



INSTITUTE FOR  
MEDICAID INNOVATION

# Value of Investing in Social Determinants of Health Toolkit

Grounding Value in Authentic Partnerships





The Institute for Medicaid Innovation (IMI) is a national 501(c)3 nonprofit, nonpartisan research, policy, and community power building organization focused on providing innovative solutions that address important clinical, research, and policy issues in Medicaid through multi-stakeholder engagement, research, data analysis, education, quality improvement initiatives, and dissemination and implementation activities. To remain relevant and responsive to the evolving needs of the Medicaid population, the Institute seeks to understand what works well in the Medicaid program, identify areas for improvement, and disseminate innovative initiatives and solutions that address critical issues. IMI is currently funded 100 percent through research grants and contracts. IMI does not lobby or advocate and is not a membership-based or trade association.

The *mission* of IMI is to improve the lives of Medicaid enrollees through the development, implementation, and diffusion of innovative and evidence-based models of care that promote quality, value, equity, and the engagement of individuals, families, and communities.

The *vision* of IMI is to provide independent, unbiased, nonpartisan information and analysis that informs Medicaid policy and improves the health of the nation.



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*Before publication of the toolkit, the Institute for Medicaid Innovation sought input from independent leaders in Medicaid managed care and community-based organizations that do not have any financial conflicts of interest. Please note that the conclusions and synthesis of information presented in this report do not necessarily represent the views of individual reviewers or their organizational affiliations.*

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*IMI wishes to thank the staff members and contractors who helped to make this toolkit a success.*

## Introduction

The Institute for Medicaid Innovation is pleased to provide this toolkit, which represents Phase 1 of a multipart, turnkey suite of resources to allow Medicaid managed care organizations (MCOs) to articulate the business case for launching, leading, or expanding initiatives focused on inequities and social determinants of health. The goal of this collective work is to equip Medicaid MCOs, state Medicaid agencies, and partners, including provider and community-based organizations (CBOs), in taking meaningful steps forward in investing in social determinants of health to improve health equity.

With adaptable language, rationale, methods, and templates for their organizations, champions within Medicaid MCOs using this and future toolkits will have at their fingertips action-oriented tools to help move ideas forward. Leaders of community-based organizations were interviewed about their experiences working with Medicaid MCOs' and their insights and recommendations shaped these tools. This Phase 1 toolkit centers community and establishes the starting point of health equity-driven models through:

- **tools** to prepare and initiate authentic partnerships with community organizations, honoring their expertise and preferences on how to collaborate; and
- **relationship management strategies** for advancing partnerships with community organizations serving people who have Medicaid health insurance coverage and appropriate methods of meeting their stated needs.

The goal of this Phase I toolkit is to share guidance on how to build and sustain trusted relationships between Medicaid MCOs and CBOs as building blocks to address the social determinants of health, further the goals of whole-person care, and improve health and well-being. This toolkit contains the following tools:

- |   |  |   |   |
|---|--|---|---|
| 1 | Worksheet for Identifying Potential Partnership Needs    | 5 | Reaching Out: A Checklist for the MCO Point Person        |
| 2 | Brainstorming CBO Connections/<br>Potential Partnerships | 6 | Exercise—Becoming Clear about Purpose/<br>Next Steps      |
| 3 | Learning More about Potential Partners                   | 7 | Checklist—Readiness for CBO Outreach                      |
| 4 | Canvassing Your Community                                | 8 | Say, Show, & Share Strategies for a<br>Successful Meeting |

## Looking Ahead

This Phase 1 toolkit is the first in a suite of resources to be published by IMI. Upcoming toolkit phases will focus on:

- essential metrics, including equity-based value propositions customizable to a Medicaid health plan's local, community needs, context, quality, retention, and cost metrics to integrate within Medicaid MCOs' and partners' improvement strategies; and
- strategies to address implementation issues that hinder investments from growing to a valuable scale or continuing long enough to realize return on investment, such as data-sharing challenges and compliance with state and vendor contracts.

## Setting the Stage

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Medicaid and Children’s Health Insurance Program enrollment increased from 70 million in February 2020 to more than 93 million in February 2023.<sup>1</sup> Throughout the COVID-19 pandemic, in addition to increasing access to health care coverage, Medicaid programs have developed a more comprehensive understanding of the importance of health and well-being and the need to take a whole-person approach to health care grounded in community and equity. Many individuals enrolled in Medicaid and the Children’s Health Insurance Program faced increased challenges related to limited access to nutritious food, affordable and accessible housing, convenient and efficient transportation, and opportunities for quality education and meaningful employment.<sup>2</sup> By seizing opportunities to address these issues during the pandemic, many Medicaid MCOs swiftly demonstrated their ability to better support those they cover and communities in mitigating the devastating impact of COVID-19.<sup>3</sup>

Social determinants of health, broadly referred to as the conditions in which individuals are born, grow, work, live, and age, are a product of the structural determinants of health, forces, and systems that shape the conditions of daily life, as defined by the World Health Organization.<sup>4</sup> The Centers for Medicare & Medicaid Services recognizes the opportunities to address social determinants of health through the Medicaid program as a tool to improve health equity while also pursuing opportunities to lower health care costs, improve health outcomes, and increase the cost-effectiveness of health care services and interventions for those covered under the program.<sup>2</sup>

New frameworks for the social determinants of health have begun to proliferate as well as variations of terminology, such as non-medical determinants of health and others. Figure 1 provides three examples of alternative frameworks. Medicaid MCOs need to work in their environment—use the terms in their state contracts, for example—and identify a framework that works for them to authentically define their goals to address the needs of the populations they serve.

There is also value in stepping away from frameworks and articulating the specific resources needed to support health. In a focus group conducted by IMI in March 2023, participants voiced a strong dislike for the term “social determinants of health,” noting that it is jargon, focuses too much on the negative, and is not specific. One individual summed up the conversation by stating, “If you want to talk about housing, talk about housing and not some term made up by people who don’t live it every day. Stop hiding behind the jargon.”<sup>8</sup>

**Figure 1. Examples of Frameworks as Alternatives to Social Determinants of Health**



Source: Institute for Medicaid Innovation. “Value of Investing in Social Determinants of Health Toolkit, September 2023.”

## Partnerships

Despite a flurry of collective action during the pandemic, it is not clear how the momentum led by Medicaid MCOs to address social determinants of health will sustain and how to measure the value of equity-focused programs other than the traditional measures of return on investment. This leads us to ask, what would it take to establish a system of care that aligns with a whole-person approach? At its broadest level, organizations would partner with individuals and communities to work from a collaborative, multipronged, social justice strategy to change the underlying causes of inequities in health and well-being. At its most focused, it necessitates coordination among partners and access to a comprehensive suite of services that extend beyond the clinical realm. For either to happen, there needs to be strong, clearly defined partnerships in place that are mutually beneficial for partner entities and especially for the individuals and families covered by Medicaid health insurance.

The expression of partnerships between Medicaid MCOs and CBOs can take different forms. As depicted in Figure 2, a relationship between organizations grows into a partnership when time is taken to build trust, share power, and identify and engage in mutually beneficial actions. With less time and trust, such actions are more often deemed to be transactional. With more time and trust, however, such actions can be transformative.

