



Healthy
**QUIN
COUNTIES**

Public Health Is Our Priority

KITTSON MARSHALL PENNINGTON
RED LAKE ROSEAU

Community Health Improvement Plan

For Implementation in 2027–2029

Approved: October 19th, 2026

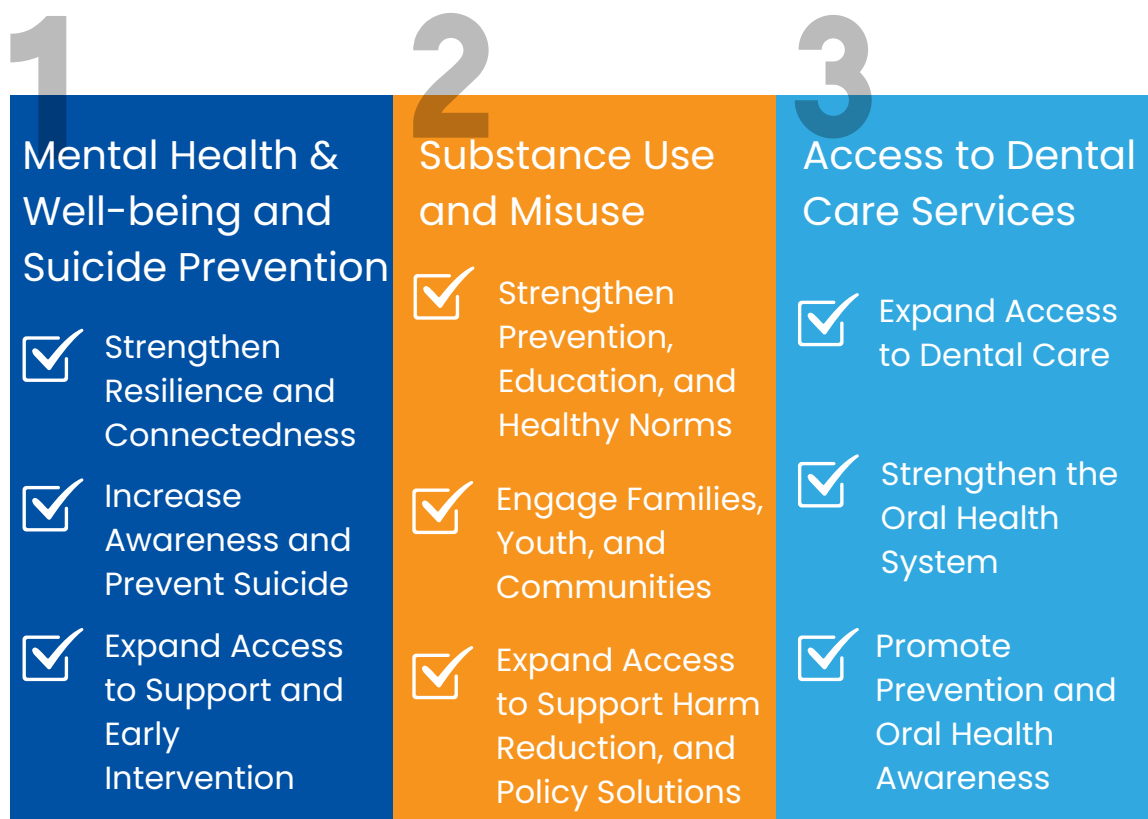
Executive Summary

The **Community Health Improvement Plan (CHIP)** is a data-driven, multi-year action plan that helps public health agencies, health systems, and community partners identify and prioritize community health needs, establish measurable goals, and coordinate efforts and resources to improve population health.

Community health priorities require community solutions.

As the local public health governing entity, **Healthy Quin Counties** leads the assessment of community health needs and the development of the CHIP to guide community-wide health improvement efforts.

The process uses the frameworks of MAPP (Mobilizing for Action through Planning and Partnerships) and Results Based Accountability in partnership with community members and partners. Collectively, three priorities and their corresponding strategies were selected.



Healthy Quin Counties

Top 3 Priority Areas

2027-2029

Public Health is our Priority

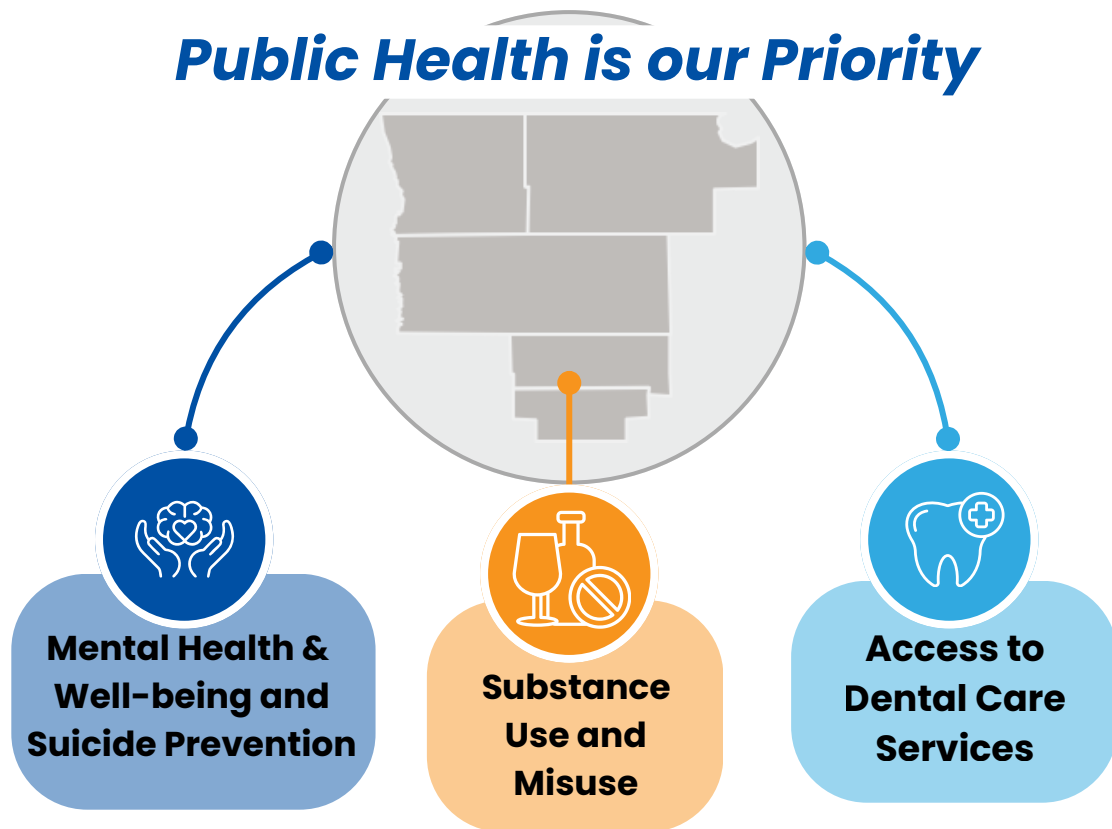


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● Substance Use and Misuse

● Access to Dental Care Services

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Credits & Acknowledgements

Healthy Quin Counties CHB Board Members

The board members serve as the Community Health Board for Healthy Quin Counties.

