The Diabetes Institute (DI) at Ohio University

**BYLAWS**

**PURPOSE**
The documented epidemic in diabetes locally, nationally and globally poses a formidable health crisis. The Diabetes Institute at Ohio University exists to prevent, ameliorate and cure those affected by diabetes and related diseases. The institute strives to provide incentives and infrastructure in four key areas; research, education, clinical activities and community outreach. The institute’s efforts and resources have an interdisciplinary focus designed to promote collaborative research, educational opportunities, state-of-the-art clinical services and community outreach.

**DI MISSION STATEMENT**
To improve the quality of life for those affected by diabetes and related diseases through innovative basic and translational research, education, progressive clinical care, and community outreach.

**DI VISION**
A diabetes-free society.

To assure that the Mission Statement and Vision of DI become a reality, the DI will annually:

- Collect data related to performance and goals.
- Write and submit an annual report of progress towards goals.
- Recruit and support new and current members and trainees.
- Review and refine bylaws.
- Review and refine the DI website and other promotional materials.
- Provide opportunities for input and feedback from executive and advisory board members.
- Assess annual budget and secure funding for operational needs.
By the Year 2017 (and every five years thereafter), the DI will:

- Submit a five year review report for the renewal of the institute.
- Develop and begin to implement a long-term plan for sustainability.

**DI ORGANIZATIONAL STRUCTURE**

Administrators of the institute include an Executive Director, Director of Operations, Director of Grants and Special Projects and Administrative Associate; their roles in the institute will be described in a subsequent section. The DI is subdivided into four main divisions (research, education, clinical, and outreach). While each division is considered important in the institute as a unique entity (own leadership, vision and mission), there are overlaps and collaborations among the divisions, and all divisions will work together to achieve the goals of the institute.

As noted by the structure below, the DI is housed in the Heritage College of Osteopathic Medicine (HCOM) and, as such, directly reports to the Executive Dean of this college. However, input from the Dean of College of Health Sciences and Professions (CHSP) as well as an advisory board (external members) and executive board (internal members) will be sought as deemed appropriate by the Executive Director.
DIVISIONS
Below outlines the specific missions and operational functions specific to the four major divisions within DI: Research, Education, Clinical, and Outreach Divisions.

The Research Division (Basic and Applied Research) mission is to create a culture of research excellence that explores and links cutting-edge, basic laboratory investigations with innovative and dynamic clinical research studies to enhance the future of diabetes patient care, prevention and cure.
Operational functions of the Research Division are to:
• Secure research and training grants
• Support basic, clinical and translational research
• Present results at national/international meetings
• Publish in peer reviewed journals
• Provide core research support services that enhance the research capabilities of investigators within the institute
• Recruit, develop and mentor early career and beginning faculty and scientists
• Provide positive research training opportunities for undergraduate, graduate and professional students
• Create a global, intellectual environment through collaboration with researchers both nationally and internationally

The Educational Division (Academic and Professional Training) mission is to advance the field of diabetes by developing and implementing models of interprofessional education and training. Operational functions of the Educational Division are to:
• Train the next generation of scientists and clinicians in diabetes and related diseases
• Expose both undergraduate and graduate students to diabetes using a specialized diabetes focused curriculum
• Provide continuing educational opportunities for health professionals
• Improve clinical care and enhance the quality of life for all patients with diabetes and related diseases through professional training and education programs
• Provide and deliver innovative health educational curriculums customized to meet patients’ and community needs
• Develop a global strategy for enhancing diabetes education
• Facilitate the translation of new research findings into existing curriculum to maintain the highest quality of education

The Clinical Division (Clinical Care) mission is to provide an interdisciplinary approach to diabetes clinical care in a dynamic environment through patient education, professional and patient training, and a full array of comprehensive clinical services. Operational functions of the Clinical Division are to:
• Provide multi-specialty care for the entire spectrum of diabetes and its complications and related diseases
• Increase capacity to provide comprehensive care for people with diabetes and its related diseases
• Facilitate the translation of new research findings into novel therapies for patients with diabetes and related diseases
• Recruit talented and visionary clinicians
• Increase diagnostic capacity in the clinic in which diagnoses can be accurately made
• Integrate excellence in all phases of clinical training to further improve clinical patient care

