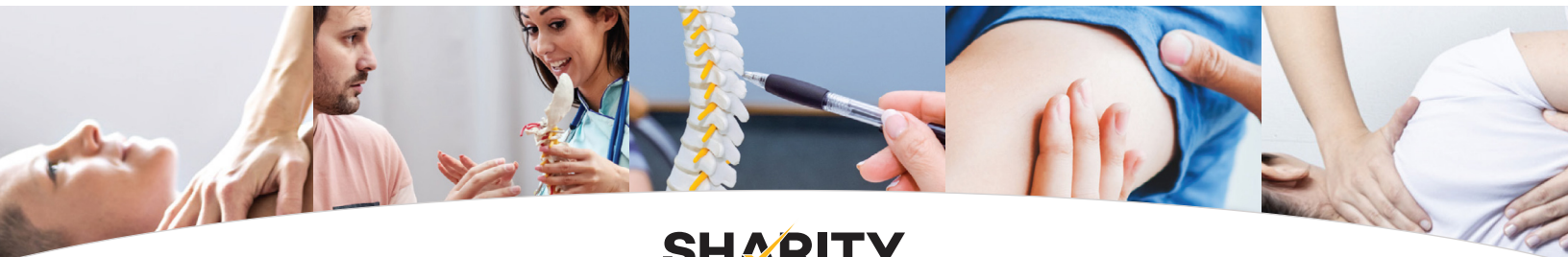




# THE FUTURE OF CHIROPRACTIC STRATEGIC VISIONING AND PLANNING PROJECT

## PHASE TWO REPORT

June 2021



THE FUTURE OF CHIROPRACTIC  
STRATEGIC VISIONING  
AND PLANNING PROJECT  
PHASE TWO REPORT

This report has been produced as part of The Future of Chiropractic Strategic Visioning and Planning project and represents a summary of Phase Two.

June 2021



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## I. INTRODUCTION

This report represents the purpose, process, participants, and outcomes of Phase Two of the Future of Chiropractic Strategic Planning Project. As a reminder, the goal of this project was to bring the profession together to build a grassroots, inclusive, and collaborative plan, for the benefit of the profession as a whole. This project was designed to invite all facets of the profession to participate in identifying common goals and developing plans that will carry Chiropractic into the future, as an essential and thriving profession.

Nearly 4,000 individuals participated in Phase One of this project. Through the intensive quantitative and qualitative data gathering process - online surveys, focus groups, workshops, and one-on-one interviews - common ground emerged. Overarching values, visionary goals, and strategic priorities were identified.

### Overarching Chiropractic values:

- Compassionate, patient-centered care.
- Trustworthy, ethical behavior.
- Honest, transparent communication.

### Visionary goals

- The Chiropractic profession is unified without the demand for uniformity.
- Chiropractic is the first choice for health and wellness.
- Compensation for chiropractic services is at parity with other medical professions.
- The Chiropractic profession is validated and enhanced by a coordinated, accessible, evidence-based research environment.

### Strategic Priorities

- Legislation.
- Professional Identity.
- Research.
- Utilization.

Phase Two began in March 2021, with the assembly of four workgroups. Each was populated with diverse chiropractic professionals. Workgroup members agreed to attend four, two-hour, bi-weekly sessions, with one strategic priority designated for each workgroup.



Workgroup sessions began on March 8 and concluded on May 4, 2021. Participants attended faithfully, collaborated intensely, and successfully achieved their outlined goals:

- Agree upon target audience, three distinctive characteristics of chiropractic, and the proven process by which outcomes are achieved, as information to consider in crafting future marketing messages.
- Establish visionary 5-year and 3-year goals, with descriptions of what will be different when they are achieved.
- Create 1-year measurable goals with initial 90-day tactical action plans, which include accountability, timelines, and measures of success.

The results from each work group are detailed in Section II.

On April 17, 2021, at the ChiroCongress mid-year conference in Tampa, Florida, state association leaders received updates and brainstormed the following:

- How can state associations support the implementation of the plan?
- How do we ensure continued widespread engagement, at a level equal to or higher than what we have seen through planning?
- What are some strategies or thoughts on how to fund the plan?

Working in small teams, association leaders formulated their ideas and presented them to the whole group. The culmination of their ideas and recommendations will be provided to the strategic planning implementation committee chairs, for reference and follow-through.

## FINAL DELIVERABLES FOR PHASE TWO:

- Establish 5-year, 3-year, and 1-year measurable goals per strategic priority.
- Create tactical first 90-day action plans, with accountability, timelines, and measures of success.
- Transition Phase Two outcomes for Phase Three (implementation) in a format for online tracking and viewing.

## II. WORKGROUPS: BACKGROUND, PARTICIPANTS, AND RESULTS

### A. LEGISLATION

#### BACKGROUND

One area where there was significant consensus throughout the plan development process was the need for expanded coverage of chiropractic services in Medicaid, Medicare, and third-party insurers. Parity for services is critical in ensuring the future of the profession on many levels. For example, to continue to attract qualified candidates into the Colleges and Universities, the post-graduation compensation must be significant enough to justify the cost of the education. Students in focus groups shared the concern they would not be able to pay off student loans under current compensation structures.

There is a sense of urgency due to the potential development of a national healthcare model or “Medicare for All.” Medicare modernization and inclusion in federal legislation are critical. The need for a comprehensive legislative plan was ranked as a top priority. Eighty percent 80% ranked Political and Regulatory Influence as an area that should receive significant new effort.

During the workgroup meetings, several important issues were identified. First, the workgroup was united around the necessity of passing significant Medicare modernization legislation. Doing this will require considerable work, collaboration, and engagement.

Second, work group members found that the chiropractic profession would need significant funds to compete with other professions in terms of political influence. It was determined that a Hybrid Super PAC would be recommended that would allow the profession to raise funds from new sources. Currently, this does not exist in any format. The goal is to ensure the Hybrid Super PAC is operated transparently and with the sole initial focus on passing federal legislation regarding Medicare modernization.

Third, the group determined that state and national public policy efforts should be separated. While each state association approaches scope differently, it was apparent that some states needed additional support to build strong public policy and grassroots engagement. Supporting states was seen as the role of ChiroCongress, and the committee felt it necessary to build upon existing resources and add what might be needed to help states further their plans. There is no plan to influence individual state strategy. Tools would be developed and made available after a need assessment was completed.



#### Work Group Members

Robin Abrams  
Dr. Beth Clay  
Dr. Brenda Holland  
Dr. Bill Lauretti

John Murray  
Dr. Don Reno  
Dr. Dan Spencer  
Dr. Gene Yellen-Shiring

Tiffany Stevens  
Dr. Vanessa Wise

## LEGISLATION WORKGROUP RESULTS

### Committee Identified Target Audience:

- Legislators.
- Insurance Industry.
- Chiropractors.
- Colleges and Universities.
- Patients.

### Committee Identified Three Distinctive Characteristics of Chiropractic:

- Effective results.
- Drug-free and non-invasive treatment.
- Optimized health (neurophysiological improvement).

