

Communications Workplan: Preparing for the Implementation of Medicaid Work Reporting Requirements

February 2026

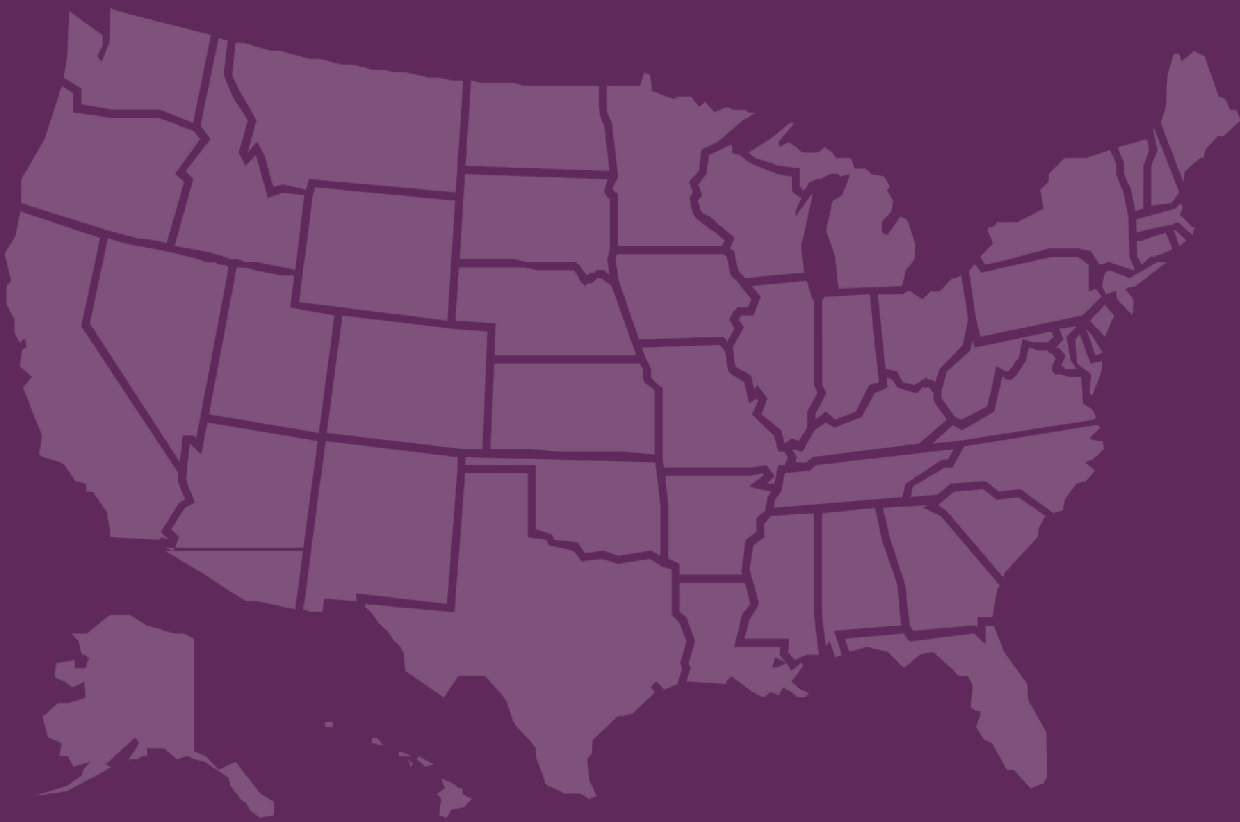


Table of Contents

Introduction 1

Plan..... 5

Engage..... 7

Educate..... 10

Monitor..... 14

Introduction

In July 2025, [H.R.1](#) became law, requiring states to implement work reporting requirements for adults ages 19 through 64 who are enrolled in the Medicaid Expanded Adult Group or similar coverage under a section 1115 waiver. Starting January 1, 2027, these individuals must either meet work or community engagement requirements or qualify for an exemption to keep their coverage.

This [federal mandate](#) marks a major shift in how Medicaid operates and how consumers access and maintain their coverage. For the first time, many will need to actively document and report work, school, or volunteer activities to stay enrolled.