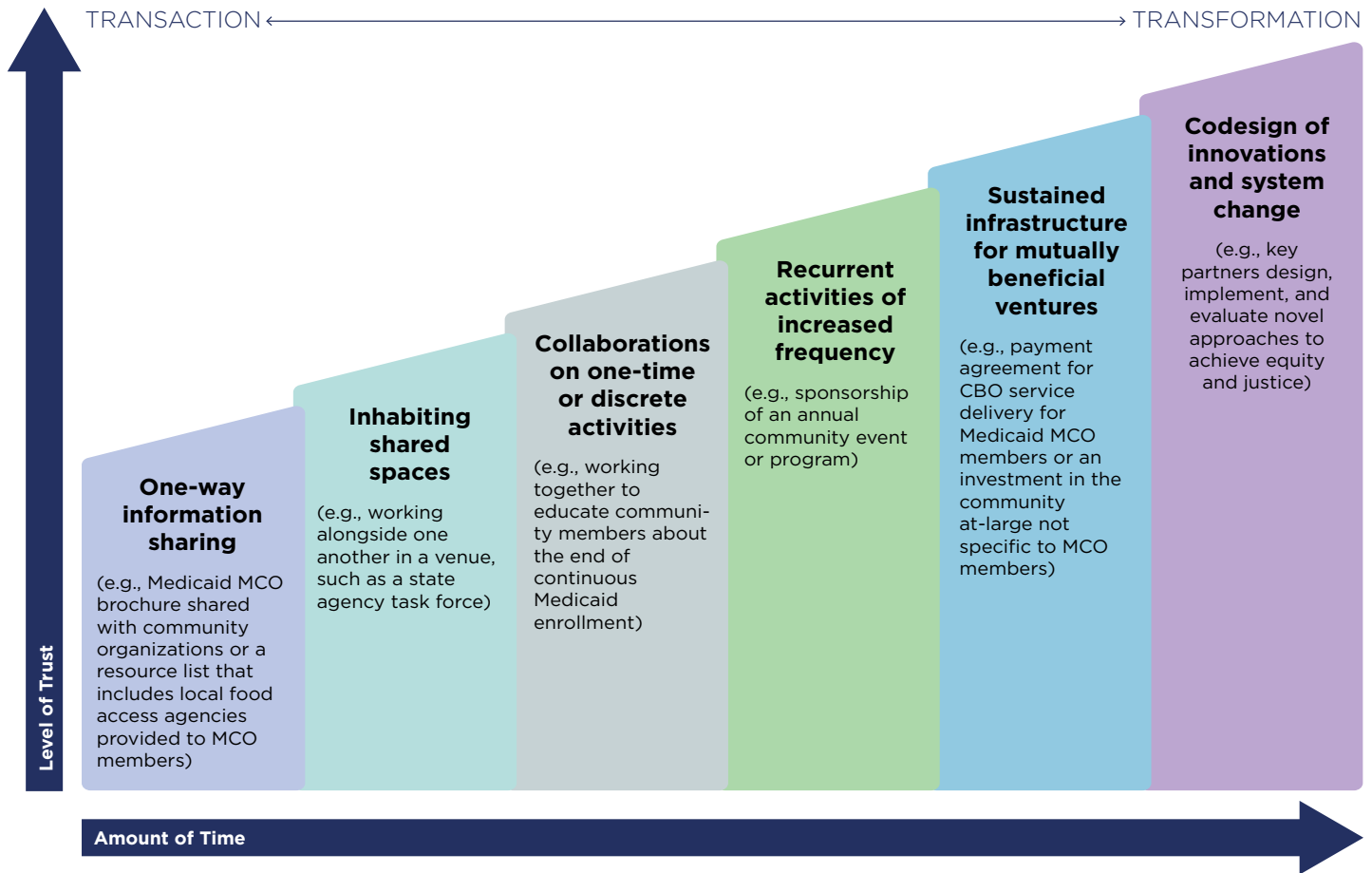
“

*Trust needs to be earned. Trustworthiness needs to be proven.*<sup>9</sup>

**—Gail Graham, IMI Governing Board Member**

”

**Figure 2. Partnership Pathway**



Source: Institute for Medicaid Innovation. "Value of Investing in Social Determinants of Health Toolkit, September 2023."

The recommendations and strategies included throughout this toolkit can assist in cultivating partnerships between Medicaid MCOs and CBOs that contribute to shared actions across the trust-time continuum. Doing so can be considered a win-win-win scenario of shared actions that are transformative and impactful in affecting health and well-being in a sustained fashion.

For Medicaid MCOs, the win in entering into partnerships with CBOs leads to enhanced care for individuals. Certain CBOs are trusted entities among community members, are well equipped to provide culturally and linguistically appropriate services, and can deliver specific care services to meet the needs of the community, providing more tailored service delivery to prioritized populations who experience disparate health outcomes. This in turn can improve health outcomes, which can be reflected through improved quality care metrics. Medicaid MCOs also may be able to advance their economic justice and business enterprise requirements.

For CBOs, the win in entering into established partnerships with Medicaid MCOs can result in greater touch points with the health care sectors that provide clinical care for shared clients. Another potential benefit of entering into contractual relationships with MCOs is more sustainable revenue for CBOs' resulting in diversified funding streams and increased funding for oversubscribed/underfunded services.



Most importantly, the win for individuals who have Medicaid health insurance coverage includes a more seamless means of navigating systems and processes for more holistic care and access to resources to meet different needs.

## Methodology and Sources

This toolkit was developed by first conducting an environmental scan of existing research, materials, and resources related or adjacent to the topic of building trusted partnerships between Medicaid MCOs and CBOs. All source materials included in the Appendix underwent review. Resultant key findings, points of interest, and resource and knowledge gaps were identified and used to inform the development of this toolkit. Beyond the environmental scan, toolkit content was largely informed by the expertise of leaders across different CBOs. These leaders were invited to participate in individual interviews to solicit their insights and input on experiences they have had to date in working with Medicaid MCOs and to glean the nature of content they deemed applicable to curate and include in this toolkit. **Embedded throughout this toolkit are select quotes that elucidate key concepts, contexts, and recommendations that were shared by these experts.**

## How to Use This Toolkit

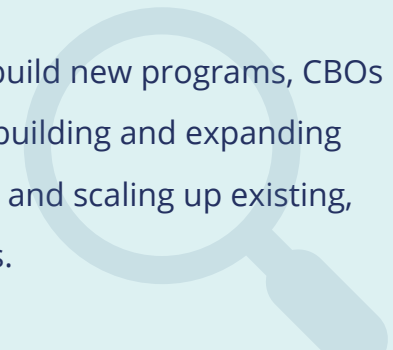
The strategies included throughout this toolkit are designed to ensure that sufficient time is taken to cultivate trust and avoid rushing the time horizon for establishing a partnership. This toolkit has been created for Medicaid MCOs that already have determined their interest in partnering with CBOs to provide more comprehensive care for people with Medicaid health insurance coverage. The recommendations have been designed to propose steps at the onset of relationship building to establish trust. The tools provide a sequence of steps, questions, and considerations to assess readiness for CBO engagement, followed by recommended steps on how to move forward at various stages of the partnership engagement process.

