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**Wellthcare**  
Health Reimagined.

## HEALTH CREATION: IS THERE A ROLE FOR AN 'EVENT'?

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### DESPATCH FROM:

Wellthcare Explorers'  
Meeting 4

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Leigh Carroll  
*Wellthcare Explorer  
& Correspondent*

Wellthcare is being fuelled by  
Guy's and St Thomas' Charity

A CATALYST  
FOR INNOVATION  
IN HEALTH



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The Wellthcare's Explorers' meeting described in this Despatch, the fourth held to date, was on Thursday 13th February 2014. This report was published on February 28th 2014.

The Wellthcare Explorer and Correspondent, Leigh Carroll, is a Research Associate with the Institute of Medicine's Board on Global Health, and has worked on projects covering chronic disease, HIV/AIDS and violence prevention. She is also the research assistant to IOM president, Harvey Fineberg. Before working at the IOM, she taught high school science in rural Tanzania through the Peace Corps and is interested in how neighbourhoods can support formal and informal education.

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## THE WELLTHCARE EXPLORERS

### PRITPAL S TAMBER

Pritpal S Tamber is the Pioneer of Wellthcare, a health innovation consultant and a public speaker. He was also the Clinical Editor of TEDMED 2013, at which he gave a talk on what it takes for innovation to succeed in health care. Pritpal's portfolio of work is explained on [LinkedIn](#) and his consultancy's [website](#). You can follow him on [Twitter](#).

# SUMMARY

Wellthcare's exploration is now being fuelled by Guy's and St Thomas' Charity (GSTC). Wellthcare and GSTC are looking into the feasibility of an 'event' on the topics covered by the Explorers to date. Part of the aim of the event will be to surface and challenge the assumptions that underpin the current health care model. This Despatch reports on a discussion between the Wellthcare Explorers on Thursday 13th February 2014 around the idea of an 'event'.

The Explorers discussed many of the benefits of bringing people together for an event, and, although opinions differed, they felt that a workshop may be the most appropriate format – it would give people the space and time to focus on developing ideas and processes to support health creation.

A workshop could also lay the groundwork for a home for health creators in which they can share practices, generate new ideas, and start a movement. The Explorers believed that people would be drawn to this movement by an interest in new growth opportunities.

Throughout the discussion, the Explorers discussed or alluded to various activities that could be initiated at a Wellthcare workshop. Several potential workshop activities include finding commonalities between health creation approaches, mapping potential value pathways for sustainable business models, and exploring evaluation methods to discover new relationships between health and other community value.

The Explorers proposed that Wellthcare seek out workshop participants who are using health-related services to catalyse community cohesion and other types of community value, activating the caring potential within communities, addressing inequity, and understanding and activating local assets.

The Explorers also emphasized the importance of developing other activities in parallel to an event, such as pilot studies to work out how Wellthcare is actually

done. The top-down thinking of a workshop and the bottom-up doing of pilot studies would complement each other to more comprehensively uncover what lies at the core of health creation.

Several Explorers suggested that Wellthcare focus on developing a new process that offers communities a different way to achieve health. Through this process, Wellthcare can begin to look at individual health in a public context rather than starting from generalized public health and then trying to tailor it to individuals.

The Analysis section of this Despatch suggests an approach for how health creators might determine the best intervention for a community. It includes enabling communities to identify the things they want to achieve (within or outside of health) and then determining how to use community assets to meet those goals. To develop such a process, Wellthcare could pull together information from existing health creation programs and identify the community value that emerges from them.

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**Wellthcare** is an exploration for the health-related value that resides in our networks and communities and is defined by what people want to do with their lives. We call this value **Wellth**.

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## THE WELLTHCARE EXPLORERS

### SALLY OKUN

A former palliative care nurse, Sally has spent much of her career learning what people really want during illness and caregiving, especially during complicated aging and at the end of life. At Patients Like Me, a platform that lets patients share their experiences creating opportunities for real-time research, she has overseen how patients' words are turned into data, which led to her TEDMED talk, "Does anyone in health care want to be understood?". Sally is based in Cambridge, MA, USA. See Sally's [LinkedIn profile](#) and follow her on [Twitter](#).

