Core ideology describes an organization’s consistent identity that transcends all changes related to its relevant environment. The core ideology guides a future in the 10-30 year planning horizon.

Core ideology consists of two parts:
- **Core purpose** – the organization’s reason for being – and
- **Core values** – essential and enduring principles that guide an organization.

**Core Purpose of AACPDM**

*To provide multidisciplinary scientific education for health professionals and promote excellence in research and services for the benefit of people with and at risk for cerebral palsy and other childhood-onset disabilities.*

**Core Values of AACPDM**

- **Collaboration** – we are willing to work with others to achieve our mission
- **Innovation** – we are committed to explore new concepts to achieve our mission
- **Family Centered and Community Focused** – we believe services and care should promote individual and family health, participation and well being
- **Excellence** – what we strive to achieve in all our efforts
- **Respect** – as members, we respect each other and the autonomy and diverse abilities of individuals with cerebral palsy and other childhood-onset disabilities

**Vision Statement**

A Vision Statement is a clear and compelling catalyst that serves as a focal point for effort.

The following is the AACPDM Vision Statement:

*AACPDM is a global leader in the multidisciplinary scientific education of health professionals and researchers dedicated to the well-being of people with and at risk for cerebral palsy and other childhood-onset disabilities.*
~ OUTCOME-FOCUSED GOALS AND OBJECTIVES ~
(3-5 YEAR PLANNING HORIZON)
(2018 – 2021)

The following thinking represents the organization’s specific goals for the next 3-5 years.

These Goals are outcome-oriented statements that represent what will constitute AACPDM’s future success. The achievement of each goal will move the organization towards the realization of its Vision. Goals have a 3 year horizon in this plan.

The Objectives reflect the broad range of direction that will be undertaken to change the existing conditions in order to achieve the goal. Objectives have a 3 year horizon, though some may be met before 3 years and, if so, the leadership may determine new objectives in keeping with the goal.

The objectives drive Tactics -- the type of work and initiatives that will need to be undertaken to achieve the goal. Tactics are very action oriented. Tactics have 1 -2 year horizon. It is expected that with annual review of the plan, the Board may note the completion of some tactics and propose new tactics.

In order to achieve success with the plan, all work of the board and work of all committees should align to the goals, objectives and tactics with any new endeavors being specifically associated with these.

OUR GOALS

GOAL #1: TALENT POOL
AACPDM attracts, educates and engages a global workforce that provides optimal lifelong services for individuals with cerebral palsy and other childhood-onset disabilities.

GOAL #2: RESEARCH
AACPDM is a leader in fostering research that will generate new knowledge and evidence to inform the care of people with cerebral palsy and other childhood-onset disabilities.

GOAL #3: LEARNING INNOVATION
AACPDM embraces innovative approaches and topics to advance knowledge and practice in cerebral palsy and other childhood-onset disabilities.

GOAL #4: PARTNERSHIP & COLLABORATION
AACPDM develops and nurtures collaboration among members, organizations, industry, foundations, and government agencies for research, education and advocacy.
GOAL #5: SERVICE DELIVERY AND QUALITY IMPROVEMENT
AACPDM enhances the utilization of evidence informed care and optimal service delivery models for cerebral palsy and other childhood-onset disabilities.

GOAL #6: ORGANIZATIONAL EXCELLENCE
AACPDM is a fiscally sound, effectively governed organization that creates value for its members.
GOALS WITH THEIR ASSOCIATED OBJECTIVES AND TACTICS

GOAL #1: TALENT POOL
AACPDM attracts, educates and engages a global workforce that provides optimal lifelong services for individuals with cerebral palsy and other childhood-onset disabilities.

Objectives and Associated Tactics

1.1. Increase the number of members from professionally diverse communities.

Tactics
  a. Engage with associations or societies that serve professionals in the following areas: developmental and behavioral medicine, nurse practitioners, advanced practice nurses, and physician assistants to explore their learning and professional needs with respect to individuals with childhood-onset disabilities and identify mechanisms to create value that can attract their membership.
  b. Develop and utilize activities to increase members in other member segments that are underrepresented.

