

CDAG June 6

1. Group 1

a. SMART Objectives

- i. Specific and measurable align with other plans
- ii. Broad with reference to other plans
- iii. Standardized goal (%)
- iv. Objectives that address multiple measures
 1. Not disease specific but overarching
 2. Measure with solution
 3. Measurable objectives, overarching goals

b. Developmental Goals

- i. What is a goals vs strategy vs tactic
- ii. Consistency with goals and objectives
- iii. Specific guides for objectives/goals
 1. End goal and reports
 2. Resources
- iv. Suggestion/encouragement, less mandate

c. Partnerships/Spread the Word

- i. Reach out to large and smaller coalitions around the state (not for profit)
- ii. Be a part of the solution, not telling them what to do
- iii. Outreach
 1. Calling
 2. Who knows who
 3. Connect people
 4. Tree Drawing (everyone knows someone else)
 5. Minority level partnerships
- iv. Public and private partners
- v. Use our Plan to guide theirs
 1. Use existing coalitions
 2. NO NEW COALITIONS

d. Culture of Health

- i. Aim of where we want health to go
- ii. Change the way the message is received
- iii. Speak their language

2. Group 2

a. SMART Objectives

i. Positives and Negatives

- 1. (Negative) Might be seen as a work plan
- 2. (Positive) Keeps us on track
- 3. (Positive) Gives us something to point to as a goal/success. Make sure people know we can go past the deadline. Our objectives will be state level goals we all strive for.
- 4. (Positive) If state name is on the Plan, people will take it more seriously
- 5. (Negative) Fear of a daunting goal. Make sure people know it is okay to fail! Progress is Progress! Transparency and trackers are important.
 - a. Review Plan annually
 - b. Link to Indiana Indicators. Keep an eye on new data to track process.
- 6. It was decided to apply SMART AT EVERY LEVEL

b. Connect with participants and groups of interest

- i. This Plan can be used for grant applications
 - 1. Advertise this!
 - 2. Talk to groups awarding funds. They might want to help positive impact.
- ii. Community benefit acknowledgement of objectives is important
- iii. State level partners must communicate throughout the state
- iv. Educate public. Connect with educators!
- v. We need buy in from stakeholders
- vi. Need to involve rural and urban cultures (schools in particular)
- vii. Community coalitions and schools need to be involved. Track involvement.
- viii. "First Draft" language is extremely important

- ix. Present Plan as a list of opportunities and ask people what they are willing to do.
- x. Reference the CDC 6-18 Plan
- c. How can we integrate other Plans?
 - i. Building relationships. We need somebody as the driving force behind this Plan. Coordinator?
 - ii. Formatting
 1. Identify top 5 chronic diseases or chronic issues?
 2. Do the 4 Domains address our needs? Missing pieces?
 3. Too much repetition? It was argued that repetition is not a bad thing.
 4. The opportunity for this Plan is to create a high level plan that gives structure to all plans. This Plan will focus on bigger issues - not specific like other plans.
 5. It is a DRAFT until we get more input throughout the state
 6. Coordination is key
- d. Which strategies are about high level coordination and which are more specific? We should keep the strategies in this Plan high level.
 - i. Our Plan is policy assistance. Specific Chronic Disease Plans are behavioral.
 - ii. Some strategies are too specific for our purpose
 - iii. Look back on content that did not get enough votes from the second CDAG meeting when deciding on which strategies are best for our purpose.