Wellthcare's exploration is now being fuelled by Guy's and St Thomas' Charity (GSTC), a catalyst for health and health care improvement with a specific focus on the people and organisations in two areas of London, UK, Lambeth and Southwark. It supports innovation partly in order to improve the physical and mental health of the local population.

Wellthcare and GSTC are looking into the feasibility of an 'event' on the topics covered by the Wellthcare Explorers to date. Part of the aim of the event will be to surface and challenge the assumptions that underpin the current health care model. GSTC is aware that Wellthcare is an exploration, and so, although the stated aim is to look into an 'event', quite what that event will be – or if an event makes sense at all – is yet to be determined.

The awarding of the £20,000 (approx. US\$33,300) grant from GSTC coincides with two 'discoveries' in the Wellthcare exploration.

Firstly, to find new forms of value in health we need to think about it differently to how the health care professions and industry currently do. Their approach is based on a 'deficit' model, the idea being that sickness is a deficit to be managed through an intervention. This applies both to care and the current manifestation of prevention, which is effectively a time-delayed version of the deficit model. The challenge, then, is to think about creating health.

Secondly, while Wellthcare started in the belief that there is health-related value sitting dormant in our networks and communities (the value being called 'Wellth'), this may only be part of the picture. The full picture, however, is yet to be unearthed and understood.

This Despatch reports on a discussion between the Wellthcare Explorers around the aforementioned idea of an 'event'. The discussion was held on Thursday 13th February 2014 as a Google Hangout. What follows is a description of the discussion ("Exploration") followed by my reflections ("Analysis"). The discussion and this Despatch foreshadow three months' of meetings being held by the Pioneer of Wellthcare, Pritpal S Tamber. At the end of this process, Pritpal will report to GSTC

on the feasibility of an event – or whether some other step is required to catalyse a broader understanding of health creation and the latent health-related value in our communities.



My world of life science companies – pharmaceuticals, medical devices, and bio tech – would be interested in this conversation because it's a market for them. They also need to show value in new and different ways and they don't know how to do that. - *Scott Liebman*

## THE WELLTHCARE EXPLORERS

### RUPERT DUNBAR-REES

A former primary care physician, Rupert has worked at England's Department of Health and BDO, an accountancy and advisory firm, as a finance-trained clinical leader in the commissioning of health services, including measuring their effectiveness. He now offers strategic advice on value-based approaches to health care through his organisation, Outcomes Based Health care. Rupert is based in London, UK. See w's [LinkedIn profile](#) and follow him on [Twitter](#).

## A WELLTHCARE EVENT

Pritpal opened the call by asking Explorers for their thoughts on the value of holding a Wellthcare event that brings together thinkers, doers, and observers (policy-makers and funders looking for new opportunities) who are considering health creation. Explorers debated the usefulness of having an event and some alternative options for activities.

## BENEFITS OF AN EVENT

Explorers agreed that events are useful because they get people who don't normally communicate in the same room to focus on a singular aim. Scott Liebman noted that if you put the right people together in a room with an agenda, they can pull out the most relevant information for Wellthcare to focus on as it evolves.

## OPPORTUNITY COSTS

Lisa Shufro suggested that Wellthcare may be too young to benefit from a big conference right now, and should direct its resources to other projects.

First, Lisa proposed that Wellthcare identify some critical components of developing health creation. Use those to develop a lens through which to look at health creation, and make the ideas concrete. For example, she recommended spending some time on looking at how levers like health literacy, the food ecosystem, or sleep work together to create health.