The tools in this resource are based in **asset-framing**—defining people by their aspirations and contributions instead of their challenges.<sup>10</sup> Asset-framing guides intentional use of language that uplifts others and does not perpetuate stigma and harm. Adopting asset-framing is a critical mindset for developing trust with potential CBO partners.

Medicaid MCOs should identify representatives from across the organization who are involved in new community partnerships to participate in using this toolkit. Examples include departments that facilitate connections of covered individuals to resources, network and partner relations, those that manage projects and strategic initiatives, as well as back-office teams that support contracts, data needs, and payment. Departments may host or precept interns or fellows, who may be ideally suited to take the lead on completing some of the tools.

## Identifying Partners

A key to establishing a successful partnership is to seek partners around which to develop the right fit. Acknowledging that there is often a power imbalance between the typically larger MCOs and smaller CBOs, this toolkit puts the emphasis on MCOs doing the research to identify existing assets in the community and then taking adaptive approaches to establish the right fit. The starting point for Medicaid MCOs is focusing on what their members need. Completing a needs assessment and community environmental scan can support identifying potential partnerships.



With few resources to build new programs, CBOs are most interested in building and expanding on their core capacities and scaling up existing, successful partnerships.

Recognizing that it takes time and energy to successfully establish and cultivate trusted partnerships with CBOs, these tools are intended to help prioritize where, how, and with whom a Medicaid MCO would want to move forward. **Contrary to the speed of contemporary health care and business, these tools may make it feel like the process is slowing down. This is intentional. Both Medicaid MCOs and CBOs that were interviewed in the development of these tools cautioned against rushing the time horizon.** There may be an *opportunity cost* to organizations associated with investing time to create trust. CBOs often do not have dedicated resources allocated to creating and sustaining relationships like many MCOs do. This is another reason that this toolkit is designed to support MCOs in taking initiative—and taking the time—to prepare thoughtfully before engaging community organizations.

**Tool No. 1, Worksheet for Identifying Potential Partnership Needs**, is a list of questions to help Medicaid MCOs articulate what is wanted and needed from a potential CBO partner. Reflecting on and answering these questions can help identify potential partners. If applicable, these thoughts may also develop into content for a request for proposal, which is often a starting point for Medicaid MCOs in launching new relationships through the procurement process. **Tool No. 2, Brainstorming CBO Connections/Potential Partnerships**, and **Tool No. 3, Learning More about Potential Partners**, help MCOs brainstorm and gather specific information about potential partners they may reach out to when they are ready.

# 1 Worksheet for Identifying Potential Partnership Needs

There are many types of CBOs, which are structured differently to meet their specific missions, goals, and objectives. Each type may provide a wide range of culturally relevant and linguistically appropriate services that address social determinants of health. To identify potential partners, invite key representatives from various departments within your Medicaid MCO to a meeting to discuss the question: what do we need in a new partnership? Assign this worksheet as prework for the attendees. Those completing the worksheet should use the Answer space to write thoughts prompted by the yes/no questions. Which of the factors would you prioritize the most? Note this in the priority column.

**1. What is the driver for your organization (e.g., state Medicaid mandate, worsening disparities) to seek a CBO partnership?** Is it a health outcome? An externally prioritized population? A cost of care metric?

<i>ANSWER</i>	<i>PRIORITY</i>

**2. What specific subset of your member population (e.g., women) would you like to address and why?** Are there disproportionate health outcomes similarly experienced by individuals of a certain race, ethnicity, sex, gender, or shared demographic that you wish to address? Why have you selected this population?

<i>ANSWER</i>	<i>PRIORITY</i>

**3. What specific nonmedical need (e.g., food access) do you want to address, and how recently has it emerged?** Do you want to address a long-standing community need, such as access to affordable housing? Or is there a timely issue or urgent need to respond, such as access to N95 masks?

<i>ANSWER</i>	<i>PRIORITY</i>

**4. What are the specific gaps in your expertise (e.g., lack of trained field-based staff) that you wish to fill?** Do you seek skills and experience in your partner to guide MCO strategies (e.g., advising on best practices for reaching specific members), or would you like your partner to use its expertise through its direct services to your members?

<i>ANSWER</i>	<i>PRIORITY</i>

**5. What types of services (e.g., providing transportation to WIC appointments) do you wish to engage your partner in providing?** Do you want a partner who can complete screenings that lead to referral and navigation to services? Provide tangible and service resources? Inform your Medicaid MCO's programs with community voice or infrastructure for codesign?

<i>ANSWER</i>	<i>PRIORITY</i>

**6. In what geographic area do you want to work and why?** Are areas already selected (e.g., specific zip codes)? Are you seeking a partner anchored by a brick-and-mortar presence and catchment area or other ways of reaching individuals in a specific geographic area?

ANSWER

PRIORITY

**7. What prior organizational efforts (e.g., focus group with caregivers of senior citizens) influence the issues you wish to address?** Are you working from lessons learned through a pilot initiative or hoping the work will lead to completely new opportunities and ideas?

ANSWER

PRIORITY

**8. Are you more interested in working with one CBO partner or a network of CBOs (e.g., a hub) and why?** If multiple, would it be helpful to have one organization to act as an intermediary to other CBOs in the region?

ANSWER

PRIORITY

**9. What type of organizational capacity or strength(s) (e.g., registered nonprofit organization) do you need in a partner?** Project-based work, such as a pilot or a demonstration? Ability to scale interventions to new communities? Familiarity with participating in alternative payment models? Culturally congruent staff?

ANSWER

PRIORITY

**10. Go back and reflect on your responses.** How do the responses relate to each other? For answers that are not specific and are open to many possibilities, is there a reason to keep the focus broad? Do any of these replies lend themselves to a potential phased approach?

ANSWER

PRIORITY

Answering these questions can help Medicaid MCOs identify the constructs for what type of CBO can help successfully meet the organizational objectives in addressing social determinants of health. Use your answers to the questions above to guide your thinking about the categories or types of CBOs to explore. You may want to do additional research on different types of CBOs, including the following:

- **Direct service providers.** Direct service providers are organizations that work directly with their client populations and provide a hands-on approach to the delivery of services.
- **Community-based coalitions.** A community-based coalition brings stakeholders together to address the needs of the community, usually around a specific issue. The work may include program and policy development and implementation, advocacy, and networking. A coalition’s membership may include direct service providers.
- **Hubs.** Hubs are community-centered networks that serve as a resource to CBOs and support them with technical assistance, referrals, and contracting.

## 2 Brainstorming CBO Connections & Potential Partnerships

This tool builds upon the first tool. After considering what you seek in a potential partner, this tool helps you produce a list of specific CBOs with whom you may want to cultivate or deepen relationships. First, work through the six prompts to support brainstorming. Then, names and ideas generated can be pulled down to the master list. Because this is a brainstorming activity, there are no right or wrong answers—the more ideas generated the better.

### How to use this tool:

- **Synchronous:** You may want to gather a group to work through the prompts together—discussion and using physical sticky notes or a whiteboard with dry-erase markers can stimulate a lot of ideas. You may want to create a virtual board with virtual sticky notes.
- **Asynchronous:** Post this tool to a shared location where multiple people can contribute to the shared document, or send it around the group, perhaps asking specific people to work on certain sections by a deadline.

