

	What current force could affect our ability to achieve health equity?	How is that force moving us towards health equity?	How is that force holding us back from achieving health equity?
	<i>Bold in these two columns calls out some specifically health equity related issues</i>		
CODE	TECHNOLOGY AND SCIENCE	TOWARD HEALTH EQUITY (+)	AWAY FROM HEALTH EQUITY (-)
INFRASTRUCTURE	Cell Service	Access anywhere, anytime!	Limited coverage; No texting for 9-H option
	Expansion of Broadband & Internet	Increased opportunity in rural communities	Not universally available
	& Internet	Source for reliable health info	Access to porn & violence
	& Internet		Fake news/ non-credible sources
	& Internet		Privacy concerns
	Internet Access	Statewide awareness of need	Rural State
	Internet Access	increased access to information	Is the information valid?
	Website availability	More inclusion	lack of cognitive accessibility
	Website availability	Increase health literacy	
	Good Data vs. not good data	Some ~ understand what they are viewing	How many people know how analyze(short attention span)
	General tech improvement	Efficient/ Innovation	Bad for individual
	General tech improvement	Cost effective collaboration	Physical / mental health to be consumed by tech
	General tech improvement	Great small business opportunities	
TELEHEALTH	Tele Health	Increased monitoring & support (esp. in rural areas)	None available
	Tele Health	Expand and increase access in rural settings	lack of face-to-face interaction
	Tele Health	Allows for interpreter services (although imperfect)	None brought to scale
	Tele Health	Enables self-advocacy via text, facetime, etc.	
	Education	Distance learning & professional development	Band width accessibility is limited
	Education	Increased community reach	
	Increasing technology	Telemedicine, medical progress, EMRS	Problems with access
	Increasing technology		privacy questions
	Distance learning/ Telemedicine	Brings great access to rural communities	Build state capacity to bring equitably to all communities
	ADAPTIVE	Smart Technology	Adaptive technology for many
	Smart Technology	Connecting people (social good)	Can't afford/ can't use
	Ubiquitous mobile technology	bridge to health monitoring and awareness	Expensive and limited service coverage (lack of access)
	Assistive Technology	Adds great access and capacity	Insurance does not fund
BEHAVIOR	Screen time		childhood obesity: lack of physical activity
	Screen time		lack of social interaction
SOCIAL	Social Media	Good way to share info (accurate)	alternative facts
	Social Media	way to find support	can be isolating
	Social Media		screen time too excessive
	Screen time	access to info	cyberbullying
	Social Connectivity	Increased ability to communicate and educate	Passive, impersonal comm.
	Social Connectivity		hard to "vet" sources
	Social Connectivity		can be isolating
	Community Engagement	"Go-to-meetings" to incr. engagement and participation	limited accessibility
MEDICAL	Medical/ Pharmaceuticals Advances	Extend life, improve health	Expense decimates global budgets
	Medical/ Pharmaceuticals Advances		Question at end of life as it affects quality of life
	Regulatory Pharmaceutical	Protects us	Takes a LONG time to get to market
	Regulatory Pharmaceutical		Patients put a lock on market/ prices
GENETICS	Emergence of genetics (testing)	Proactive targeted treatment and wellness	Stigmatizing
	Emergence of genetics (testing)		Expense

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	Emergence of genetics (testing)		Accuracy not proven
	Emergence of genetics (testing)		Re-emergence of of engenics
	Ethics/ Moral	Should tech.drive level and type of care?	Who decides what's going too far?
RESEARCH	Increase Research and Data Systems	Increased knowledge base for ROI	None!