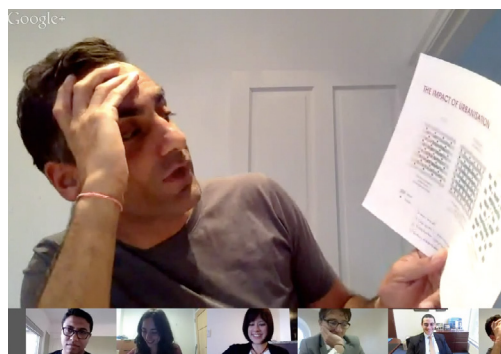
After identifying these key components to health creation, Lisa suggested using them to develop pilot studies to test Wellthcare. Kingshuk Das agreed that Wellthcare needs to be working on asset-mapping and pilot studies, but noted that these activities could be done in parallel to an event.

## A WORKSHOP TO CREATE A HOME FOR HEALTH CREATORS

Kingshuk proposed that instead of a large event, Wellthcare could host a smaller workshop to catalyze a movement of like-minded people. He noted that a lot of people have a hunch that is similar to Wellthcare's,

but they have no forum in which to develop it. Many of the branded conversations are instead around personalized medicine or big data, not the health perspective that Wellthcare addresses.

A workshop would give health creators the chance to learn from each other. It would be a forum to discuss their processes of valuing things, generating revenue, and other implementation strategies.



The ultimate goal is to get to the point where community based intervention can be modelled in a way that isn't just about disease prevention but about the value-added, about health creation. - *Pritpal S. Tamber*

A productive workshop would also give diverse voices the space to tackle the initial stages of the work Lisa mentioned. Naomi Adelson noted that Explorer Google Hangouts are productive to a certain point, but they won't generate the same wealth of ideas as a face-to-face meeting.

## WORKSHOP ACTIVITIES

Throughout the call, Explorers discussed or alluded to various activities that could be initiated at a Wellthcare workshop. Several activities emerged from the conversation that could be used to start developing a workshop agenda: finding commonalities between health creation approaches, mapping potential value pathways for sustainable business models, and exploring new ways of valuing health.

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### MANEESH JUNEJA

With almost two decades of experience of turning observational data into real world evidence, Maneesh is a digital health futurist and the founder of Health 2.0 London, part of the international Health 2.0 movement. He is also an alumnus of Singularity University's FutureMed programme and runs his own data analysis consultancy, MJ Analytics. Maneesh is based in London, UK. See Maneesh's [LinkedIn profile](#) and follow him on [Twitter](#).

## FIND COMMONALITIES BETWEEN HEALTH CREATION APPROACHES

In Scott's mind, one of the most valuable things Wellthcare has done so far is to aggregate different viewpoints and investigate how they intersect with each other. Pritpal and Naomi acknowledged the many people trying to create health in ways that align with Wellthcare, and suggested that value would emerge from bringing these people together and pulling out the commonalities among their very diverse, context-specific approaches. Wellthcare could then use this information to develop a universal framework that helps communities to develop interventions that are right for a particular place or group.



I imagine lots of projects in this space are trying to demonstrate their value, and I suspect they are being evaluated through a deficit model and therefore struggling to get traction. - *Rupert Dunbar-Rees*

## MAP POTENTIAL VALUE PATHWAYS FOR SUSTAINABLE BUSINESS MODELS

In Kingshuk's opinion, Wellthcare will be most valuable if it can offer a community a sustainable way to achieve health that works better than the current public health approaches. He suggested treating Wellthcare as a start up in order to come up with useful and testable products.

A workshop could be an ideal place to delve into the business side of Wellthcare using the business, design, and creative skills of participants. Kingshuk suggested that Wellthcare start with value-mapping, which

maps human needs, existing assets, and the ways in which value currently flows. Participants could connect dots between needs and assets to identify services that will meet people's needs and also lead to value (monetary or otherwise) for Wellthcare and health creation organizations.

Of course, it's possible that health creation can't be paid for in the current system with the current players and incentives. In this case, participants could use some time at a workshop to find creative ways of rewiring these needs, assets, and value-flows to create a viable business model.