This workplan is designed for state Medicaid and health and human services communications staff—particularly those responsible for planning and executing outreach related to new work reporting requirements. States can use it to inform the creation of communications efforts or to cross-reference existing plans, ensuring key tactics are considered, gaps are identified, and strategies are aligned around maintaining coverage for eligible people enrolled in Medicaid. State Health and Value Strategies (SHVS) plans to release template communications materials that complement this workplan.

Learning From Experience

This workplan draws on critical lessons from prior implementation of work reporting requirements in [Arkansas](#) and [Georgia](#), as well as proven communications strategies from the federal public health emergency Medicaid unwinding. These experiences underscore the importance of early outreach, multichannel communication, trusted messengers, and simple content.

What This Means for States

State Medicaid agencies now face the challenge of implementing a complex new system within a compressed timeline and with limited resources. Without effective communication and robust support systems, eligible individuals could lose health coverage—not because they don't qualify, but because they didn't receive clear information, missed a deadline, or encountered barriers navigating unfamiliar processes.

Why Communication Matters

Clear, timely, and accessible communication is essential to support successful implementation and ensure eligible residents can maintain coverage. States face two critical variables: adhering to [outreach standards set in H.R.1](#) and preparing for additional guidance from the Centers for Medicare & Medicaid Services (CMS).

Under H.R.1, states must notify all affected enrollees at least three months before implementation, providing information on requirements, exemptions, and verification steps via mail and one other communication channel. The [Center for Medicaid & CHIP Services Informational Bulletin issued on December 8, 2025](#) confirmed this timing and noted that states will also be required to conduct periodic outreach to applicable individuals at least once every six months after implementation. States must also prepare for federal guidance that will continue to evolve—including an Interim Final Rule expected by June 1, 2026, as well as sub-regulatory guidance. CMS is expected to address key outstanding issues, such as how states will be required to verify individuals' compliance and exemptions from work requirements, how states should approach certain exemptions—including those for people who are medically frail or have special medical needs—and other implementation details.

Building flexible, sequenced communications strategies and engaging a broad network of partners will help states meet these standards, adapt to new information, and help consumers navigate these changes without losing access to critical health coverage.

This communications workplan is designed to:

- **Protect coverage continuity** by empowering consumers with clear information about requirements, qualifying activities, and exemptions.
- **Collaborate with and equip a network of trusted voices**—from state partners to community-based organizations (CBOs)—to support streamlined implementation through coordinated and consistent communications.
- **Prioritize outreach to populations facing the greatest barriers**—including those with limited digital access, low literacy, limited access to healthcare, and limited English proficiency—by using culturally responsive strategies to reach them.
- **Foster trust through transparency** by engaging partners and affected communities early—incorporating their insights and addressing concerns with responsiveness.

This is a major undertaking—but with strategic communications at the center, states can implement these requirements in ways that protect health coverage for people enrolled in Medicaid and supports the state’s broader operations and infrastructure.

A Coordinated Approach

Implementing work reporting requirements demands more than operational readiness. It requires a comprehensive communications strategy that reaches multiple audiences through coordinated, concurrent efforts across operations, technology, policy, and communications.

This workplan is organized into four interdependent phases: **PLAN, ENGAGE, EDUCATE,** and **MONITOR**. Each phase has clear goals, defined audiences, and specific tactics designed to support successful implementation.

These phases run simultaneously and reinforce one another as states build toward January 1, 2027. Each phase outlines proven communications strategies to protect coverage continuity, support transparency, and build trust.

Table 1: Overview of Communication Phases

PLAN	ENGAGE	EDUCATE	MONITOR
Governance and operational planning	Partner education and co-creation	Education and outreach to people enrolled in Medicaid	Continuous learning and adaptation
Build the foundation for coordinated implementation by aligning communications with operational, technology, and policy work.	Activate a network of trusted partners, including people enrolled in Medicaid, who can co-create solutions, provide community insight, and support effective outreach.	Empower enrollees with clear information about requirements, available resources, and pathways to maintain or secure coverage.	Use real-time feedback and data to identify what’s working, address barriers quickly, and refine strategies and materials to better serve consumers.