### Committee Identified Proven Process of Chiropractic:

- Personalized evaluation and health goal setting.
- Collaborative treatment plan (shared decision making; expectation setting; commitments).
- Treatment regimen.
- Discharge to wellness.

## 5-YEAR GOAL

There is strong legislative support for chiropractic priorities and initiatives. State associations and the profession have the political capacity and funds to support the passage of legislation.

## 3-YEAR GOALS

### Measurables:

- Average reimbursement rates have increased.
- Satisfaction with scope of practice (by state) has improved.
- Number of positive media stories has increased.
- Percent of legislators supporting initiatives has increased.
- Funding is available.
- Grassroots mobilization is active.

### What Does it Look Like?

- Process in place to help each state association build capacity and resources.
- Brand communication tools are provided for ongoing proactive engagement.
- Leadership training is provided to state associations.
- Policy language is available and accessible.
- Expert speaker's bureau is operating with training for local and national volunteers.
- Doctors of Chiropractic (DCs) are recruited and supported in their pursuit of being elected to public office positions. Political fellowships and internships are in place.
- Medicare reimbursement expansion has passed.
- The process is in place nationally for all major groups to set one legislative agenda or mutually respect other plans.
- Strategy is in place and active to raise capital to engage in the political process.
- Grassroots training on legislative advocacy is available to DC's.

## 1-YEAR GOALS

### State Association Capacity Building

1. Develop a plan to increase the capacity of states with a strategy in place to increase capacity.
2. Develop a plan to raise funds and have a fundraiser engaged to assist.
3. Assess ChiroCongress toolbox and develop a plan to address gaps, based on state association needs, to include a training plan for year two.
4. Develop an accessible plan, with speaking points and timelines, to assist state associations in engaging federal legislators.

### Medicare Modernization

1. Create process for establishing one national policy objective, with mutual respect for other objectives.
2. Establish hybrid/super PAC for the profession, with a fundraising strategy explicitly developed for Medicare modernization.

### Marketing/Communications

1. Develop separate state and national level communication strategies, with benchmarks and talking points, for engaging the public in legislative initiatives.
2. Establish a national marketing plan to educate the public on critical issues such as the opioid crisis and fair trade.



"I became involved in the ChiroCongress Future of Chiropractic Strategic Planning project because I wanted to see Chiropractic continue to be an effective, diverse, and increasingly inclusive profession for the next generations. I was enthusiastic about the process, and what I experienced as a member of the Professional Identity Workgroup, which provided a safe space for diversity of thought, collaboration, discussion and creativity.

I highly support this project and am confident about the implementation of the Strategic Plan in the months to come, for the betterment of the chiropractic profession."

— Dr. Charmaine Herman

*Clinic Director Agape Upper Cervical Health Center,  
Associate Professor and Trainer for the Office of Diversity,  
Equity, and Inclusion, Life University College of Chiropractic*

## B. PROFESSIONAL IDENTITY

### BACKGROUND

From the beginning of Phase One, establishing a unified, outwardly focused, professional identity rose to the top of the strategic priority list. Seventy-seven percent (77%) of survey respondents selected “develop a collaborative, unified voice” as one of their top three priorities for the profession.

Additionally, through every focus group, workshop, and one-to-one interview, the desire to end long-held, damaging, internal battles over language, philosophies, and practice styles prevailed. The need to move away from specific issues dividing the profession, to a collaborative professional culture, united under commonalities, remained a consistent emphasis through each discussion. Interestingly, discussions repeatedly confirmed it is time for the profession to see and promote itself through the lens of those outside the profession, in order to sustain and thrive into the future. Specifically, placing the profession’s full attention on the needs and perspective of patients was found to be paramount.



When asked, “what makes this important now?” focus groups and individuals – regardless of philosophical belief or practice style – gave the same responses:

- Our lack of congruent messaging is killing legislative initiatives which are necessary to support our practices.
- Our lack of cohesive messaging confuses the public and keeps chiropractic labeled as “alternative” healthcare.
- Our failure to recognize and accept each other as “Chiropractors,” regardless of specialty, philosophical beliefs, or practice style, is only hurting us. The public, other healthcare professionals, and legislators don’t care about our “issues” with each other.
- We are foregoing great opportunities to establish Chiropractic as essential healthcare, with reimbursement on parity with other healthcare professionals, with our history of refusal to collaborate for the greater good.
- If we don’t figure out how to work together to resolve the very real problems we face and end the cycle of division, the chiropractic profession could literally become extinct.

#### Workgroup Members:

Marc Abila	Dr. Charmaine Herman	Dr. Holly Tucker
Dr. Kris Anderson	Dr. Jeffrey King	Dr. James Walters
Dr. Garry Baldwin	Dr. James Lehman	Dr. Stephen Welsh
Dr. Mathew DiMond	Dr. Eric Plasker	Dr. Rachel Wendt
Kristine Dowell	Dr. Mark Sanna	Dr. Vanessa Wise
Dr. Michaela Edwards	Dr. Gerald Stevens	
Dr. Ray Foxworth	Dr. John Stites	



## PROFESSIONAL IDENTITY WORKGROUP RESULTS

### Committee Identified Target Audience:

- **Outward (public) facing:** Current and potential patients, state and federal legislators, third- party administrators, decision-makers (adults making health care decisions, unions, employer groups, self-insured business owners), media, vendors, emerging majority and minority communities, other medical/ healthcare professionals, non-chiropractic colleges and universities.
- **Inward Professional colleagues:** Policy and regulators, colleges, professional associations, vendors, practicing chiropractors.

### Committee Identified Three Distinctive Characteristics of Chiropractic:

- Natural care.
- Safe remedies.
- Effective results.

### Committee Identified Proven Process of Chiropractic:

- Patient-inclusive evaluation.
- Results-oriented care plan.
- Patient health and wellness education, guidance, and empowerment.

## 5-YEAR GOAL

There is one chiropractic profession with recognized and respected specialties, that are understood and accepted internally and externally. We are “one voice, unified without the demand for uniformity.”

## 3-YEAR GOALS

### Measurables

- Professional unification without the need for uniformity is embraced.
- “One profession, many options” public-facing messaging is active via public relations, branding, and marketing campaigns.
- Positive media coverage is taking place nationwide.
- DC referrals have increased (DC-to-DC and other medical professionals to DC).

### What does it look like?

- Profession-wide teamwork is the norm.
- Utilization is measurably on the rise across the US.
- The pipeline of incoming chiropractic students matches the increased demand for services.
- Colleges are supporting and promoting a unified profession, with options and specialty avenues.

## YEAR ONE GOALS

1. Craft, distribute, pass, and publish a Resolution of Support (for the strategic plan): National and state associations adopt the Resolution.
2. Determine and secure budgetary needs (Ex.: PR, branding, marketing).
3. Vet and contract public relations/branding/marketing firm(s):
  - a. Leverage existing research and data.
  - b. Create specific outward-facing messaging to target audiences is critical (Ex: high-school, college-ages, etc.).
  - c. Identify and leverage committee network resources (Ex: Diversity, Equity, and Inclusion materials).
4. Develop and implement a formal, structured, internal communications plan to sustain grassroots efforts, transparent communication, and inclusive outreach/recruitment for action items.
5. Develop 1.0 of an evergreen toolkit for graduating and new chiropractors, which includes information such as diverse career path options, 'how-to' templates, marketing and messaging resources.
6. Work with college administrators to gain support for "unity without uniformity" messaging, through the chiropractic education.

