OPERATING BYLAWS
OF
NEBRASKA CANCER COALITION

ARTICLE I
NAME

The name of the organization is the Nebraska Cancer Coalition (the "Coalition").

ARTICLE II
PURPOSE, VISION AND MISSION

Section 1. Purpose. The purpose of the Coalition is to develop, implement, and evaluate a comprehensive cancer control plan for Nebraska.

Section 2. Vision. The vision of the Coalition is that the human suffering and economic burden from cancer will be greatly reduced for Nebraska citizens through implementation of the state cancer control plan. The vision is realized when:

a. Individuals will not get preventable cancers.
b. Individuals with detectable cancer are diagnosed in the earliest stage possible.
c. Individuals are given the highest quality state-of-the-art care available to maximize their survival and quality of life.
d. Research directed toward understanding the causes of cancers and toward improving prevention, early detection, treatment and palliation is supported.
e. Resources for plan implementation are identified and available.

Section 3. Mission. The mission of the Coalition is to reduce cancer incidence and mortality in Nebraska through collaborative efforts identified in the state cancer control plan; increase access to appropriate preventive, screening, diagnostic, treatment, and palliative care; maximize quality of life for all individuals with cancer; promote research; and educate consumers, providers, payers, and policy makers on cancer issues.

Section 4. Role. The role of the Coalition is to provide leadership in and advocacy for:

a. Identifying and prioritizing needs for cancer prevention and control.
b. Identifying interventions and resources.
c. Coordinating activities of partners and others.
d. Promoting the availability of sufficient workforce, equipment, and services.
e. Seeking financial and other 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, rural and other underserved populations.
ARTICLE III
RESPONSIBILITIES

The Coalition shall:

1. Bring together responsible representatives from the public and private sectors engaged in cancer research, prevention, risk reduction, screening and early detection, education, diagnosis, treatment, management, quality of life and rehabilitation of persons with cancer, palliative and end of life care, persons with cancer and their families to review the cancer burden and address the problems of cancer in Nebraska.

2. Invite persons with special expertise in research, prevention and early detection of cancer, diagnosis, treatment, management, support, quality of life, support and rehabilitation of persons with cancer, epidemiology, fund raising, advocacy and public relations to advise and participate in the work of the Coalition.

3. Promote interagency collaboration for better understanding, prevention and treatment of cancer in Nebraska and foster networking between health care providers and community organizations to maximize use of existing and new resources for cancer control.

4. Periodically assess the scope and magnitude of the problem of cancer in Nebraska by reviewing available information from the Nebraska Cancer Registry and other sources on incidence, prevalence, severity, etiologies, trends, cost of care, years of productive life lost, cancer disparities, access and availability of prevention, screening, education and treatment. Identify important gaps in available information on cancer in Nebraska, and seek ways to find or develop the missing information.

5. Continue to implement, evaluate, revise and disseminate the plan for cancer control in Nebraska to support the mission and address the changing needs of cancer control.

6. Promote the development of recommended priorities for cancer control and prevention to participating partners including state, county and local governing bodies, the American Cancer Society, Heartland Division, the Cancer Information Service, Heartland Division, other voluntary agencies and national partners including the Centers for Disease Control Prevention and the National Cancer Institute.

7. Support the goals and priorities of the Centers for Disease Control and Prevention ("CDC") and the National Cancer Prevention and Control Program; utilize tools and resources provided by this federal agency; promote recognition of the concept of comprehensive cancer control as an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation.

8. Provide feedback to other comprehensive cancer control programs throughout the country.

9. Evaluate present and proposed strategies for the prevention and control of cancer in Nebraska in terms of assessed need, estimated costs, potential benefits and probability of success of each strategy; whenever possible, utilize proven strategies or models.

10. Work to better utilize existing resources, funding and broad-based community support for strategies that will reduce cancer morbidity and mortality in Nebraska. Seek funding and
other resources to augment partnership contributions and the CDC annual grant awards for planning and implementing the statewide comprehensive cancer control program.

