendments.
 - c. Serve on the Steering Committee (if nominated by the Nominating Committee and elected by the members) or on other Partnership committees, task forces, or ad hoc work groups.
 - d. Communicate their organization's viewpoints to the Partnership and inform their organization of Partnership decisions and activities.
 - e. Support implementation of the state comprehensive cancer control plan by taking specific action within the member's own organization or in collaboration with other members or member organizations to help achieve one or more of the Partnership's priorities on a regular basis.
 - f. Agree to support and participate in efforts to evaluate implementation activities and to assess effectiveness in achieving plan objectives and goals.
 - g. Agree to and abide by the Conflict of Interest Policy (see Section XVI) by signing the Conflict of Interest Disclosure Statement annually.
 - h. Retain the right to resign their membership at any time.
3. **Independent members** of Partnership have the following rights and responsibilities:
 - a. Attend Partnership meetings regularly.
 - b. Vote to elect one Partnership Steering Committee member to represent independent members. (One permanent seat on the Steering Committee is reserved for independent members – See Section VI.3.)
 - c. Serve on the Steering Committee (if nominated by the Nominating Committee and elected by independent members) or on other Partnership committees, task forces, or ad hoc work groups.
 - d. Represent their individual views to the Partnership.
 - b. Support efforts to implement and evaluate the state comprehensive cancer control plan.

- c. Agree to and abide by the Conflict of Interest Policy (see Section XVI) by signing the Conflict of Interest Policy annually.
- d. Retain the right to resign their membership at any time.

IV. Term of Membership

1. Members retain membership status as long as the Partnership membership requirements outlined in Section III are met.

V. Meetings of the Partnership

1. The Partnership will meet physically at least annually or more frequently if necessary as determined by the Partnership Steering Committee.
2. The Steering Committee Chair and Vice Chair will chair Partnership meetings (See Section VIII).
3. Notice of meetings (date, time, and location) will be provided by DOH CCC Program staff to Partnership members at least 30 days prior to the meeting. The agenda will be distributed no later than 15 days prior to the meeting. Minutes will be recorded, filed, and distributed to Partnership members by DOH CCC Program staff.

VI. Steering Committee Composition

1. The Steering Committee is the governing body of the Partnership and is responsible for the ongoing development, implementation, and evaluation of the state comprehensive cancer control plan. A Chair and Vice-Chair will lead the Steering Committee.
2. The Steering Committee will be composed of representatives of organizations and independent individuals in Washington concerned with cancer prevention and control. Diversity will be achieved through encouraging the election of broad-based representation from a variety of organizations (e.g., government, private, non-profit, advocacy, and research organizations) and focus areas (e.g., gender, population served, geographic, socio-economic, health disparities).
3. The Steering Committee will consist of 12 members.

- a. Ten seats on the Steering Committee are permanently reserved for organizational members. Steering Committee members will be elected to fill these seats by organizational members.
 - b. One seat on the Steering Committee is permanently reserved for an independent member. A Steering Committee member will be elected to fill this seat by independent members.
 - c. One seat on the Steering Committee is permanently reserved for the official representative of DOH. DOH will select its DOH representative member.
4. The Steering Committee Chair and Vice Chair will be elected by the Steering Committee. No more than one may be from a governmental agency. At least one of the Chairs (Chair or Vice Chair) must remain in a leadership position (Chair or Vice Chair) during the second year of his or her term. The Chair or Vice Chair leaving office will become the Immediate past Chair and shall serve as an ex-officio member of the Steering Committee for one year.
 5. The Steering Committee will be elected by a mail or e-mail vote of the members of Partnership. For the election to be valid, at least 25% of the Partnership members must vote.