## DRAFT PROFESSIONAL IDENTITY STATEMENT PENNED BY THE WORKGROUP:

*"Doctors of Chiropractic are essential health care providers who assist the body's natural ability to heal. They are experts in evaluating, diagnosing, and managing many neurologic, muscular, skeletal, and other conditions. Chiropractors provide safe and effective care focused on improving function and optimizing the quality of life. Chiropractors are trusted members of health care teams that work with patients to achieve their goals, through every stage of life."*

"This process brought the collaboration of every camp in chiropractic. Over several months and through intense debates over words and why's, the dynamic and determined committees focused on core principles that we could take to the public that would be broad enough to support the diverse nature of our scope, while honoring our foundational principles.



Everyone who participated gave their all and stood strong in their perspective while finding agreement for the good of the profession and the people we serve.

I am confident in where we landed and support this project moving forward. We welcome you to join this nationwide professional effort to attract the planet to chiropractic."

— Dr. Eric Plasker

*The Family Practice, Inc., Plasker Family & Performance Chiropractic, LLC.*

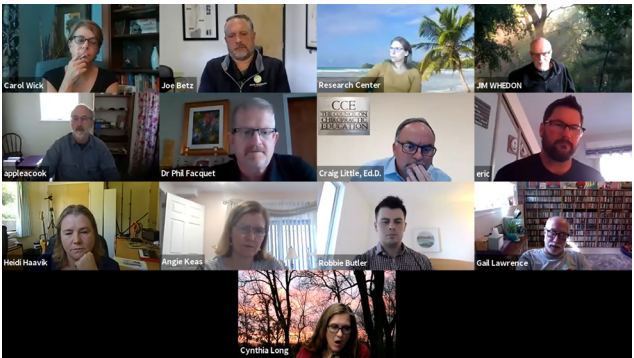
# C. RESEARCH

## BACKGROUND

Throughout Phase One of the strategic planning process, one issue emerged in every survey, focus group, and stakeholder interview. Regardless of the interview topic, the issue of research to support the profession was woven into each discussion. Multiple issues were brought up time and again:

- Quality of research produced.
- Availability of translated research, to assist in building the case for public policy changes.
- The number of qualified researchers and lack of a career path.
- Funding for quality and large-scale practice-based research.

While some argued that there was a significant amount of research and it was widely available, it was clear that not everyone found it easy to find or access. Also, many felt the research didn't exist, but in reality, it was not in a format that was usable for the wider profession. This meant while the research might exist, it had not been translated by a science writer into a form that was usable for public policy or marketing the benefits of the profession.



While one article was published in a major scientific journal during this project, it was clear much of the past research had not risen to the rigorous standards that would allow it to be published in journals outside of the profession. This lack of published research in mainstream journals was an important goal, so more research may be given credibility outside the profession. Seventy-seven percent (77%) of those surveyed in Phase One stated more funds should be invested in research to be published in widely accepted journals.

The pipeline for academic research, as a career, was also seen as extremely limited. Most researchers reported they had to leave chiropractic Colleges and Universities and seek degrees elsewhere, with many never returning to focus on the profession. Paid research fellowships were rare, and no plan exists to change this. It is estimated there are currently 75 professionals, internationally, who focus on chiropractic research.

It was evident, for the profession's goals to move forward, a robust plan would have to be put into place to support the creation, translation, and pipeline of quality research. Thus, one of the four emerging priorities for Phase Two became research.

### Workgroup Members:

Dr. Wren Burton  
Dr. Robert Butler  
Dr. Joe Betz  
Dr. Alan Cook  
Dr. Paul Dougherty

Dr. Heidi Haavik  
Dr Phil Facquet  
Dr. Angie Keas  
Dr. Eric Kirk  
Dr. Dana Lawrence

Dr. Cynthia Long  
Dr. Richard Olree  
Dr. Katie Pohlman  
Dr. Mohsen Radpasand  
Dr. James Whedon

## WORKGROUP RESULTS

### Committee Identified Target Audience:

- Policy Makers.
- Legislators.
- The Public.

**The Committee did not determine Proven Process or Profession Distinctive Characteristics.**

## 5-YEAR GOAL

A robust research environment is well funded with a clear career pipeline for researchers to advance the body of work.

## 3-YEAR GOALS

### Measurables:

- There is a unified body that supports and funds research and the researcher pipeline and career path.
- There are expanded research career options, including residency programs and internships, dual degrees, fellowships.
- There is an active large-scale practice-based research group.
- There is ongoing translational research to bridge the gap in professional needs.

### What Does it Look Like?

- There are sponsored Ph.D. and fellowships positions.
- There is a unified body with a funding strategy.
- The profession is actively engaged in research.
- The profession better understands what researchers do and their role in the profession.
- Translational research is actively funded and occurring to meet other priority needs.
- Colleges and Universities are encouraging dual degree tracks in research.
- There is an established Chiropractic Science Network.

## ONE YEAR GOALS

1. Identify or create a unified body to take on the leadership role and establish a fundraising strategy.
2. Hire a science writer(s) to communicate research topics.
3. Identify and create a distribution platform and process for the translated work.
4. Establish a funded research scholarship.
5. Hire a team to create a practice-based research study plan with resources needed to execute.

## D. UTILIZATION

### BACKGROUND

From the initial information gathered in Phase One, the importance of increasing chiropractic utilization rates, and gaining payment on parity with other medical professionals, became apparent common ground for the chiropractic profession.

Eighty-four percent (84%) of survey respondents ranked “securing third-party approval and expanding Medicare and Medicaid acceptance” as one of their top-four priorities. Additionally, seventy-seven percent (77%) of survey respondents selected “Create broader acceptance by the general population and build bridges with the medical profession” as a top-four priority.

As with the other three strategic priorities identified, every focus group, workshop, and one-to-one interview consistently supported the need for increased chiropractic utilization rates, across the general population. Likewise, third-party payor acceptance and the expansion of Medicare and Medicaid provisions were consistently identified as necessary, to assure access to chiropractic for the general public.



As Phase One discussions delved into “What makes this important now?”, the reasons which came forth repeatedly made it clear this priority doesn’t present as a singular path. Multiple action areas were identified, to effectively and sustainably increase chiropractic utilization. Each is expected to benefit the profession and general population alike.

- Much of the population does not have easy access to chiropractic due to a lack of third-party payor coverage. This lack of access drives patients to more invasive, more dangerous, potentially addictive treatments, or leaves them with no help at all.
- One reason third-party payors resist chiropractic is they haven’t been educated on the benefits to them: 1) Lower costs due to safer treatment; nonsurgical and drug-free remedies; and better results for patients. 2) Gaining broader acceptance helps patients, helps third-party payors, and helps chiropractors. Win-win-win.
- The return on investment for incoming chiropractors is not attracting new generations of chiropractors. Failing to substantially improve the demand for chiropractic by the public could render the profession extinct.
- If significant changes are not made now, there is a danger of being entirely left behind.