11. Be accountable to the residents of Nebraska who seek reduced cancer incidence and mortality.

ARTICLE IV
MEMBERSHIP

Section 1. Membership. Membership is open to any organization or group that is interested in reducing the burden of cancer in Nebraska, pays the annual partner contribution ("Partner Contribution") set forth in Section 4 of this Article IV, and meets all membership requirements listed below:

a. Has an interest in cancer or health-related issues;
b. Has the authority to speak for their organization or group;
c. Is a decision-maker;
d. Is willing to be fully engaged in the planning and implementation processes;
e. Is a good group participant;
f. Is a strategic thinker;
g. Is willing to endorse the mission, vision, roles and values of the Coalition;
h. Is willing to commit to the agenda that is developed by the Coalition; and
i. Agrees to be identified as a Coalition Partner.

Section 2. NDHHS. By virtue of holding the cooperative agreement with the CDC to fund Comprehensive Cancer Control and serving as the lead agency in Nebraska, the Nebraska Department of Health and Human Services ("NDHHS") is a permanent member of the Coalition. NDHHS Comprehensive Cancer Control Program staff shall be non-voting participants at all Coalition, Advisory Committee, other Committee and Work Group meetings.

Section 3. Cancer Survivors. Individual memberships are also open to any person who is a cancer survivor or a cancer survivor's family member. Such individual members shall not be required to pay any Partner Contribution.

Section 4. Partners. Each member shall be known as a "Partner". The Coalition shall have three levels of Partners, as follows: (1) Individual Partners; (2) Student Partners; and, (3) Organizational Partners. The Advisory Committee shall determine the required Partner Contribution for each level of Partner, which amounts shall be reviewed annually by the Advisory Committee. The Partner Contribution for any Student Partner may be waived for such Student Partner in the discretion of the Advisory Committee. An Organizational Partner may have up to ten Individual Partners as part of its membership in the Coalition.

Section 5. Member Responsibilities. Each Individual Partner, Student Partner or Organizational Partner has the following rights and responsibilities:

a. Participate in establishing statewide and local cancer control priorities;
b. Report the mission, decisions, priorities and activities to their group or organization;
Support implementation of the state cancer control plan by taking specific action within the Partner's own organization or group or in collaboration with other Partners or Partner organizations to help achieve one or more of the state cancer plan priorities;

c. Participate in work group and other activities as appropriate;

d. Assist in identifying resources for implementing the state cancer control plan;

e. Report progress and accomplishments including any collaboration within the Partner's own organization or with other organizations; and

f. Agree to support and participate in efforts to evaluate implementation activities and to assess effectiveness in achieving plan objectives and goals.

Section 6. Partner Benefits. Coalition Partners shall receive benefits as described in this Section 6:

a. All Coalition Partners will receive the following:

1) Events and Resources.
   i. Receive Coalition correspondence and email alerts including weekly newsletter, updates about available cancer resources, notifications of training and funding opportunities, cancer control news and more.
   ii. Receive invitations to special events, education programs and networking opportunities sponsored by the Coalition and other Nebraska Cancer Control organizations.
   iii. Receive free or reduced member rates for Coalition events and education such as the annual Nebraska Cancer Summit and monthly webinars.
   iv. Have access to Coalition special issue campaign resources, materials and websites; this includes The Bed Is Dead, a campaign that focuses on educating Nebraska girls ages 18 and under about the dangers of indoor tanning.
   v. Able to follow and engage on Coalition social media pages (Facebook, Twitter, Instagram).

2) Networking Opportunities.
   i. Utilize the Coalition's network of 350+ members along with events and meetings, social media and committee service to (a) Build collaborations for new programs, services, advocacy and research (b) Share best practices and solicit advice (c) Find/share resources and programs available across the state, and (d) Share and promote the organizations interests and goals.

3) Opportunities for Leadership and Service
   i. Eligible to serve on Coalition Operating Committees, providing input and leadership for association operations, program and events.
   ii. Eligible to serve on Coalition Implementation Groups, creating and directing cancer control initiatives that support the goals of the Nebraska State Cancer Plan.
   iii. Eligible to be nominated for and serve on the Coalition Advisory Committee.
iv. Able to attend quarterly Coalition Advisory Committee meetings and engage with leadership.

v. Have the opportunity to assist with the Coalition’s The Bed Is Dead campaign events.

vi. Ability to nominate partners for Coalition awards and recognition.

b. All Organizational Partners will additionally receive the following:

1) Recognition on the Coalition’s website (listing and link).
2) Organization “highlight” in the Coalition newsletter once per year.
3) Discount on sponsorship of monthly Coalition webinars (with ability to welcome attendees).
4) Discount on sponsorship/exhibit fee at annual Nebraska Cancer Summit.
5) Discount on registration fee to the annual Nebraska Cancer Summit for all organization employees.
6) Announcement of the organization’s events and programs, when possible, through Coalition communications and social media.