VII. Steering Committee Responsibilities

1. The Steering Committee is responsible for providing leadership and policy direction for the Partnership, establishing the process and criteria for determining implementation priorities from the state CCC plan, establishing the Operational and Plan Implementation Committees, task forces and ad hoc work groups, and communicating statewide priorities and recommendations.
2. The Steering Committee is responsible for establishing the process for updating the plan as changing conditions warrant (e.g. advances in science, shifts in the burden of cancer in Washington, etc.).
3. The Steering Committee is responsible for reviewing and approving all standing, priority, and ad hoc committee and task force recommendations.
4. The Steering Committee is responsible for periodically reviewing Partnership members for participation.
5. The Steering Committee is responsible for periodically reviewing the bylaws and ensuring the Partnership is in compliance.

6. The Steering Committee will review requests for and approve the establishment of Regional Coalitions.
7. The Steering Committee is responsible for annually reviewing and approving task force, work group, committee and regional coalition work plans.

VIII. Term of Office for Steering Committee Members

1. The elected Steering Committee members will serve two-year staggered terms, renewable for two more consecutive two-year terms and considered eligible for re-election to the Steering Committee after being off for one year if membership requirements continue to be met.
2. The DOH-selected member will serve a two-year term, with DOH management reviewing member status for renewal or a new appointment, as appropriate.
3. In the case of an organizational member vacancy occurring on the Steering Committee, the Steering Committee Chair and Vice Chair may nominate a Partnership member to serve the remainder of the term. The nomination must be ratified with a majority vote of the Steering Committee.
4. In the case of a vacancy occurring in the DOH Steering Committee position, DOH will appoint its new representative on the Steering Committee.
5. In the case of a vacancy occurring in the Steering Committee independent member position, independent members will elect their new representative on the Steering Committee.
6. The term of office will be for two years from January 1 to December 31. Elections will be held in the final quarter of the calendar year.

IX. Meetings of the Steering Committee

1. The Steering Committee will meet at least quarterly each year or on a frequency determined by the Chair.
2. Members of the Steering Committee, or their designated alternates, are expected to be present or represented at each Steering Committee meeting.
3. At least one Co-Chair from each standing committee is expected to be present or represented by another committee member at each Steering Committee meeting.

4. Partnership Operational and Plan Implementation Committees, Task Forces, and ad-hoc work groups will report on activities to the Steering Committee at meetings, as appropriate.
5. Notice of meetings (date, time, and location) will be provided to the Steering Committee by DOH CCC Program staff at least 30 days prior to the meeting. The agenda will be distributed no later than 15 days prior to the meeting. Minutes will be recorded, filed, and distributed to members of the Steering Committee and the Partnership by DOH CCC Program staff.

X. Steering Committee Chair and Vice-Chair

1. The current Steering Committee will elect its Chair and Vice Chair. The Chair and Vice-Chair may not be affiliated with the same organization. No more than one will represent a governmental agency.
2. The Chair and Vice-Chair will provide leadership to the Steering Committee. The Chair and Vice-Chair will:
 - a. Carry out the responsibilities of leadership for the Steering Committee and Partnership.
 - b. Serve as spokespersons for Partnership.
 - c. Convene and preside over meetings of the Steering Committee and Partnership according to Robert's Rules of Order (Simplified and Applied - Second Edition).
 - b. Serve on the Nominating Committee.
 - c. Establish ad hoc committees or work groups on an as needed basis upon approval of the Steering Committee.

XI. Term of Office for Chair and Vice-Chair of the Steering Committee

1. The Chair and Vice-Chair will serve for two-year staggered terms.
2. A vacancy occurring for the Chair or Vice Chair positions will be filled by a vote of the Steering Committee members. The newly elected Chair or Vice Chair will serve the remainder of the term.
3. The term of office will be for two years from January 1 to December 31. Elections will be held in the final quarter of each calendar year.

4. The Chair leaving office will become the Immediate past Chair and will serve as an ex-officio member of the Steering Committee for one year.
5. The Chair leaving office will have voting rights if re-elected to the Steering Committee.