#### Workgroup Members:

Carl Alden  
Dr. Julie Bird  
Michael Coates, Esq.

Dr. Ellen Fitzenrider  
Dr. Jay Greenstein  
Bharon Hoag

Dr. Fallon Johns  
Dr. Thomas Kearn



## UTILIZATION WORKGROUP RESULTS

### Committee Identified Target Audience:

- Primary: People in pain.
- Secondary: Payors and referrers (employers, health and liability insurers, primary care providers, attorneys, self-pay patients).

### Committee Identified Three Distinctive Characteristics of Chiropractic:

- Effective results.
- Non-invasive, drug-free treatment.
- Optimized health (neurophysiological improvement).

### Committee Identified Proven Process

- Personalized evaluation and goal setting.
- Collaborative treatment plan (shared decision making; expectation setting; patient commitments).
- Treatment regimen.
- Discharge to wellness.
- Payment secured.

## 5-YEAR GOAL

Chiropractic services are fully accessible and covered on parity with other health and wellness providers; the professional pipeline is full, with a robust return on investment in chiropractic education.

## 3-YEAR GOALS

### Measurables

- As a profession, key performance indicators are measured nationally and by state (i.e., referrals, utilization rates, value per patient rates).
- Targeted, segmented, strategic branding/PR/marketing campaigns, supported by data, are live and positively impacting utilization results.

### What does it look like?

- Increased demand for chiropractic services nationwide.
- Improved value per patient nationwide.
- "Chiro first," as a first line of healthcare, is becoming recognized.
- Intra-profession referral networks are in place and rates have increased.
- Pipeline for the future of the profession matches the increased demand for services.
- Professional unity and respect internally is becoming the norm.

## 1-YEAR GOALS

1. Secure widespread intra-professional support for strategic plan and publicize.
2. Establish ChiroTech Consortium Committee to track utilization metrics and empower the profession with reliable data, to support decisions and messaging.
3. Secure firm(s) and begin PR/branding/marketing initiatives.
4. Gain support and the promotion of messaging from key internal and outside influencers.
5. Activate third-party payor troubleshooting task force (resources and experts available by state).

### III. IMPLEMENTATION

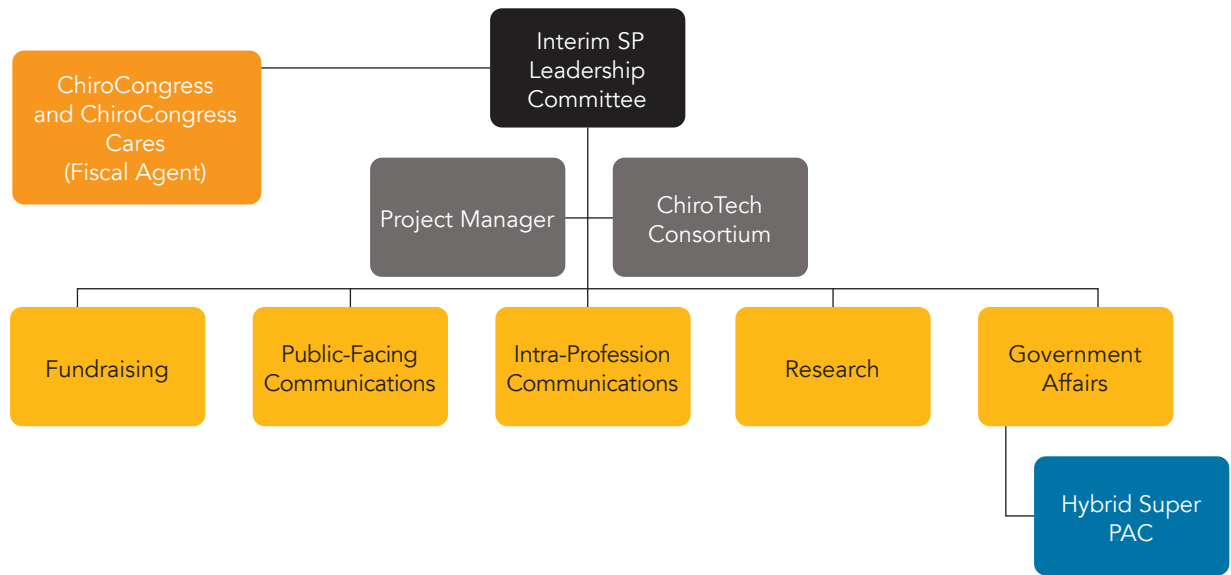
The next phase of this project is implementation — when the plans developed through Phase Two turn into action. Moving from planning to action necessitated adjustments from simply the four identified strategic priorities (Legislation, Professional Identity, Research, Utilization) to committees aligned by goals and action items. As such, six (6) committees have been initiated, each designed to carry out the goals established by the Phase Two workgroups.

**Implementation Committees:**

- ChiroTech Consortium
- Fundraising
- Government Affairs
- Intra-professional Communications
- Public-facing Communications
- Research

Each committee will be led by a chair, and the committee chairs will sit on the Strategic Plan Leadership Committee. Interim chairs - each having participated with phase two workgroups - have volunteered to serve through the first 90-days. They will join the volunteers from the original Future of Chiropractic Strategic Planning Committee, to ensure continuity during the transition from planning to implementation. This interim leadership team will establish the foundation necessary to hit milestones and achieve goals into the future.

**Strategic Plan Leadership Structure:**



*This chart represents the leadership structure that will support and drive this plan to fruition.*

### Interim Strategic Plan Leadership Committee:

The following list of individuals will serve as the interim Leadership Committee for the first 90 days of implementation.



Marc Abila



Dr. Garry Baldwin



Dr. Julie Bird



Dr. Chad Carpenter



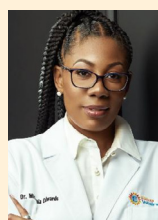
Barbara Contessa



Dr. Don Cross



Kristine Dowell



Dr. Michaela Edwards  
(Co-chair Public-facing  
Communications)



Dr. Phil Facquet  
(Co-chair Research)



Dr. Ray Foxworth



Dr. Jay Greenstein  
(Chair ChiroTech  
Consortium)



Dr. Heidi Haavik  
(Co-chair Research)



Bharon Hoag  
(Co-chair Public-facing  
Communications)



Dr. Brenda Holland



Elizabeth Klein



Dr. Bill Lauretti  
(Co-chair Government  
Affairs)



John Murray



Dr. Don Reno  
(Co-chair Government  
Affairs)



Dr. Mark Sanna  
(Co-chair Intra-profession  
Communications)



Dr. Dan Spencer



Dr. Brian Stenzler



Dr. Gerald Stevens  
(Co-chair Intra-profession  
Communications)



Tiffany Stevens



Dr. Rachel Wendt



Dr. Tom Wetzen

### Interim Strategic Plan Leadership Committee Action Items:

- Identify who will sit on the Strategic Plan Leadership Committee and Implementation Committees after first 90 days.
- Vote to appoint chair of Strategic Plan Leadership Committee and chair(s) for Implementation Committees.
- Establish terms for volunteers.
- Determine leadership and committee eligibility criteria.
- Create a Conflict of Interest Policy.
- Obtain executed Conflict of Interest agreements from leadership team and committee members.
- Finalize ChiroCongress and ChiroCongress Cares' roles moving forward.
- Develop a plan for fiscal compliance, transparency, and accuracy.
- Outline fiduciary responsibilities.
- Establish consistency across committees (ex: meeting schedules, agenda and record keeping, etc.)
- Approve draft Resolution of Support for plan.
- Obtain Resolution of Support ratification from state and national associations.
- Approve Professional Identity Statement.