	Increase Research and Data Systems	Effective investment for positive outcomes	If data is not used, resources wasted to create
	Increase Research and Data Systems		Need equitable process for \$ for research and analysis
	Increase Research and Data Systems		Research out to public
	Increase education in science and technology	Creates opportunities	Resistance
CODE	ENVIRONMENTAL	TOWARD HEALTH EQUITY (+)	AWAY FROM HEALTH EQUITY (-)
LIVABLE/HEALTHY	Livable and Healthy communities	promotes healthy behavior	design needs to be accessible to all
	Livable and Healthy communities	population health	
	Focus on activity/ built environment	more access to outside/ recreational activity	expensive to retro-fit for communities
	Focus on activity/ built environment	less reliance on carbon based transportation	focuses more on "urban" environments
	Aging Infastructure (bldgs., bridges, etc)	build more productive and healthy communities	Toxins
	Aging Infastructure (bldgs., bridges, etc)	innovative ideas and creativity	high cost rehab
	Accessibility (recreational, age, disability, rural)	increase tourism; increase economy	lack of infrastructure to support
	Accessibility (recreational, age, disability, rural)	increase access; decrease injury	Decreased access to certain phys. Ex (playgrounds, etc)
	Accessibility (recreational, age, disability, rural)	more space	Increase isolation
	Accessibility (recreational, age, disability, rural)	clean air/ beauty	
	Welcoming environment (ex: bathrooms)	Access	
	Environmental Regulation	Improves Quality of Life	More expensive housing
	Environmental Regulation	Eco-tourism	lower economic vitality
	Land Use	conservation	
	Accessibility (recreational, age, disability, rural)	physical exercise opportunities	transportation issues
TRANSPORTATION	Geographic barriers (lack of transportation)	increased socialization	isolation
	Geographic barriers (lack of transportation)	increased access to all social opportunities	lack of transport/ lack of access
	Rural Transportation	some investment in intrastructure	decreased access to service jobs
	Rural Transportation		travel far for work
	Rural Transportation		cost/ scale
	Safe and decent public transportation	medicaid transportation	communicating about medicaid transportation needed
	options for transportation expanding	reduces barriers for people to get to appointments	not accessible in all areas/ consistent
	options for transportation expanding	could reduce transport desserts	Money
FOOD	Healthy Food/ VT Farm to....Movement	involves all sectors in healthy food culture	too expensive for many
	Land Use	Increase farm land = increase food	less land for affordable housing and development
	Livestock	Food and dairy = increase economy	increase methane
	Focus on local food systems in VT	<i>good for physical health</i>	cost of local foods
	Focus on local food systems in VT	<i>good for community</i>	access not equitable
	Focus on local food systems in VT	fosters conversation about health as a right	lack of dignity
HOUSING	"Housing First"	focus of field directors making it a priority	laws
	"Housing First"		Construction/ money
	Develop housing that's environmentally aware	Makes housing more sustainable over time	More expensive up front
	Develop housing that's environmentally aware	creative habitat	
	Built environment	Green new construction is ADA compliant	Immunity

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	Built environment		Aging
	Built environment		Lead paint
	Increase in affordable housing	increase buying power	construction may be unhealthy
	Increase in affordable housing	stable housing	Act 250 requirements
	Increase in affordable housing		Permitting
	housing affordability	increased transitional options	increased rents spread beyond BTV
ENERGY	Solar Power	Clean energy/ jobs; keeping it green	Cost/ siting; big corps take money out of VT
	Clean Energy	Less reliance on fossil fuels	Slow ROI (challenge: quick ROI re: health outcomes)
	Wind Power	Clean energy/ jobs; keeping it green	noise pollution/ siting; big corps take money out of VT
	Natural Gas	Clean energy at point source	inequitable access
	Natural Gas	inexpensive	water quality
	Natural Gas		conflict at local level
	Shift of technology to green energy	Less reliance on fossil fuels	opposition
	Shift of technology to green energy		expensive
	Shift of technology to green energy		not equally accessible
	Shift of technology to green energy		shifts rate burden to low income/"off grid" who pays?