The Outreach Division (Community Outreach) mission is to provide diabetes-related education and community services to the Appalachian community. Operational functions of the Outreach Division are to:

• Offer free clinics and screening programs for diabetes and other related diseases to the Appalachian community
• Contribute to a healthy Appalachia community that supports lifestyle changes to prevent or manage diabetes, its complications, and other related and chronic diseases
• Develop strategies to overcome the unique socioeconomic and environmental barriers contributing to chronic disease in the Appalachian region
• Address health literacy and numeracy of all patients via education and treatment modalities
• Provide linkages to others in the community and serve as the resource center
• Provide accessible, affordable, quality resources that improve the healthcare outcomes for people living with diabetes in the Appalachian region

DI ADMINISTRATION AND GOVERNING BOARDS
The following summarizes administrative positions and boards within the institute as well as their major responsibilities to the DI. Briefly, the Executive Director of the DI has the responsibility for administration and financial oversight of the institute and will be supported by the Director of Operations, Administrative Associate and Director of Grants and Special Projects to meet the DI vision and mission. The Division Directors will be responsible for their division (research, clinical, education or outreach) and are appointed by and accountable to the Executive Director. The DI is offered guidance by an advisory board, an external contingent. The DI Executive Board is the internal contingent that will be consulted for DI activities.

Executive Leadership of DI

The Executive Director shall be a tenured faculty member from the College of Health Sciences and Professions (CHSP) and/or HCOM and will be appointed by the Deans of the HCOM and CHSP. The term of service is five years with an opportunity for reappointment. The Executive Director will provide administrative and financial oversight to the institute to support the vision/mission of the institute; facilitate interactions among Diabetes Institute members and outside constituents; build infrastructure that supports diabetes
research, education, clinical activities and community outreach; and seek funds to sustain and expand the obligations of the institute. Essential duties include the following:

**Operations**
- Review and present annually the DI bylaws, mission, and vision
- Facilitate short and long term strategic planning for sustainability
- Write and submit a 5 year self-study report required for the institute
- Draft the budget and provide fiscal oversight
- Seek the advice of the Directors on a routine basis

**Meetings**
- Convene annual Executive Board meetings
- Convene bi-monthly meetings with Division Directors
- Provide monthly reports to DI members

**Metrics**
- Assure that performance metrics are collected and compiled at regular intervals (at least once annually)
- Submit annual report of metrics to all relevant entities (e.g. Dean of HCOM, Dean of CHSP)

**Advocacy**
- Represent the institute to Ohio University administration
- Represent the institute to external constituents (e.g. Osteopathic Heritage Foundations, Cleveland Clinic, Live Healthy Appalachia, etc.)
- Partner with other health-related institutes on campus
- Build collaborations with external constituents (industry, academic, community partners)
- Act as a liaison to government, policy makers, external funding agencies
- Support the vision of the institute by determining strengths and weaknesses and developing a strategy to increase capacity

**Additional responsibilities**
- Assist in establishing core facilities for research, teaching, outreach and clinical services
- Coordinate one grant submission annually to build infrastructure of the institute (may be with a Division Director)
- Coordinate fund raising efforts to secure industry and alumni contributions for the institute

The **Division Directors** will be responsible for their division (Research, Clinical, Education or Outreach Division). As such, each Division Director will:
- Serve as “facilitator” and point of contact for division
- Facilitate the vision of the institute for division
- Represent the DI to relevant entities
- Recommend relevant metrics to collect
- Review annual metric data
- Ensure that the website content is updated for their specific division
- Oversee proper dissemination and marketing of division activities
- Recruit new faculty and staff specific to the DI activities of their division
- Facilitate submission of one grant in that area annually
- Participate in Executive and Advisory Board meetings

Additional duties of the Division Directors are possible depending on the specific division overseen. For example, the **Director** of the **Research Division** is responsible for developing a mentoring program for interested investigators and coordinating shared equipment usage; the **Director** of the **Education Division** organizes the monthly DI meeting; The **Director** of the **Clinical Division** oversees the OHF funding relevant to clinical services and research, serves as the representative to the clinical partners, ensures proper accreditation standards are maintained as well as supervises the diabetes fellows and fellowship program.