Section 7. Resignation. Partners may resign their membership at any time. Partners remain on the Coalition until they resign, fail to pay the annual Partner Contribution, or re-locate and do not provide a new address.

ARTICLE V

ADVISORY COMMITTEE

Section 1. Advisory Committee. An Advisory Committee shall be created to advise the Board of Directors and assist the Board of Directors in the guiding principles under which the Coalition operates to accomplish its mission. The Advisory Committee is responsible for establishing the process for determining the priorities for cancer control to be addressed by the Coalition.

Section 2. Members of Advisory Committee. The Advisory Committee consists of the following:

a. The Coalition Board of Directors;
b. The Coalition’s Executive Director and other staff;
c. Other Partners appointed by the President from the general membership; and
d. Other individuals appointed by the President pending Advisory Committee approval.

Section 3. Representation. The Advisory Committee is representative of the groups and organizations in Nebraska concerned with cancer control, including groups and organizations that represent special populations which are impacted by cancer. To ensure organizational representation, the Committee will periodically review and approve guidelines to be used by the Memberships, Nominating & Strategic Partnerships Committee regarding organizational categories for Advisory Committee membership.

Section 4. Number. The number of members on the Advisory Committee shall consist of not less than three (3) nor more than twenty (20), the exact number within such range to be determined by resolution of the Board of Directors and each annual meeting thereafter.

Section 5. Ad Hoc Committees. The President may appoint ad hoc committees as needed to provide advice on priority cancer sites or issues. Committee membership should include a Coalition Partner but is not limited to Coalition members.
Section 6. Term. Members of the Advisory Committee who are not on the Coalition Board of Directors and who are not the Executive Director will serve a two-year term. The term is renewable if the member continues to meet the requirements for Coalition membership. The President may fill a vacancy occurring on the Advisory Committee with the appointment of a Coalition partner to serve out the remainder of the term. Term of office will be January 1 to December 31 of each year.

Section 7. Meetings. The Advisory Committee will meet at least four times each year. Members of the Advisory Committee are encouraged to be present or represented at each meeting.

Section 8. Notice of Meetings. Notice of meetings (stating date, time, and place) will be provided to Advisory Committee members at least fifteen (15) days prior to the meeting. The agenda will be distributed not later than seven (7) days prior to the meeting. Minutes will be taken, filed, and distributed to the members of the Advisory Committee.

Section 9. Executive Committee. The Advisory Committee shall have an Executive Committee that shall consist of the Coalition officers, namely the President, Vice President, Secretary, and Treasurer as well as the Coalition Executive Director. In addition to the duties and responsibilities set forth in the Legal Bylaws of the Coalition, the President will:

a. Carry out responsibilities of leadership for the Coalition;
b. Have general powers of management usually vested in the office of President;
c. Serve as spokesperson for the Coalition;
d. Convene and preside over meetings of the Coalition and the Advisory Committee;
e. Provide direction and support to the Coalition Executive Director;
f. Appoint other members of the Advisory Committee as described previously in this document;

To the extent possible, the President or Vice President will be a practicing physician who is engaged in cancer control professional work.

Section 10. Term of President and Vice President. The President and Vice President will serve two years, at minimum, and may serve more than once. The Vice President will carry out the duties of the President in the event of the absence of the President and will assume the duties of the President, if that office is vacated, through the remainder of the term. A vacancy occurring for the Vice President will be filled by the President’s appointment of a member of the Advisory Committee to serve out the remainder of the term. The President leaving office will become the Immediate Past President and will serve as a member of the Advisory Committee for one year before becoming a regular member of the Coalition.