Kittson County - Theresia Gillie, County Commissioner, Vice Chair

Marshall County - Larry Nybladh, County Commissioner

Pennington County - Neil Peterson, County Commissioner, Chair

Red Lake County - Anthony Moran, County Commissioner

Roseau County - Daryl Wicklund, County Commissioner, Secretary

CHB Administration and Public Health Directors

Healthy Quin Counties CHS Administrator - Jodi Flaagan

Kittson County Public Health Director - Jeanna Kujava

North Valley Public Health Director (Marshall County) - Fran Tougas

Pennington and Red Lake County Public Health Director - Kayla Jore

LifeCare Public Health Director (Roseau County) - Paula Hedlund

Community Partners

The health assessment and improvement plan are possible because of the generous participation from many individuals and groups throughout our communities. Thank you to all who contributed.

About this report

The Community Health Improvement Plan (CHIP) is part of the community health assessment and improvement cycle. **Outlined in this report are the priorities, strategies and action plans for the Healthy Quin Counties region.** This report, along with health assessments can be found at <https://quinchs.com/reports-data/>. For additional information please contact us by email at shamrick@quinmn.us or by phone at 218-653-1210.

Community Partners

*Thank
You!*

Government

Mark Ellerbusch, **Marshall County Sheriff's Office**
Larry Nybladh, **Marshall County Commissioner**
Glenda Phillipe, **Roseau County Commissioner**
Jack Swanson, **Roseau County Commissioner**
Chuck Flage, **Red Lake County Commissioner**
Roy Sourdif, **Pennington County Commissioner**
Erik Mickelson, **Red Lake County Commissioner**
Jennifer Olson, **MN HSEM**
Richard M. Gross, **HSEM Roseau County**
Marc Hodge, **Roseau Police Department**
Rose Aune, **City of Grygla**
Ruth Finseth, **Marshall County Social Services**
Johanna Christensen, **Minnesota Department of Health**

Healthcare

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Miranda Solem, **Sanford Health**
Jenna Barry, **Sanford Health**
April Kraemer, **Sanford Health**
Sara Kazmierczak, **North Valley Health Center**
Danielle Alida, **Blue Cross Blue Shield**
Heather Goroski, **North Valley Health Center**
Shelah Gust, **LifeCare Medical Center**

Education

Nicole Thompson, **Lancaster School District**
Kaitlin Barbosa, **University of Minnesota Extension**
Tony Greene, **Red Lake Falls School District**
Andy Fougner, **Red Lake County Central Schools**
Brita Comstock, **Warroad Public Schools**

Public Health/Other

Kayla Jore, **Pennington & Red Lake County Public Health & Home Care**
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Patrick Olson, **Health Quin Counties**
Jodi Flaagan, **Healthy Quin Counties**
Shannon Hamrick, **Healthy Quin Counties**
Jessica Syverson, **North Valley Public Health**
Fran Tougas, **North Valley Public Health**
Taylor Lang, **Polk County Public Health**
Jeanna Kujava, **Kittson County Public Health**
Paula Hedlund, **LifeCare Public Health**
Erika Howell, **LifeCare Public Health**
Joann Lambrides, **LifeCare Public Health**
Brenna Olson, **NW Regional Suicide Prevention Coordinator, Polk County Public Health**
Melissa Perreault, **Polk County Public Health - Regional Prevention Coordinator ATOD**
Alex Orvik, **Polk County Public Health**
Ava Novacek, **SHIP Healthy Quin Counties**
Garth Kruger, **EvaluationGroup**

Community Organizations

Sharon Millner, **Northwest Community Action**
Anne Larson, **Minnesota Aging Pathways/Dancing Sky Area Agency on Aging**
Diane Hayes, **Northwest Community Action**
JoAnn Christian, **Northwest Community Action**
Sarah Carling, **Warroad Community Development**
Catherine Johnson, **Intercounty Community Council**
Stacey Baltes, **NW Minnesota Multi-County HRA**
Mandy Abeld, **NW Minnesota Multi-County HRA**
Jason Carlson, **Northwest Service Cooperative**

Who We Are

Mission

The five counties of Kittson, Marshall, Pennington, Red Lake, and Roseau, which make up Healthy Quin Counties CHB, will work in collaboration to promote and protect the health of our communities.

Governance structure

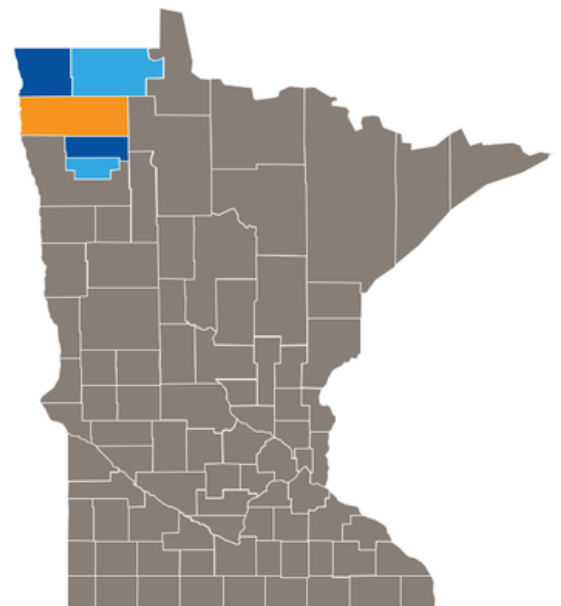
Healthy Quin Counties is a multi-county community health board (or CHB) that was formed through a joint powers agreement under Minnesota Statute (Minn. Stat. § 145A). Healthy Quin Counties provides financial oversight, grant management, and administrative support for state and federal public health funds.

Organizational structure

There are four local health departments within the five-county CHB region. Kittson County Public Health is a single-county public health department, and Pennington and Red Lake County Public Health and Home Care is a multi-county, joint powers health department. There are two hospital/healthcare organization contracted public health departments: North Valley Public Health, which is a part of North Valley Health Center, and LifeCare Public Health, which is a part of LifeCare Medical Center.

