

Women and Maternal Health Equity Exercise

Considering what you learned through the morning's presentation and exercises, let's focus in on our domain and view the below selected priority, measure and objective through a health equity lens.

NPM1. Well-woman visit (Percent of women, ages 18-44, with a preventive medical visit in the past year)

- **ESM:** Percent of women program participants (18-44 years) with a preventive medical visit in the past year

Objective 1.1. Increase the proportion of women receiving a preventive medical visit annually.

Task 1. Identify Intermediary Determinants likely to contribute to health inequities related to women receiving annual preventive medical visit.

Differential exposures/ opportunities?	
Differential vulnerabilities/ capabilities	
Differential consequences/ access	

Do you notice any commonalities or differences in the factors you identified?

Whose work is it to address inequities related to women well visits?

Task 2. Based on Task 1 discussion, identify and select potential strategies to support health equity related to women receiving an annual preventive medical visit.

Potential Strategy	Who can or should implement this strategy?	If implemented, how will this advance health equity?
ES#3: Inform, educate, and empower people about health (and equity) issues.		
ES#4: Mobilize community partnerships and action to identify and solve health (and health equity) problems.		
ES#8: Assure competent public and personal health care (and health equity) workforce.		

Task 3. After discussion the above potential strategies, recommend one potential health strategy for each essential service to move forward.

ES	Strategy (list or mark with * above)	Action that needs to take place before the next KMCHC meeting	By whom
#3			
#4			
#8			

Considering what you learned through the morning's presentation and exercises, let's focus in on our domain and view the below selected priority, measure and objective through a health equity lens.

NPM 4. Breastfeeding (*focus on:* Percent of infants breastfed exclusively through 6 months)

SPM 3. Safe Sleep (Number of Safe Sleep (SIDS/SUID) trainings provided to professionals)

Objective 3.1. Increase the number of communities that provide a multifaceted approach to breastfeeding support across community sectors by at least 10 by 2020.

Objective 3.3. Increase the proportion of mothers and pregnant women receiving education related to optimal infant feeding by 2020.

Objective 3.4. Implement a multi-sector (communities, hospitals, maternal and infant clinics) safe sleep promotion model by 2020.

Task 1. Identify Intermediary Determinants likely to contribute to health inequities related to breastfeeding duration and safe sleep.

Differential exposures/ opportunities?	
Differential vulnerabilities/ capabilities	
Differential consequences/ access	

Do you notice any commonalities or differences in the factors you identified?

Whose work is it to address inequities related to breastfeeding duration and safe sleep?

Task 2. Based on Task 1 discussion, identify and select potential strategies to support health equity related to breastfeeding duration and safe sleep.

Potential Strategy	Who can or should implement this strategy?	If implemented, how will this advance health equity?
ES#3: Inform, educate, and empower people about health (and equity) issues.		
ES#4: Mobilize community partnerships and action to identify and solve health (and health equity) problems.		
ES#8: Assure competent public and personal health care (and health equity) workforce.		

Task 3. After discussion the above potential strategies, recommend one potential health strategy for each essential service to move forward.

ES	Strategy (list or * above)	Action that needs to take place before the next KMCHC meeting	By whom
#3			
#4			
#8			

Considering what you learned through the morning's presentation and exercises, let's focus in on our domain and view the below selected priority, measure and objective through a health equity lens.

SPM 2. Physical Activity (Percent of children 6 through 11 who are physically active at least 60 minutes/day)

Objective 2.5: Increase the percent of children participating in at least 60 minutes of daily physical activity per CDC recommendations to decrease risk of obesity by 2020.

Task 1. Identify Intermediary Determinants likely to contribute to health inequities related to child physical activity.

Differential exposures/ opportunities?	
Differential vulnerabilities/ capabilities	
Differential consequences/ access	

Do you notice any commonalities or differences in the factors you identified?

Whose work is it to address inequities related to child physical activity?

Task 2. Based on Task 1 discussion, identify and select potential strategies to support health equity related to child physical activity.

Potential Strategy	Who can or should implement this strategy?	If implemented, how will this advance health equity?
ES#3: Inform, educate, and empower people about health (and equity) issues.		
ES#4: Mobilize community partnerships and action to identify and solve health (and health equity) problems.		
ES#8: Assure competent public and personal health care (and health equity) workforce.		

Task 3. After discussion the above potential strategies, recommend one potential health strategy for each essential service to move forward.

ES	Strategy (list or * above)	Action that needs to take place before the next KMCHC meeting	By whom
#3			
#4			
#8			

Considering what you learned through the morning’s presentation and exercises, let’s focus in on our domain and view the below selected priority, measure and objective through a health equity lens.

NPM 10. Adolescent well-visit (Percent of adolescents, 12 through 17, with a preventive medical visit in the past year)

- **ESM:** Percent of adolescent program participants (12-22 years) that received education on the importance of a preventive medical visit in the past year

OBJECTIVE 4.1: Develop a cross-system partnership and protocols to increase the proportion of adolescents receiving annual preventive services by 2020.

Task 1. Identify Intermediary Determinants likely to contribute to health inequities related to adolescent well visits.	
Differential exposures/opportunities?	
Differential vulnerabilities/capabilities	
Differential consequences/access	

Do you notice any commonalities or differences in the factors you identified?

Whose work is it to address inequities related to adolescent well visits?

Task 2. Based on Task 1 discussion, identify and select potential strategies to support health equity related to adolescents receiving a preventive medical visit in the past year.

Potential Strategy	Who can or should implement this strategy?	If implemented, how will this advance health equity?
ES#3: Inform, educate, and empower people about health (and equity) issues.		
ES#4: Mobilize community partnerships and action to identify and solve health (and health equity) problems.		
ES#8: Assure competent public and personal health care (and health equity) workforce.		

Task 3. After discussion the above potential strategies, recommend one potential health strategy for each essential service to move forward.

ES	Strategy (list or * above)	Action that needs to take place before the next KMCHC meeting	By whom
#3			
#4			
#8			