	Hybrid/ EV vehicles	Emission reduction	cost barrier (initial purchase)
	Hybrid/ EV vehicles	Cheap transportation for individuals once purchased	current technology limited mileage
	Hybrid/ EV vehicles	eco-friendly	
	V W Settlement	decrease nox = clean air	decrease socialization for elderly and disabled
CLIMATE CHANGE	Climate Change	Longer growing season (temp. increase)	Increase Lyme
	Climate Change		Increase air pollution
	Climate Change		disproportionately impacts poor
	Climate Change		natural disaster *fluctuations
	Climate Change	Clean air -> recognize a plan for adaptation	rental stock not healthy enough (mold, air, lead, etc)
	Climate Change	Code for new construction better (but crummy materials)	winter access
	Climate Change		homeless vulnerability
	Climate Change		denial delay = has effect on infectious disease
	Tick borne diseases		
	Trends of States signing Paris climate agreement	Gov's signing on -> similar impact	No more clean energy plan
	Trends of States signing Paris climate agreement		EPA defunding DOE
ENVIR CONDITION	Challenging Climate (cold)	Increase in tourism (outdoor)	incr heating/cooling = incr costs elderly/low income
	Toxins in our environment		
	Decrease toxins in environment	Safer for all/ better health	Financial burden (green cleaning products, etc)
WATER	Water Quality & Lake Champlain	Less ingested contaminants	well water can be challenge
	Water Quality & Lake Champlain		ground water pollution
	Water Quality & Lake Champlain		fish contamination
	Water Quality & Lake Champlain		algae blooms
	Water Quality & Lake Champlain		Cost
	Water Quality & Lake Champlain		Health impact
	Algae blooms	Less lake utilization (less pollution)	Devalues lake property
	Algae blooms		bad for state: tourism/ reputation
	Algae blooms		health ramifications
PROGRAM	Comprehensive Energy Plan		
	Weatherization program	Efficiency VT	?

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	Incentive based programs	Bottle returns	
	Incentive based programs	Blue box pick up at your house	
	Incentive based programs	Carbon tax?	
	Incentive based programs	Free recycling and compost but charged for garbage	
	VT Permits	safe environmental	high housing cost
CODE	POLITICAL, LEGAL, ETHICAL	TOWARD HEALTH EQUITY (+)	AWAY FROM HEALTH EQUITY (-)
GEN CONTEXT	Conservative Politics/ Political Divide		loosening regulations
	Conservative Politics/ Political Divide		Federal funding cuts
	Conservative Politics/ Political Divide		increase inequalities (health care) = backlash
	Post-Fact World	None	Bad work/ bad outcomes
	Post-Fact World	Bi-partisan collaboration	
	Political: Diversity of Politicians	Many voices heard	Lead to strife and slowed progress
	More women/ minorities running for office	Broader perspective on health policy is essential	None!
	Grass Roots Organizing	Community Understanding and Advocacy	
	Lobbying power influencing laws and funding	Act 133 and 113 require broader conversation	Self interest
	Lobbying power influencing laws and funding		lack of transparency
	Lobbying power influencing laws and funding		conflicts of interest
	Lobbying power influencing laws and funding		power on side of acute care
VT LEADERS	VT Congressional Delegation	Err on the side of equity and focus on it	Not taken seriously because of VT's small size and pop
	Governor's 3 pillars: econ, affordability, vulnerable		Money limitations
	State Legislative & Executive Vision	Promotes economic dev. & vulnerable populations	Rigidity in policies to execute agenda
	State Legislative & Executive Vision		Lack of budgetary flexibility
	State Legislative & Executive Vision		"Old" laws no longer relevant
	Shrinking revenue/ tax policy	creates conversation about value	too much focus on RBA; not enough qualitative benefit
	Shrinking revenue/ tax policy	focuses on outcomes	
	Budget Cycle in VT (short)	AHS merged health, human services, mental health	Decisions made without global perspective
	Budget Cycle in VT (short)	Flexible/rational distribution of resources more	
	2 year terms in VT	Innovative ideas	Hard to have and execute long-term vision
	2 year terms in VT	Potential for new members	
	Legal structures/system not updated = legal process	Avenue to provide protections	Things don't get updated and misinterpreted
	Legal structures/system not updated = legal process	Good intentions much of the time	
POLICY ISSUES	Social Legislation -> marijuana	can obtain medical marijuana in VT	Addiction issues in VT
	Social Legislation -> marijuana	potential economic gain	Do we send mixed message?