Kittson, Marshall, Pennington, Red Lake, and Roseau Counties

- 5,505 square miles
- Total population: 46,505 (2020 US Census)
- 141 townships and 33 small cities and towns; Marshall, Pennington, Red Lake, and Roseau counties have “Census Designated Places” owned by the Red Lake Tribal Reservation
- People are significantly more dispersed compared to the state average
- 8.3 people per sq. mile
- White (90%), Two or more races (3.49%), Latino/Hispanic (3.19%), American Indian/Alaskan Native (1.07%), African American (0.62%)



Assessment & Planning Process

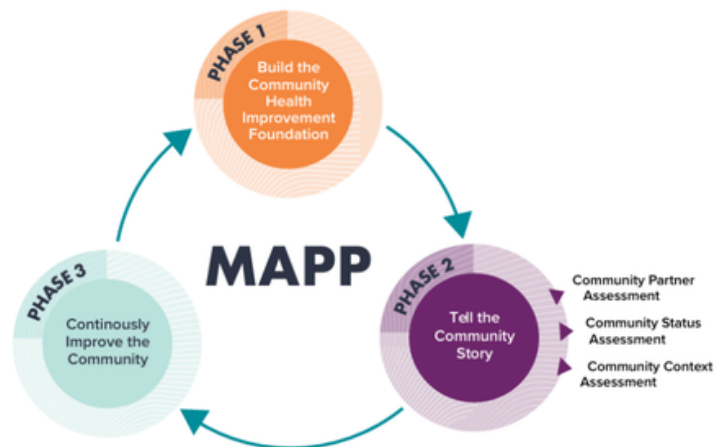
Introduction

Conducting a Community Health Assessment (CHA) and developing a Community Health Improvement Plan (CHIP) are fundamental public health functions and statutory responsibilities of community health boards under Minnesota Statute § 145A.

This CHIP represents the collective planning efforts of community partners and serves as a roadmap for addressing priority health needs and improving overall community health.

MAPP

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them.

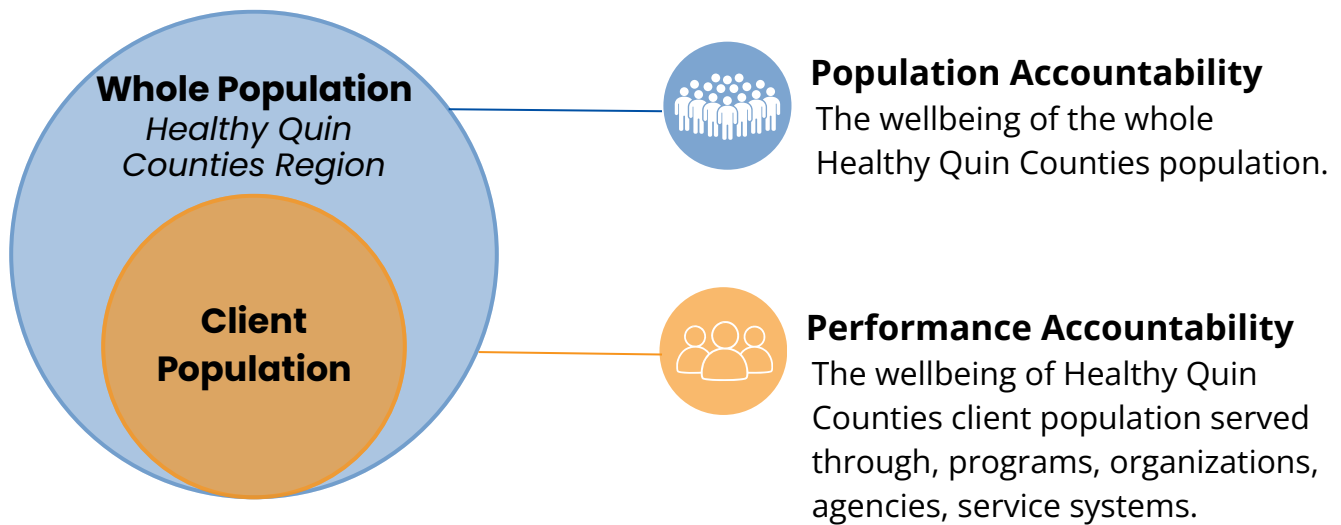


Healthy Quin Counties and its partners used a modified MAPP framework tailored to local capacity and resources.

Results Based Accountability™

Results-Based Accountability (RBA) is a simple, business-like, data-driven decision-making process that helps communities and organizations move beyond discussing problems to taking action that improves the well-being of a population or subpopulation. Because population accountability cannot be assigned to any one individual, organization, or level of government, achieving meaningful results requires shared responsibility across the entire community, including both public and private sectors. This collaborative approach is why RBA and MAPP work hand in hand throughout the community health improvement process.

Results Based Accountability TM



Turn the Curve Thinking

From talk to action. The step-by-step process starts with a group of partners who wish to improve the quality of life in the community.

Step 1: What are the quality of life conditions we want for the children, adults, and families who live in our community?

Step 2: What would these conditions look like if we could see or experience them?

Step 3: How can we measure these conditions?

Step 4: How are we doing on the most important measures?

Step 5: Who are the partners that have a role to play in doing better?

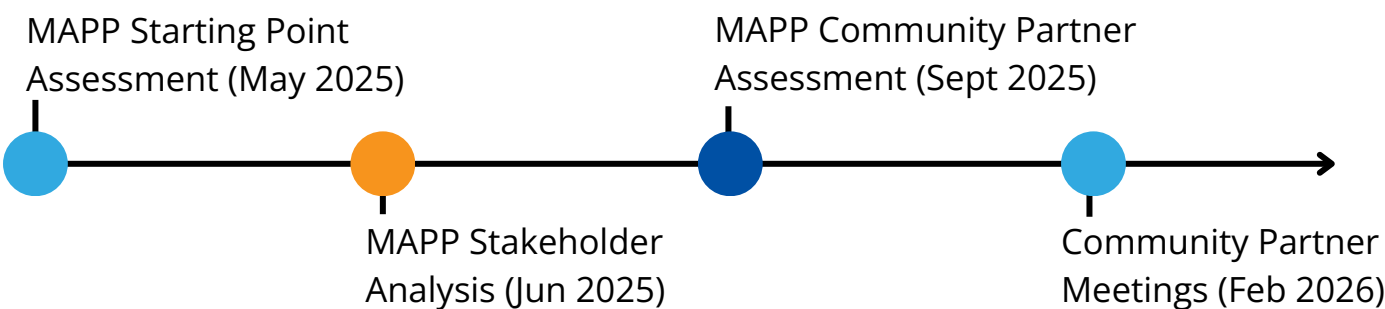
Step 6: What works to do better, including no-cost and low-cost ideas?

Step 7: What do we propose to do?