ARTICLE VI
ADVISORY COMMITTEE MEETINGS

Section 1. Meetings. Meetings of the Advisory Committee are open to Members and the Board of Directors. The Advisory Committee will hold meetings at least four (4) times each calendar year or on a frequency determined by the Advisory Committee. One meeting may be the Annual
Cancer Conference. Members of the Advisory Committee are encouraged to be present or represented at each meeting.

Section 2. Notice. Notice of meetings (stating the date, time and place) will be provided to all partners and partner organizations at least fifteen (15) days prior to the meeting. The agenda will be distributed at least seven (7) days prior to the meeting. Minutes will be taken, filed, and distributed to the members of the Advisory Committee by NDHHS Comprehensive Cancer Control Program staff.

Section 3. Meeting Agenda. The Advisory Committee and program staff will set the meeting agendas that will focus on implementation issues, evaluation or other cross-cutting issues that are intended to support Coalition development and state cancer control plan implementation.

Section 4. Voting. Each Advisory Committee member is entitled to one (1) vote. The act of a majority of the members of the Advisory Committee entitled to vote present at a meeting at which a quorum is present shall be the act of the Advisory Committee, unless the act of a greater number is required by law, by the Articles of Incorporation, or by these Bylaws. A majority of the members of the Advisory Committee entitled to vote shall constitute a quorum for the transaction of business at any meeting of the Advisory Committee. On any matter brought to a vote, a partner with a conflict between the interests of the Coalition and the partner's group or organization will be responsible to abstain from voting.

ARTICLE VII
OPERATING COMMITTEES AND IMPLEMENTATION GROUPS

Section 1. Operating Committees and Implementation Groups. Committees and groups will be formed as Operating Committees or Implementation Groups to address Coalition administrative and operating issues and will report directly to the Advisory Committee on their work. Committees may change from time to time based on Coalition needs. Suggested Operating Committees include Communications, Events & Education, Data and Evaluations, Membership, Nominating & Strategic Partnerships, and Fundraising and Development. Implementation Groups will be created based on the number of Coalition Priority Areas. NDHHS Comprehensive Cancer Control Program staff will provide administrative and program support to all of the committees.

Section 2. Overall Roles and Responsibilities of Operating Committees and Implementation Groups.

a. Operating Committees are those that the Coalition utilizes on an ongoing basis for operations, activities and programs that are too numerous or too complex to be handled by the Advisory Committee and/or staff alone. Operating Committees shall recommend to the Advisory Committee policies and processes designed to provide for effective and efficient direction of such tasks.

b. Implementation Groups are those that advance and support the various goals of the Nebraska State Cancer Plan. Implementation Groups shall recommend to the Advisory Committee programs and partnerships aimed at accomplishing the specific goals, objectives and strategies outlined in the plan.

Section 3. Meetings. Operating Committees and Implementation Groups shall meet twice per year in person and quarterly, at minimum, by conference call. In person meeting dates and times should be specified at the start of the year. Conference calls dates and times should be specified at least 2 weeks in advance.

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Approved by NC2 Advisory Committee 12/11/15
Section 4. Members and Leadership. All Coalition members are requested to serve on either an Operating Committee or Implementation Group. All Operating Committees shall have 5 members, at minimum, one of which should be a representative from the Coalition Advisory Committee. All Implementation Groups shall have 7 members, at minimum, one of which should be a representative from the Coalition Advisory Committee. Each Operating Committee and Implementation Group shall have co-chairs (unless otherwise provided herein) who will share responsibilities for committee/group leadership; at least one co-chair is required to either attend, or participate by conference call, all quarterly Coalition Advisory Committee meetings and report on their committee/group activities.

Section 5. Annual Committee Charge and Goals. Each Operating Committee and Implementation Group shall create a charge outlining its responsibilities, goals and major tasks to be accomplished. This charge should be updated annually. The charge shall also include a list of members as well as a general plan for meeting frequency.