	Social Legislation -> marijuana		challenge for law enforcement
	Euthanasia Aid in Dying	Gives people "right to chose"	Devaluation of people with complex medical needs
	Reproductive Rights	Under Attack ~ VT Protections in Law	
	LGBTQ Supportive Policies	Access resources/supports decreased youth suicide	Lack of federal support; increased inequality
	Health Education	Comprehensive in politics	Not enforced
	Health Education	Act 1- sexual violence prevention educ	LGBT underrepresented
	Value innovation	new opportunities to think about health	tied to "rugged individualism"
	Value innovation	new treatment methodologies	costs \$ to innovate; access to innovation?
	School budgets in control of votes	communities fund and education WSCC	Lack of coordination
	School budgets in control of votes		Money support, too many school initiatives at once

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	Mental health change to community integration	Narcan with law enforcement	Lack of resources for supportive housing
	Mental health change to community integration		Law enforcement response is lacking
	Nutrition education not provider parity		some under resourced
CODE	SOCIAL	TOWARD HEALTH EQUITY (+)	AWAY FROM HEALTH EQUITY (-)
SMALL	Rural + Small	Close community = neighbors help each other	less resources
	Rural + Small	value healthy environment	access to services
	Rural + Small	nimble = adapt more easily	internet access difficult
AGING	Aging population	Engage older people in mentoring, work, community	ageism
	Aging Population	Potential workfoce dependable	maybe not dependable
	Aging Population	good work ethic	may need a different or expanded system of care
	Aging Population	provide care at home; better for person/less cost	need to spend down assets
	Aging Population	use family members for care/ transportation	not many multi-generational families to offer care
	Aging Population	Choices for care	
	Aging Population	SASH	
	aging population/ cost of dementia	still fixable - early in the curve	high and growing cost to medicaid
	Increase need for end of life and palliative care	Have services available across state (hospice)	haven't focused as area of chance/ improvement
CHILDREN	Increased # children in foster care	more children in stable, safe environments	family disruption
	Increased # children in foster care		increase need of support but not \$
	Increased # children in foster care		traumatic event for children and parents
LEP	Refugee Resettlement (and associated conflicts)	Strenghthens workforce	divisive debates (ex: Rutland)
	Refugee Resettlement (and associated conflicts)	drives economic development	
	Increased in LEP indivs in rural communities	with increase LEP indivs, more services	
	Increased in LEP indivs in rural communities	diverse populations teach medical systems standards	no \$ for interpreters
	Increased in LEP indivs in rural communities		not cumulative/ change takes time
EDUCATION	Early Childhood Education	Strong early education leads to stronger, resilient kids	hyper-focus
	Early Childhood Education	allows parents to work -> economic & social benefit	Competition of resources
	Early Childhood Education		Too expensive when earning low income
	increase momentum in early care and learning	equal playing field for all on day one	shifting priorities/ funding
	increase momentum in early care and learning	healthy & accessible environments for all kids/family	other important competing issues
	School/ ECE nutrition	decrease childhood hunger	cost
	Educational Forces	Pre-k: standardized services, access, reaching more youth	Cost/ sustainability
	Educational Forces	Consolidation: reduces budget pressures	changes community make-up/ losing families
	Educational Forces	Cost?	less economic opportunity
	Educational attainment	increased high school completion rates	decreased post-secondary enrollment/matriculation
	UPK universal Pre-K	More family access	Only half day
	UPK universal Pre-K	Bill passed 10% more children accessing pre-k	
SUBSTANCE	Opiod/ Drug Epidemic	State and Federal gov't recognizing the scope of issue	lack of resources to treat and manage
	Opiod/ Drug Epidemic	recognition of importance of social service providers	increased children in foster care
	Opiod/ Drug Epidemic		grandparents needing resources as parents
	Opiod/ Drug Epidemic		what about other issues i.e., alcohol, tobacco
	Increased substance use	more creative treatment	not enough access to trx or recovery services
	Increased substance use	less stigma	
	Increased substance use	innovation	

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	Increased substance use	more treatment centers/ recovery centers support	