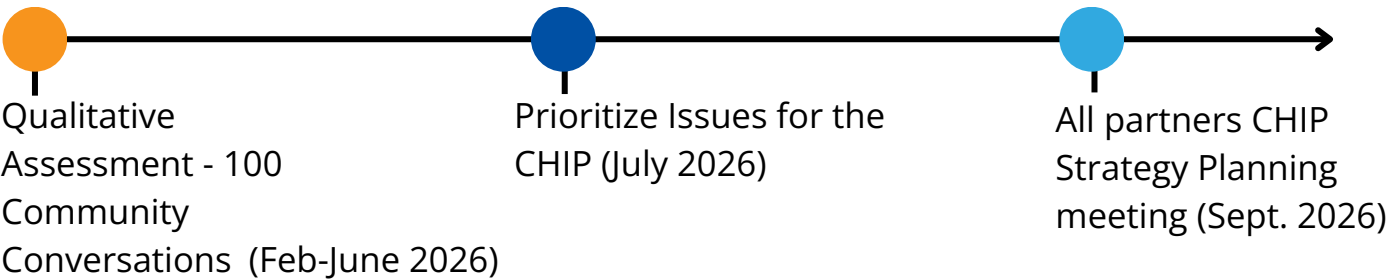


Source: <https://raguide.org/>

Community Health Improvement Process Timeline



At the conclusion of the first community partner meeting, partners were asked to rank their top ten health concerns. The health concerns receiving the highest rankings are displayed in the image below.



Through a review of data, community feedback, and a prioritization process (Hanlon method), public health leadership identified three priority health areas that will guide regional health improvement efforts and resource allocation in the years ahead:
Mental Health & Well-being and Suicide Prevention, Substance Use and Misuse, and Access to Dental Care Services.

Priority #1

Mental Health & Well-being and Suicide Prevention

Why is this important?

Mental health is an important part of overall well-being and involves more than just not having a mental illness. Everyone has mental health, and it can improve or decline over time. Good mental health includes feeling satisfied with life, accepting yourself, having purpose, feeling connected to others, and being able to cope with difficulties and bounce back from setbacks.

Desired Result

All people in the Healthy Quin Counties region are supported to achieve and sustain thriving mental health and well-being.

Experience

How do we experience the result that all people in the HQC region are supported to achieve and sustain thriving mental health and well-being? How do we see, hear, or feel this?

- The data would reflect this.
- No suicides.
- Everyone would have awareness and access to the right resources.
- Have skills and tools to work through.
- More time for play - work/life balance.
- Community normalization
- Affordability
- Changes in eligibility criteria/equity
- No stigma

How will long term success be measured?

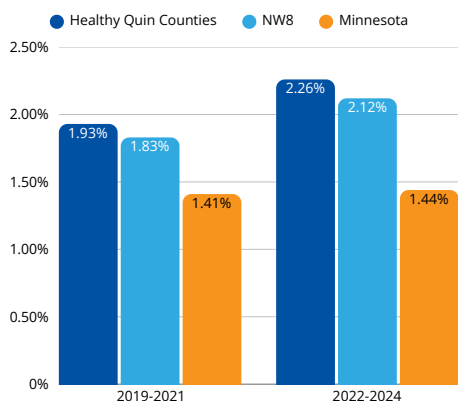
- Decreases in suicide in the HQC region.
- Decrease in the percentage of adults reporting 15 or more days of poor mental health per month.
- Increase in the percentage of mental health/depression screenings in adolescents.
- Fewer youth experience persistent feelings of depression or hopelessness.
- More youth feel valued, supported, and connected to their communities.

Desired Result: All people in the Healthy Quin Counties region are supported to achieve and sustain thriving mental health and well-being.



Population Indicator:

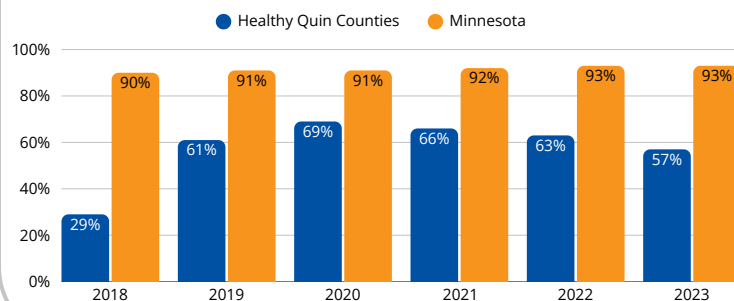
- Death by Suicide per 10,000 Population



Data source: MDH

Population Indicator:

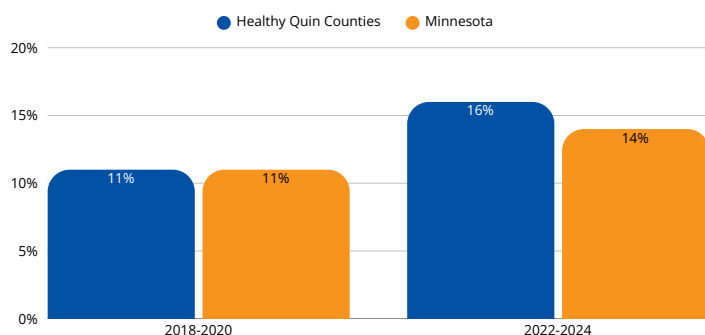
- % of patients 12-17 years of age who were screened for mental health and/or depression



Data source: MDH

Population Indicator:

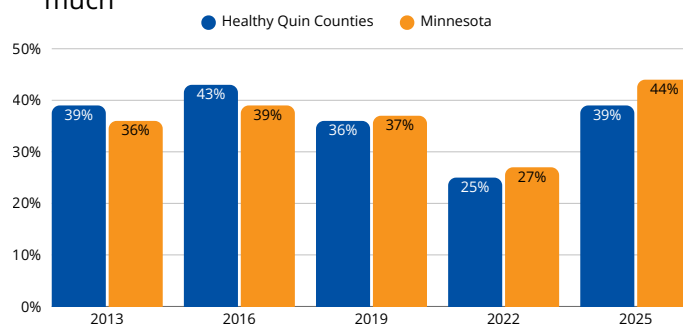
- Percent of adults reporting 15 or more days of poor mental health per month (Weighted)



Data source: MDH

Population Indicator:

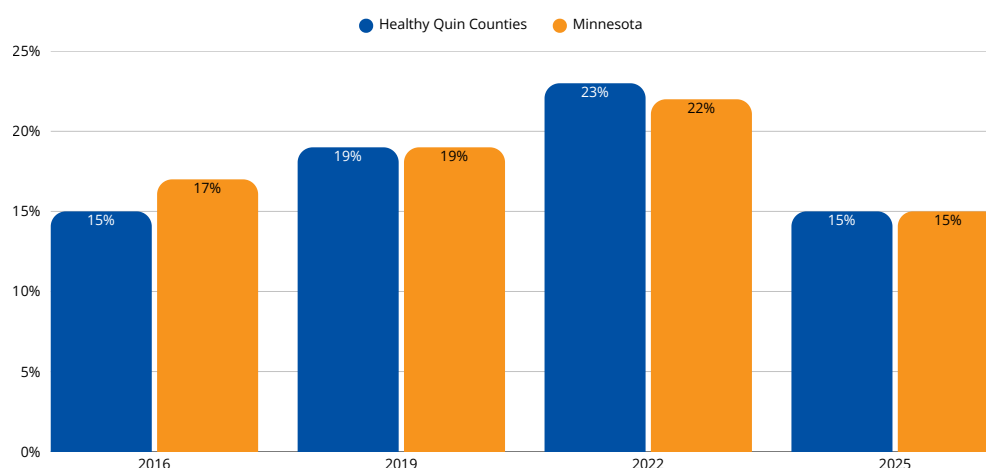
- Percent of 9th and 11th graders who reported the community cared about them "quite a bit" or "very much"



Data source: MSS

Population Indicator:

- Percent of 9th and 11th graders who reported "over the past two weeks, how often have you been bothered, feeling down, depressed or hopeless several days, nearly every day or more than half the days"



Data source: MSS

Action Plan Strategies

Mental Health & Well-being and Suicide Prevention

Desired Result

All people in the Healthy Quin Counties region are supported to achieve and sustain thriving mental health and well-being.

1

Strengthen Resilience and Connectedness

- Expand resilience-building programs and supports for youth and families.
- Increase opportunities for social connection and community engagement.
- Promote positive, supportive environments in schools, workplaces, and community settings.
- Strengthen partnerships that foster belonging and connectedness across the region.

2

Increase Awareness and Prevent Suicide

- Expand mental health and suicide prevention education for individuals, families, and communities.
- Reduce stigma and promote help-seeking through awareness campaigns and community engagement.
- Increase outreach and communication efforts to connect priority populations with resources and support.
- Promote evidence-based suicide prevention strategies that enhance safety and protective factors.

3

Expand Access to Support and Early Intervention

- Increase early identification of mental health concerns through screening, assessment, and referral systems.
- Improve access to timely, coordinated mental health services and supports across the region.
- Strengthen the mental health workforce through recruitment, retention, training, and peer support development.
- Enhance collaboration and data-informed decision-making to improve service delivery and outcomes.

Priority #2

Substance Use & Misuse

Why is this important?

Substance misuse contributes to chronic disease, mental health disorders, injuries, overdose deaths, infectious diseases, and reduced quality of life. It also places a significant burden on healthcare systems, social services, and the economy through increased healthcare costs, lost productivity, and community impacts.

Desired Result

All people in the Healthy Quin Counties region are free of substance use and misuse.

Experience

How do we experience the result that all people in the HQC region are free of substance use and misuse? How do we see, hear, or feel this?

- Fewer substance-related emergencies, overdoses, crashes, and justice system involvement.
- Youth and adults making informed, healthy choices and having positive opportunities to thrive.
- More people participating in work, school, cultural activities, and community events.
- Communities that promote well-being, recovery, and belonging.
- Stories of hope, healing, and recovery.
- Confident that help is available when needed and that recovery is supported.

How will long term success be measured?

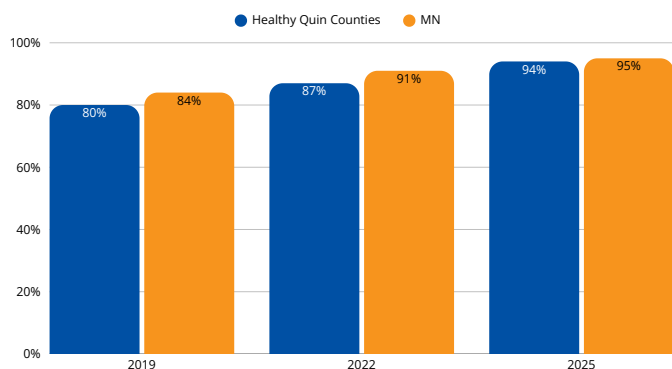
- Decrease in the percentage of marijuana use in adults.
- Decrease in the percentage of heavy alcohol use among adults.
- Increase in the percentage of students reporting no substance use.
- Increase in the percentage of adults reporting no substance use.
- Decrease in past 30-day student substance use overall (alcohol, marijuana, e-cigarettes, cigarettes).

Desired Result: All people in the Healthy Quin Counties region are free of substance use and misuse.



Population Indicator:

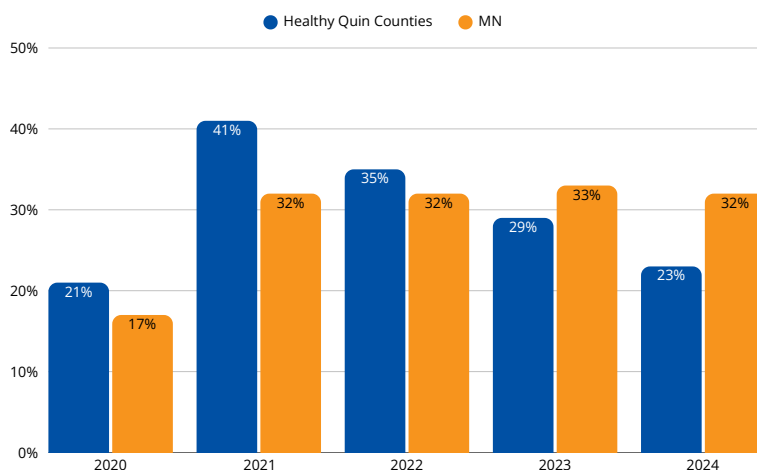
- Percent of students reporting no substance use



Data source: MSS

Population Indicator:

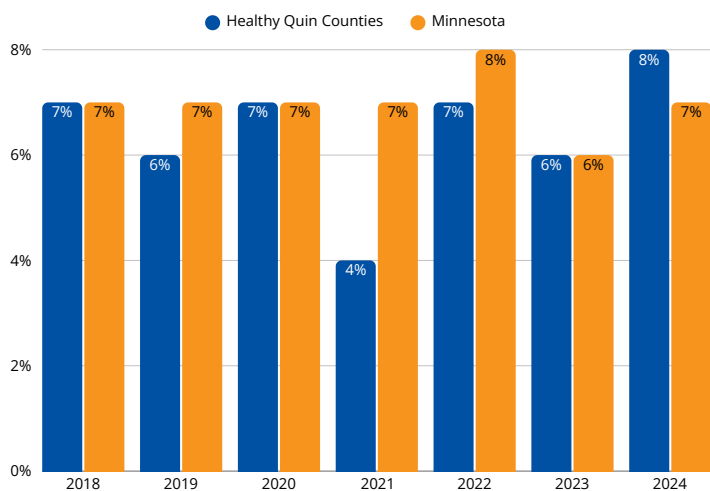
- Percent of adults reporting no substance use



