

Bylaws
Of the



Bylaws of the Tennessee Cancer Coalition (TC2)

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Tennessee Cancer Coalition (TC2)

Bylaws

Article I. NAME

The name of this body shall be the Tennessee Cancer Coalition (henceforth referred to as TC2 or the Coalition). The purposes of the TC2 are to provide an overview of the current status of cancer control in the state, to develop and sustain an integrated and coordinated approach to reducing cancer incidence, mortality, and morbidity and to improve the quality of life for those affected by cancer in Tennessee.

Article II. Mission and Goals

Mission Statement

To measurably reduce the burden of cancer on the citizens of Tennessee by implementing a collaborative statewide plan driven by data, science, capacity and outcomes.

Goals:

1. To reduce the incidence of cancer by providing clear, concise and effective prevention efforts including messages and intervention strategies.
2. To detect cancer at an early stage when successful treatment is more likely.
3. To increase the availability, accessibility, quality and equity of treatment for those diagnosed with cancer.
4. To improve quality of life by promoting support, resources and services for patients, family members and caregivers.
5. To improve end of life care by promoting support, resources and services for the patient and family members.
6. To continually enhance data collection capacity of the TN Cancer Registry (TCR) so that completeness, timeliness and quality meet existing professional standards and data utilization becomes an integral part of cancer control.
7. To evaluate the extent to which the goals and objectives of the Coalition are achieved and develop implementation plans for future work.
8. To encourage the development and implementation of research and research findings to reduce cancer incidence and mortality.
9. To promote participation in clinical trials among priority populations.

Article III. Roles and Responsibilities

The TC2 shall have the following functions:

1. Bring together at the State level responsible representatives of public and private agencies engaged in the diagnosis, treatment, management, support, and rehabilitation of persons with cancer, in cancer research, in public health cancer prevention and screening programs, and persons with cancer and their families to address the problem of cancer in Tennessee residents.

2. Invite persons with special expertise in the diagnosis, treatment, management, support, and rehabilitation of persons with cancer, in epidemiology, public and professional health education, public health cancer prevention and screening programs in community organization, fund-raising, and public relations, as needed to inform and participate in the work of the Coalition.
3. Foster inter-agency/intra-agency collaboration in efforts to better understand, prevent and treat cancer in Tennessee residents.
4. Assess the scope and magnitude of the problems of cancer in Tennessee residents by reviewing available information on incidence, prevalence, severity, temporal trends, cost of care, etiologies, and the availability, practicability, and effectiveness of preventive measures.
5. Identify important gaps in available information on cancer in Tennessee and seek ways to research the missing information.
6. Develop a strategic plan to reduce the incidence and prevalence of cancer in Tennessee. Revise and/or expand the strategic plan as the need grows/changes.
7. Implement, evaluate, and revise plans for the prevention, early detection, treatment, rehabilitation, and palliation of cancer in Tennessee in such ways as to support the TC2 mission.
8. Recommend priorities for cancer prevention efforts in Tennessee to participating agencies, to state, county and local governing bodies, to concerned voluntary agencies, and to the Centers for Disease Control and Prevention.
9. Evaluate present and proposed strategies for prevention of cancer in Tennessee in terms of assessed need, estimated costs, potential benefits, and probability of success of each strategy.
10. Work to secure appropriate funding and broad-based community support for the most promising prevention strategies.

Article IV. Coalition Membership

- Section 1 Membership of the Coalition shall include any interested person including representatives of public and private agencies and organizations as well as individual cancer stakeholders, advocates and non-profit organizations engaged in the diagnosis, treatment, management, support, and rehabilitation of persons with cancer, in cancer research, in public health cancer prevention and screening programs, and persons with cancer and/or their families.
- Section 2 Membership in the Coalition shall be established by interested parties submitting a membership application to the State Program office for general membership in the Coalition. General members can also indicate their area of interest by requesting a Resource Committee or Standing Committee assignment.
- Section 3 Enrollment in the Coalition shall also include enrollment in the appropriate Regional Coalition based on the member's place of residence/work.