Key Audiences to Engage Across Phases

Engaging a broad and diverse set of audiences will be key to successfully implementing work reporting requirements. Each audience below plays an important role in helping people enrolled in Medicaid understand new requirements, navigate exemptions, and maintain coverage. Engaging these groups early and often will ensure communications are accurate and help states foster trust as the new policy takes effect.

- **State leadership and program operations: This audience will guide policy changes, manage enrollment, and ensure communications are aligned across all touchpoints.**
 - State Medicaid agency leadership and staff
 - Eligibility and enrollment teams (policy, operations, training, outreach, customer support)
 - IT/systems teams
 - Communications department
 - Call center/customer service staff
 - Other state agencies' leadership and program teams, including:
 - State-Based Marketplace (if applicable)
 - Department of Labor/workforce development
 - Agencies overseeing the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF)
 - Unemployment insurance
 - Women, Infants, and Children (WIC) and childcare assistance programs
 - Transportation
 - Departments of Education; higher education systems (universities, community, and technical colleges); adult education and literacy programs
 - State-level elected officials and staff
 - Local government leadership
- **Health coverage partners and frontline Navigators: This audience can help translate policy into action and provide direct support to people enrolled in Medicaid during renewals and reporting.**
 - Managed care organizations (MCOs)
 - Providers and health systems, including federally qualified health centers (FQHCs)
 - Assisters, Navigators, and certified application counselors
 - Member services and eligibility workers who support renewals and reporting

- **People enrolled in Medicaid and consumer advocates: This audience can ensure materials are clear and accessible, identify barriers, and help co-design solutions.**
 - Medicaid enrollees ages 19 to 64 in the expansion population or enrolled in expansion-like coverage under a section 1115 demonstration
 - New or potential enrollees
 - Beneficiary Advisory Councils (BAC) and Medicaid Advisory Committees (MAC)
 - Consumer advocates and legal aid organizations
- **Community and workforce partners: This audience can reach into trusted settings, connect people enrolled in Medicaid to jobs and supports, and tailor communications to be culturally responsive.**
 - CBOs serving populations with limited English proficiency, low health literacy, limited access to health systems, or are otherwise marginalized
 - Groups representing exempt populations (people with disabilities, American Indian and Alaska Native individuals, pregnant women, caregivers, foster youth)
 - Faith and cultural or linguistically aligned organizations, especially those coordinating volunteer opportunities
 - Workforce development organizations, including job placement and training programs
 - Employers/business community, particularly large sectors in the state (e.g., agriculture, manufacturing, etc.)
- **Education and amplification channels: This audience can help broaden awareness, reinforce messages, and reach specific groups.**
 - Traditional and nontraditional media, including print, TV, radio, digital outlets, community influencers, podcasts, and social media

For additional insights on engaging audiences, see the SHVS toolkit *Engaging Enrollees in Medicaid Work Reporting Requirements Implementation*.

PLAN

Build the foundation for coordinated implementation by aligning communications with operational, technology, and policy work.

COMMUNICATION STRATEGIES

Communications Leadership Team and Protocols

Convene a cross-functional team with representatives from communications, enrollee/member engagement, operations, policy, technology, and customer support. Include touchpoints or formal representation from relevant state agencies and essential partners.

Establish clear roles and responsibilities, a regular meeting cadence, communication channels, and escalation steps for urgent issues.

Core Messaging

Create a comprehensive message guide that establishes foundational language, key terms, and consistent framing across all materials.

Engage people enrolled in Medicaid and community partners in the development of messaging and materials.

- Use language that emphasizes support, resources, and pathways (not just compliance).
- Define key terms in plain language (e.g., “qualifying activities,” “exemptions,” “reporting”).
- Design communications to be **clear and actionable** (e.g., dates, required actions, consequences).
- Translate core messages into the state’s top spoken languages. Engage community partners and people enrolled in Medicaid with in-language expertise to review translations for cultural and linguistic appropriateness.

Apply messaging consistently across all touchpoints: notices, websites, call center scripts, social media, and partner materials.

A note about program branding

Arkansas’ work and community engagement reporting program was named “Arkansas Works.” Some people enrolled in Medicaid overlooked important communications because they did not realize this program was part of Medicaid. Unless necessary, use the Medicaid program name and refer to “new requirements,” rather than establishing a secondary reporting program name.



