



**Ohio Chronic Disease Collaborative Articles of Operation
Version 2.0; Approved 4/10/2015**

ARTICLE 1: NAME

Section 1: Name

The name of the organization shall be “Ohio Chronic Disease Collaborative,” hereto known as the “Collaborative.”

ARTICLE 2: PURPOSE, DESCRIPTION, AND GOALS

Section 2.1: Purpose

Chronic diseases such as heart disease, stroke, diabetes, and cancer are among the most common, costly, and preventable of all health problems in the United States and Ohio. Chronic diseases are the leading causes of death and disability in the nation and are often associated with reduced quality of life, poorer health outcomes, increased healthcare needs, and higher healthcare spending.

The goal of the Collaborative is to implement and support Ohio’s Plan to Prevent and Reduce Chronic Disease: 2014-2018, hereto known as the “Plan.” The Plan’s overarching goal is *to prevent and reduce the burden of chronic disease for all Ohioans*. It focuses primarily on the prevention and control of the most common chronic diseases, including heart disease, stroke, diabetes, obesity and cancer; and the risk factors associated with them, including high blood pressure, tobacco use, poor nutrition and physical inactivity. In addition, its objectives and strategies will have long-term impact on other chronic diseases, such as chronic lower respiratory disease (CLRD), including asthma and chronic obstructive pulmonary disease (COPD), kidney disease, and arthritis.

Section 2.2: Description and Goals

The Collaborative is a group of professionals representing a broad range of public and private agencies and organizations at the state, regional, and local level concerned with building Ohio’s capacity to address chronic disease and associated risk factors.

The Collaborative does not operate under the auspices of the Ohio Department of Health (ODH), and the objectives and strategies identified by the Collaborative do not necessarily reflect the views of ODH or other state of Ohio governmental agencies.

The Collaborative will help guide the direction of chronic disease and risk factor reduction and management activities in Ohio and will focus on the priority areas identified within the Plan.

The Plan covers four Core Focus Areas (CFAs), and includes objectives, performance measures, and strategies contained within each. The CFAs are derived from the Centers for Disease Control and Prevention’s (CDC) four chronic disease domains, developed to reflect a coordinated approach to chronic disease prevention and health promotion. They are the following:

- **Core Focus Area 1: Build strong communities to ensure Ohioans of all ages and abilities can live disease free.**

- **Core Focus Area 2: Ensure Ohioans are receiving optimum preventive services to prevent and reduce disease.**
- **Core Focus Area 3: Ensure Ohioans are connected to the appropriate healthcare and public health services within their communities.**
- **Core Focus Area 4: Effectively use data and information to assess, plan, deliver, and evaluate strategies to improve population health.**

ARTICLE 3: COLLABORATIVE STRUCTURE AND MEMBERSHIP

Section 3.1 Collaborative Structure

The Collaborative structure has four levels of membership: Stakeholders, Collaborative Partners, Topic Contacts and a Steering Committee. Roles, including responsibilities and decision making capacity, for each level are described below.

Ad hoc committees will be developed with guidance from the Steering Committee to complete special projects as identified by the Collaborative. Ad hoc Committees will be made up of Collaborative Partners as required by each special project and will report directly to the Steering Committee. Ad hoc committee membership will be voluntary and limited to the project’s completion period.

Section 3.1.1 Stakeholder Membership

Membership as a Stakeholder is open to all organizations committed to preventing and reducing the burden of chronic disease in Ohio.

Stakeholders shall participate (in person or by phone, if available) in regular and annual meetings and events sponsored by the Collaborative, as appropriate.

Section 3.1.2 Collaborative Partner Membership

Membership as a Collaborative Partner is open to all organizations currently engaged in or interested in implementing the strategies for a specific topic group within the Plan. Organizations may choose to be a Partner for more than one topic group (See section 3.1.3 Topic Groups and Topic Group Contacts).

Collaborative Partners will participate within one or more topics groups and shall do all of the following:

- Support and communicate the purpose of the Plan to constituents and decision makers.
- Actively participate in the implementation of strategies contained within the specific topic(s).
- Actively communicate with the Topic Group and Topic Group Contacts in the reporting of progress, challenges, and successes through periodic meetings, teleconferences, and/or webinars organized by the Topic Group Contacts.
- Engage stakeholders to increase membership.
- Contribute resources (technical, human, and/or financial) to the achievement of objectives as appropriate.