### 1. Conduct a hyperlocal internet search for terms like:

food pantries or meal assistance in my zip code, or transportation assistance to health care offices in my zip code.

Focus of organization	Organization name & website	Contact person name & phone/email	Who suggested this CBO and/or reason identified

### 2. Who knows whom? Ask people about people they know:

talk to trusted community contacts or partners; get ideas from staff members responsible for community events or campaigns; get contacts from case managers and care coordinators; and ask the provider relations or network department about inquiries from service providers who are not enrolled in Medicaid.

Focus of organization	Organization name & website	Contact person name & phone/email	Who suggested this CBO and/or reason identified

### 3. Review lists of members of coalitions and campaigns (shared spaces), such as the following:

local health care coalitions; public health campaigns; and issue-based networks, such as food access networks.

Focus of organization	Organization name & website	Contact person name & phone/email	Who suggested this CBO and/or reason identified

- 4. Ask for recommended community partners from existing health care partners, including the following:**  
 hospitals and community health centers; physical and behavioral health care providers; home- and community-based services providers; and case workers, social workers, and enrollment assisters.

Focus of organization	Organization name & website	Contact person name & phone/email	Who suggested this CBO and/or reason identified

- 5. Use relationships with or review directories from social service providers and networks, such as the following:**  
 social service collaboratives (e.g., local behavioral health referral networks); or online social service referral platforms.

Focus of organization	Organization name & website	Contact person name & phone/email	Who suggested this CBO and/or reason identified

- 6. Work with state and local agencies who maintain lists of partners, such as the following:**  
 public health departments, state agencies (including departments of health or child welfare), local area agency on aging, or 311.

Focus of organization	Organization name & website	Contact person name & phone/email	Who suggested this CBO and/or reason identified

**Narrow down top options for CBOs with whom you may want to cultivate or deepen relationships and copy them into the master list below.**

### Master Brainstorming List

Focus of organization	Organization name & website	Contact person name & phone/email	Who suggested this CBO and/or reason identified

### 3 Learning More about Potential Partners

CBOs have expressed that the most successful meetings with Medicaid MCOs are when there is already an understanding of what the CBO does. Therefore, once a list of potential CBOs has been identified, it is critical to collect additional information to learn more about them. Determine what the organization’s mission is, services it currently provides, and any other information to learn as much as possible before you reach out. Complete Tool No. 3 for each organization you are researching as a potential partner.

**Name of organization:**

**Mission of organization:**

**How did you learn about the CBO?**

**Do you have existing relationships with the CBO, its staff, or its clients?**

**Are you participating in any coalitions or have other shared spaces with this CBO?**



**The organization is a:**

direct service provider  hub  coalition

**What issue areas does the CBO address?**

**What specific services or programs are delivered by the CBO?**

**Which culturally or linguistically specific services are offered by the CBO?**

**What is the CBO’s impact in the community?**

**People served:**  
**Other impact:**

**Which communities are served (zip codes/populations)?**

**Who are the current funders or funding sources?**

**The CBO is ...**

an independent entity, type:

part of or affiliated with a larger organization, type, and arrangement:

**List the staff members at the CBO who lead specific areas or programs:**

**Who are the members of the board of directors?**

**Are any health care partners involved with the CBO?**

**Does the CBO belong to any community tables or existing networks?**

**How could this CBO be a partner in addressing social determinants of health?**

**What potential challenges can be considered in advance?**

**Who can initiate an introduction?**

**Use this space to place hyperlinks to the organization's webpages, social media pages, news articles, archived presentation recordings, etc.**



## Fostering Connections

To establish a trusting partnership, it is necessary for the MCO not only to find partners that make for a good fit but also establish a mindset of becoming a good partner for the CBO. Being a trustworthy partner is vital to a successful partnership. Self-awareness—an introspective understanding of your values and how you are perceived by others—can impact trust building in a partnership. Below is a list of key principles to guide Medicaid MCOs to develop an equitable approach, adapted from the Association of American Medical Colleges Center for Health Justice.<sup>11</sup> Quotes from the CBO leaders who were interviewed for this toolkit, which are highlighted in this section and also found in other sections, informed these key principles.

### Keys to Establishing a Partnership Mindset

*“Look at me as an equal partner. You’re of the community. You’re an active participant in our community.”*



#### **Expertise is everywhere.**

Listening to experts and codesigning processes and solutions creates power sharing and partnership. Just as Medicaid MCOs are experts in coverage, CBOs are trusted experts at meeting people’s needs directly in the community.



#### **The Medicaid MCO is part of the community.**

The Medicaid MCO is building partnerships in the communities in which its business operates. This means moving beyond phrases like “connect to the community” and instead striving toward authentic “we” statements about collaborative efforts.



#### **Words with actions speak volumes.**

Actions to support words have a lasting impact. Medicaid MCOs can leverage their well-established business accountability practices to build authentic relationships.



#### **Trust is earned.**

Each new initiative is an opportunity for Medicaid MCOs to share their aspirations and make community contributions. Medicaid MCOs may not initially be seen as trustworthy by CBOs, but the good news is the trust can be built—though it does take time.

*“For some marginalized groups, it’s because of a history of abuse in traditional health care environments. And that’s not going to go away with a \$25 gift card and some balloons. You have to have a trusted bridge to make that happen.”*



### **Small steps can lead to high aims.**

Invest in multiple intentional and impactful strategies for community engagement within and across the Medicaid MCO. One-time activities, like hosting a backpack drive, can be a starting point to invest in ongoing, sustained partnership activities.



### **Engaging with many partners honors diversity.**

Expand options by exploring multiple partners from a particular sector.



### **Trust requires transparency.**

When Medicaid MCOs openly and respectfully share thoughts, plans, ideas, and availability of resources (financial and otherwise), CBOs are often more comfortable to do the same.



### **Being realistic is a win-win.**

Set reasonable, fair goals and expectations for the CBOs and for yourself.



### **Authentic partnerships are worth the effort.**

True partnerships are transformative, but it takes time to build and sustain these relationships. As the saying goes, it is important to move at the speed of trust and stay connected even when collaborative work is not in an active phase.

*“It is important to be realistic about deliverables. Not one of us in the community can save the world.”*

Using [Tool No. 4, Canvassing Your Community](#), [Tool No. 5, Reaching Out: A Checklist for the MCO Point Person](#), and [Tool No. 6, Exercise—Becoming Clear about Purpose/Next Steps](#), will ensure that MCOs are prepared to initiate an authentic partnership.