Relevant Implementation Milestones

See *Medicaid Work Reporting Requirements: Implementation Planning Milestones and CMS Issues Initial Guidance on Work Reporting Requirements* for more information.

- Develop consumer notices, including outreach notices, eligibility determinations, requests for information, and noncompliance notices. **Complete by March 31, 2026.**
- Begin outreach to enrollees at least three months prior to the state’s determined “lookback period” for compliance. **Complete no later than the summer of 2026.**
- Develop public-facing policy guidance (e.g., managed care organization bulletins, provider manuals, program manuals). **Complete by September 30, 2026.**





Partner Mapping

Not all partners require the same level of engagement. Some will be critical in reaching people enrolled in Medicaid; others may primarily need information. Mapping helps states focus their limited time and resources where they will have the greatest impact while identifying gaps that need attention.

Key Questions to Answer:

- Do we have established relationships or contacts with partners in all affected communities? Where are the gaps?
- Who will manage each partner relationship? Do we have capacity gaps?
- With limited time and resources, how should we prioritize partners?
- Are there existing touchpoints (e.g., scheduled meetings, conferences, coalitions) we can leverage?

Use this matrix to categorize partners and determine an approach to engagement:

Table 2: Partner Mapping Grid		
	Primary Implementation Role	Supporting Implementation Role
Higher Information Need	<p>Collaborate and co-create</p> <ul style="list-style-type: none"> • Deep, ongoing engagement • Regular two-way communication 	<p>Inform and consult</p> <ul style="list-style-type: none"> • Regular updates • Opportunities for input • Clear channel for questions 
Lower Information Need	<p>Engage strategically</p> <ul style="list-style-type: none"> • Targeted outreach at key moments • Leverage their infrastructure for low lift • Regular check-ins 	<p>Monitor and update</p> <ul style="list-style-type: none"> • Provide basic information • Make resources available 

Sample Partner Mapping Outputs:

People Enrolled in Medicaid

Primary implementation role; higher information need



Individuals with lived experience of the Medicaid program, including members of the BAC (or similar enrollee advisory body) should be engaged throughout the planning and development process. Their input can help shape messaging, material design, notice language, and operational elements (e.g., exemption process, testing reporting tools). To ensure meaningful participation, consider compensating members for their time and expertise.¹

¹ State Strategies to Compensate Beneficiary Advisory Council Members

Identify key contacts and touchpoints early, map the BAC meeting schedule against key implementation milestones, and identify enrollee voice gaps for those that are underrepresented in existing forums or where few touchpoints exist. Consider creating a consumer workgroup or subcommittee of the BAC focused on work reporting requirements that includes only impacted people enrolled in Medicaid and can provide input on process, key decision points, and messaging on a more frequent or timely basis if the BAC is unable to do so.

Legislative Communication

Supporting implementation role; lower information need



Keep state legislators and staff informed about federal requirements, implementation plans, and progress. Provide regular updates featuring resource needs, risks, and emerging issues. Successful implementation may require additional state funding for technology upgrades, staffing, and communications efforts. Building legislative understanding early can support long-term collaboration.

ENGAGE

Activate a network of trusted partners who can co-create solutions, provide community insight, and support effective outreach.

COMMUNICATION STRATEGIES

Webpage

Establish a dedicated webpage or microsite as the central hub for enrollee updates and partner engagement. Ensure it is easy to access by linking prominently from the state Medicaid homepage, or, if applicable, the state Marketplace site. The webpage should feature:

- An overview of the implementation timeline and key milestones.
- How partners can get involved and share feedback.
- Frequently asked questions (FAQs) updated as new questions emerge.
- Dated updates and announcements.
- Access to resources or toolkits.
- Contact information for questions and support.

Regular Updates

Provide regular partner updates on a consistent schedule (suggested: monthly through June 2026, then bi-weekly as implementation approaches) and incorporate opportunities to gather feedback (see recommendations below). Keep partners informed through a segmented email list. Leverage channels that are already designated for partner engagement, such as social media (e.g., LinkedIn may be more effective in updating partners compared to Facebook, depending on already cultivated audiences) or existing newsletters.