## EXPLORE NEW WAYS OF VALUING HEALTH

One workshop component may be to explore new methods of valuing things in order to enable a market for health creation. Pritpal emphasized that a culture that values health creation will need to move away from deficit models; otherwise, we will never discover all of the things that can really work. Pritpal noted that Wellthcare's ultimate goal is to reach a point where a community-based intervention can be modelled in a way that isn't just about disease prevention but about value-added health creation.

Rupert Dunbar-Rees added that when he brings together people to define outcomes that they want to see from their health care, they often begin by talking about outcomes in terms of the absence of something bad, such as an infection. However, as they dig deeper into what they really want, the participants find themselves gravitating toward outcomes that are attempted quantifications of the other things they are trying to do in their lives. The outcomes that the patients end up defining for themselves are those that link to how well they are, not to how disease-free they are.

Pritpal suggested that the First Nation Cree way of viewing health as "being alive well" may help us to think about value-added approaches to health. Naomi agreed, but cautioned that though we can look to the health models of other cultures, Wellthcare should stay within the biomedical model. Our biomedical model is an economic-social-political-historical model, and we can't

## THE WELLTHCARE EXPLORERS

### KINGSHUK DAS

A well-versed translator between the worlds of strategy, social research, and design methodologies, Kingshuk is the Director of Health care Practice at Jump Associates, a growth consultancy. In his work he has helped numerous organisations, from health care to consumer goods, create new markets. In health care he has worked with folks like the Mayo Clinic, Medtronic, and the American Red Cross to identify new care delivery models, create medical navigation systems, improve patient experiences, and design new facilities. See Kingshuk's [LinkedIn profile](#) and follow him on [Twitter](#).

simply transplant other models of care (e.g. Ayurveda) to our culture because they look at the body completely differently. We can learn from these models but ultimately should use our knowledge to better understand the biomedical model and how we can improve it.

Rupert explained that a workshop could be helpful if something falls out of it that allows Wellthcare to articulate what exactly the “thing” is that health creators are creating. Ultimately, this would give health creators a way to show the value of their services for increased support and funding.

Scott added that the appetite for new ways of valuing things also exists in the pharmaceutical, biotech, and medical device worlds. New ways of valuing the things these industries are already doing will open new opportunities for them.

## STAY OPEN TO NEW IDEAS

Though the development of tangible frameworks, pilot studies, value-maps, and evaluation methods is critical to the evolution of Wellthcare, Naomi pointed out that just opening up a new health conversation at an event will make a difference in itself. Rupert agreed that new ideas and outcomes will emerge from having people in a room together, and Wellthcare should be attentive to the surprises that could lead it in new directions.

## WILL PEOPLE COME?

Pritpal asked the Explorers whether they thought people would want to show up for a Wellthcare workshop. What’s in it for them and what would make it different than everything else going on in health? He also challenged Explorers to think about how Wellthcare is different to public health. Is Wellthcare really a unique health approach, or is it just another word for tactics already used by those committed to prevention and wellness?

Scott replied that there is plenty about Wellthcare that will attract people who are interested in advancing their careers and interests. People will show up because they care about the space and see new opportunities in Wellthcare.

Several Explorers suggested that Wellthcare’s advantage could be in its process, and that it can succeed if it finds a way to offer communities a different way to achieve health. Nothing is new under the sun, Scott claimed, and the goals that Wellthcare strives for are no different than what public health proponents



The component of the contextual, personalized nature... is a very different model of thinking about individual health in a public context. - *Lisa Shufro*

have been saying for decades. Where Wellthcare has the potential to be different is in how it gets a community to those goals.

Lisa responded that Wellthcare is indeed different than the current public health approaches. Wellthcare, more than public health, aims to address the contextualized, personalized nature of health and draws upon resources that might never be paid for with money. It looks at individual health in a public context rather than starting from generalized public health and then trying to tailor it to individuals.

Leigh Carroll added that Wellthcare’s health creation approach is very different than the disease prevention approach. It’s also a bit more overwhelming because health creation involves so many more players, many of whom aren’t easily identifiable by a “health professional” label. Health creators include all of those who care for us in the many ways we can be cared for, and all of those who give us joy and meaning and provide motivation for living. How will Wellthcare bring all of these players to the table?