Data source: BRFSS

Population Indicator:

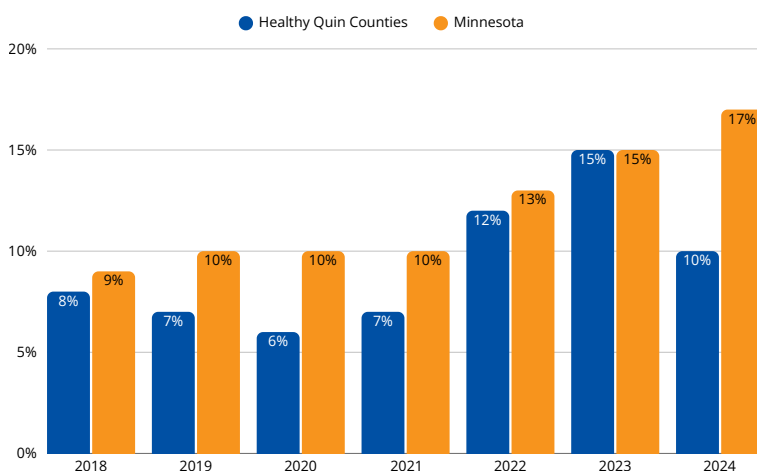
- % of Adults Reporting Heavy Alcohol Use (Men 14 Drinks, Women 7 Drinks) (Weighted)



Data source: MDH

Population Indicator:

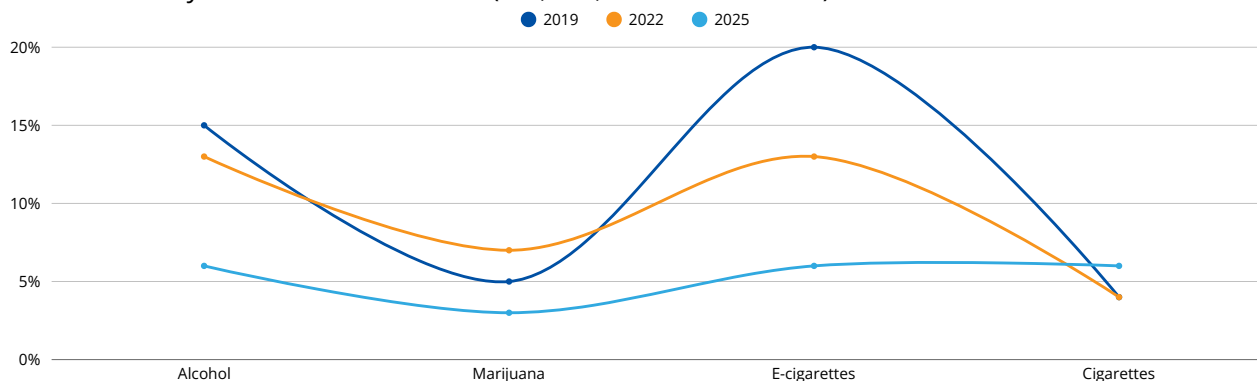
- % of Adults Reporting Marijuana Use (Weighted)



Data source: MDH

Population Indicator:

- Past 30 Day Substance Use Overall (8th, 9th, & 11th combined)



Data source: MSS

Action Plan Strategies

Substance Use and Misuse

Desired Result

All people in the Healthy Quin Counties region are free of substance use and misuse.

1

Strengthen Prevention, Education, and Healthy Norms

- Expand evidence-based prevention education and skill-building opportunities for youth.
- Increase access to resources and education that equip parents, caregivers, and families to support substance use prevention.
- Promote healthy social norms and substance-free lifestyles through coordinated community awareness and outreach efforts.
- Strengthen the ability of schools, healthcare providers, businesses, and community organizations to deliver consistent prevention messaging and early intervention.

2

Engage Families, Youth, and Communities

- Engage families as partners in substance use prevention and youth well-being.
- Expand youth leadership, mentorship, and positive community engagement opportunities.
- Strengthen connections among families, schools, and community organizations.
- Increase community participation in creating substance-free and supportive environments.

3

Expand Access to Support, Harm Reduction, and Policy Solutions

- Increase access to prevention, treatment, and recovery services.
- Connect individuals and families to timely support and resources.
- Expand harm reduction and overdose prevention initiatives.
- Strengthen coordination and referral pathways across systems of care.
- Advance policy and environmental approaches that support recovery and reduce harm.

Priority #3

Access to Dental Care Services

Why is this important?

Oral health is a fundamental component of overall health and well-being. Poor oral health is linked to chronic conditions such as diabetes and cardiovascular disease, and untreated dental problems can lead to missed school and work, increased healthcare costs, and health inequities.

Desired Result

All people in the Healthy Quin Counties region have access to dental care.

Experience

How do we experience the result that all people in the HQC region have access to dental care. How do we see, hear or feel this?

- Dentists working extended hours (Fridays)
- Open to new patients with all insurances
- Increase in dental school enrollment
- Patients not having to travel 2+ hours for dental care
- Decrease in ER dental visits
- More dental providers
- Not in a shortage area
- Flexible office hours

How will long term success be measured?

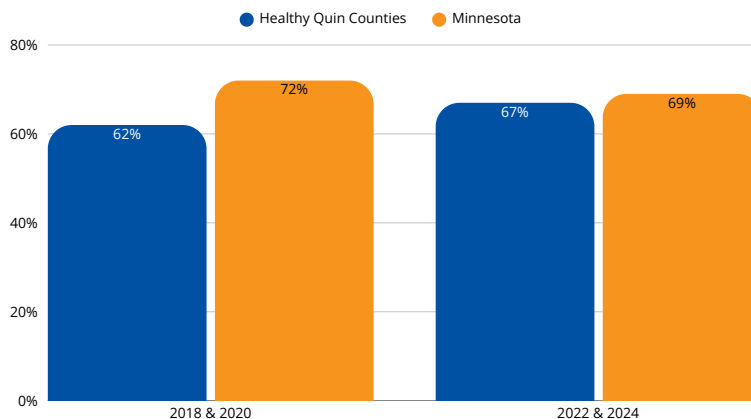
- Increase the number of dentists within the five-county region.
- Increase the percentage of Medical Assistance (MA) or Minnesota Care (MC) beneficiaries who had a dental visit in the previous year.
- Increase the number of school-aged youth who had a dental visit in the last year.
- Increase the number of adults who visited a dentist in the last year.

Desired Result: All people in the Healthy Quin Counties region have access to dental care.