XII. Operational Committees

1. The Operational Committees will be formed as standing committees to address Partnership administrative and operating issues and will report directly to the Steering Committee on their work.
2. Operational Committees are responsible for the ongoing administrative and operational activities of the Partnership and include the Membership and Communications, Surveillance and Evaluation, and Public Policy Committees.
 - a. The **Membership and Communications Committee** will be responsible for making recommendations to the Steering Committee regarding applications for membership in the Partnership and for recruitment of new members to ensure a diverse and representative partnership. It will also be responsible for communication outreach and marketing efforts for the state comprehensive cancer control plan and Partnership.
 - b. The **Surveillance and Evaluation Committee** will be responsible for developing evaluation plans to assess the effectiveness and efficiency of the implementation of the comprehensive cancer control plan and its strategies. It will also advise and advocate for the Washington State Cancer Registry on the use of available data that can be utilized to meet the plan's goals and objectives.
 - c. The **Public Policy Committee** will be responsible for monitoring the current political environment as it relates to decision-making about cancer prevention and control and make policy recommendations to the Partnership. The Committee will also serve as a resource to coordinate between the Partnership and other cancer related advocacy groups.
3. Operational Committee members will include volunteers from among Partnership membership. Operational Committee members retain membership status as long as Partnership membership requirements are met.
4. Each Operational Committee will have two Co-Chairs appointed by the Operational Committee. The Co-Chairs do not need to be members of the Steering Committee.
5. Operational Committee Co-Chairs will serve two-year staggered terms, renewable for one additional two-year term and eligible to come back on the Operational Committee

as Co-Chair after being off for two years. *Staggered term limits for the Co-Chairs will be determined and become effective January 1, 2008.*

6. Meetings of the Operational Committees will be held on a frequency determined by the Operational Committee Co-Chairs.
7. Notice of meetings (date, time, and location) will be provided by DOH CCC Program staff to the Partnership at least 30 days prior to the meeting. The agenda will be distributed to the Operational Committee members no later than 15 days prior to the meeting. The Co-Chairs of each Operational Committee will be responsible for ensuring that minutes are recorded, filed, and distributed to the members of the committee and the Manager. DOH CCC Program staff will distribute minutes as appropriate.
8. Each Operational Committee will have at least one Co-Chair annually present their work plan to the Steering Committee for approval.

XIII. Plan Implementation Committees

1. The Plan Implementation Committees will be formed as standing committees to address plan priorities for implementation.
 - a. The **Primary Prevention** Plan Implementation Committee will be responsible for priority issues focused on efforts to reduce or eliminate exposure to risk factors and to promote protective factors.
 - b. The **Secondary Prevention** Plan Implementation Committee will be responsible for priority issues focused on reducing morbidity and mortality by identifying disease early and providing appropriate treatment.
 - c. The **Medical Care** Plan Implementation Committee will be responsible for priority issues focused on issues related to medical care.

The function of these committees may change over time, as implementation priorities change.

2. Plan Implementation Committee Chairs will serve two-year terms, renewable for one additional consecutive two-year term and eligible to come back on the Plan Implementation Committee as Chair after being off for two years. *Initial term limits for Chairs will become effective January 1, 2008.*
3. Plan Implementation Committees will include volunteers from among Partnership membership. Committee members retain membership status as long as Partnership membership requirements are met.

4. The Steering Committee Chair, with the approval of the Steering Committee, will appoint the Chairs of the Plan Implementation Committees. The Plan Implementation Committee Chairs will report directly to the Steering Committee on their work. The Chairs of the Plan Implementation Committees must also be members of the Steering Committee.
5. The Chairs of the Plan Implementation Committees will form work groups to further address plan priorities for implementation. The Chairs of the Plan Implementation Committees will appoint workgroup members, including non-Partnership members, as needed to address priority issues.
6. Notice of meetings (date, time, and location) will be provided by DOH CCC Program staff to the Partnership at least 30 days prior to the meeting. The agenda will be distributed no later than 15 days prior to the meeting. The Chair of each Plan Implementation Committee will be responsible for ensuring that minutes are recorded, filed, and distributed to the members of the committee and the Manager. DOH CCC Program staff will distribute minutes as appropriate.
7. The Chair of each Plan Implementation Committee will annually present their work plan to the Steering Committee for approval.