As plans take shape, host webinars and attend local engagements to provide more detailed or audience-specific updates and gather information about challenges with new systems and processes.

Educate Partners

States should equip partners with clear, actionable information to support outreach to people enrolled in Medicaid. Trusted messengers, including CBOs, consumer advocates, and workforce partners, play an important role in translating policy into practice. Providing message toolkits, templated materials, and training (if applicable) will ensure they are prepared to answer questions and guide enrollees through new requirements. Their education should be ongoing as policies evolve.

Workgroups

BACs and MACs should play a critical role in shaping and communicating about major policy changes, such as work reporting requirements. But these groups are dedicated to a broader mission surrounding Medicaid and should not be expected to represent or lift up the needs of all affected populations.

Consider creating workgroups or hosting listening sessions for people enrolled in Medicaid from specific populations and implementation areas. These groups can provide specialized input and user testing, help identify barriers early, and co-create solutions tailored to their communities' needs.

Suggested workgroups:

- **Exemption populations.** Focus on ensuring people who qualify for exemptions understand their options and can easily navigate the process. Align with [state definitions of medical frailty](#). Members may include:
 - Disability rights organizations and advocacy groups
 - Caregiver support organizations
 - Community colleges and universities
 - Organizations serving individuals with chronic conditions or serious mental illness
 - Substance-use disorder treatment providers and recovery support organizations
 - Pregnancy and parenting support programs
 - Tribal/Urban Indian Health Centers
 - Reentry programs
 - Organizations providing peer-support, community health work, or system navigation supports
- **High-health need populations.** Focus on supporting individuals who may face challenges meeting requirements due to their health situations and are at significant risk if they lose coverage.
 - Organizations serving people with chronic conditions
 - Behavioral health providers
 - Substance-use disorder treatment programs
 - Organizations serving people experiencing housing and food insecurity
 - Home health and long-term services and supports providers
 - Rural communities with limited access to care

- **State partners.** Focus on coordination across programs that intersect with people enrolled in Medicaid and work or community engagement. How states engage each partner should be calibrated to their relationship to work reporting requirements. For example, the Department of Labor may be integral to operationalizing reporting mechanisms, whereas childcare assistance programs can help shape communications to exempt populations.
 - State-Based Marketplace (if applicable)
 - Department of Labor/workforce development agencies
 - SNAP/food assistance programs
 - TANF administrators
 - WIC programs
 - Unemployment insurance offices
 - Childcare assistance programs
 - Transportation agencies
 - Universities/colleges/technical training institutes
 - Adult education and literacy programs
 - Libraries and digital access programs
- **Enrollment assisters.** Focus on frontline organizations that will be directly supporting consumers through this transition.
 - Healthcare providers, health plans (especially at renewal)
 - Certified application counselors and Navigators
 - Legal aid organizations
 - Organizations serving immigrant and refugee communities

Best Practices for Work Groups or Listening Sessions²

- *Schedule sessions in diverse communities (urban, rural, different language groups).*
- *Ask open-ended questions: What concerns do you have? What information would be most helpful? What barriers do you anticipate? What's working well that we should build on?*
- *Create accessible participation options (in person, virtual, written feedback).*
- *Offer sessions at different dates and times to accommodate varied schedules.*
- *Report back to participants on how their input shaped decisions.*

² For additional guidance on BAC design considerations, see: [Recommendations for States as They Create Medicaid Beneficiary Advisory Councils: Thoughts From People With Medicaid Experience Who Have Served on Medicaid Committees](#)

Feedback Loop

Establish multiple, low-barrier ways for people enrolled in Medicaid and other partners to provide input, ask questions, and flag issues throughout implementation. Ensure transparency by confirming receipt and indicating how their feedback was used. This could include:

- A centralized email address monitored daily with response protocols, including an auto-reply confirming receipt of input.
- An online form accessible from the webpage for quick questions or concerns.
- Spot surveys to gauge partner readiness, training needs, resource gaps, or emerging concerns at key milestones.
- Quarterly partner pulse surveys to measure satisfaction with communications, training, and support.
- Regular engagement with impacted enrollees through the BAC and other efforts to engage people enrolled in Medicaid.