## THE WELLTHCARE EXPLORERS

### NAOMI ADELSON

As an Associate Professor of Anthropology at the Faculty of Liberal Arts & Professional Studies, York University, Toronto, Naomi’s theoretical interest lies in the critical examination of cultural meanings of health in social, cultural and political contexts. Since 1989 she has conducted research in collaboration with the James Bay Cree of northern Quebec, Canada, and her current research includes the uses and integration of e-health as a resource for First Nations women and the digital mediation of discourses of health. See Naomi’s institutional [page](#).

## INTERESTING HEALTH CREATORS

Pritpal asked the Explorers who should be involved in a Wellthcare workshop. Who are the health creators who will inform Wellthcare's approaches? He shared several examples of interesting health creators, and Naomi helped to pick out the characteristics of their approaches that may be useful to Wellthcare. The discussion suggested that the health creators Wellthcare should look at are those that use health-related services to catalyse community cohesion and other types of community value, activate the caring potential within communities, address inequity, and use asset-based approaches.

## HEALTH SERVICES AS A COMMUNITY CATALYST

It seems as though many of the health creators that Pritpal has come across are people using health-related services to catalyse other community value that goes beyond health. For example, Alex Briscoe in Alameda County, California, USA, is trying to make it possible for local Emergency Medical Technicians (EMTs) in fire departments to provide immunizations in their stations. This would make health services more accessible in communities, but the shift would also provide other community value in the form of informal mentors for kids who have very little interaction with "professional" people in their communities. Alex's program isn't just about improving service provision for better health, but is also a pathway for social justice in the community.

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Health creation is a lot different than disease prevention. It seems wonderful but overwhelming because it includes all of the people who give us the motivation to be healthy and live. - Leigh Carroll

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Another example is the Pregnancy and Parenting Partners intervention at the Camden Coalition of Healthcare Providers in Camden, NJ, whose group sessions bring together socially disadvantaged pregnant women and their support people for pre- and post-natal health visits, education, and support. Soon into the

intervention, the Coalition realized that the health visits and education weren't the only thing the young mothers valued in this program; the women also benefited greatly from meeting, befriending, and supporting each other throughout their pregnancy and early child rearing. They were creating a support network that extended beyond their formal program.

These examples are of services within the health sector, but health creation can arise in other sectors, too. The Jersey Post program, for example, has a health service that falls within the postal system. Through this service, postal workers check in on elderly or housebound tenants who live in the homes on their delivery routes. Like the other examples, this health service (within the postal system) improves community cohesion through the interactions of local postal employees and their elderly neighbours.

## ACTIVATING THE CARING POTENTIAL WITHIN COMMUNITIES

Another component of Wellthcare-aligned services is their ability to activate communities to care for each other. Alex Briscoe trains trusted locals to provide the health services within their communities. The Camden Coalition gives new mothers the tools and knowledge to support each other. And the Jersey Post project provides the business model that creates a revenue source from local postal workers to care for the people they already visit daily.

## INEQUITY AS A DRIVER

Pritpal noted that many Wellthcare aligned health creators have strong social justice aims. The programs are happening in communities that are hit hardest by social inequalities and they aim to lessen health and social divides.

## ASSET-BASED APPROACHES

Finally, Rupert noted that most of the organisations that are interesting to Wellthcare are those that are asset-based. They are doing health-related work that brings other types of value to communities, but are probably still being evaluated through a deficit model and struggling to get funding. These are the organisations that will be eager to join forces to develop new ways in which their efforts will be recognized and replicated.

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### SCOTT LIEBMAN

A health care compliance lawyer, Scott has a deep understanding of FDA and state rules and advises pharmaceutical, device and biotechnology companies on how to satisfy federal and state mandates, while advancing the organisations' health care missions. He is Vice President of Porzio Life Sciences, LLC, and Chair of its Compliance Committee. Scott is based in New York, USA. See Scott's [LinkedIn profile](#) and follow him on [Twitter](#).