XIV. Nominating Committee

1. The Nominating Committee will solicit recommendations and self-nominations from the members of Partnership annually for openings on the Steering Committee due to expired positions. The Nominating Committee will develop and forward these nominations to DOH CCC Program staff who will arrange for an election by the full Partnership. The ballot will identify nominees and will allow a space for write-in candidates. Whenever possible, the ballot will propose more members than there are openings on the Steering Committee.
2. The Nominating Committee will consist of the Steering Committee Chair and Vice Chair and three members of the Partnership who are selected in consultation with the Membership and Communications Committee.
3. Meetings of the Nominating Committee will be held on a frequency determined by the Nominating Committee Chair as deemed necessary to fill openings on the Steering Committee due to expired positions.

XV. Regional Coalitions

1. Regional Coalitions may be formed to implement the Plan after application to and approval from the Steering Committee.

2. Each Regional Coalition will annually present their work plan to the Steering Committee for approval.

XVI. Voting

1. Each organizational member of the Partnership is entitled to one vote to be cast by the representative or alternate representative.
2. Independent members, collectively, are entitled to one vote to be cast by their elected representatives or alternate representative.
3. Decision making by the Partnership and Steering Committee will be determined by a simple majority of the voting members present or voting by mail, with the exception that approval of bylaw amendments requires a 60% majority vote.

XVII. Conflict of Interest

1. On any matter brought to a vote, a member with a personal or organizational financial conflict of interest between the interests of Partnership and the individual or member's organization will be responsible to declare such conflict, according to the Conflict of Interest Policy.
2. The Steering Committee Chairs or Chairs of any other committee will decide whether the member should vote on the issue about which the conflict has been declared.

XVIII. Quorum

1. Forty percent of the **Partnership members** shall constitute a quorum at any meeting of the Partnership for the purpose of transacting any business therein. A majority vote of a quorum shall be sufficient to approve any proposed action. In the event that there is not a quorum present, the Chairs are authorized to conduct the normal business of the Partnership with decisions to be ratified at the next Partnership meeting where a quorum is present or by mail/e-mail vote if time does not permit waiting for the next meeting.
2. A vote on the bylaws will require 60 percent of the total Partnership membership.
3. Half of the currently filled positions present at any meeting of the **Steering Committee** shall constitute a quorum. If a quorum is present, a majority of those present shall be sufficient to approve any proposed action. The Chair and Vice Chair are authorized to

conduct Steering Committee business by mail or e-mail if time-constraints or other factors deem it necessary.

XIX. Amendments to the Partnership Bylaws

1. Proposed amendments to these bylaws must be submitted to DOH CCC Program staff for distribution to the Steering Committee members at least 30 days prior to a vote to amend. The Steering Committee shall appoint an ad-hoc Bylaws Committee to evaluate the proposed amendments and report back to the Steering Committee with recommendations.
2. The bylaws may be amended:
 - a. At a meeting of the Partnership where a quorum is present and the vote passes by 60 percent or;
 - b. By a mail or electronic mail vote if a quorum responds and the vote passes by 60 percent of total membership.

XX. Role of DOH CCC Program Staff

1. The DOH CCC Program Manager or staff supervised by the Program Manager will have the following responsibilities within Partnership:
 - a. **Committee meetings** – Attend Steering Committee and other Committee meetings.
 - b. **Operational support** – Provide administrative support necessary to facilitate the effective operation of Partnership. These responsibilities include, but are not limited to, working with the Chair, Vice Chair, and other Committee Chairs to prepare meeting agendas; facilitating internal communication; developing action plans to address priorities; coordinating implementation activities; and monitoring and tracking overall Partnership comprehensive cancer control activities.
 - c. **Technical support** – Provide and/or facilitate the provision of technical support for assessment, planning, implementation, and evaluation. Facilitate updating plan data, content, goals, objectives, and strategies as necessary.