Section 3.1.3 Topic Groups and Topic Group Contacts

The objectives within the Plan will be grouped by topic. Topic Groups are listed below, including their respective objectives:

- Healthy Food Access (Objectives 1.11, 1.12, 1.13, 1.15)
- Active Living (1.5, 1.6, 1.7, 1.10)
- Workplace Wellness (1.8)
- Evidence-based Public Health (4.4)
- Tobacco Prevention and Cessation (1.1, 1.2, 1.3, 1.4, 2.1, 2.2)
- Breastfeeding (1.14)
- Early Childhood Health (1.9, 2.6)
- Heart Disease and Diabetes Prevention and Control (2.4, 2.5)
- Cancer Screening, Prevention and Control (2.3)
- Clinical-Community Linkages (3.1, 3.2, 3.3)
- Data and Surveillance (4.1, 4.2, 4.3)

Each Topic Group will have a lead Contact, selected either by the Collaborative Partners within the Topic Group or by the Steering Committee, if needed. Respective to the objectives within each Topic Group, Contacts will be responsible for the following:

- Convene periodic discussions as needed with Collaborative Partners to assess strategy implementation status, identify opportunities, discuss challenges, and provide updates on relevant Steering Committee decisions and ad hoc committee special project outcomes.
- Contact new Collaborative members within their Topic Group.

Section 3.1.4 Steering Committee

The Steering Committee will be made up of the Contacts for each Topic Group and will function to meet the business needs of the Collaborative. In addition to the Topic Group Contacts, At-Large Committee members may be voted on by the Steering Committee if additional support is needed. At-Large Committee members must be Collaborative Partners. Additional staff from the Ohio Department of Health will assist the Steering Committee as appropriate.

To support the Collaborative's functions, the Steering Committee shall do all of the following:

- Ensure appropriate reporting on strategy implementation and achievement of objectives, participate in periodic evaluation of the Plan, and provide additional guidance on objectives.
- Lead the formation and membership of ad hoc special-project committees as needed.
- Communicate across topics and core focus areas to maximize impact and leverage resources.
- Coordinate with staff from ODH to control and manage the affairs and business of the Collaborative.
- Additional roles may be defined by the Steering Committee as appropriate.
- Development and approval by consensus of Articles of Operation revisions.

Section 3.2: Membership Application and Term

Membership to the Collaborative is obtained by completion of the Ohio Chronic Disease Collaborative Membership Application, available at: <https://www.surveymonkey.com/s/OCDC>. ODH will maintain a membership roster. Membership will be at the organizational level when possible, and more than one person from an organization may join as a member, with each member's contact information listed. Membership is limited to the calendar year, or until the yearly membership renewal notice is sent by the Steering Committee.

All Collaborative members shall actively renew their membership at the beginning of the calendar year through a brief electronic membership renewal form. The Steering Committee shall provide sufficient

notice to all members and clear instructions for completing this annual requirement. Membership is open on an ongoing basis.

ARTICLE 4: MEETINGS AND DECISION MAKING

Section 4.1: Regular Meetings

Regular membership meetings of the Collaborative may be held as often as the Steering Committee deems necessary, though will average three (3) per year. The Steering Committee must notify all members of each meeting no less than 30 days before the meeting date. The Steering Committee is responsible for developing meeting agendas and will work with ODH to schedule meetings and handle meeting logistics.

Section 4.2: Decision Making

Decisions regarding the Plan or Collaborative structure and function shall be made through consensus by Collaborative Partners whenever possible. In cases where immediate action is required or consensus cannot be achieved, a vote will be taken by the Steering Committee. A simple majority is required to pass a vote. Decisions made by the Steering Committee will be communicated to members within two weeks following the decision.

Section 4.3: Administrative Support

ODH will provide staff support for the Steering Committee and regular and annual meetings of the Collaborative, which may include, but is not limited to, preparing meeting minutes, scheduling meetings, sending meeting notifications to the membership, and maintaining the records of the business of the Collaborative.

ARTICLE 5: TERMINATION OF PARTICIPATION

Section 5.1: Membership Termination

Any member may decide to terminate its involvement in the Collaborative at any time by providing written notice to the Steering Committee. The Steering Committee may terminate the involvement of any member for violating Article 6. The involvement of any member will terminate if the member ceases to meet the criteria set forth in Article 3. Specifically, if a member fails to complete the annual membership renewal, the member shall be removed from the Collaborative membership list and email distribution list at the end of the calendar year. Members will be notified at least twice in writing before being removed from the membership record.

Section 5.2: Re-Joining the Organization Following a Break in Membership

An organization may rejoin the Collaborative at any time; however, for an organization whose membership has been terminated for violation of Article 6, approval must be obtained from the Steering Committee. Organizations wishing to rejoin will complete the Ohio Chronic Disease Collaborative Membership Application, as described in Section 3.2.

ARTICLE 6: Collaborative Member Responsibility

All members of the Collaborative shall fairly and accurately represent both the Collaborative and the Plan.