	Block grants for substance abuse	Surgeon General included recovery in 2016	need better distrib -> fund recovery and prevention (not just)
SUD/MH	VRN is developing infrastructure	support peer services (SAMHSA grant)	
	VRN is developing infrastructure	Peer support for MH services for first responders	
	VRN is developing infrastructure	peers trained in substance abuse/mental health	structure needed to support certification/code medicaid
	Increase wrap around mental health services	based on best practice	expensive
	Increase wrap around mental health services	improved services	needs to build/ sustain capacity/ equal access
	Increase wrap around mental health services	peer supports	
SEX ED	Comprehensive Sexual healthcare and education	People have care they need all over the state	Rural Communities = barrier to access
	Comprehensive Sexual healthcare and education		LGBTQ not represented
	Comprehensive Sexual healthcare and education		misinformation about sex ed
POLICE	National Police - Involved Shootings	Opportunity to respond due to prevalence	Hesitancy to call emergency services
	National Police - Involved Shootings	Accountability (call recordings, body cameras)	Growing mistrust in services designed to help
DIVERSITY	Cultural and Racial Disparities	more recognition of this disparity	
	Race (non) diversity		Environmental Stressor
	Increased Diversity	Focus on underserved pop./cultural understanding	prevalent structural racism/ ageism
	Inclusiveness/ Diversity	More respect, opportunities and harmony in society	Dominant culture perceived as threat
	Ethnic community based organizing	empowers community	not self sustainable
	Better able to talk about "isms" related to health equity	creating safer space for discussion and policy	more racial remarks, sexism, etc
STIGMA	STIGMA (addiction, homeless, econ. status, identity)	Recognition can lead to empathy and understanding	Not in MY backyard
	STIGMA (addiction, homeless, econ. status, identity)		We all face it and struggle with it = a reality
	STIGMA (addiction, homeless, econ. status, identity)		normalization of bias
	STIGMA (addiction, homeless, econ. status, identity)		prevents seeking help
	STIGMA (addiction, homeless, econ. status, identity)		stigma of dental disease
	Stigma about addiction and Mental Health	No one is not touched by this still!	Lack of education
	Stigma about addiction and Mental Health		Money for a campaign
ACES	Science of resilience	target interventions to social determinants of health	
	Science of resilience	data re: shared risk and protective factors (violence)	
	Social/emotional support for children-> older adults	ACE's steady	not prioritized for funding
	Social/emotional support for children-> older adults	increased empathy	
	Social/emotional support for children-> older adults	increased neighbor to neighbor	
CODE	ECONOMIC	TOWARD HEALTH EQUITY (+)	AWAY FROM HEALTH EQUITY (-)
INCOME GAP	Wage Gap/ Lack of Growth	increase minimum (still not livable)	essential services unaffordable
	Wide gap in employment for people w. disabilities	Represents strong overall economy	Equal employment not achieved for indiv w/disabilities
	wage gap / female and older	remedies like paid sick leave/ minimum wage	families inability to access everything
	More focus on economic inequality	more debate and discussion ex: paid sick leave	
	income inequality; median income lower GSP is up	getting to pressure point where it is in public dialogue	root cause of inequality -> affects population health
	bifurcation of wealth		health only accessible to wealthy
	Wages		Multiple jobs
	livable wage	more good jobs	number of jobs could decrease
	livable wage	more on the job training	
	Quality of life/ cost of living	intellectual stimulation	
	Econ Recovery	may increase livable wage	uneven

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EMPLOYMENT	shrinking pop of wage-earners	quality of life valued	hard to attract PCPs and other providers
	shrinking pop of wage-earners		hard to move with a family
	shrinking pop of wage-earners		not keeping up with changing economy
	shrinking pop of wage-earners		brain drain and retention later
	shrinking pop of wage-earners		"old school" to "old boy"
WORKFORCE	lack of trained workforce for important sectors	will force issue politically and mprove investment opportunities for trades training	can't move on best practice for pop.health skills lack/ mismatch
	Workforce	need more nurses, etc	shortage of dental care/ other specialities
	Workforce	internships and apprenticeships	is our economy based too much on HC economy?