The Division Directors will be faculty members or administrative staff from CHSP and/or HCOM. They will serve in this capacity by overload, add-on or through a redistribution of duties, which will be negotiated with the Director’s department or administrative office. The directors will be appointed by the Executive Director in consultation with the Executive Board and the Deans of the Heritage College of Osteopathic Medicine and the College of Health Sciences and Professions. The term of service is three years with no prejudice against reappointment.

The **Director of Operations** will conduct all of the day-to-day administrative operations of the DI and provide support to the Division Directors. Essential functions include the following:
- Serve as first-line liaison and representative for the DI
- Serve as first connection to the clinical partners
- Supervise essential DI staff (Director of Grants and Special Projects, Diabetes Educators, administrative associate, graduate assistants and student hourly employees)
- Supervise budget
- Implement the development and maintenance of a marketing plan, website, and database for DI metrics
- Investigate, evaluate and consult with DI leadership to support the creation of organizational, foundational and physical structures
- Work with the DI to meet all OHF tasks as described in the Vision 2020 Grant
- Direct, organize, and evaluate DI related events, including special events, Executive and Advisory Board meetings, and workshops
- Coordinate the creation of clinical, research, outreach, and education initiatives

The **Director of Grants and Special Projects** will strive to enhance the quality and competitiveness of research and programmatic grants submitted by DI Investigators and support funded initiatives. Essential functions are the following:
- Identify and secure new funding opportunities
- Provide editorial and technical writing support to DI members
• Assist with grant management (grant application process) and compliance
• Coordinate grant writing initiatives of Division Directors
• Assist with special projects as assigned related to funded initiatives

The Administrative Associate will support the Executive Director, Director of Operations and the Director of Grants and Special Projects with daily administrative tasks and monthly projects. Essential functions include the following:
• Assist Director of Grants and Special Projects in organizing and monitoring grant opportunities, grant applications, due dates and assigned grant-related tasks
• Assist with collection and compilation of metric data
• Assist the Director of Operations with details of event planning, communication, and other related duties
• Assist with financial accounting for grants and contracts including documentation, compliance, reporting, and reconciling
• Conduct day-to-day accounting functions
• Communicate on liaison activities
• Create and maintain contact lists for various audiences
• Attend meetings and record minutes as needed
• Maintain the Diabetes Institute database and related databases
• Assist with updating data on the Diabetes Institute website

The DI Executive Board is the Ohio University internal contingent. The board will assist the Executive Director and Division Directors in making decisions regarding DI activities and the allocation of DI resources on an annual basis as needed. The Executive Board will consist of the following:
• DI Executive Director
• DI Division Directors
• DI Director of Operations (non-voting)
• Minimum of two faculty who hold Investigator status (excluding the Division Directors), one member with Collaborator status, and one member with Affiliate status
• Minimum of two trainee representatives (Trainees should be represented by an undergraduate student and a graduate or medical student)
• Director (or designee) of an existing Ohio University Institute other than DI
• Dean (or designee) from the CHSP
• Dean (or designee) from the HCOM
• A Healthcare Provider

Executive board member responsibilities will be to attend a majority of Board meetings (recognizing that meetings will be scheduled in consultation with the members), to become sufficiently familiar with the DI and its activities in order to provide meaningful and helpful advice, and to provide advice and feedback to the Executive Director and Division Directors based on their experiences.
Appointment to the Executive Board is determined by the Executive Director and Division Directors. Terms of service on the institute Executive Board, exclusive of DI Directors, are two years. Reappointment is permitted for two additional terms. The Executive Board membership listed above will consist of at least one physician and representation from at least three colleges. DI Investigators, Collaborators or Affiliates who hold extramural research grants through the DI that permit indirect costs are provided an opportunity to assume voting membership on the Executive Board for the duration of the grant. Meetings of the Executive Board will be called by the Executive Director and will occur annually.

The Executive Board will provide guidance to DI activities. In general, highest priority for strategic investments will be geared towards DI Investigators and DI Collaborators.