EDUCATE

Empower enrollees with clear information about requirements, available resources, and pathways to maintain or secure coverage.

COMMUNICATION STRATEGIES

Raising awareness, educating, and preparing consumers for work reporting will require layered and sustained communications throughout 2026. Create a plan to manage objectives, workloads, and content development. Leverage insights from the **PLAN** and **ENGAGE** phases to shape communications to people enrolled in Medicaid and partners.

Map Communication Flows to People Enrolled in Medicaid

People enrolled in Medicaid are already asking questions; some believe the changes are already in effect. Preparing enrollees to handle their 2027 renewal with new requirements, which will coincide with the start of the six-month renewal process, will require sustained education and awareness building throughout 2026.

Plan backward from implementation. Map an end-to-end communication flow for distinct enrollee personas, working back from the January 1, 2027 implementation date. For example, if your state establishes a one-month lookback period (December 2026), enrollee outreach must begin by September 2026. However, communications should start well before that required outreach window to build understanding gradually and avoid overwhelming enrollees. Map out how and when to communicate from early 2026 through mid 2026 to ensure clear, consistent messaging and adequate time to execute campaigns effectively.

Sample Timelines

2026	One-Month Lookback	Two-Month Lookback	Three-Month Lookback
January	Begin to raise awareness via annual renewal notices		
February	Launch campaign to confirm contact information (see below)		
March			
April			
May			Launch public education
June		Launch public education	
July	Launch public education		Enrollee outreach begins
August		Enrollee outreach begins	
September	Enrollee outreach begins		
October			<i>Reporting required</i>
November		<i>Reporting required</i>	<i>Reporting required</i>
December	<i>Reporting required</i>	<i>Reporting required</i>	<i>Reporting required</i>
2027	Implementation (January 1)		

“Reporting required” refers to the work reporting enrollees or applicants must demonstrate to qualify for Medicaid.

Break communications into distinct campaigns to ensure messaging is focused. For example, ahead of official and required outreach, consider:

- **A campaign to confirm contact information:** Refresh messaging from the unwinding period to emphasize the critical importance of keeping contact information current. Many coverage losses during unwinding occurred because notices went to outdated addresses.
 - Include contact update reminders in all enrollee communications (from Medicaid and their MCO).
 - Send standalone email/text campaigns asking enrollees to confirm contact information.
 - Update contact center/call center scripting to prompt address verification.
 - Renew focus on address updates for application assisters.
- **Embedding education in 2026 renewals:** As enrollees go through their annual renewal process throughout 2026, include messaging about upcoming changes in key communications or notices. This may help reduce call center volume.

Comprehensive Enrollee and Partner Communications Campaign

Create a multichannel campaign that reaches consumers directly through messengers they trust and in formats they can access. Anchor the campaign in the core messaging developed during the **PLAN** phase and partner insights from the **ENGAGE** phase to amplify messages and extend reach into trusted settings. Tap partners to shape the development and review of a campaign plan to ensure it can be supported by a broad and diverse group of partners.

Key steps include:

- Identify and develop core materials, such as a message guide and FAQs, that can be used as the basis for all other content.
- Develop educational resources on key topics (What activities count? Am I exempt? How to report?)
 - Fact sheets
 - Video explainers
 - Social media graphics and posts
- Determine direct-to-enrollee communication modalities, including:
 - Direct mail (see H.R.1 requirements for address accuracy, which mandate states use reliable data sources)
 - Text messaging
 - Email campaigns
 - Enrollee portal messaging
- Identify general public messaging and mediums, such as:
 - Radio advertising (particularly to reach residents in rural areas)
 - Public service announcements
 - Print materials (flyers, palm cards), signage, and a distribution mechanism
- Determine how partners will be engaged and supported, including:
 - Partner toolkits featuring core messages, content, and key milestones
 - Coordinated message and template materials distribution through social media, newsletters, WhatsApp groups, email, bulletin boards, and more
 - Community-based outreach through events or trusted messengers
- Establish a media relations strategy to educate and engage reporters, particularly those reaching rural residents, immigrant communities, and media outlets or programs focused on specific cultural and linguistic communities.