	Workforce	healthcare - job opportunities	fewer people for all job sectors
	Workforce	ladder for recovering people to move from volunteer	expensive to start own business
	Education		Schools are bad a drawing down federal funds
GAP PROGRAMS	Paid Family leave	health for parents and children	expensive
	Paid Family leave		exclusive potentially of all types of families
	VT Safety Net	Dr. Dynosaur	Diverts resources
	Medicaid	Fills some gaps	expensive
	Medicaid	established	uncertain federal support
	Medicaid	VT investment funds for Medicaid	insufficient adult dental coverage
	federal / state funding cuts		
	Federal nutrition programs - ALL AGES	resource	threatened at federal level
	Federal nutrition programs - ALL AGES	increase access to health	stigma
	money for education (schools budgets)	Funded Health education in schools	some schools do not offer health ed/teacher resources
	Concerns about money	Public opinions can help shape issues	hit human services first
	Concerns about money	Substance use/ MH - can code Medicaid for peer	State fears in dev. Infrastructure
Concerns about money		ADAP/ MH don't want to develop	
AGRIC SECTOR	Agricultural economy of the state	farm to school	Stringent federal guidelines
	Agricultural economy of the state	healthier eating	fragile dairy workforce
	Agricultural economy of the state	head start	survival of farms
	Agricultural economy of the state	localvore	
	Agricultural economy of the state	Gleening	
	SUD Epidemics and related dynamics	Creates jobs for the therapy community	Removes people in the prime of life from workforce
CHILDCARE	Affordable childcare	workforce increase	not enough money
	Affordable childcare	supports working families	
	Affordable childcare	supports businesses	
FUTURE	Branding VT as Technology Hub	increase economic growth	indefinite veracity
	Branding VT as Technology Hub	increase healthcare access	exclusive -> not all people know how to use/ make it

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CODE	DELIVERY SYSTEM REFORM	TOWARD HEALTH EQUITY (+)	AWAY FROM HEALTH EQUITY (-)
	Federal discussion on Medicaid	Increased understanding of effect of medicaid cuts	Devastating for innovative use of Medicaid for pop health
INSURANCE	Support for universal access to insurance	most have coverage	pressure on providers and comm. Services budget
	Support for universal access to insurance		unequal coverage by population
	health insurance	lots of employers cover	costs keep going up
	health insurance	exchange subsidies	if you can't afford it you don't have it
	health insurance		high deductibles
	Integrated Data Systems	No wrong door	Finance
	Integrated Data Systems	Agreement/ consensus around integrated care	Privacy/ confidentiality
	Integrated Data Systems		User error
	Uncertainty of Health Insurance		
	VT Delivery System and Payment Reform	Flexibility in treatment	Potentially rationing health care
	VT Delivery System and Payment Reform	more investment in prevention	Not bringing in community partners
	Quality of Life vs. Longevity Discussion	More focus on planning and prevention	
	person-centered planning/delivery of services	People more engages	Need to sustain training/support
	person-centered planning/delivery of services	mutual understanding of providers and population	change policies to support
	person-centered planning/delivery of services	Greater use of social supports	
	Self Regulation for health care providers	increase access to care if self regulated	unequal representation of provider types on boards
	Education (Oral Health)	New tier of oral health provider, increases providers	Resistance to change
	Access to specialized services	Act 66 exists	Act 66 is insufficient
	Access to specialized services		Isolate people with diff abilities (deaf, physical cognitive)
	Access to specialized services		People don't know how to interact with people
	Access to specialized services		translate for meaning