## Joining Groups Hosted by Community Organizations

*“Understand the mechanisms that already exist. Instead of creating a collaborative table, join a collaborative table.”*

Partnership with CBOs requires commitment to the community, including having an active and sustained presence in the community. It is helpful to engage with CBOs in community spaces to start to cultivate a relationship. This is, by nature, a process that takes time but can build a strong foundation for future partnerships. When MCOs join groups hosted by community organizations, it accomplishes the following:

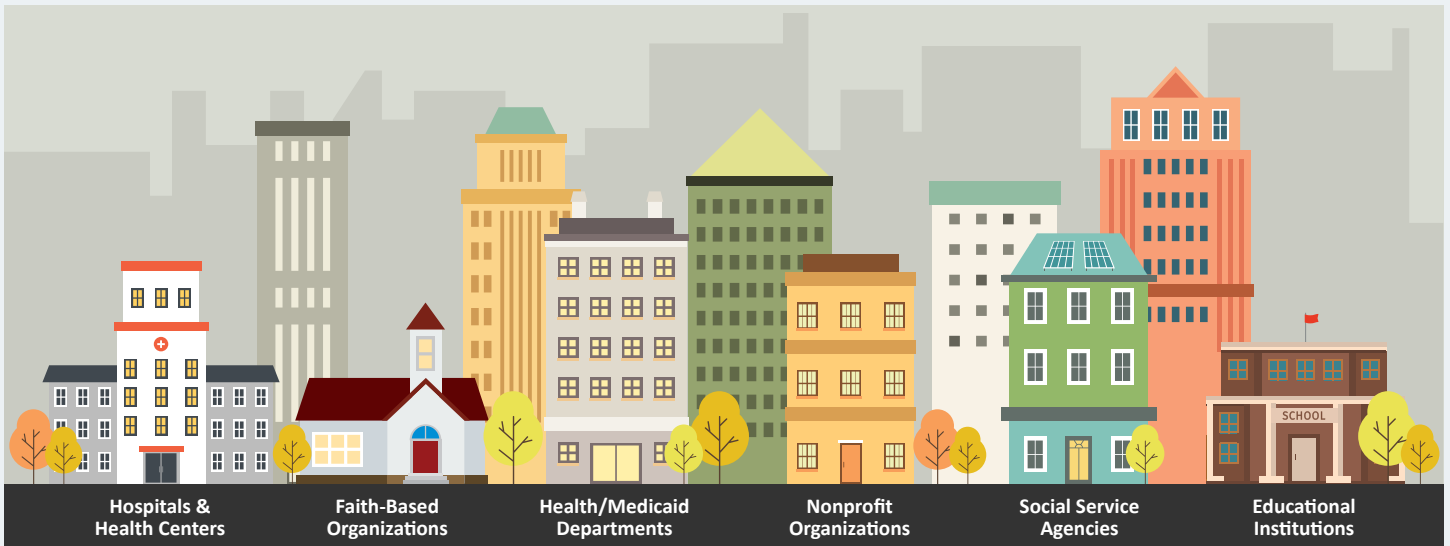
- demonstrates the Medicaid MCO’s recognition that it is part of the community’s fabric and wishes to engage with others;
- allows the chance to network, identify, and continue to vet potential partners with a joint mission and complementary strengths;
- provides the opportunity to learn about available resources, assets, challenges, interorganizational politics, and key players in the community; and
- intentionally bridges the gap between CBOs and Medicaid MCOs by sharing space in the community.

Although organizational constructs may differ from community to community, Medicaid MCOs can begin partnerships with CBOs by seeking out opportunities in community spaces where CBOs have a presence.



## 4 Canvassing Your Community

This canvassing activity can help identify groups that are convened within your community. Either independently or with your team, virtually or by using feet on the street, research and explore the types of collaborative tables within your community whose purpose aligns with your partnership needs. Use the fillable graphic below to brainstorm the task forces, advisory groups, and forums that are hosted in your community by various organizations.



Faith-Based Organizations

- 1.
- 2.
- 3.

Health/Medicaid Departments

- 1.
- 2.
- 3.

Nonprofit Organizations

- 1.
- 2.
- 3.

Social Service Agencies

- 1.
- 2.
- 3.

Educational Institutions

- 1.
- 2.
- 3.

Hospitals & Health Centers

- 1.
- 2.
- 3.

Use the table below to organize your findings from your community canvass. Be sure to include the group type, name, venue, and any additional details that may be helpful. A detailed example is provided below for guidance.

## Community Meetings

Carry over some notes from the previous tools about the types of potential partners you are hoping to collaborate with in community forums:

Meetings where we may be able to collaborate with potential partners:




Group Type	Group Name	Venue for Group Meetings	Notes
<i>Issue-specific task force</i>	<i>ABCville Perinatal Support Coalition</i>	<i>ABCville Health Department</i>	<i>Meets every second Thursday at 10–11 a.m.</i>

## 5 Reaching Out: A Checklist for the MCO Point Person

After researching potential partners and identifying the types of collaborative tables that exist in the community, it is time to take the next step in developing relationships by initiating contact and joining groups where appropriate. Since relationships are about people, consider the people from your team, assess their readiness to perform outreach and join collaborative tables, and decide how you plan to support their development for this role. This tool will help prepare the people who have been identified and help identify others who possess these skills and capacities.

**KEY:**  in place     actively developing     for future development

**Name/role:**

<b>Description of skills and capacity</b>			
Has capacity to join the groups, attend consistently, and actively contribute to the group’s goals Development steps:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands our partnership vision and goals, what we have to offer as a Medicaid MCO, and what we are seeking from potential partners Development steps:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has experience in and familiarity with the community where the group is hosted Development steps:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possesses strong listening, communication, and interpersonal skills to connect with diverse groups of people from various sectors Development steps:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can communicate genuine interest in building a unique relationship to broaden the Medicaid MCO’s investments on behalf of its members Development steps:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 6 Exercise—Becoming Clear about Purpose/Next Steps

To help assess the Medicaid MCO’s readiness to partner with CBOs, below is a comprehensive list of questions to consider and discuss as an organization. Complete this exercise as a live discussion in pairs or a small group team with representatives from different departments such as executive, programmatic, clinical, finance, member services, etc. Designate a notetaker. Use the next steps prompt to generate a list of postmeeting action items in your organization’s customary manner. An example is included for guidance.

<b>VISION AND VALUES</b>	<p><b>What is our vision that can be summarized in a statement* and shared with potential partners?</b></p> <p><i>*A vision statement notes the issue you are trying to address and then shares what success would look like when the issue is addressed through long-term partnership.</i></p>	<p><i>EXAMPLE VISION STATEMENT</i></p> <p><i>“In partnership with XYZ Organization, we envision a future in which every pregnant person in ABCville has access to doula services to support labor and delivery at no cost.”</i></p> <p><i>VISION STATEMENT:</i></p>
	<p><b>What value—including skills, expertise, and assets—will we contribute to the partnership?</b></p>	<p><i>KEY POINTS:</i></p> <p><i>NEXT STEPS:</i></p>
	<p><b>What value—including skills, expertise, and assets—are we seeking from a partner?</b></p>	<p><i>KEY POINTS:</i></p> <p><i>NEXT STEPS:</i></p>
	<p><b>How would this partnership be mutually beneficial?</b></p>	<p><i>KEY POINTS:</i></p> <p><i>NEXT STEPS:</i></p>