Article V. Officers and Duties of Officers

Section 1 No officer shall serve more than two consecutive terms in that office. The officers of the Coalition shall be:

- Two chairpersons each serving a 2 year term one as secondary co-chair and one as primary co-chair
- Vice-Chair serves one year as vice-chair followed by one year as secondary co-chair and one year as primary co-chair
- Secretary/Treasurer serves a two year term

Section 2 Officers shall be elected by a disapproval voting system. Requiring action only if a member disapproves of the candidate.

Section 3 Newly elected officers will begin the term of office at the July meeting of the Executive Committee.

Section 4 The immediate past chair will serve as an ex-officio member of the Executive Committee for one year following their term of office. The immediate past chair will serve as a member of the Nomination Committee during this term.

Section 5 The duties of the chairperson(s) shall include the following:

1. To call and preside over Coalition meetings.
2. To be an ex-officio member of all committees and teams, with the exception of the Nominating Committee.
3. To serve as the official spokesperson for the Coalition.
4. To carry out other functions of the Coalition as deemed appropriate by the Executive Committee.
5. To work in tandem with the State Program staff on all matters relating directly to the Coalition including consultation on the application for funding and interim and annual reports and work plans on comprehensive cancer control.
6. The Co-Chairs work in tandem on all matters of the coalition. In the absence of the Primary Co-Chair, the Secondary Co-Chair will assume the responsibilities of the Primary Co-Chair.

Section 6 The duties of the vice-chairperson shall include the following:

1. To assume the co-chairpersonship of the Coalition at the end of the current co-chairperson's term of office.
2. To carry out the duties of the co-chairperson in his/her absence.
3. To assume the duties of the co-chairperson, if that office is vacated, through the remainder of the term.
4. To carry out other duties as delegated by the chairperson.

Section 7 The duties of the secretary /treasurer shall include the following:

1. Record the minutes of the quarterly Coalition meetings in conjunction with TCCCP staff and make them available to the Coalition Chairpersons and Executive Committee within 30 days of the meeting.
2. To establish and maintain the formal record of the Coalition meetings, activities, elections and policies with assistance from the State Program Staff.

3. To establish a means to document Coalition funds and to administer those funds to support the work of the Coalition.
4. To carry out other duties as delegated by the chairperson.

Article VI. Meetings and Attendance

- Section 1 Face to face or phone conference meetings of the Executive Committee shall be held monthly or as called by the chairperson. A quorum for the Executive Committee shall consist of the number of Executive Committee members present, but in no event fewer than 4 members.
- Section 2 The full Coalition will meet at least once a year at a statewide meeting held prior to July of each year.
- Section 3 A quorum for the full Coalition meetings shall consist of the number of Coalition members present, but in no event less than 10 percent of Coalition members.
- Section 4 All meetings of the Coalition shall be open to the public in accordance with the State Freedom of Information Act.
- Section 5 Robert’s Rules of Order, Current Edition shall govern the conduct of business in all cases when applicable and not in conflict with these bylaws. Other decision making methods may be employed at the discretion of the Executive Committee.

Article VII. Voting Rights

- Section 1 Each member of the Executive Committee shall be entitled to one vote on each matter submitted to a vote of the committee.
- Section 2 All members of the statewide Coalition shall be entitled to one vote on each matter submitted to the vote of the Coalition.
- Section 3 A motion shall be considered passed by a simple majority vote of Executive Committee or Coalition members present.

Article VIII. Committees

- Section 1 The Executive Committee
1. The Executive Committee shall be made up of the co-chairs, vice-chair, secretary – treasury of the Coalition, the immediate past chairperson and the program manager.
 2. All members of the Executive Committee shall be voting members when committee work requires a vote.
 3. The Executive Committee of the Coalition shall meet at least monthly or as called by the Chairperson. The duty of the Executive Committee shall be to monitor Coalition development and take necessary action.
- Section 2 National Partners Advisory Committee
- The Coalition recognizes that representatives of the state affiliates of the Division of Cancer Prevention and Control National Partners provide significant resources, knowledge and expertise that contribute to the mission and goals of the Coalition. These representatives may participate by serving as the National Partners Advisory Committee

meeting. They will meet with select identified TC2 member(s) no less than twice during each year to share information, provide the communication link between the Coalition and field staff of the partners and contribute resources that support the Coalitions goals, objectives and planned activities.