1.2. Explore membership pricing options to enhance member recruitment and retention.

Tactics
  a. Analyze current membership in relation to current pricing options.
  b. Develop and propose impact from a financial and member perspective of various pricing options.
  c. Determine why members choose not to renew.

1.3. Increase engagement and involvement of students and trainees in AACPDM activities during their student membership.

Tactics
  a. Increase short-term engagement of students that will enhance their desire to remain engaged in the AACPDM after their student membership expires.
  b. Measure success rates in converting student memberships to full Fellow status.

1.4. Create mechanisms to increase distribution of information regarding the value of the AACPDM meeting and membership to adult-focused providers.

Tactics
  a. Identify key organizations focused on supporting providers of adults with CP and other childhood-onset disabilities.
  b. Determine and utilize concrete mechanisms through which information can be shared.
  c. Monitor for increases in membership from adult-focused providers after new
information-sharing strategies are used.

**GOAL #2: RESEARCH**

_AACPDM is a leader in fostering research that will generate new knowledge and evidence to inform the care of people with cerebral palsy and other childhood-onset disabilities._

**Objectives and Associated Tactics**

2.1. Enhance research mentoring and practical research education for AACPDM members.

**Tactics**

a. Establish a well-structured research mentoring program.
b. Have practical research methodology education as an offering at the annual meeting.

2.2. Build collaboration to advance the engagement of translational neuroscience networks within the AACPDM.

**Tactics**

a. Identify related translational neuroscience networks and scientists, and create a special interest group (SIG) within the AACPDM.

2.3. Increase opportunities for comparative effectiveness studies on issues of relevance to individuals with cerebral palsy and other childhood-onset disabilities.

**Tactics**

a. Build an SIG across multiple stakeholders to share knowledge and opportunities with respect to comparative effectiveness studies.
b. Create, articulate and advocate for a research agenda that is focused and specific to caring for individuals with cerebral palsy and childhood-onset disabilities that would best be answered through comparative effectiveness studies.
c. Identify granting opportunities related to comparative effectiveness studies and share these opportunities with AACPDM members, and in particular, a special interest group.

2.4. Actively promote the utilization of the common data elements (CDEs) and provide updates to the membership.

**Tactics**

a. Develop messaging to promote the CDEs by providing samples of research projects that use the CDEs.
b. Provide training/courses on the usage of CDEs.
c. Work with the NINDS in updating CDEs and include the new updates in membership communications.

2.5. Continue to offer established research opportunities and promote varied research
collaborations and interactions that have the potential to benefit individuals with cerebral palsy of all ages and other childhood-onset disabilities.

**Tactics**

a. Invite speakers from diverse scientific disciplines to present relevant research topics.
b. Continue to provide research grant funding opportunities.
c. Effectively track research productivity of grant recipients.

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**GOAL #3: LEARNING INNOVATION**

*AACPDM embraces innovative approaches and topics to advance knowledge and practice in cerebral palsy and other childhood-onset disabilities.*

**Objectives and Associated Tactics**

3.1 Expand and diversify educational offerings including different platforms and formats.

**Tactics**

a. Explore the relationship between educational needs of all members and the types of platforms that may be best suited to fulfill their diverse educational needs.
b. Identify asynchronous learning opportunities to match the needs assessment (Tactic 3.1a).
c. Explore learning platforms/modalities that might be particularly relevant to newer and/or smaller member segments of the AACPDM, including rural and solo providers, as well as adult-focused providers.
d. Explore hosting abbreviated e-courses.

3.2 Create AACPDM Special Interest Groups (SIGs) as a member-only benefit.

**Tactics**

a. Identify a process for identifying an initial set of special interest groups that would be focused on the provider roles (e.g., disciplines) as well as content areas of interest to AACPDM members (e.g., pain, hip surveillance) and recommend the first SIGs.
b. Develop charters and guidelines for SIGs to differentiate from committees

3.3 Support international members’ educational needs.

**Tactics**

a. Participate with IAACD in developing educational offerings.
b. Explore educational needs of international members.
GOAL #4: PARTNERSHIP & COLLABORATION
AACPDM develops and nurtures collaboration among members, organizations, industry, foundations, and government agencies for research, education and advocacy.