<b>TEAM READINESS EXAMPLE</b>	<p><b>Does our organization have the necessary internal leadership buy-in* to engage in partnership with a CBO?</b></p> <p><i>*Leadership buy-in includes authority to commit time, personnel, and organizational resources over a long-term partnership.</i></p>	<p><i>EXAMPLE KEY POINTS:</i></p> <ul style="list-style-type: none"> <li><i>Yes, our community engagement team presented our idea for partnering with CBOs to our executive leadership team.</i></li> <li><i>The vice president (VP) of community engagement confirmed that there is budget for community partnership work.</i></li> <li><i>The VP is willing to take the lead on this with assistance from the community engagement staff.</i></li> <li><i>When we are ready to contact CBOs, the VP of strategic partnerships has agreed to participate</i></li> </ul> <p><i>EXAMPLE NEXT STEPS:</i></p> <ul style="list-style-type: none"> <li><i>Share copies of Tool No. 3 with VP of strategic partnerships.</i></li> </ul>
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<b>TEAM READINESS</b>	<p><b>Does our organization have the necessary internal leadership buy-in* to engage in partnership with a CBO?</b></p> <p><i>*Leadership buy-in includes authority to commit time, personnel, and organizational resources over a long-term partnership.</i></p>	<p>KEY POINTS:</p>  <p>NEXT STEPS:</p>
	<p><b>If not yet, what steps can we take to gain support of key leadership personnel?</b></p>	<p>NEXT STEPS:</p>
	<p><b>Who from our organization will or should be engaged in cultivating these relationships and strengthening them over time*?</b></p> <p><i>*People identified initially may change as roles transition, needs change, and trust builds over time.</i></p> <ul style="list-style-type: none"> <li>• Who will serve as a primary point of contact(s) with the CBO, recognizing that having a consistent contact will help in the relationship cultivation and will build trust?</li> <li>• Is their capacity sustainable?</li> <li>• Can they serve as liaisons and touch points with key operational units within our MCO?</li> </ul>	<p>KEY POINTS:</p>  <p>NEXT STEPS:</p>

<b>COMMUNICATION &amp; TRAINING</b>	<p><b>How will our team members communicate and exchange information with our potential partner's team members?</b></p>	<p>KEY POINTS:</p>  <p>NEXT STEPS:</p>
	<p><b>What type of information will our partner need about covered Medicaid benefits and other pertinent information regarding our organization?</b></p>	<p>KEY POINTS:</p>  <p>NEXT STEPS:</p>
	<p><b>What information will we need about our partner's organization and services?</b></p>	<p>KEY POINTS:</p>  <p>NEXT STEPS:</p>
	<p><b>What type of training may our team and our partner's team need?</b></p>	<p>KEY POINTS:</p>  <p>NEXT STEPS:</p>



## Initiating the Partnership

After assessing the organizational readiness, but before extending direct and individual outreach to a specific organization, a few more preparation steps can make all the difference. Consider this recommendation from a CBO representative:

*“Bring everyone to the table who needs to be a part of the conversation. ... I [want to] walk away with all my questions answered because everyone is on the call.”*

As mentioned earlier in the toolkit, **these tools may make it feel like the process is slowing down. This is intentional. Both Medicaid MCOs and CBOs that were interviewed in the development of these tools cautioned against rushing the time horizon.** They urged their peers to move at the speed of trust and provided experience-based, practical strategies to develop trust as the foundation of authentic relationships.

**Tool No. 7, Checklist—Readiness for CBO Partnership Outreach** will help the MCO team carefully send the first formal communication, and **Tool No. 8, Say, Show, & Share Strategies for a Successful Meeting** will ensure that MCOs are prepared to demonstrate their first steps in the partnership.




## 7 Checklist—Readiness for CBO Partnership Outreach


After identifying the team member(s) who will foster the relationship, the next step is to reach out to the CBO to discuss potential partnership opportunities. When contacting a CBO, it is important to prepare and reach out to the right decision-makers. Take stock of your team’s readiness for each step. For any responses that are “in process” or “needs more research/work” use the write-in section to guide your team in completing any remaining prework needed to be ready.

*Tip: Be sure to build in enough lead time to set up a meeting far enough in advance of deadlines to allow:*

- *time to send a follow-up email, in case the initial email does not garner a reply; and*
- *flexibility in scheduling the meeting time.*

**KEY:**  decided/  
developed

 in process

 needs more  
research/work

### Outreach step and strategy



Identify the appropriate channel(s) for joining a community group. Consider your readiness for the following:

- The group’s onboarding requirements, fees, partnership agreements, etc.
- Briefly articulate your organization’s goals and reasons for reaching out.

Prework needed:



Leverage common acquaintances—board members and other stakeholders—to do a “warm” hand-off to demonstrate that you have done your homework and understand their partners.

Prework needed:



Identify a specific individual to reach out to, and their name and email address. The key person at each organization varies, but common titles are executive director, chief executive officer, director of partnerships or programs, or community outreach director.

Prework needed:



## Outreach step and strategy



Customize your outreach. The member of your team who has led the research and vision process is likely the best to draft the content for a personalized email. The email should explain specifically how you identified the organization as a potential partner and builds on what you have learned about it.

Pework needed:



Prepare an agenda or specific discussion items. Include time to share your reasons for identifying the CBO as a potential partner, your goals, and other topics that emerge from your preparation (see Tool No. 8).

Pework needed:



Identify and share who you are bringing to the meeting so the CBO has the opportunity to bring the right people to the table in turn.

Pework needed:



Anticipate offering accommodations when scheduling an initial meeting, including virtual options, evening or weekend scheduling options, travel to a mutually convenient location, and translation or interpretation services if needed.

Pework needed:



Prepare resources that you can share both before and after the meeting. These may include information about your MCO as well as general, impartial material related to the local Medicaid program and/or managed care.

Pework needed:



## 8 Say, Show, & Share Strategies for a Successful Meeting

CBOs want Medicaid MCOs to demonstrate that they have done their homework, have a clear vision for a potential partnership, and are willing to share about past work. Although negotiating a financial arrangement is not a first step, at this stage it is also advisable to prepare to communicate a willingness to pay the CBO for work they may do in the potential partnership.

Say, Show, & Share is a mnemonic device to prepare for successful meetings with CBOs. This tool places you at a simulated meeting table and prepares you for these three steps. Work with your team to answer the questions under the Say, Show, & Share headings in each table. Jot down notes to guide you in preparing talking points, presentation materials, and documents you will bring to your first meeting.



### Demonstrate Your Readiness as a Partner

**CBO:** “I like to see what you are thinking first so I can be up front about what we can do that will actually work.”

<p><b>Say</b></p> <p><i>Why, as a Medicaid MCO, are you seeking a partnership with a CBO?</i></p>	<p><b>Show</b></p> <p><i>What have you identified are the ways the CBO brings value to the partnership?</i></p>	<p><b>Share</b></p> <p><i>What other community investments have you made? Share any data you have about impact.</i></p>
<hr/> <hr/> <hr/> <hr/> <hr/>		

## Describe the Vision for the Partnership

**CBO:** “[One Medicaid MCO staffer] really understands the value and expertise of community-based organizations. She understands our bandwidth and what we can and should deliver versus don’t have the expertise to provide. She has provided a lot of scaffolding around what arrangements could look like ... and she has been a really great partner to help us figure out how to plug in to a system. And we always ask how do we find the other [people like her]?”

<b>Say</b> <i>Who have you selected to work with the CBO? How have they been preparing to build a strong relationship?</i>	<b>Show</b> <i>What could the partnership look like? Include a vision for the deliverables, services, and performance metrics.</i>	<b>Share</b> <i>What is the Medicaid MCO’s current performance, and what are your goals?</i>

## Talk about Value

**CBO:** “We cannot do anything for free because our doors have to stay open. We can’t dedicate time to help you meet your quota or agenda if we’re not getting anything in return. There has to be a funding component for us to work together.”

<b>Say</b> <i>What do you think the scope of work could be? What social determinants of health do you hope that the CBO can address?</i>	<b>Show</b> <i>How can you recognize the value of the CBO’s existing model by proposing ways to build on it in your partnership?</i>	<b>Share</b> <i>What can you tell the CBO at the outset about ways that you can compensate them as part of a partnership agreement?</i>

## Relationship Management Strategies

Outlined within Table 1 are strategies to assist in scenarios often encountered between Medicaid MCOs and CBOs in the partnership-establishment process. These scenarios and the strategies they require are based on direct quotes provided from representatives from CBOs who were engaged in interviews to inform this toolkit. The “Notes to Self” column poses reflection questions to consider both in advance and at various points in the process.

**Table 1. Guidance from CBO Leaders to Medicaid MCOs**

Recommended Strategies	CBO Quotes	Notes to Self
<b>BE REALISTIC</b>	<p>“It is important to be realistic about deliverables. Not one of us in the community can save the world.”</p> <p>“When it comes to my role, I have 2 or 3 hours a month maybe dedicated to this. We’re also kind of maxing out.”</p>	<p><i>Capacity constraints are real. What else can we do to support our partner’s capacity?</i></p>
<b>PRIORITIZE CLARITY</b>	<p>“For me, I like to know up front what it is that you are thinking we could do. Because then I can say what we can do and what it might yield and what might get better results. I personally like to see what you are thinking first so I can be up front about what we can do that will actually work.”</p> <p>“There’s been ... ‘friction’ is a great word in that I think everybody wasn’t at the same place at the same table on the same page originally.”</p>	<p><i>Knowing what we want and need is more than half the work. How can we share it in more than one way and at various points in time?</i></p>
<b>COORDINATE THE TEAM</b>	<p>“Bring everyone to the table who needs to be a part of the conversation. ... I [want to] walk away with all my questions answered because everyone is on the call.”</p> <p>“We might find one person at the MCO who’s really interested and then they leave after a year or two, and then you have to start that process over.”</p>	<p><i>There are so many moving parts, and change is inevitable. What can we do on our end to present as a team and sustain relationship progress even through the tides of change?</i></p>
<b>ENSURE EQUITABLE SHARING OF RESOURCES</b>	<p>“Rates need to be sustainable. MCOs don’t quite appreciate the work that is required to do the work that we do well.”</p> <p>“We cannot do anything for free because our doors have to stay open.”</p> <p>“Fair compensation to my employees and their expertise is really important as well as being very clear about the scope of work that we’re able to offer contingent upon the investment that they’re willing to make.”</p>	<p><i>Both parties are businesses with bottom lines. From the outset, how can we best communicate our true intention to compensate fairly?</i></p>

Recommended Strategies	CBO Quotes	Notes to Self
<b>BE MINDFUL OF POWER DYNAMICS</b>	<p>“MCOs have a lot of positional and financial power to really impact the good of [our client population]. ... There are a lot of different options on how they could approach it with their resources ... being innovative, being flexible, and being able to overcome rigidity. ... It would be really key to successful long-term partnerships.”</p> <p>“Look at me as an equal partner. You’re of the community. You’re an active participant in our community.”</p>	<p><i>There may be entrenched perceptions about Medicaid MCOs and health systems. How can we work in partnership with CBOs to ensure power sharing and keep us mission driven?</i></p>
<b>BE FLEXIBLE</b>	<p>“The programmatic set-up has to be something that our clients can actually utilize. There’s no point if what you have to offer has no benefit to the folks that we serve.”</p> <p>“For a pilot with 25 people, it doesn’t feel worth it for our CBO to change our business practices to accommodate a 25-person pilot. There are big clashes in how both parties do business that take a long time [to resolve].”</p>	<p><i>Nontraditional arrangements can be highly valued by CBOs. How can we structure this partnership with as few restrictions or limitations as possible?</i></p>

Source: Institute for Medicaid Innovation. “Value of Investing in Social Determinants of Health Toolkit, September 2023.”

It would be challenging to create a tool for every scenario. The table provides guidance on common areas to consider and may prompt reflection on other scenarios or lessons learned from previous partnership journeys.

## Conclusion

Phase 1 of the Value of SDOH Investments Toolkit is intended to provide insights from CBOs and prompt thoughtful preparation by Medicaid MCOs hoping to partner with them. This toolkit provides tools and resources guided by experts and CBO leaders to support authentic and meaningful partnerships. When Medicaid MCOs use the Phase 1 tools, they will identify their needs, articulate their vision for a partnership, and prepare to share what they can offer a partner. Future phases of the toolkit series will provide templates to form the business case for value using metrics and implementation strategies unique to Medicaid MCO and CBO partnerships holistically addressing social determinants of health. Grounding value in partnerships—based on lessons from the community—not only advances inclusivity, it creates equitable investments in the social determinants of health.

## References

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## Resources

Listed below are selected resources that were reviewed to inform the development of this toolkit. The publications are composed of existing research, materials, and resources on conditions and readiness elements for CBOs to partner with Medicaid MCOs, including content such as the value of partnerships and contracting and billing guidelines. This work is generally focused on supporting CBOs to participate with the Medicaid MCO or integrate into the broader health care system.

### Addressing Social Determinants of Health & Advancing Health Equity

#### Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health

Organizing Committee for Assessing Meaningful Community Engagement in Health & Health Care Programs & Policies. (2022, February 14). *Assessing meaningful community engagement: A conceptual model to advance health equity through transformed systems for health*. National Academy of Medicine. <https://doi.org/10.31478/202202c>

#### Asset Framing

Workforce Matters. (2021, June 8). *A reflection on asset-framing for workforce development*. <https://workforce-matters.org/a-reflection-on-asset-framing-for-workforce-development/>

#### Developing a Strategy for Addressing SDOH and Establishing Community Partnerships

Institute for Accountable Care. (2021, September). *Session 1: Developing a strategy for addressing SDOH and establishing community partnerships*. <https://www.institute4ac.org/sdoh-session-1/>

#### Texas Food Access Study

Barber, J. (2022, December 31). *Texas food access study*. Texas Department of Agriculture. <https://static.texastribune.org/media/files/aa8d78c575b5e5667f659395cc2e4841/Texas%20Food%20Access%20Study.pdf>

#### Tracking and Measuring the Impact of SDOH Interventions

Center for Health Care Strategies. (2021, June 11). *Tracking and measuring the impact of SDOH interventions* (Slideshow). [https://www.episcopalhealth.org/wp-content/uploads/2021/07/MCO-SDOH-LC-MCO\\_Tracking-and-Measuring-SDOH-Interventions\\_FINAL.pdf](https://www.episcopalhealth.org/wp-content/uploads/2021/07/MCO-SDOH-LC-MCO_Tracking-and-Measuring-SDOH-Interventions_FINAL.pdf)