Section 3 The Nominating Committee

The Nominating Committee shall be an ad hoc committee appointed by the co-chairpersons. The Nominating Committee shall assist the Executive Committee in identifying chairpersons for each standing committee by soliciting recommendations from the committees' membership and others. The appointment of chairperson(s) shall be approved by the Executive Committee and announced by the Chairperson of the Executive Committee no later than 30 days from the time of the nomination by the Nominating committee. They shall develop a slate of officers to fill vacant positions and provide notice in writing of nominees to all coalition members at least 21 days in advance of the election.

1. The committee will request nominations from the full Coalition.
2. The committee will present the slate of officers to the Executive Committee.
3. The Executive Committee will approve the slate of officers for distribution to the membership.
4. The slate of officers will be distributed by the Nominating Committee to the full membership of the Coalition for consideration and voting at least 21 days prior to the deadline for the election.
5. New officers will be announced no later than 30 days from their appointment.
6. The Nominating Committee shall assist the Executive Committee in identifying chairpersons for each standing committee by soliciting recommendations from the committees' membership and others. (Amended 2/7/2006)
7. The appointment of chairpersons shall be approved by the Executive Committee and announced by the Chairperson of the Executive Committee no later than 30 days from their appointment and throughout the years as required.

Section 4 The Standing Committees

Chairpersons shall serve a minimum of two (2) years with the option of serving for two additional years upon approval of the Executive committee. (amended 2/7/2006) Partial years of serving a term will not count toward this limit unless the partial term is seven (7) months or longer.

4.1 Committee on Bylaws

The duty of the Committee on Bylaws shall be to maintain the Coalition rules of membership, conduct, and activity. Suggested amendments to these bylaws shall be presented to the Executive Committee and considered within 60 days of receipt. Bylaws may then be amended upon simple majority vote of the Coalition membership.

4.2 Committee on Membership

The duty of the Membership Committee shall be to develop the membership of the Coalition by working with the leadership of the regional coalitions to recruit new members. The Membership Committee shall analyze and evaluate areas for special recruitment by reviewing geographic and professional affiliation of current members at least annually. The Membership Committee will develop and provide a new member packet and orientation on the Coalition history and current work.

4.3 Committee on Marketing

The duty of the Committee on Marketing shall be the prompt, appropriate promotion of the Coalition and its activities including the Cancer Summit, periodic media releases about cancer prevention and control and other marketing as directed by the Executive Committee. The Committee will periodically review the TC2 website and recommend additions or changes so that this resource is timely and accurately reflects TC2 activities. The Committee will review annual reports, pamphlets and other publications about the Coalition and the State Plan prior to finalization and printing of these items.

4.4 Committee on Surveillance and Evaluation

The duty of the Committee on Surveillance shall be an assessment of existing and needed resources to ensure that changes in disease burden and screening behavior can be adequately monitored. The surveillance system should: collect population-based information on race, incidence, staging at diagnosis, and mortality; identify population segments at higher risk for disease and for failure to be screened; identify factors that contribute to disease burden and to limited or inequitable access to early detection and treatment services; design and conduct case studies and other epidemiologic investigations to determine factors associated with avoidable morbidity and mortality; and publish periodic reports summarizing the population status with respect to these conditions. Evaluation activities shall include assessing existing and needed resources, monitoring the effectiveness of interventions, monitoring Coalition development and work plan development. The Committee shall also review the interim and annual reports prior to submission to CDC and decide about the need for Executive Committee review.