For additional insights on leveraging WhatsApp for partner outreach, see the SHVS Expert Perspective *Utilizing WhatsApp in State Medicaid and Marketplace Outreach Efforts*.

Managed Care Organization Communications Coordination

MCOs are critical communication channels with direct access to people enrolled in Medicaid. Coordination ensures consistent messaging and maximizes reach.

In early conversations with MCOs, revisit lessons learned from the unwinding, including what worked and what needs improvement. As implementation gets underway, apply insights from the **ENGAGE** phase to strengthen communications strategies.

Provide:

- Core messaging and talking points to ensure consistency.
- Templated materials they can customize with their branding (letters, emails, FAQs, social media).
- Requirements and expectations for what MCOs must communicate (if applicable).

Request:

- Communication plans showing how they'll reach their members.
- Reporting on communication activities and member engagement.
- Feedback on common member questions and concerns.
- Coordination on timing to avoid overwhelming members with duplicate messages.
- Amplification of state campaigns through their channels.

Coordinate:

- Regular check-in calls with MCO communications leads.
- Shared timeline/calendar to coordinate mailings and campaigns.
- Joint review of materials before release.
- Feedback loops to share what's working and what's not.

Enrollee Support Coordination

Call centers, member services staff (e.g., application and enrollment assisters), and eligibility workers will be on the front lines answering questions and helping people navigate requirements. Equipping them is essential. Coordinate with the Medicaid customer support teams to ensure communications align across scripts and trainings. Providing regular education and resources to community health workers, peer support specialists, and other non-clinical health staff can increase the spread of accurate information and alleviate pressure on eligibility workers.

MONITOR

Use real-time feedback and data to identify what's working, address barriers quickly, and refine strategies and materials to better serve consumers.

COMMUNICATION STRATEGIES

H.R.1 establishes reporting requirements for states related to enrollee compliance and participation. This section focuses specifically on measuring communications effectiveness—if messages are reaching people, understood, and prompting action.

Establish Key Performance Indicators

To ensure outreach efforts effectively reach and engage consumers, states should set communications-focused key performance indicators (KPIs). Metrics such as website traffic, QR code scans, and email engagement provide real-time insight into whether messages are landing and where barriers remain. Where feasible, states should also track these indicators by demographic breakdowns, such as disability status, geography, and language preference, to understand how outreach efforts are affecting different populations. Tracking these indicators closely will enable states to quickly refine strategies, reduce confusion where needed, and prevent coverage loss.

- Website traffic to work reporting pages and resource tools
- QR code scans from printed materials (create distinct Urchin Tracking Modules)
- Email and text message delivery rates and open/click rates
- Call center volume trends
- Partner engagement (downloads of toolkit materials, attendance at trainings)
- Call center data, such as FAQs and confusion points; monitor first-call resolution rates
- Social media impressions and engagement
- Media coverage, accuracy, and message penetration
- Feedback loop trends (volume and themes from emails, surveys, online form submissions)

For additional insights on SMS best practices, see the SHVS Expert Perspective *Optimizing SMS Strategies for Outreach to Medicaid and Marketplace Enrollees*.

Use Data to Refine Materials

Regular monitoring should also guide updates to both materials and outreach strategies. States can use insights from KPIs and workgroups to refine messaging, create new materials, or adjust outreach tactics to ensure enrollee communications remain clear and effective.

Assess Effectiveness With Partners

Data alone can't tell the full story. Share key metrics and trends with workgroups and partners tapped in the **ENGAGE** phase. Ask them to help interpret what the data means and identify insights that numbers might miss. Their frontline perspective can reveal barriers, confusion, or opportunities that aren't immediately visible in quantitative tracking.

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ABOUT GMMB

This toolkit was prepared by Melissa Morales, Gabriela Gomez, and McKenzie Perrow. GMMB is a full-service communications firm dedicated to creating real and lasting positive change in the world. We work on behalf of several of the world's largest foundations, leading public interest groups and trade associations, federal and state government agencies, and corporations. For more than 40 years, we have been on the front line of issue-based communications, earning a reputation for shaping public opinion by developing research-based communications strategies that achieve real results. For more information, visit www.gmmmb.com.