Objectives and Associated Tactics

4.1 Develop and advance formal relationships with other academies, professional societies, agencies and organizations linked to individuals with cerebral palsy and other childhood disabilities.

Tactics
a. Identify academies/professional societies who share the AACPDM’s interest in individuals with CP and childhood disabilities including those who would have a focus on adults with childhood-onset disabilities (e.g. POSNA, SDBP, AAN, PTA, Nurse practitioner groups).
b. Work with those collaborators (above) to identify opportunities to share information about educational resources and courses.
c. Work with those collaborators to explore co-branding materials.
d. Advance the relationship with the IAACD.

4.2 Formalize and develop the relationship with stakeholders through the AACPDM’s Community Council.

Tactics
a. Continue to develop the Community Council including through further policy development.
b. Support the Community Council’s future success through ongoing evaluation and quality improvement.

4.3 Develop relationships with key training and professional bodies to identify opportunities for the AACPDM to support or influence learning competencies.

Tactics
a. Identify key bodies driving professional regulation and/or standard learning.
b. Meet with relevant groups to determine educational offerings that would be of support.
GOAL #5: SERVICE DELIVERY AND QUALITY IMPROVEMENT
AACPDM enhances the utilization of evidence informed care and optimal service delivery models for cerebral palsy and other childhood-onset disabilities.

Objectives and Associated Tactics

5.1 Continue expansion of evidence-informed AACDPM Care Pathways.

Tactics
a. Identify and gain consensus around topics for new care pathways.
b. Continue to improve processes to maintain and improve the quality of the care pathways.
c. Ensure upkeep of existing care pathways with respect to new evidence.

5.2 Support members in implementation science efforts to enhance the implementation and evaluation of evidence informed care/services.

Tactics
a. Explore care pathway implementation grants to support the development of educational resources, “how to”, and evaluation and monitoring resources.
b. Collate evidence or examples of successful implementation as resources for others wishing to implement care pathways or similar tools.

5.3 Support members in quality improvement activities to enhance the implementation and evaluation of evidence informed care/services.

Tactics
a. Through dedicated effort, identify metrics and their associated data definitions to evaluate utilization of care pathways or other specific evidence informed practices.
b. Support efforts to identify and quantify practice variation, including utilization of care pathways and other evidence informed practices.
GOAL #6: ORGANIZATIONAL EXCELLENCE
AACPDM is a fiscally sound, effectively governed organization that creates value for its members.

Objectives and Associated Tactics

6.1 Increase and diversify AACPDM revenue streams.

Tactics
a. Identify potential industry and other partners and explore common areas of interest for which an appropriate collaboration could be developed.
b. Develop an AACPDM Industry Relations Committee.
c. Encourage financial donations and bequests/gifts to the AACPDM Strategic Fund.

6.2 Determine and track performance goals and financial accountabilities for AACPDM and its programs.

Tactics
a. Review AACPDM programs annually and determine performance metrics for the following: annual meeting; e-courses; advisor support program; international scholarships; student scholarships; research grants; transformative practice grants; care pathways; advocacy efforts.
b. Develop dashboard reporting for each of the above programs for consistency and ease of review.
c. Monitor the AACPDM’s financial health.

6.3 Incorporate Special Interest Groups (SIGs) structure into the AACPDM.

Tactics
a. Determine administrative support levels including exploring SIG membership fees to support objective 3.2.

6.4 Optimize the AACPDM governance structure related to the implementation of the 2018 strategic plan objectives and tactics.

Tactics
a. Update overall AACPDM organizational structure including the incorporation of SIGs and the AACPDM Community Council.
b. Review and, if required, propose changes to the bylaws in support of the AACPDM strategic directions.
c. Review and edit standing committee charters.
d. Review and edit continuing committee charters.
e. Review and edit policy manual.