

STATE-BASED PLANNING TOOL WORKSHEETS

STRATEGY & PLANNING

PHASE II



HOLD A KICKOFF MEETING OR SUMMIT

PHASE II STEP 1

SAMPLE PLANNING QUESTIONS FOR KICKOFF EVENT OR ANNUAL MEETING	
QUESTION	ANSWER
What is/are the meeting goal(s)?	
What are your objectives?	
What are your desired meeting outcomes?	
Who will chair the meeting?	
Are there other key attendees in addition to the chair around whom you should select a meeting date?	
If you are planning on surveying attendees/organizations prior to the kickoff, what would you want to learn from them?	
What are three priority topics that need to be addressed?	1.
	2.
	3.
Who are national or statewide presenters that can help inform these topics and/or offer successful models to address barriers?	
How will you engage partners before, during, and after the meeting?	Before:
	During:
	After:



IDENTIFY FUNDING AND RESOURCES

PHASE II STEP 2

POTENTIAL FUNDING SOURCES	LEAST REALISTIC			MOST REALISTIC	
	1	2	3	4	5
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Cancer Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FUNDRAISING OPPORTUNITIES	LEAST REALISTIC			MOST REALISTIC	
	1	2	3	4	5
Sponsorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Donations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Events (Galas, Walks, Golf Scramble, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Membership Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Partnerships (Restaurants, Sports, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital Campaign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES:



IDENTIFY FUNDING AND RESOURCES

PHASE II STEP 2

IN-KIND RESOURCE	WHO MIGHT PROVIDE?
Staff Time	
Meeting Space	
Virtual Meeting	
Leadership	
Grantwriting	
Medical Services	
Communications	
Advocacy/Lobbying	
Other:	
Other:	
Other:	

LIST THREE THINGS YOU CAN DO IMMEDIATELY TO RAISE MONETARY AND IN-KIND RESOURCES FOR YOUR EFFORT

RAISE MONEY	IDENTIFY IN-KIND RESOURCES
1.	1.
2.	2.
3.	3.



ESTABLISH LUNG CANCER PRIORITIES

PHASE II STEP 3

ACTIVE OR POTENTIAL LUNG CANCER PRIORITY	POPULATION IMPACTED	WHAT DOES STATE DATA SHOW TO SUPPORT?	PARTNER WITH THIS STRENGTH/FOCUS/INTEREST
1.			
2.			
3.			



HEALTH EQUITY ASSESSMENT

Consider populations by age, race/ethnicity, SES, geography, gender identity, LGBTQA+, different abilities, or other characteristics.

What populations experience burden/disparities in each area of focus/priority?

How will these populations be supported in the priority areas you are considering?

NOTES:



SET GOALS

PHASE II STEP 4



HEALTH EQUITY ASSESSMENT

Consider how you will tailor your goals to address barriers, disparities, and health equity.

LUNG CANCER PRIORITY	SHORT-TERM GOALS (FIRST YEAR)	MEDIUM-TERM GOALS	LONG-TERM GOALS (IMPACT)
1.			
2.			
3.			
4.			
5.			

NOTES:

Blank area for notes.



CREATE AN ACTION PLAN WITH CORRESPONDING ROLES AND RESPONSIBILITIES

PHASE II STEP 5

PRIORITY AREA/GOAL	TARGET POPULATION	ACTIVITIES	TIMELINE	LEADER/PARTNERS	STATUS	SUCCESS METRICS
1.						
2.						
3.						
4.						
5.						
6.						

NOTES:

