

Chronic Disease Advisory Group

December 8, 2016

1. Website Draft

a. Positive Reaction

b. Things the website can be used for

- i. Provide people with the ability to borrow documents and information from the website
- ii. Welcome video and videos throughout explaining different aspects of the plan. See Tufts videos.
- iii. Create social media for the plan and link it to the website
- iv. Links to key data and data sources (Ex: Indiana indicators)
- v. Gallup well-being index - social determinants of health data
 1. Could outline social determinants we want to focus on and drill deeper
 2. Look at risk factors that contribute to social determinants (tobacco, nutrition, etc)

vi. Data Needed

1. Robert Wood Johnson Foundation data
2. Kaiser Family data
3. BRFFS data
4. IAAAA collects senior specific data
5. Kids Count data
6. CDC's 500 cities
7. IMHC data

vii. Combat misinformation

viii. CDC's community commons

ix. Careful to cite sources to support evidence

x. True health coalition (global)

2. Public Health Progress and Policy

a. Barriers

- i. No space in health care conversations
- ii. Need to educate health care providers on behavior change resources

- iii. Separate health providers and policy makers
- b. Opportunities
 - i. Look for intersections of health and other issues. (ex: housing)
 - ii. Policy alerts/tracking across the state
 - iii. Thoughtful targeting of key legislators with important info
 - iv. Engage legislators
 - v. Keep CDAG up to date on current health in all policies actions (state/national)
- c. CDAG convenes experts to report out IN Best Practices, data, success stories, op-eds
- d. CDAG keeps on the pulse of IN public health
- e. Successful Public Health Programs
 - i. Top Tier healthy aging programs - CDC (ex: diabetes)
 - ii. Complete Streets
- f. Healthy Food Access
 - i. AHA - pushing HFFI (December 16th twitter chat)
 - ii. Purdue extension - Agriculture/Health and Human Sciences are key partners working in communities
 - iii. Marion County Public Health Department - retail specific food access staff
 - iv. Look at cradle in Cincinnati
 - v. Kroger does education on healthy eating in store
 - vi. Non-profits that are replacing food retailer to provide food (ex: Boston)
 - vii. Can CDAG connect current health educators to the broader conversation?
 - viii. Revisit work force development of health educators
 - ix. Figure out who is doing what.
 - x. Look at community centers/churches
 - xi. Home delivered/congregate meal programs
 - xii. Senior vouchers for food delivery
 - xiii. Coordinating food access opportunities with care providers
 - xiv. Check intersections between healthy food access and other issues
 - xv. Lawn gardens/community gardens

xvi. Healthy restaurants

xvii. Culinary prescriptions (provider prescribed food program)

g. Healthy Environments

i. Making institutions healthier

ii. Air and water quality are not being addressed. Measurement and data are an issue (environmental quality).

iii. Systems to monitor healthy environments are missing

iv. Are we remediating existing issues? Are health care providers addressing environmental triggers?

v. Expand to all institutions, not just educational

vi. Connect with data sets of who is assessing environments

h. CDAG needs to decide on concrete applicability. Target audience will be professionals.

i. Partnerships

i. Get HEC to the table

ii. Keep Indy Beautiful KIB

iii. Parks representation

iv. Top 10

v. Convening Coalitions

vi. Complete Streets

vii. APA/APHS work at HBD