4.5 Committee on Disparities

The duties of the Committee on Disparities shall be to monitor and assist in the provision of access to cancer education, prevention, detection, treatment and palliative care for those populations identified as experiencing a disparate trend in the burden of cancer or a specific form of cancer. Those population segments with cancer disparities may be identified by, but not limited to, the following: being medically underserved, being residents of geographic areas with a limited provider density, being individuals with limited English proficiency, and being individuals with physical or mental disabilities. The disparities committee should assemble statistical and epidemiologic evidence to identify disparate populations at higher risk for cancer and failure to receive screening and diagnostic services, by coordinating with the Surveillance committee for data gathering and analysis. The committee should also assist in the provision or coordination of outreach services for hard to reach populations, and recruit members of the above named disparate population segments to serve and inform the TC2 via the disparities committee.

4.6 Committee on the Summit

The duty of the Committee on the Summit shall be to plan, promote, and present the Tennessee Cancer Summit, Tennessee's comprehensive cancer control conference in coordination with the Marketing Committee, as directed by the Executive Committee.

4.7 Committee on Advocacy

The duties of the Committee on Advocacy shall act in an advisory capacity to the TC2 Executive Committee on cancer prevention and control advocacy matters of statewide significance, including legislation and matters of public policy.

The duties of the Committee on Advocacy shall be to develop and promote an advocacy agenda that educates consumers and professionals about the cancer burden in Tennessee and advocates for necessary changes that reduce the cancer burden in the State.

4.8 Committee on Health Literacy

The duties of the Committee on Health Literacy shall be to assist with development and delivery of public health information on cancer topics in coordination with the Marketing Committee. The committee will function to improve awareness of health literacy in educational and promotional materials amongst coalition members and the citizens of Tennessee in order to decrease the cancer burden within the State.

4.9 Committee on Internships

The student internship committee disseminates internship opportunities statewide to coalition members, academic institutions and business organizations on a fall, spring, and summer basis. Student applications are peer-reviewed and matched with student intern project requests made by TC2 members. Students are selected for an internship based on their experience and interests as well as available projects that align with the TC2 cancer plan goals and objectives and that have TC2 membership oversight. Recommendations on interns are made to the TC2 executive committee and the student interns are offered internship opportunities by the student internship committee members. The student internship committee also presents outcomes and final reports from student internships to the executive committee.

Article IX Regional Coalition Representatives

- Section 1 Regional Coalitions will be established in the State. As community interest develops, regional coalitions can be added with approval of the Executive Committee up to a maximum of 13 regional coalitions representing the recognized Public Health regions of the State.
- Section 2 The State Program Manager will provide regional coordination and current members of the statewide Coalition shall participate in implementation of activities at the regional level to reduce the cancer burden.
- Section 3 Regional priorities will be set by the requirements of the CDC in conjunction with evidence based priorities of the Regional Coalition and will support the identified priorities of the statewide Coalition, the State Plan and the CDC.
- Section 4 Each Regional Coalition shall elect a representative by simple majority vote to provide leadership to the Regional Coalition for a two year term.

Section 5 The Program Manager shall represent the regional coalitions on the Executive Committee submitting oral and/or written reports as requested but no less frequently than once a quarter.

Section 7 Regional coalition chairpersons may present information to the Executive Committee by requesting, through the Program Manager, that they be placed on the agenda for the meeting.

Section 8 Regional coalition chairpersons shall submit relevant information on the coalition work for the Program Manager to summarize for the Executive Committee meeting.

Article X The Resource Committees

Section 1 The resource committees of the Coalition, shall function to provide statewide focus to the cancer issues listed below and assist in developing a regional emphasis on these issues.

Section 2 The Resource Committees shall be the:

- Committee on Childhood Cancers
- Committee on Clinical Trials
- Committee on Colorectal Cancers
- Committee on Hematological Cancers
- Committee on Lifestyle and Environment
- Committee on Lung Cancers
- Committee on Melanoma/ Skin Cancer
- Committee on Men's Cancers
- Committee on Palliative Care
- Committee on Tobacco Related Cancers
- Committee on Survivorship
- Committee on Women's Cancers

Section 3 These Committees shall provide expert advisors and technical assistance to the regional coalitions when requested and will annually review the State data in conjunction with the Committee on Surveillance.