Section 6. Operating Committee Descriptions. Functions of each Operating Committee are as follows:

a. Communications. The Communications Committee shall provide communication and marketing support for the Coalition and Coalition projects. This committee provides recommendations for the website, newsletter, and overall plan for communicating with Coalition members and the public. It is recommended that chair(s) have substantial experience/background in marketing/communications.

b. Events & Education. The Events & Education Committee shall have oversight of Coalition events, such as the annual Nebraska Cancer Summit, as well as any in-person or virtual education activities the association may establish. The committee will work collaboratively with Implementation Groups to determine topics for monthly Coalition webinars and may also solicit ideas for Summit sessions.

c. Data & Evaluations. The Data & Evaluations Committee shall assist and guide the Coalition and Implementation Groups with data and evaluation needs, and assists with periodic reports and the cancer plan revision. It is recommended that the chair(s) should have substantial experience/background in data and evaluations. The committee should provide yearly report to Advisory Committee on state cancer plan objectives and CDC action plan. The committee should also develop an annual report for the Coalition and could provide Cancer Registry Data. The committee could serve as evaluation resource for Coalition members implementing programs (i.e. a resource for recommendations on data collection and/or surveying).

d. Membership, Nominating & Strategic Partnerships. The Membership, Nominating & Strategic Partnerships Committee shall oversee all membership recruitment and development for the Coalition, including recruiting key decision makers and members from diverse backgrounds and geographic areas. The committee will also pursue strategic partnerships that either further NC2/state cancer plan goals and/or assist in fundraising for the association. The committee is responsible for ensuring, seeking out and nominating new Advisory Committee members when the need arises to facilitate a successive leadership is in place for the Coalition.

e. Fundraising & Development. The Fundraising and Development is responsible for seeking out short- and long-term funding opportunities for the Coalition, including but
not limited to public and private grant funding, planned giving, corporate sponsorship and crowd funding. The committee shall establish a yearly funding goal and encourage the participation of all Advisory Committee members in fundraising efforts. It is recommended that this committee be chaired by a single individual who has expert experience in fundraising and development. The committee chair shall have a seat on the Advisory Committee.

Section 7. Implementation Group Descriptions. The number and description of Implementation Groups will vary annually based on the Nebraska State Cancer Plan. Functions of each current Implementation Group are as follows:

a. Priority Area #1 Group. Emphasize primary prevention to reduce cancer risks. Examples of this work include: reducing the rates of people who tan indoors, increasing the number of people who have their homes mitigated for radon, increasing uptake of all three doses of the HPV vaccine, increasing fruit and vegetable intake, and increasing physical activity.

b. Priority Area #2 Group. Address public health needs of cancer survivors. Examples of this work include: promoting the use of survivorship care plans, addressing transportation barriers, promoting tobacco cessation for survivors and psychosocial support.

c. Priority Area #3 Group. Reduce cancer disparities to achieve health equity. Examples of this work include: health literacy training, targeted outreach to specific underserved populations in cancer screening, and work to promote adoption of Culturally and Linguistically Appropriate Services standards among clinics.

d. Priority Area #4 Group. Promote early detection and appropriate screening. Examples of this work include: promoting mammography, colonoscopy, FIT/FOBT, lung cancer screening as appropriate, increasing access to clinical trials.

e. Priority Area #5 Group. Policy and systems change. Examples of this work include: work site policy changes to insurance to cover cancer screenings or prep for screenings, work to support sun safe environments at outdoor events, and smoke free multi housing units.

f. Priority Area #6 Group. Demonstrate outcomes through evaluation. This includes participation in the creation and implementation of evaluation plan to measure the impact of the state cancer plan, and the effectiveness of its associated projects.

ARTICLE VIII
AMENDMENTS

The Operating Bylaws may be amended by a mail or electronic mail vote where 60% of those voting support the change. A notice setting forth the proposed amendments will be sent to all members at least thirty (30) days prior to the vote.

ARTICLE IX
RELATIONSHIP WITH LEGAL BYLAWS

The Legal Bylaws of the Coalition are distinct from these Operating Bylaws. The Legal Bylaws govern the legal affairs and overall corporate guidelines for the Coalition, while the Operating
Bylaws provide operational guidelines for the Coalition. In the event there is a conflict between the Legal Bylaws and the Operating Bylaws, the Legal Bylaws will govern.

The undersigned President of the Nebraska Cancer Coalition hereby certifies that the foregoing Operating Bylaws of the Nebraska Cancer Coalition were adopted by the Board on the 7th day of June, 2013.

Alan G. Thorson, M.D., President