The Explorers call spawned discussion around three main topics: the characteristics of Wellthcare-aligned health creators, the development of a Wellthcare workshop, and the qualities that may make Wellthcare a unique and valuable tool for communities.

## WHO ARE THE HEALTH CREATORS?

Certain characteristics of health creation services are particularly interesting to Wellthcare. Currently, it seems as though the most intriguing programs do the following:

- Use health-related services to catalyse community cohesion and other types of community value
- Activate the caring potential within communities
- Address inequity
- Understand and activate local assets

## WHAT SHOULD A WELLTHCARE WORKSHOP LOOK LIKE?

Rather than holding a large conference,

the best activity for Wellthcare at this point may be to wrestle with ideas and techniques during a smaller, more intimate workshop. The workshop would bring together a group of people trying and thinking about new ways of approaching health and health-related value. During the workshop, they could focus on finding the universal components of health creation, the Wellthcare business model, and evaluation.

## FIND THE KEY, UNIVERSAL COMPONENTS OF HEALTH CREATION

During the workshop, representatives from various Wellthcare-aligned health creators would have the opportunity to share their approaches and the community value that has emerged from their interventions. To structure this conversation, participants could begin by mapping and comparing the key services of various interventions, the assets they leverage, and the health and non-health community gains that arise from the services. See the following example, but note that it is not comprehensive.

	SERVICE	COMMUNITY ASSETS	HEALTH VALUE	VALUE IN OTHER DOMAINS
<b>EMS CORPS</b>  Alameda County Health Care Services Agency, CA	Trains young men to become EMTs in their communities; ensures an EMT job after training	People who are available to work; gaps in the EMS workforce	Expanded emergency response workforce that could lead to fewer community deaths and injuries	Increased employment; challenged racial stereotypes (when young black men save the lives of those who discriminate against them)
<b>PREGNANCY AND PARENTING PARTNERS</b>  Camden Coalition of Healthcare Providers, NJ	Provides pre- and post-natal health visits, education, and support to groups of socially disadvantaged pregnant women	Unconnected pregnant women looking to connect	Increased access to prenatal and paediatric care, improved knowledge surrounding pregnancy and parenting, and linkages to community resources that could lead to better health outcomes for mothers and their children	Mothers begin to befriend and care for each other, providing additional social and health support

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### KERRY BYRNE

With expertise in health and home care, care transitions, family caregiving, network models of care, online networks and the adoption of technology in health and social care, Kerry is the Director of Research at Tyze Personal Networks. At Tyze she has built a programme of research focused on measuring the impact of Tyze on family caregivers, clients and care provider organisations. Kerry is based in Vancouver, Canada. See Kerry's [LinkedIn profile](#) and follow her on [Twitter](#).

## MAP VALUE AND DEVELOP A WELLTHCARE BUSINESS MODEL

A portion of the workshop could focus on identifying the gaps that Wellthcare could fill, and brainstorming ways of making it a valuable and desirable tool for communities. Activities could include value mapping, an analysis of existing opportunities for Wellthcare, and a discussion of how future opportunities could be created.

## IDENTIFY PROMISING METHODS OF EVALUATION

To uncover all of the ways in which a health-related service improves a community's ability to self-actualize, methods of valuing will have to evolve to capture the complexity of interactions and relationships between the service and the community. The workshop should bring together people who are thoughtfully considering ways of evaluating community services.

The types of evaluation Wellthcare uses should reflect its commitment to meeting people and communities where they are and finding services that help them to do the things they really care about in life. This means that evaluations should not make assumptions about what is valued, but should incorporate methods of understanding how intervention outcomes align with the things that matter to the service users.