Section 4 Resource Committee chairpersons may present information to the Executive Committee by requesting, through the Program Manager, that they be placed on the agenda for the meeting.

Section 5 Resource Committee chairpersons shall submit relevant information on the committee work to the Program Manager for summarizing the Executive Committee meeting.

Article XI. Role of the State Program Staff

Section 1 The role of TN Department of Health- TN Comprehensive Cancer Control Program (TCCCP) staff is to partner with TC2 to successfully implement the State plan and to collaborate with the TC2 by providing infrastructure support and encouragement in support of successful TC2 communication, operations and development.

Section 2 The Program Manager or staff designated by the Program Manager shall attend Executive Committee meetings and other committee meetings as indicated or requested and attend all statewide Coalition meetings.

- Section 3 The Program Manager is a member of the Executive Committee and therefore has voting rights on matters brought before the Executive Committee.
- Section 4 Staff shall provide administrative support necessary for the effective operation of the TC2 including but not limited to preparation of meeting agenda in concert with the chairperson, facilitating internal communication, and monitoring and tracking TC2 volunteer hours and activities.
- Section 5 The secretary – treasurer in conjunction with TCCCP staff shall finalize the Coalition meeting minutes and circulate to Committee members within one month of the meeting date

Article XII Amendments

Any proposed amendments to these Bylaws shall be presented in writing to the Executive Committee. The Executive Committee will consider each suggestion within sixty (60) days of its receipt so long as a quorum of this Committee is present. Draft Bylaws changes shall be approved by the Executive Committee and then circulated to the Coalition membership. Bylaws may then be amended by a simple majority vote of Coalition members by email or at a subsequent meeting of the full Coalition.

Chronological Listing of Amendments

**Article VIII Section 4. Amendment 1
2/7/2006**

Standing Committees

The Nominating Committee shall assist the Executive Committee in identifying chairpersons for each standing committee by soliciting recommendations from the committees’ membership and others. The appointment of chairpersons shall be approved by the Executive Committee and announced by the Chairperson of the Executive Committee no later than September of each year.

Adopted: 2/2006
Added: 2/2006

Article VIII Section 5 Amendment 2

Chairpersons shall serve a minimum of two (2) years with the option of serving for two additional years upon approval of the Executive Committee.

Adopted: 2/2006
Added: 9/2006

**Review and Editing of Approved By-Laws
September 2006**

Extensive changes and additions made to include the Advisory Committee concept and clarify the roles and voting right of various committees and members. See historical documents of by-laws for comparison of changes.

Adopted: 9/2006
Added: 9/2006

**Clarification of co-chairperson positions
June 2007**

Article VIII Section 1

Established co-chairpersons for the leadership serving a staggered cycle for two years.

Adopted: 8/2007
Added: 8/2007

**Review and Update of By-Laws
May 2013**

All Articles of the Bylaws change in the name from Tennessee Comprehensive Cancer Control Coalition (TC4 or TCCCC) to Tennessee Cancer Coalition (TC2or TCC)

Article IV – Section 2 – Addition for “Standing Committees”

Article V – Clarification that the Vice-Chair serves in this position for a one-year term and then moves into a co-chair position

Article V- Section 4 – Immediate past chair – addition of Nominating Committee duties

Article VI – Section 3 – Remove of “All members will be invited to attend and voting on the slate of officers will be conducted at this meeting”. This not reflective of Coalition practice

Article V – Removal of “voting by simple majority”. Added voting by “disapproval voting system”.