Population Indicator:

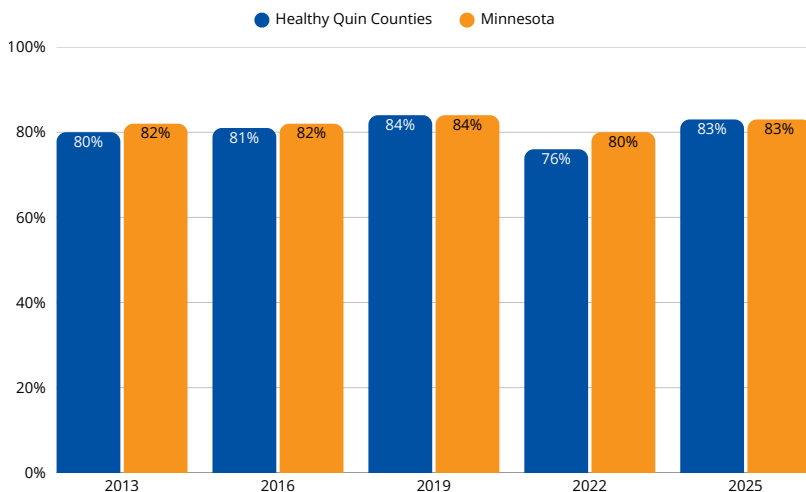
- Percent of adults who visted dentists in the last year



Data source: MDH

Population Indicator:

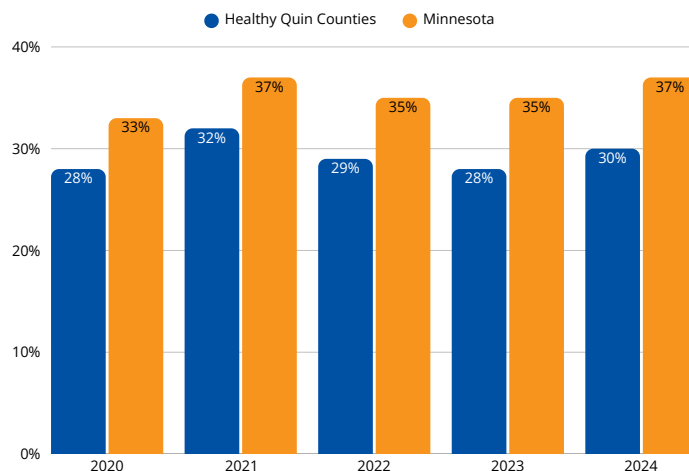
- Percent of students reporting a dental visit in the past year (Grades 5, 8, 9 and 11)



Data source: MSS

Population Indicator:

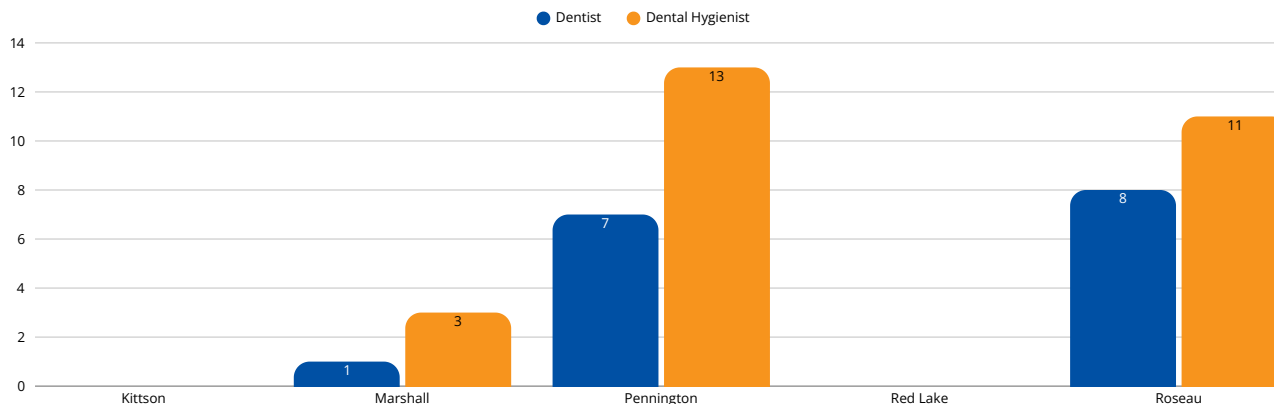
- Percent of MA or MC beneficiaries who had a dental visit in the last year



Data source: DHS

Population Indicator:

- Dentist and Dental Hygienists count by counties (2025)



Data source: MDH

Action Plan Strategies

Access to dental care services

Desired Result

All people in the Healthy Quin Counties region have access to dental care.

1

Expand Access to Dental Care

- Increase the availability and accessibility of dental services throughout the region.
- Reduce financial and logistical barriers to obtaining dental care.
- Expand preventive oral health services and early intervention opportunities.
- Strengthen community partnerships and systems that connect residents to dental care.

2

Strengthen the Oral Health System

- Strengthen and sustain the oral health workforce.
- Improve coordination and integration across the oral health system.
- Expand the capacity and availability of dental services throughout the region.
- Build sustainable partnerships, funding, and infrastructure to support long-term oral health needs.

3

Promote Prevention and Oral Health Awareness

- Increase oral health awareness and education across the community.
- Expand access to preventive oral health services and early intervention opportunities.
- Promote healthy behaviors that support lifelong oral health.
- Strengthen community partnerships and support for oral health prevention efforts.

Turn the Curve

Mental Health & Well-being and Suicide Prevention

STORY BEHIND THE CURVE

- Environmental and societal challenges
- People don't feel supported/isolation
- More negativity in the world - social media
- Transportation issues
- County collaboratives are supporting this work
- Resources are being shared (positive)
- Lack of workforce and therefore lack of volunteerism; younger individuals feel there is no workforce
- Professional workforce shortage area
- Lack of mental health specific resources
- Telehealth has made some improvements. This allows for more specialty care in rural areas.
- Lack of funding in school supports
- Youth are more open to talking about mental health (positive)
- Stigma
- Cost of services
- Insurance coverage issues
- Small communities - don't want to get help from people they know (pride)

PARTNERS



- Schools and youth
- 988
- HOPE Coalition
- Healthcare
- Behavioral Health
- Public Health
- Social Services
- Dancing Sky Area on Aging
- Religious organizations
- Media
- Law enforcement
- School resource officers
- Elected official
- Wellness in the woods
- Peer supports
- State/Federal depts
- Foundations and private funding
- County coalitions
- LAH/BNP programs
- Colleges/Universities
- Insurers
- Local business



WHAT WORKS

EVIDENCE-BASED

- Providers screening youth for mental health
- Means restriction education
- Peer mentorship - schools
- Peer support services
- Social-emotional learning for youth
- Workplace wellness

PROMISING PRACTICES

- FRC's
- Workforce development
- Using MSS data to guide group meetings (RLCC example)
- Student support system in schools
- Speakers
- Active school involvement
- Targeted ag outreach and materials
- Youth and family events

