

How to use this document: This document was developed by an AHE Learning Collaborative (LC) Team, and later adapted for broader use. The purpose of this document is to help teams consider a number of criteria that could help inform their choice of Health Equity Focus. Teams should work together to answer each of the criteria for each Health Equity Topic they are considering and can use those responses to select a topic of focus. The below table shares an example to help teams think through the criteria. The next tab contains an empty table that teams can use for their own work. While filling out the worksheet, ensure voices from throughout the team are heard - including people from each partner organization and people at multiple levels of the organizations (leadership, mid-level, junior staff). You may want to color code text or use other signals to identify who contributed certain ideas to help identify if anyone is being left out of the conversation.

Criteria	Example Health Equity Focus: Asthma control
Documented Disparity: Known health disparity within the population (factors to consider: race/ethnicity, language, rural, ability status, etc)	In our state, non-Hispanic American Indian and Alaska Native adults, and Black children report higher asthma rates than other racial or ethnic groups Asthma Medication Ratio not reviewed as part of Equitable Care Performance Patterns.
Health Equity Focus: How do individual and structural factors perpetuate inequity (e.g., structural racism, implicit and explicit bias, geography, etc)?	Geography/built environment is shown to impact asthma rates and exacerbation. Access to and understanding of use of control medication is key - access to medication for AI/AN people may be challenging as they often live in very rural areas in our state?
Existing Momentum: Existing initiatives and activities addressing the work --- at the community, provider organization, health plan and/or state level	Medicaid agency is exploring an asthma episode of care bundled payment model for Medicaid managed care There is a statewide asthma initiative Quality Improvement Score model for MCOs, includes asthma med management measures for ages 5-11 and 12-18 Medicaid health homes allow people with 1 or more chronic conditions, including children with asthma, to seek care 8 regional health initiatives have chosen asthma as one of their chronic disease prevention and control areas of focus Existing VBP measure
Available Measurement: Having some defined measures that exist that can be tied to the intervention	Yes - HEDIS asthma medication ratio metric
Reporting Capabilities: Infrastructure for reporting of the data/information	Yes - in HEDIS reporting software for provider and MCO partner
Actionable: Ability to take an identifiable action that will create positive change in the timeframe given	Unsure - will need to think through this more. Do not have pre-existing examples of successful asthma control initiatives w/in the team. Need to do further research on potential actionable methods
Member and Community Partnership: Have individuals with Medicaid and community members informed identification and potential prioritization of this disparity? Will they be able to be involved in actions to reduce health disparities throughout the project?	Yes - individuals with Medicaid already part of governing bodies for place-based initiatives related to asthma mentioned above. We plan to tap those groups, along with some other existing advisory bodies, to talk about their priorities. If asthma is chosen, this existing group could be a good starting structure for member partnership.
Support: Political will/statewide support and activities	Yes State VBP measure, shared priority across this team
Scalability: Ability for topic/intervention to be expanded and have broad population impact	Unsure - will need to think through the potential intervention more. Need to do background research on prevalence
Staffing Capacity: Staffing capacity within healthcare delivery system	Need to assess pharmacist capacity to support a potential medication-related intervention
Additional Notes	
Next Steps: What next steps will the team take to select their	Team agreed at the end of this worksheet that 3 of our topics seems like good ideas. Next step is to bring these three ideas to multiple

Criteria	Topic Being Considered #1	Topic Being Considered #2	Topic Being Considered #3	Topic Being Considered #4	Topic Being Considered #5
Documented Disparity: Known health disparity within the population (factors to consider: race/ethnicity, language, rural, ability status, etc). How does intersectionality impact this disparity?					
Health Equity Focus: How do individual and structural factors perpetuate inequity (e.g., structural racism, implicit and explicit bias, geography, etc)?					
Existing Momentum: Existing initiatives and activities addressing the work --- at the community, provider organization, health plan and/or state level					
Available Measurement: Having some defined measures that exist that can be tied to the intervention					
Reporting Capabilities: Infrastructure for reporting of the data/information					
Actionable: Ability to take an identifiable action that will create positive change in the timeframe given					
Member and Community Partnership: Have individuals with Medicaid and community members informed identification and potential prioritization of this disparity? Will they be able to be involved in actions to reduce health disparities throughout the project?					

Support: Political will/statewide support and activities					
Scalability: Ability for topic/intervention to be expanded and have broad population impact					
Staffing Capacity: Staffing capacity within healthcare delivery system					
Additional Notes					
Next Steps: What next steps will the team take to select their Health Equity Focus? Consider if additional questions need to be answered to make a decision, if additional stakeholders need to be consulted (e.g., member and community engagement, discussing ideas with					