

## Governance Document

### I. Mission

F<sup>2</sup>DSME: Faith and Family Diabetes Self-Management Education

F<sup>2</sup>DSME aims to enhance the effectiveness of diabetes self-management and education through faith in our Creator that incorporates family-centered outreach.

### II. Stakeholder requirements

- A. The membership will consist of stakeholders from 4 categories:
  1. Patients and Caregivers: *patients and family members with diabetes*
  2. Faith and Community Leaders: *leaders of religious organizations or within the community who have an interest in the role faith-based organizations can play in delivering diabetes education*
  3. Diabetes Educators and Providers: *community health workers, physicians, nurses, and other personnel who train, educate, treat, or enable diabetes education and self-management*
  4. Researchers: *researchers who are interested in understanding and analyzing the role of faith-based organizations in the delivery of diabetes education.*
- B. The membership will be limited to 40 active members. Active members are those who attend or contribute to 4 or more meetings a year, either in-person or remotely.
- C. The membership should have at least 1 member from each of the 6 stakeholder categories.
- D. Membership status will be assessed twice a year (fall and spring).
- E. The Governing Board will determine membership needs with the goals of maintaining a diverse representation within each stakeholder group (e.g., geographic location, ethnicity, religious affiliation, and area expertise).
- F. All members will be equally responsible helping with member recruitment based on the determined membership needs.
- G. To add a new member, their name and affiliation must be shared and discussed at one of the monthly meetings. Through consensus, the suggested individual may be invited to join the membership.
- H. The member extending the invitation will be responsible for bringing the new individual up-to-speed or connecting them with a member who can.

### III. Stakeholder expectations

- A. Each regional group will host a minimum of 9 meetings per year.
- B. Members in attendance are expected to contribute their expertise or perspective in guiding the partnership toward the stated mission.
- C. Members are expected to attend all meetings. A member who fails to attend or contribute to 4 or more meetings per year will no longer be considered active.
- D. Attendance is acceptable in-person, via video-conferencing, or teleconferencing. If a member is unable to attend a meeting, but still contributes to the meeting's action items, they will be considered as present for membership status assessment purposes.
- E. Member status will be assessed twice a year (fall and spring) by the Governing Board. Members will be notified of their status via email or phone if their status becomes inactive. Two consecutive inactive status assessments will result in membership termination. Majority approval at a regional monthly meeting is required to reinstate a membership.
- F. Patients will be paid an hourly stipend for participation. Other members (e.g. community-health workers) will be considered for payment on an individual basis. Decisions on who

## F<sup>2</sup>DSME

will be paid and how much is budget-dependent and will be made by the Governing Board.

- G. Members who receive stipends will be provided with written documentation of their expectations, which they must sign to indicate their understanding of the expectations. In addition, paid members must sign an attendance sheet at each meeting to indicate their presence before receiving their stipend payment.

### V. Decision-making requirements

- a. Decisions will be made through a majority-vote model at the regional meetings. The regional leaders will present the arguments and represent the decisions of their region on the Governing Board. The Governing Board will make final decisions through a majority-vote model.
- b. A quorum of is required to hold a vote in the regional group and Governing Board. For voting in the regional group, quorum is defined as 2/3 of the active membership. For voting on the Governing Board, quorum is defined as 2/3 of the Governing Board members.
- c. Minor conflicts will be handled by the regional leader as needed. Should the conflict persist, the conflict will be resolved by the Governing Board using the mission statement and Governance Document as a basis for their decision.
- d. Before a decision is made via the majority-vote model, the regional leader should open the floor to final comments to allow an opportunity for all members to provide input.

### VI. Rules for operation

- a. Each regional group will host a monthly meeting, with a minimum of 9 meetings per year. Members are welcome (but not required) to attend meetings outside their region.
- b. Monthly meeting dates and times will be announced at least 1 week (minimum) in advance.
- c. Between meetings, new communication will primarily occur via listserv and archived business will be stored on the website.
- d. Roles and Responsibilities
  - i. Co-Principal Investigators: *responsible for obtaining funding, following the partnership's mission, and providing guidance and direction to the stakeholder group*
  - ii. Project Manager: *responsible for maintaining the partnership's momentum towards the mission and objectives, overseeing the budget, and ensuring all milestones and deliverables are met. Also responsible for maintaining the listserv and website.*
  - iii. Regional Leaders: *represent their region on the Governing Board, serve as the voice of their regional group, are responsible for organizing and announcing the regional meetings (time, location, food, etc.) reaching out to local members in their region as needed. Regional leaders may delegate tasks to their regional members as needed. Researchers may not serve as regional leaders.*
  - iv. Active Members: *required to attend 4 or more meetings per year, review meeting notes after meetings, review handouts prior to meetings, and read all emails on the listserv.*
- e. Governing Board
  - i. Consists of either 5 (minimum) or 7 (maximum) active members to maintain an odd number.
  - ii. The Co-Principal Investigators, Project Managers, and Regional Leaders are all part of the Governing Board.
  - iii. At least 2 patients must serve on the Governing Board.

## F<sup>2</sup>DSME

- iv. Responsible for strategic planning.

### **VII. Amendments to the Governance Document**

- a. The Governance Document will be reviewed at least once per year.
- b. Amendments to the Governance Document must be presented with a minimum of a 1-week notice to each regional group.
- c. Acceptance of the Amendments to the Governance Document requires final approval by the Governing Board, after all regional groups have discussed the changes.

### **VIII. Meeting norms**

- a. Meetings will begin promptly at the scheduled time to recognize the value of everyone's time.
- b. An agenda will be provided via email at least 24-hours before each monthly regional meeting. The regional leader will be responsible for following the agenda and keeping the discussion on track, but all members are expected to review the agenda and be mindful of the time.
- c. Members should arrive with a positive, helpful attitude.
- d. Members are expected to be open-minded, respectful, and courteous when others are talking.
- e. Members should avoid dominating the conversation and be mindful of "WAIT" or "Why Am I Talking?"
- f. All members should aim to minimize distractions during the course of a meeting (e.g. telephones, laptops).
- g. Each meeting must conclude with a clearly defined set of action items.

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