LOW-COST/NO COST

- Resource fairs
- Social media education across multiple platforms

OFF THE WALL

- Psych expert/counseling in every school
- Celebrity representation
- Outdoor classrooms and workplaces

Turn the Curve

Substance Use & Misuse

STORY BEHIND THE CURVE

- Cannabis now vs. e-vaping (replacing each other)
- E-cig vaping & alcohol youth
- E-cig instead of cigarette use
- Normalization of substance use
- Marketing of substances (e.g. flavors)
- Access of convenience stores
- Self-medicating/coping with substances
- Polysubstance use
- Prescription rate stable
- Lack of education/knowledge around cannabis
- Laws differ by states
- Poverty/stressors - ACES, economy, housing
- Access to fake IDs
- Stigma around use/recovery
- Investigate opioid overdoses
- Seeing more incarcerated parents

PARTNERS



- Primary care/behavioral health (SUD)
- Law enforcement
- Schools
- Public Health
- Commissioners (local government)
- Parenting education programs
- Youth
- Jail/corrections
- Social services
- CSUP Program
- Bars % retailers
- Community action
- Opioid task forces in counties
- SHIP
- Youth advisory board
- neighboring CHBs



WHAT WORKS

EVIDENCE-BASED

- Policy (ordinances)
- Evidence-based curriculum in schools
- Peer/family-based
- Harm reduction/naloxone

PROMISING PRACTICES

- Resources for parents
- Coping strategies
- Education of providers
- Substance use (LADC) counselor

LOW-COST/NO COST

- Resources for free to help quit/seek treatment
- Community outreach
- Model/go against social norms - set an example
- Involvement of parents

OFF THE WALL

- Celebrity representative
- Responsible Beverage Service Training (RBST)
- More opportunities for youth that are accessible
- Tobacco flavors including e-cigarettes
- ROI information shared



Turn the Curve

Access to Dental Care Services



STORY BEHIND THE CURVE



- Workforce - not a lot of hygienist jobs
- Dental schools - limited enrollment slots available
- Appointment access
- Transportation barriers
- Dental champions - dental coordinator
- Emergent problem which leads to an increase in ER visits
- Dental insurance vs. medical insurance
- Dental health vs. "medical" health - not looked at equally - as health priorities
- At capacity or not accepting MA
- State of economy leads to dental not being a priority
- Mistrust in healthcare
- Federal poverty level hasn't changed in years
- Large geography
- Not just an insurance issue (MA)
- Fear/stigma
- Not as much loan forgiveness for dentists currently

PARTNERS



- Mobile dental clinics
- Transportation
- State of MN
- Local dentists
- Public Health
- Lobbying
- Medical/Primary care providers (PCPs)
- Hospitals
- Schools - Sealant program
- Indian Health Services
- Head Start
- Daycares
- Nursing homes
- Senior Center
- Child & Teen Checkup



WHAT WORKS

EVIDENCE-BASED

- Funding Dental Coordinator (MDH is also doing this)
- Mobile dental clinic

PROMISING PRACTICES

- Flexible office hours
- Sealant programs

LOW-COST/NO COST

- Sliding fee scale for dental
- Education on importance of dental health
- Utilize HSA \$

OFF THE WALL

- Program incentives for dental providers (school loan repayments)
- Rural kickbacks
- Red River Dental Access; cash pay extraction
- ROI studies and share out to community and funding agencies and decision makers



CHNA & CNA Partner Inventory

Appendix D

This resource includes aggregated priorities of recent Community Health Needs Assessment (CHNA - Healthcare) and Community Needs Assessment (CNA - Community Action Programs).



Mental Well-being

Substance Use

Childcare

Housing/Homelessness

Poverty

Education

Transportation

Employment/Workforce

Food & Hunger

Obesity/Chronic Disease

Access to Care

Aging

Heart Health

Cost of Living/Income

Promote Comm. Services

Alluma	X	X		X	X	X	X	X	X		X	X			
Inter-County Community Council			X	X			X							X	X
Kittson Healthcare	X										X		X		
LifeCare Medical Center	X	X													
Northwest Community Action	X			X	X	X									
North Valley Health Center	X										X	X			
Healthy Quin Counties	X	X										X			
RiverView Health	X	X									X				
Sanford Health	X											X			X
Tri-Valley Opportunity Council		X	X	X	X			X							

Results-Based Accountability Glossary

Result – A population result (or outcome or goal) is a condition of wellbeing for children, adults, families, and communities, stated in plain language. They are things that voters and taxpayers can understand. They are not about programs or agencies or government jargon. Results include: “healthy children, children ready for school, children succeeding in school, children staying out of trouble, strong families, elders living with dignity in settings they prefer, safe communities, a healthy clean environment, a prosperous economy.”

Indicator – Indicators are measures that help quantify the achievement of a population result. They answer the question, “How would we recognize these results in measurable terms if we fell over them?” So, for example, the rate of low-birth weight babies helps quantify whether we’re having healthy births or not. Third grade reading scores help quantify whether children are succeeding in school today and whether they were ready for school three years ago. The crime rate helps quantify whether we are living in safe communities, etc. Indicators refer only to whole populations, not programs.

Strategy – Strategies are coherent collections of actions that have a reasoned chance of improving results. Strategies are made up of our best thinking about what works, and they include the contributions of many partners. No single action by any one agency can create the improved results we want and need.

Turning the Curve – The process of moving from the desired end state in the future (ends) to the steps we need today to get there (means). Specifically, it involves turning a trend on a data graph from a negative or bad direction to a positive direction. Turning the Curve describes efforts to improve the direction or rate of change in the baseline of an indicator or performance measure. It is also shorthand for the process of determining whether the current and projected levels on an indicator or performance measure are acceptable or require change.

Ends and Means – Ends and Means are an important distinction in RBA. Results and indicators are about the ends we want for children and families. Programs and performance measures are about the means to get there. Processes that fail to make this crucial distinction often mix up ends and means. Ends are usually something everyone can agree on (e.g., people with better health, more education, safer streets). This agreement forms a common ground that allows the discussions to focus on the means, about which there are often legitimate differences of opinion that can be explored. Failed processes tend to get mired in a mixed discussion about ends and means that causes hopeless confusion and disillusionment. Clarity and discipline about language at the start will help you take your work from talk to action.

Other Terms – What about Mission and Vision, Values, Benchmarks, Goals, Objectives, Problems, Issues, Inputs, and Outputs? Many of us have grown up with these traditional words in strategic planning and budgeting. Where do they fit? Remember that words are just labels for ideas. These seven words have no natural standard definition that bridges across all the different ways they are used. They are terms of art that can and are used to label many different ideas. This is why we pay so much attention to getting language discipline straight at the very beginning. It’s the ideas that are important, not the words.

Adapted from: <https://clearimpact.com/results-based-accountability/implementation-guide/glossary/>





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