Evaluations should only deem a service successful if it is truly enabling individuals and communities to meet their goals. Quantified measurements alone cannot determine whether this is happening—these measures by themselves don't uncover what it is that communities want, but rather require the data interpreter to decide which results indicate progress. A Wellthcare workshop should convene people with knowledge of a variety of evaluation methods, who together can more thoroughly capture many angles of health creation.

By reaching into other domains to uncover value beyond the absence of disease and reduction of associated costs, Wellthcare may be able to convince onlookers from all spheres that there is much opportunity to be found

in health creation. It will not be only existing health care people who keep our communities healthy, and perhaps Wellthcare's support will end up coming from other domains. Maybe it's the dance halls, employers, churches, schools, or bike shops that have the most to gain from investment in healthy bodies and minds.

## WHAT MAKES WELLTHCARE DIFFERENT?

### A NEW PROCESS FOR DELIVERING HEALTH SERVICES

Wellthcare's uniqueness may lie not in a specific service or products that it develops, but in the process it uses to determine the best intervention for a community. Many people are looking at how to develop programs that are scalable, but it is difficult to mass-produce and successfully apply interventions across unique and complex communities. Wellthcare could fulfil a need by developing a tool or framework that allows appropriate intervention strategies to emerge from an evaluation of community context and goals.

Right now, health services and public health approaches tend to work like this:

Identify a health problem that affects a large population.



Enter a community with a health objective already in mind.



Propose an intervention that can be tailored to help a community meet this objective.



Along the way, discover additional non-health goals that the community reached through the intervention.

Many impactful health interventions have been developed through this pathway. There is room to alter it, though, to better tap into approaches broader than health, such as employment, education, housing, etc. By starting with a health goal, this pathway, paradoxically, may stunt the impact of health

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### LISA SHUFRO

As the recently appointed Magic Awesomeness Catalyst of the Downtown Project, Lisa will be focussing on integrating health-related efforts outside of the clinic walls. In her previous role as the Managing Editor and Producer of TEDMED she led the organisation's efforts to identify, select, and prepare presenters for the stage programme, reviewing nearly two thousand nominations for the stage each year. Lisa will soon be based in Las Vegas, USA. See Lisa's [LinkedIn profile](#) and follow her on [Twitter](#).

services and miss the opportunity to link health with other types of social benefits.

A Wellthcare approach could build upon what we already know about health by enabling communities to work backward by first identifying the things they want to achieve (within or outside of health) and then determining how to use community assets to meet those goals.

In other words, the Wellthcare pathway could look like this:

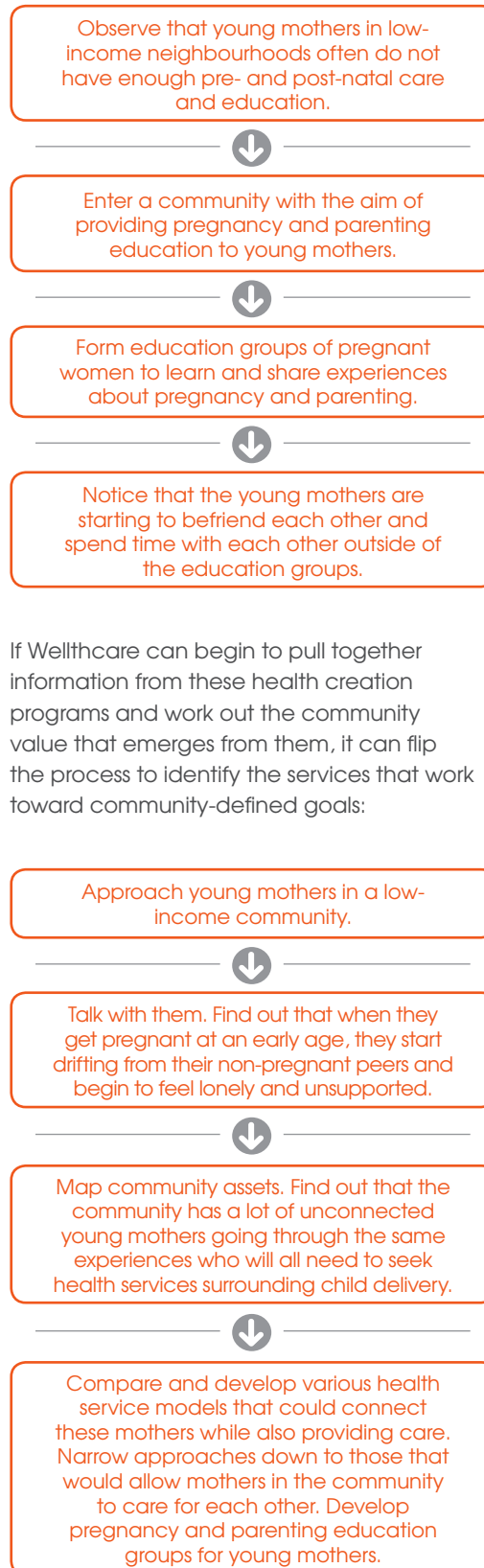


We currently don't know enough about how health services link to other community goals, so organisations are using the first

One of the overarching themes (around health creation) seems to be the way limited health care dollars are linked to building community and addressing social justice. - *Naomi Adelson*

pathway to experiment with programs to discover the extra value they produce. As an example, consider a pregnancy and parenting education program that might be implemented in a community. To see what

kind of value emerges from these programs, people are testing them out in communities across the world using the first pathway:



If Wellthcare can begin to pull together information from these health creation programs and work out the community value that emerges from them, it can flip the process to identify the services that work toward community-defined goals:

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### LORENZO ROCCO

As Assistant Professor of Economics at the University of Padova, Italy, Lorenzo examines socio-economic determinants of health, especially the link between social capital and health. His recent work includes a report for the World Bank on the economic burden of chronic diseases in the MENA region and a book on the economics of social capital and health. Lorenzo has two master degrees, two PhDs and is fluent in three languages. See Lorenzo's [JimDo](#) page.

Currently, additional community benefit is often discovered by chance. Wellthcare could aim to create a process through which people would be able to more methodically link health services to other benefits in employment, education, housing, safety, etc. This would allow communities to optimize health interventions so that they more comprehensively address a range of social inequalities.

As Wellthcare continues to explore ideas emerging out of current health creation approaches, it should begin to develop pilot studies to work out how a different process could be implemented.

## A SOCIAL JUSTICE MOVEMENT WITH A HEALTH APPROACH

Perhaps Wellthcare isn't actually a health movement, but a social justice movement that approaches inequalities through health-related services.



A range of health care organisations ranging from providers to technology companies have a similar hunch to what we're talking about and I don't feel that they have a forum right now. - *Kingshuk Das*

In fact, maybe this is how organisations in all domains-- education, housing, safety, etc.-- should move forward to develop truly multi-sectorial approaches to our most challenging problems. For example, an education organization might better serve community needs by becoming a social justice

organization that approaches inequalities through education-related services. This organisation, like Wellthcare, would first uncover a community's broader goals and then use an education-related service to meet them.

Ultimately, we have to start by listening to the people who are most negatively affected by inequalities in our society. Once we know what they really want, we can work together to spread out our resources. Without these people by our side health care will never become the true service that it should be.

## THE WELLTHCARE EXPLORERS

### LEIGH CARROLL

Leigh Carroll is a Research Associate with the Institute of Medicine's Board on Global Health, and has worked on projects covering chronic disease, HIV/AIDS and violence prevention. She is also the research assistant to IOM president, Harvey Fineberg. Before working at the IOM, she taught high school science in rural Tanzania through the Peace Corps and is interested in how neighbourhoods can support formal and informal education. As well as an Explorer, Leigh is also the Wellthcare Correspondent, responsible for Despatches, reports of the discussions between the Explorers."

The views expressed by the Wellthcare Explorers and the Exploration Correspondent are their own and do not reflect those of their institutions. At the time of writing the conflicts of interest of the team have not been collected but they will be as the meetings progress.