#### Welcome to the Return on Investment (ROI) Calculator for Partnerships to Address the Social Determinants of Health

Commonwealth Fund. (2023). *Welcome to the return on investment (ROI) calculator for partnerships to address the social determinants of health*. <https://www.commonwealthfund.org/roi-calculator>

#### What We Are Learning About Delivering Whole-Person Care

Health Leads. (2020). *The collaborative to advance social health integration: What we're learning about delivering whole-person care*. [https://healthleadsusa.org/wp-content/uploads/2020/01/CASHI\\_Report\\_Final1.pdf](https://healthleadsusa.org/wp-content/uploads/2020/01/CASHI_Report_Final1.pdf)

## Community-Based Organizations & Partnerships

### Addressing Social Determinants: Scaling Up Partnerships With Community-Based Organization Networks

Robertson, L., & Chernof, B. A. (2020, February 24). Addressing social determinants: Scaling up partnerships with community-based organization networks. *Health Affairs*. <https://www.healthaffairs.org/content/forefront/addressing-social-determinants-scaling-up-partnerships-community-based-organization>

### Community-Based Organizations' Perspectives on Improving Health and Social Service Integration

Agonafer, E. P., Carson, S. L., Nunez, V., Poole, K., Hong, C. S., Morales, M., Jara, J., Hakopian, S., Kenison, T., Bhalla, I., Cameron, F., Vassar, S. D., & Brown, A. F. (2021). Community-based organizations' perspectives on improving health and social service integration. *BMC Public Health*, 21, 452. <https://doi.org/10.1186/s12889-021-10449-w>

### How to Partner with CBOs

Vesley, K. E. (2022, May 19). *Opportunities for accountable care organizations with community based organizations*. Institute for Accountable Care. [https://www.institute4ac.org/wp-content/uploads/2022/06/ACO-Presentation\\_5.19.22.pdf](https://www.institute4ac.org/wp-content/uploads/2022/06/ACO-Presentation_5.19.22.pdf)

### Incorporating Community-Based Organizations in Medicaid Efforts to Address Health-Related Social Needs: Key State Considerations

Crumley, D., Houston, R., & Bank, A. (2023, April). *Incorporating community-based organizations in Medicaid efforts to address health-related social needs: Key state considerations*. Center for Health Care Strategies. <https://www.chcs.org/resource/incorporating-community-based-organizations-in-medicaid-efforts-to-address-health-related-social-needs-key-state-considerations/>

### Spectrum of Community Engagement to Ownership

Moment Strategy Center. (n.d.). *The spectrum of community engagement to ownership*. <https://movementstrategy.org/wp-content/uploads/2021/08/The-Spectrum-of-Community-Engagement-to-Ownership.pdf>

CommuniHealth Maryland Team. (2022, November 15). *Strengthening health promotion through sustained hyperlocal community engagement*. Policy Commons. <https://policycommons.net/artifacts/3688557/strengthening-health-promotion-through-sustained-hyperlocal-community-engagement/4494476>

## Medicaid & Managed Care

### Community Health Worker Team Integration in Medicaid Managed Care: Insights from a National Study

Wennerstrom, A., Haywood, C. G., Smith, D. O., Jindal, D., Rush, C., & Wilkinson, G. W. (2023, January 13). Community health worker team integration in Medicaid managed care: Insights from a national study. *Frontiers in Public Health*, 10. <http://doi.org/10.3389/fpubh.2022.1042750>

### Financing Approaches to Address Health Related Social Needs via Medicaid Managed Care

Crumley, D., & Bank, A. (2023, February). *Financing approaches to address social determinants of health via Medicaid managed care: A 12-state review*. Center for Health Care Strategies, Association for Community Affiliated Plans. <https://www.chcs.org/media/Financing-Approaches-to-Address-Health-Related-Social-Needs-via-Medicaid-Managed-Care.docx.pdf>

### Four State Strategies to Employ Doulas to Improve Maternal Health and Birth Outcomes in Medicaid

Platt, T., & Kaye, N. (2020, July 13). *Four state strategies to employ doulas to improve maternal health and birth outcomes in Medicaid* (Brief). National Academy for State Health Policy. <https://nashp.org/four-state-strategies-to-employ-doulas-to-improve-maternal-health-and-birth-outcomes-in-medicaid/>

## Housing and Domestic Violence Programs Face Significant Problems in New Medicaid Program

Donnelly-DeRoven, C. (2022, September 8). *Housing and domestic violence programs face significant problems in new Medicaid program*. North Carolina Health News. <https://www.northcarolinahealthnews.org/2022/09/08/new-housing-program-faces-hurdles/>

## Payers and Health Equity: Reaching Beyond Incentives and Penalties

Institute for Healthcare Improvement. (2023, January 18). *Payers and health equity: Reaching beyond incentives and penalties*. <https://www.ihl.org/communities/blogs/payers-and-health-equity-reaching-beyond-incentives-and-penalties>

## Tips for Contracting with Medicaid Managed Care Organizations

National Association of Chronic Disease Directors. (2021, March 26). *Tips for contracting with Medicaid managed care organizations*. <https://coveragetoolkit.org/wp-content/uploads/2021/04/Tips-for-Contracting-with-Medicaid-Managed-Care-Organizations-.pdf>

## Working With Community Care Hubs to Address Social Drivers of Health: A Playbook for State Medicaid Agencies

Dutton, M., Osius, E., Rozario, N., & Segal, J. Z. (2022, November). *Working with community care hubs to address social drivers of health: A playbook for state Medicaid agencies*. Manatt Health. [https://www.manatt.com/Manatt/media/Documents/Articles/Manatt-CCH-Medicaid-Playbook\\_Final-11-17-22.pdf](https://www.manatt.com/Manatt/media/Documents/Articles/Manatt-CCH-Medicaid-Playbook_Final-11-17-22.pdf)

## Tools & Learning Resources

### Coalition Building Toolkit

Advancing Healthcare Excellence and Inclusion. (2022). *Coalition building toolkit*. Healthcare Association of New York State. [https://www.hanys.org/quality/clinical\\_operational\\_initiatives/aei/resources/docs/coalition\\_building\\_toolkit.pdf](https://www.hanys.org/quality/clinical_operational_initiatives/aei/resources/docs/coalition_building_toolkit.pdf)

### Collection of Tools & Resources: 2021 Integrator Learning Lab

Gertel-Rosenberg, A., Blackburn, K. B., Taylor, B., & Immediato, C. S. (2021, April). *Collection of tools & resources: 2021 Integrator Learning Lab*. Nemours Children's Health. <https://www.movinghealthcareupstream.org/wp-content/uploads/2021/10/CollectionOfToolsAndResourcesFINAL04142021.pdf>

### Community Activation for System Stewardship Field Guide

ReThink Health. (2019). *Community activation for system stewardship field guide*. The Ripple Foundation. <https://rethinkhealth.org/wp-content/uploads/2019/10/Field-Guide-for-Multi-Stakeholder-Mobilization-and-Coalition-Building-2nd-Edition-1x.pdf>

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