Participation in an Executive Board meeting does not require a member’s physical presence. Individual members can participate via distance (e.g. video conferencing, telephone or other electronic medium) as the site allows. Each board member is expected to communicate with the Executive Director stating whether or not s/he is able to attend or participate and the means by which they plan to communicate (in person or other agreed-upon means of communication). The decision-making process will be based on the presence of a quorum of at least two-thirds of the board. In the absence of a quorum, decisions will be deferred to either the next meeting or, if appropriate, consensus will be solicited via email or other electronic communication.

The DI Advisory Board is an external, strategic contingent to aid in the guidance of the institute’s vision. Particular interest of this group will be assisting with and advancing the DI goals: research, clinical, educational and outreach. The Advisory Board membership will strive to include representation from the community, industry, academia, educational and governmental entities and will not exceed eleven members. Terms of service on the board are three years. Meetings of the board will be called by the Executive Director no more than twice annually. The Executive Board will determine appointment to the Advisory Board.

Advisory Board member responsibilities will be to attend a majority of Advisory Board meetings (recognizing that meetings will be scheduled in consultation with the members), to become sufficiently familiar with the DI and its activities in order to provide meaningful and helpful advice, and to provide advice and feedback to the Executive Director and Division Directors based on personal experience as leaders in their respective organizations. Individual members can participate via distance (e.g. video conferencing, telephone or other electronic medium) as the site allows. Each board member is expected to communicate with the Executive Director stating whether or not s/he is able to attend or participate and the means by which they plan to communicate (in person or other agreed-upon means of communication).

**MEMBERSHIP IN DI**
The Diabetes Institute at Ohio University has several membership categories as described below. These categories are used to determine resource availability and for annual metrics reporting. Membership is determined by submission of the membership application form (available on the website) and a Curriculum Vitae (CV) to the Diabetes Institute through the Administrative Associate. All memberships are limited to Ohio University personnel.

DI Affiliate status allows participation in all DI related activities and access to DI infrastructure. To be granted Affiliate status, all researchers, clinicians, educators, and administrators with interests in diabetes or its associated disorders (e.g. obesity, nephropathy, retinopathy, and neuropathy) are encouraged to participate.

Collaborator status allows participation in all DI related activities, access to DI infrastructure, access to DI financial support, and potential for participation in decisions related to resource allocation and strategic planning of DI. It is expected that DI Collaborators will have exhibited a dedication to diabetes educational programming, research or clinical services related to diabetes AND demonstrated a commitment to the DI. To acquire this status, interested faculty or administrative staff must submit their CV (or a narrative describing their commitment to diabetes if not apparent from the CV) to the DI. While each application will be considered on a case-by-case basis, the following are general expectations for consideration:

- Hold a faculty or administrative appointment at Ohio University
- Have contributed in a significant manner to diabetes related research, education, clinical or outreach programs

Membership will be re-evaluated every five years. To retain Collaborator status, the following must have been achieved during the previous five year period:

- Submitted at least one internal Ohio University grant or external grant through the institute to support diabetes-related activities or been considered “Key Personnel” on grants submitted through the institute
- Continued contribution in a significant manner to diabetes related research, education, clinical or outreach programs
- Participated in DI activities, including meetings and retreats
- Submitted annual metrics upon request

Investigator status allows participation in all DI related activities, access to DI infrastructure, access to DI financial support and input in decisions related to resource allocation of DI. It is expected that DI Investigators will have exhibited an independent line of research in the area of diabetes AND demonstrated a commitment to the DI. To acquire this status, interested scientists must submit their CV to the DI, and the Executive Board will discuss and vote on the applicant request. While each application will be considered on a case-by-case basis, the following are general expectations for consideration:

- Hold a faculty, research scientist or equivalent appointment at Ohio University
- Have published at least three peer-reviewed journal articles, with at least one of these articles being senior authored, or secured external grant funding related to
diabetes in the previous three years. Senior authorship is defined as being the first author OR the corresponding author.

Membership will be re-evaluated every five years. To retain Investigator status, the following must have been achieved during the previous five year period:

• Submitted at least one extramural grant as PI through the DI (extramural grants must include indirect costs)
• Published a minimum of three peer-reviewed journal articles related to diabetes with at least one of these articles as senior author
• Participated in DI activities, including meetings and retreats
• Submitted annual metrics upon request