## 90-DAY TACTICAL PLANS

### I. CHIROTECH CONSORTIUM COMMITTEE:

Purpose: Empower the profession with data; measure the plan's success through objective key performance indicators (KPIs); support decisions and messaging with relevant data.

#### First 90-Days Tactical Plan:

1. Build committee.
2. Establish SMART (Specific, Measurable, Attainable, Relevant, Time Bound) goals.
3. Establish budgetary needs for year one.
4. Determine utilization KPIs and tracking mechanism.
5. Recommend communications and platform(s).

Interim Chair:



Dr. Jay Greenstein

Interim Committee:

Dr. Thomas Kearns

## II. GOVERNMENT AFFAIRS COMMITTEE

Purpose: Advance the chiropractic profession through strong public policy and legislative action.

### First 90 Day Tactical Plan

1. Conduct needs assessment for each State based on metrics to track with a confidential strategy to address needs.

Champions: Dr. Dan Spencer, John Murray

2. Establish criteria for selecting chiropractic experts identifying areas of potential conflict of interest, vetting process, code of conduct on the scope of work. Identify expert topics needed and build a roster.

Champion: Dr. Don Reno

3. Identify existing analysis of the legislation. Examine differences of approach between International Chiropractic Association (ICA) and American Chiropractic Association (ACA). Make a recommendation to the steering committee for action.

Champion: Dr. Bill Lauretti

4. Recommend the formation of a Hybrid Super PAC, to the leadership committee, to include structure and initial costs.

Champion: John Murray

Interim Co-chairs:



Dr. Bill Lauretti



Dr. Don Reno

Interim Committee:

Dr. Beth Clay  
John Murray

Dr. Dan Spencer  
Dr. Vanessa Wise  
Dr. Gene Yellen-Shiring

Dr. James D. Walters  
National Representatives



### III. INTRA-PROFESSION COMMUNICATIONS COMMITTEE:

Purpose: Expand and support the unity of the profession without the need for uniformity; continue to assure inclusive, transparent, timely communications are distributed and available to the grassroots level; promote and garner ongoing participation in succeeding with common-ground initiatives.

#### First 90-Days Tactical Plan

1. Populate committee and specific action-items with diverse perspectives.  
Champions: Co-chairs Dr. Mark Sanna and Dr. Gerald Stevens
2. Receive approval of draft professional identity statement from Leadership Committee.  
Champion: Co-chair Dr. Gerald Stevens
3. Draft Resolution of Support document and submit to Leadership Committee for approval.  
Champion: Kristine Dowell
4. Develop a structured intra-professional communication plan and recommendations for implementation.  
Champion: Dr. Mark Sanna
  - a. Develop a strategy for detractors.
  - b. Engage other stakeholders to gain buy-in for plan and garner statements of support.
5. Hire project manager.  
Champion: Dr. Ray Foxworth
6. Create third-party payor task force.  
Champion Dr. Ellen Fitzenrider
  - a. Establish an expert panel to document, research, and assist chiropractors in remedying third-party payor issues by state.
  - b. Conduct outreach to state associations for data.

Interim Co-chairs:



Dr. Gerald Stevens



Dr. Mark Sanna

Interim Committee:

Dr. Julie Bird  
Michael Coates, Esq.  
Kristine Dowell

Dr. Ellen Fitzenrider  
Dr. Ray Foxworth  
Dr. John Stites

Dr. Tom Wetzen  
Dr. Vanessa Wise

## IV. PUBLIC-FACING COMMUNICATIONS COMMITTEE:

Purpose: Create an expanded demand for chiropractic services through consistent, congruent, targeted, and effective public-facing messaging campaigns.

### First 90-Days Tactical Plan

1. Establish committee and meeting dates.
2. PR/Branding/Marketing:
  - a. Develop a request for proposals (RFP) for PR/branding/marketing firm(s).
  - b. Establish budgetary needs.
  - c. Vet proposals and begin contracting process.
3. Identify and begin to engage key internal and external influencers to support ultimate messaging.  
Champion: Michael Coates, Esq.
4. Establish 2<sup>nd</sup> Quarter SMART Goals.

Interim Co-chairs:



Dr. Michaela Edwards



Bharon Hoag

Interim Committee:

Michael Coates, Esq.  
Dr. Thomas Kearns  
Dr. Eric Plasker  
Dr. James Walters

V. RESEARCH COMMITTEE:

Purpose: Ensure a robust research environment in chiropractic that is well funded, with a clear career pipeline for researchers to advance the body of work.

First 90 Day Tactical Plan

- 1. Create a Research Committee for year one outlining roles and responsibilities, meeting times, record keeping, etc.  
Champions: Dr. Heidi Haavik, Dr. Phil Facquet  
Dr. Robbie Butler: Staff support, scheduling, minutes, technology
- 2. Engage National Chiropractic Mutual Insurance Company (NCMIC) about relaunching the Foundation for Chiropractic Education and Research (FCER) as the profession-focused research and scholarship body.  
Champions: Committee Co-chairs
- 3. Gather information from other committees on all research needs moving forward for all goals.  
Champions: Dr. Joe Betz and Dr. Robbie Butler
- 4. Develop a Practice Based Research Network (PBRN) task force to examine existing PBRN's and feasibility studies.  
Champions: Dr. Katie Pohlman and Dr. Eric Kirk
- 5. Develop a job description for writers and estimates for costs.  
Champion: Dr. Dana Lawrence with support from ChiroCongress

Interim Co-chairs:



Dr. Heidi Haavik



Dr. Phil Facquet

Interim Committee:

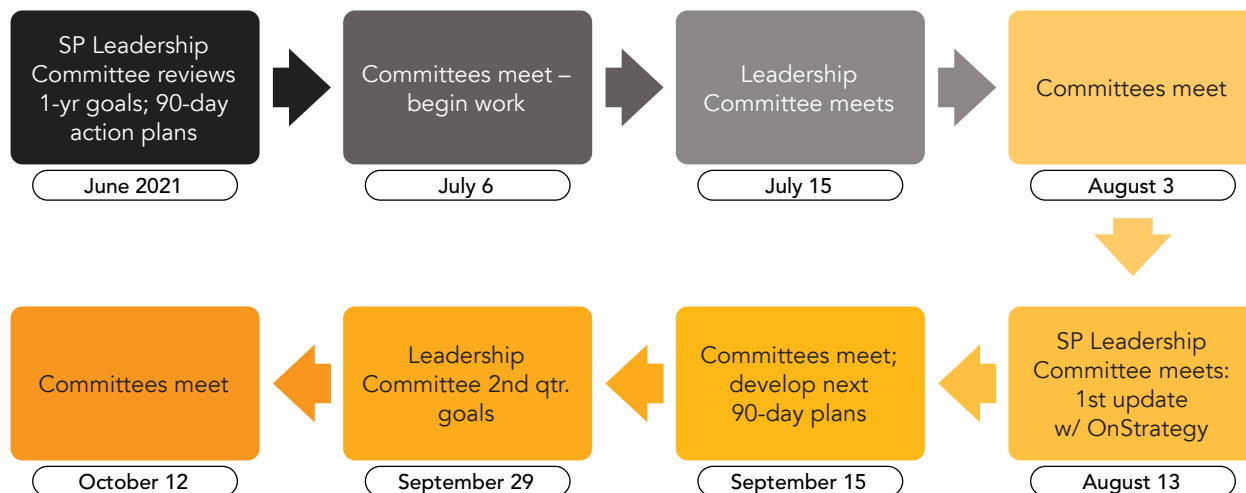
Dr. Kris Anderson  
Dr. Joe Betz  
Dr. Robert Butler  
Dr. Alan Cook

Dr. Paul Dougherty  
Dr. Eric Kirk  
Dr. Dana Lawrence  
Dr. Cynthia Long

Dr. Katie Pohlman  
Dr. Mohsen Radpasand  
Dr. James Whedon

## WORKFLOW CHART

The following is a high-level example workflow for the first 90-days of plan implementation:



"I got involved in the Future of Chiropractic Strategic Plan Professional Identity Group because I care that the chiropractic profession flourishes. Our workgroup members represented a wide spectrum of the profession, and we worked together collaboratively, respectfully and professionally. I fully support the Future of Chiropractic Strategic plan and will actively participate to implement the plan, in order to help our profession grow and improve the lives of our patients."

— Dr. Gerald Stevens  
Associate Professor NY Chiropractic College,  
Depew Health Center, and District 1 Director, ChiroCongress

## IV. WHAT IS NEXT?

Phase Two of this historic endeavor is now complete. It is time for “the rubber to meet the road” with the beginning of Phase Three: Implementation. In the coming weeks, the Interim Strategic Plan Leadership Committee will seek additional volunteer applications to populate each committee, and begin its work.

As implementation moves forward, it will remain critical to continue to seek volunteers from diverse backgrounds, philosophical beliefs, and practice styles. Likewise, ongoing transparency, timely communication, and intense collaboration within and amongst the committees will be essential.

Throughout the first two phases of this project, the profession has proven its ability to join together under common goals and work across divides for the greater good. Remaining focused on the original intent of this project, as well as the common goals established, will provide the stamina, enthusiasm, and power to succeed - even as goals and tactical plans continue to evolve in the coming months and years.

Special thanks to the Strategic Planning Committee, who had the passion and insight to seek an inclusive, transparent process, informed by the greater chiropractic community. They initiated, and have supported, the work from inception through Phase Two. Without their dedication, tenacity, and guidance, this important work would not have even begun. They have remained dedicated to a bottom-up, transparent process, not guided by any one entity or agenda, but the profession as a whole.



Marc Ables (IL)  
Dr. Garry Baldwin (WA)  
Dr. Julie Bird (IL)  
Dr. Chad Carpenter (TX)  
Barbara Contessa (NY)  
Dr. Don Cross (FL)



Kristine Dowell (MI)  
Dr. Ray Foxworth (MS)  
Dr. Jay Greenstein (D.C.)  
Dr. Brenda Holland (WI)  
John Murray (WI)  
Dr. Dan Spencer (MI)



Dr. Brian Stenzler (CA)  
Dr. Gerald Stevens (NY)  
Tiffany Stevens (TN)  
Dr. Rachel Wendt (KY)  
Dr. Tom Wetzen (VA)



Elizabeth Klein,  
Executive Director,  
ChiroCongress  
Dr. Tom Klapp  
(in memorium)





## V. PHASE TWO FACILITATORS

### Carol Wick, MS, LMFT

Carol Wick has advised nonprofits and philanthropists her entire career and understands their distinctive challenges. First as a therapist for abused children and later as an award-winning CEO of one of the nation's largest domestic violence centers. She is renowned for her expertise in turning around struggling organizations, using her business acumen to achieve financial stability, and her advocacy to engage the community as partners. Utilizing this wealth of experience, Carol has spent the past decade developing a model to assist nonprofits in assessing their ability to take their organizations to the next level. Her services focus on creating dynamic fundable plans and developing outcomes the community will care about and fund.



### Karen Pelot, MBA, MDR

Karen Pelot is the owner and CEO of Perspectives, LLC, specializing in helping executives eliminate the gaps between vision and goal-achieving action. As a people and strategy expert, Karen partners with clients to resolve conflict, build unity and trust, develop strategy, and ultimately achieve their goals. Using her deep knowledge of personalities, conflict, and work-style variables, along with her proven 3-step process, Karen helps clients gain objective perspectives, develop effective plans, and follow-through to realizing tangible results.



### ABOUT SHARITY

At Sharity, we ensure philanthropists can trust the nonprofits they invest in by knowing what they are looking for, and nonprofits can empirically show how their work is making a difference. Sharity's customized plans help clients engage donors and communicate exactly how they will achieve their mission. Sharity focuses on six key areas: Strategy and Planning; Impact, Measurement, and Replication; Budget and Forecasting; Board Development; Fund Development; and Organizational Optimization.

To learn more about Sharity and our work, visit [www.SharityGlobal.com](http://www.SharityGlobal.com) or by email at [admin@sharityglobal.com](mailto:admin@sharityglobal.com)



## RESOURCE DEVELOPMENT AND FUNDRAISING

The Future of Chiropractic Strategic Plan is launching implementation after nine months of planning and engagement. One of the most crucial steps in success will be raising funds necessary to ensure the action items can be fully executed. This means raising funds for the profession, not for an individual organization. The fundraising strategy must be as distinctive as the plan development has been. The following recommendations are based on evidence-based best practices that support significant research in exactly what it takes to launch, execute and reach a campaign goal successfully. Since the plan will be ongoing, fundraising will not take on a one-time campaign goal but should have layers of strategy that engage all in the profession and bring in new stakeholders and donors from outside the profession.

When individuals and foundations are advised on what they should look for before making a significant investment in a cause, five things are recommended to be evident:

1. Does the organization or group have a plan that has measurable outcomes?
2. Do they have a solid budget that shows how much executing the plan will cost?
3. Do they have a team that can deliver on the promised outcomes?
4. Do they have enough donors to support the plan?
5. Do they have champions beyond the internal stakeholders?

Sharity has provided an evaluation of the Future of Chiropractic Strategic Planning against these five indicators. All five of these components must be in place and externally communicated before launching any significant fundraising effort.