Article VIII – Section 1, Section 2 – Removal of the numeric regarding number of members for each committee

Article VIII – Section 4 – Nomination Committee – Duties of the Committee clarified

Section 4.5 and 4.7 Addition of time frame

Section 5 – 5.7 Advocacy Committee – Clarification in duties

Section 5 – 5.8 Health Literacy Committee – Addition of new committee and duties

Article IX – Section 3 – Clarification of priority setting for regional responsibilities

Article X – Removal of a numeric representing Resource Committees

Section 1 – Clarification of roles and responsibilities of Resource Committees

Section 2 – Resource Committee change in name from Quality of Life to Survivorship

Section 2 – Addition of Lung Cancer Resource Committee and Hematological Resource Committee

Adopted 7/1/2013
Added 7/1/2013

**Review and Update of By-Laws
February 2014**

Article VI. Meetings and Attendance

Section 2, 2.1, and 2.2: Deleted.

Executive Committee has determined the Advisory Committee has not met and does not have a function; the Executive Committee essentially functions as an Advisory Committee. Therefore, all references to “Advisory Committee” in the Bylaws have been deleted.

Article VII. Voting Rights

Section 1: Deleted “Advisory Committee”

Section 3: Deleted “Advisory Committee”

Article VIII. Committees

Section 1: The Executive Committee

1.3: Deleted "...on behalf of the Advisory Committee between regular meetings."

1.3: Deleted "Actions taken by the Executive Committee shall be brought before the Advisory Committee as an information item at the next regular meeting."

Section 2, 2.1, 2.2, 2.3: Deleted. Executive Committee has determined the Advisory Committee has not met and does not have a function; the Executive Committee essentially functions as an Advisory Committee. Therefore, all references to "Advisory Committee" in the Bylaws have been deleted.

Section 5: The Standing Committees

5.1: Deleted "...and the Advisory Committee..."

5.9: Added: "Committee on Internships: The student internship committee disseminates internship opportunities statewide to coalition members, academic institutions and business organizations on a fall, spring, and summer basis. Student applications are peer-reviewed and matched with student intern project requests made by TC2 members. Students are selected for an internship based on their experience and interests as well as available projects that align with the TC2 cancer plan goals and objectives and that have TC2 membership oversight. Recommendations on interns are made to the TC2 executive committee and the student interns are offered internship opportunities by the student internship committee members. The student internship committee also presents outcomes and final reports from student internships to the executive committee."

Section 5 has been changed to "Section 4" due to the deletion of Section 2 above.

Article IX. Regional Coalition Representatives

Section 1: Changed "Advisory Committee" to "Executive Committee"

Section 5: Changed "Advisory Committee" to "Executive Committee"

Section 6: Deleted in entirety

Section 7: Changed "Advisory Committee" to "Executive Committee"

Section 8: Changed "Advisory Committee" to "Executive Committee"

Sections 7 & 8 becomes Sections 6 & 7 due to deletion of Section 6 above.

Article X. The Resource Committee

Section 2: Added "Committee on Palliative Care"

The Executive Committee has determined based on the American Cancer Society's agenda and other cancer-related organizations focusing on Palliative Care issues, a Palliative Care Committee should be added to TC2.

Section 4: Deleted as there is no longer an Advisory Committee

Section 5: Changed "Advisory Committee" to "Executive Committee"

Section 6: Changed "Advisory Committee" to "Executive Committee"

Sections 5 & 6 becomes Sections 4 & 5 due to deletion of Section 4 above.

Article XI. Role of State Program Staff

Section 2: Deleted "..., the Advisory Committee meetings..."

Article XII. Amendments: Deleted "Advisory Committee"

Article XIII. Committees

Section 2: Deleted: "...the Advisory Committee" and replaced with "...select identified TC2 member(s)...".

Adopted: 5/2014

Added: 5/2014

Review and Update of By-Laws April 2014

Article X. The Resource Committees

Section 2: Deleted "Committee on Prostate Cancer" and added "Committee on Men's Cancers" to better reflect all men's cancer and to be consistent with other committee names such as Committee on Women's Cancers.

Article V. Officers and Duties of Officers

Section 5: Changed "chairperson" to "chairperson(s)"

Section 5.6: Added "The Co- Chairs will work in tandem on all matters of the coalition. In the absence of the Primary Co-Chair, the Secondary Co-Chair will assume the responsibilities of the Primary Co-Chair."

Adopted: 5/2014

Added: 5/2014