### DOES THE ORGANIZATION OR GROUP HAVE A PLAN THAT HAS MEASURABLE OUTCOMES?

The process developed by the strategic planning committee was designed, from the beginning, to be transparent and “bottom up” rather than “top down.” This strategy has done several things that have strengthened the potential for successful fundraising in the future. First, the transparency of the process has allowed those who have been wary of previous efforts that were organization-specific or issue-specific to see data, development and have an opportunity to have their voice heard.

Second, the engagement of nearly 4,000 chiropractic stakeholders in the development of the plan has allowed the process to be owned by not only those individuals, but in part, by the organizations they are members of. By allowing them to drive the development of priorities based on data, rather than politics, to manage the process as transparent rather than closed, the planning committee has successfully created a profession-wide plan with a large group of stakeholders who are now not only familiar with the plan, but engaged and excited about it.



Additionally, the plan was developed by volunteers from a diverse set of backgrounds and experiences. This group, engaged in Phase Two, was not hand-selected but instead signed up from an open invitation across the profession. This not only added to the transparency of the process, but it also allowed the plan to be developed by those who were committed to seeing the profession address the priorities identified in Phase One.

Successful plans need to have clear goals and benchmarks to show that progress is being made towards those goals. The resulting plan is not only measurable but has clear outcomes that show the movement towards profession-wide goals that are widely accepted as the most important for the future of the profession. The successes made by the committees during implementation can be easily communicated to the wider profession and to donors to ensure they are properly stewarded and know their investment, be it financial, intellectual, or social, is sound.

When benchmarks are reached, it is important that they are celebrated and shared widely. Much like traditional capital campaigns have celebration milestones like groundbreakings or ribbon cuttings, this plan needs to have set celebration points to show the distinctiveness of this process and its success.

## DO THEY HAVE A SOLID BUDGET THAT SHOWS HOW MUCH EXECUTING THE PLAN WILL COST?

There are several components of the plan that could prove to be quite costly. A nationwide marketing plan to external stakeholders is one component that does not yet have a budget that could cost millions. One of the first steps of all the standing committees is to develop budgets for funds needed for their goals to succeed. These budgets should encompass as much of the first 36 months as possible to set a realistic campaign goal. It will be the responsibility of the Strategic Plan Leadership Committee to form the final plan budget and monitor expenditures against funds available. As a group that includes chairs of all the other committees, setting priorities will be important until funds are available for all activities.

While the goal of any fundraising effort is to raise as much unrestricted money as possible, the current plan allows segmentation into different markets for restricted funding. This should be part of the effort to engage outside donors. As part of the fundraising plan, the final budget should be broken down into components to be funded. These “buckets” can then be further developed to target donors who might not want to fund the entire plan but will fund a single component such as the Practice-Based Research or Public Policy efforts.

## DO THEY HAVE A TEAM THAT CAN DELIVER ON THE PROMISED OUTCOMES?

The implementation of this plan is distinctive to most other strategic plans. Because it is a profession-wide plan and not owned by any single organization, it engages volunteers to lead the effort. Plans are in process to hire a project manager to support the effort of the Strategic Planning Committee, and ChiroCongress have committed fiscal agent and staff support for the first 12 months of implementation as well.

To lend credibility to the process, it is recommended that the names, bios, and photos of the committee’s leadership be available on the website. The project manager’s information, including contact information, should be added once they are hired. Any companies hired and engaged by the committees should be identified as well to ensure transparency.

The ability to volunteer on standing committees as well as short-term workgroups is part of the process developed. This process should be easy to access, and alerts should go out to anyone on the mailing list. As workgroups are formed for short-term tasks, information about progress can be communicated through the OnStrategy platform. A process of ongoing recognition should be developed to ensure all volunteers are thanked and publicly acknowledged.

A fundraising committee has been identified as a need but has not yet been populated with volunteers. One of the first acts for the leadership committee will be to call for volunteers for this committee. They will be tasked with developing a campaign strategy, identifying campaign chairs at various levels, and structuring the fiscal agent relationship. They will also need to develop a budget for fundraising efforts, including donor database, social media efforts, online fundraising platforms, and consulting/staffing.

It is recommended that ChiroCongress Cares, the newly formed 501c3 of ChiroCongress, serve as the fiscal agent for fundraising. A representative of ChiroCongress Cares would serve on the leadership committee, and one member would serve on the fundraising committee. Funds raised for the strategic plan should be restricted and best accounting practices used for transparency and ease of reporting.



Under the fundraising committee, there should be subcommittees made up of targeted volunteers who focus on gifts in a certain target range. The strategy for smaller gifts derived through social media or direct mail is very different from larger major gifts that will comprise the base of the funding. By dividing the work into these distinct subcommittees, the workgroups can create more focused action plans that can be tracked with metrics such as prospects generated, meetings held, asks by amount, online engagement, monthly giving, etc. A detailed fundraising performance template is being provided separately to integrate into overall tracking.

DO THEY HAVE ENOUGH DONORS TO SUPPORT THE PLAN?

For any fundraising effort to be successful, a variety of funding sources must be sought. While 60% will come from 20 or fewer sources in a typical campaign, widespread support is essential. This project has engaged a large number of individuals that have been cultivated through ongoing communication throughout the two phases of work. Publicly accessible reports and videos have provided multiple opportunities for engagement on a variety of platforms. Now is the time to develop a strategy to cultivate further and ask each stakeholder to convert them to investors.

During Phase One, one-on-one interviews were held with several key influencers, some of which are currently supporting the project financially. Overwhelmingly, they reported that they wanted to see a larger base of support and donors outside the profession. Many stated that they are asked for funding first for every effort and want to be asked after other funds have been raised. They also stated that they want to give to specific efforts that have clear, measurable outcomes that will show progress and success.

Support should be sought from those who benefit from the success of the plan or even specific goals. Researching prospective funders can identify, for instance, companies that support practice-based research or expanded access to medical care that does not use narcotics. This type of research will open potential funding options beyond current vendors and supporters and expand long-term financial sustainability of the plan.

In addition, existing donors and prospects should be evaluated using wealth screening to ensure that the amount requested is in line with the individual or company's capacity. No ask should ever be made without a precise ask amount in mind and a justification for that amount. Donors should have the option to make their investment in a variety of ways, and it is essential that those doing the ask have all the information necessary to approach them successfully.

For the overall campaign to be successful, asks should start with those who can make significant contributions. As the chart below demonstrates, 70% of a campaign goal of \$2,000,000 (used as a year one estimate) is made through donations from an estimated six sources. These six donations will come from 30 prospects who have been identified and cultivated. These donations can be made as one-time investments or over a period of time, such as three to five years. They can also be a combination of donated goods or services or cash.

		Target Amount	2,000,000		
Gift Amount	No. of Gifts	No. of Prospects Required	Row Total	Cumulative Total	Cumulative Percentage (%)
500,000	1	5	500,000	500,000	25
240,000	1	5	240,000	740,000	37
200,000	2	10	400,000	1,140,000	57
120,000	2	10	240,000	1,380,000	69
80,000	3	15	240,000	1,620,000	81
40,000	4	20	160,000	1,780,000	89
20,000	4	20	80,000	1,860,000	93
16,000	5	25	80,000	1,940,000	97
8,000	5	25	40,000	1,980,000	99
2,000	10	50	20,000	2,000,000	100
37		185		2,000,000	

Each layer of giving on this chart would be broken into campaign cabinets for the initial raise. For example:

Lead Gifts - \$100,000+

Tier 3 - \$1,000 - \$19,999

Tier 2 - \$20,000 - \$99,999

Tier 4 - Crowdfunding \$25 and up

Each tier would have a committee that would oversee the prospects identified for that level. They would be responsible for the cultivation, ask, and stewardship. Tier 4 would work specifically with the Internal and External Communications committees to develop online fundraising from a broader support base. Tier 3 and 4 would not be implemented until a set amount has been raised from lead gifts, typically 50-60%.

When the state associations met for their mid-year event on April 17, 2021, they were asked for recommendations on how to fund the plan. The following is a list of funding sources as well as techniques that could be used.



**Potential Sources of Funds:**

1. Chiropractic colleges, national groups, FCLB, NBCE
2. Suppliers, vendors and 3rd party payer
3. Affiliate matches/ Super PACS
4. Feeder undergrad colleges
5. Endowment funds
6. High profile individuals whose relatives are chiropractors

**Strategies to Raise Funds:**

1. Write grants
2. Sell challenge coin
3. Establish an Amazon Smile account and market it
4. Seek in-kind donations
5. Hold a virtual national fundraising event
6. Identify and deploy crowdfunding platforms
7. Develop competitive district/association fundraising campaigns
8. Establish employer matching gift program
9. Identify major gift prospects
10. Create a monthly giving plan
11. Hold in-person fundraising events
12. Deploy credit card round-up program

**DO THEY HAVE CHAMPIONS BEYOND THE INTERNAL STAKEHOLDERS?**

It is recommended that an additional group be composed of well-known individuals who are highly respected in the profession. This group could be pulled from the key influencers identified in Phase One. The groups would not necessarily have a formal role or any specific responsibilities other than continuing to stay engaged and updated on the plan progress and provide support where needed. This group could open doors to potential stakeholders and prospects. Their continued support would serve as an overt sign to the profession that the plan has their approval. These established champions are often the first sign to a larger group that the plan has been vetted by someone they respect and are worthy of support.

State, national and other chiropractic professional associations should be engaged to play a significant role in the support and implementation of this larger profession-wide plan. When asked at their mid-year conference in 2021, the state association leaders made the following recommendations on how they and other associations could engage members and support and champion the plan.

- Once the plan is finalized, gain buy-in from each state association board and ask them to pass a resolution in support of the plan.
- Each state association should designate a plan champion for the state.
- Utilizing tools provided to each association, they should create a plan to engage all the DC's in their state, members, and non-members, so they are aware and support the plan.

Plan Leadership should provide the following tools to assist the associations in becoming plan champions and engaging grassroots support.

- Ongoing transparent communication.
- Talking points.
- Create content about the plan in digital format.
- Brief video updates to be shared at association conferences.
- PowerPoint presentation of the plan.
- Social media content to share.
- Testimonials.
- Downloadable media packets.
- Personalized Return on Investment (ROI) for plan support for target markets.



## RESOURCES NEEDED

To be successful in fundraising, several resources should be secured. It is important to plan for fundraising expenses as a total cost of funds raised. The national average for a campaign is between 10-20% of the total raised. This would include consultants or staff, software, event expenses, printing, travel, etc. Since this is a nationwide campaign engaging potentially tens of thousands of donors at varying levels, a comprehensive fundraising budget should be developed with all the strategies in mind.

### Software

Currently, donor information is tracked in Quickbooks for Nonprofits. It is recommended that donor tracking software that integrates with financial management software is determined. Once the structure has been decided and approved for the fiscal agent and committee, a website or pages should be set up that focuses on the plan and how individuals can become involved and donate. While there is currently a project overview page and donation button available, to undertake a multi-million-dollar campaign effort, a more comprehensive dedicated site will need to be built.

Thought should also be given to online fundraising platforms rather than just a single donate button. There are several options available on the market that provide easy back-end stewardship and management and various ways to donate, including one-time, monthly, as a round-up when they shop, or even team fundraising. The cost and staffing to manage the donor software should be considered in the planning.

### Staffing

With a campaign of this size, hiring a professional to assist with the work will be necessary. While the proposed project manager can help with many of the data collection and financial record keeping, having someone on staff or available via contract to assist volunteers will ensure the layered plans are moving forward. Initially, it may make sense to hire one person or firm then branch out as more detailed plans, and strategies are developed. It is important to note that rarely can one person manage a campaign of this magnitude alone or in a single skill set. A fundraiser who is skilled at special events, for instance, is not typically the person to take on crowdfunding or major gifts. Having a plan developed before entering a significant contract will help ensure transparency and save money in the long run.

### Fundraising Plan

Once the committee is assembled, the next action step should be to work with the other committees to develop an overall plan budget, set a campaign goal, and begin creating a case of support. Based on the goals of the initial plan, the following are just some of the areas that could be integrated into a fundraising plan as focus points:

- State level public policy.
- National legislative advocacy.
- Research (including large scale practice-based network and translation).
- Research career pipeline.
- Alternatives to pharmaceutical and surgical solutions for pain.
- Opioid epidemic solutions.
- Overall plan support.
- Natural healing.



## FREQUENTLY ASKED QUESTIONS ABOUT THE VISIONING AND STRATEGIC PLANNING PROCESS

### How is this plan different from all previous efforts?

This process was designed and implemented to be inclusive, transparent, and grassroots-focused. Previous efforts primarily engaged the leadership of specific groups, without the input of the entire profession. The goal of this project was to be unifying, rather than directive. This process involved the voices of nearly 4,000 individuals from diverse backgrounds who represent the entire spectrum of philosophies and practices. The result is a consensus-based plan that is actionable, measurable, time-bound, and designed for the benefit of patients and practitioners alike.

### Who is in charge of implementing the plan?

Moving forward, the new Strategic Plan Leadership Committee will be comprised of chairs and co-chairs of the standing committees. Other designees will be added during the initial implementation period. Volunteers will need to meet eligibility criteria which will be defined during the 90-day transition period from Strategic Planning to Implementation. The Leadership Committee is not derived from any one organization, but are independent volunteers representing the full spectrum of the profession.

### Is this plan intended to eliminate any existing entities or organizations?

No. The strategic plan for the profession engages other organizations that continue to have their own plans and membership. This process is designed to remain an independent coalition of volunteers who may or may not be part of other groups.

### How will the plan be funded?

It is recognized that implementing any plan of this magnitude will require significant funds over a period of time. As part of the planning process, a fundraising strategy and committee are being developed to ensure that there are sufficient resources available.

### What happens if some groups or individuals don't agree with the plans or goals?

It is expected that all committees will continue to collaborate for the greater good, rather than pushing personal agendas. Committees should have robust discussions, collaborate, and if necessary, vote to make final decisions. It is common for all working groups to have differing opinions and priorities; however, the focus must remain on finding common ground and the unifying goals at hand.