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Wellthcare

Health Reimagined.

BUILDING RESILIENCE: UNDERSTANDING PEOPLE'S CONTEXT AND ASSETS

DESPATCH FROM:
Wellthcare Explorers' Meeting 3

Leigh Carroll
Wellthcare Correspondent

The third Wellthcare's Explorers' meeting described in this Despatch was held on Monday 4th November 2013 and this report was published on Wednesday 11th December 2013.

The Exploration Correspondent, Leigh Carroll, a Research Associate with the Institute of Medicine's Board on Global Health prepared this report. Leigh has worked on projects covering chronic disease, HIV/AIDS and violence prevention. 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 education in primary and secondary schools

SUMMARY

The third Explorers' call had three themes: the substances that bind and move people; ways to explore asset-based health; and measuring the value found in networks.

The Substances that Bind and Move People

The Explorers brought up several entities— trust, meaning, and resiliency— that bind people in nano-networks, change the way people act and relate to others, and ultimately influence the movement of the network.

The Explorers first discussed trust and its importance in building social capital. Explorers noted that communities that are optimistic of others' trustworthiness tend to gain practical and economic benefits, and that perhaps trust is one thing that differentiates sustainable relationship-building services from transactional services such as time banking.

The Explorers also talked about the idea that our lives have meaning, and proposed that this is one of the strongest drivers of a person's search for wellbeing. This is something that device manufacturers need to understand they felt.

Resiliency is another important characteristic of strong and healthy networks, and the Explorers suggested that perhaps there are ways to build it up within a community by promoting certain assets and behaviours.

Ways to Explore Asset-Based Health

The Explorers also discussed possible processes, guidelines, and core values that it might use to explore a community's health-related assets.

First, Wellthcare could develop methods for institutionalising the discovery and use of assets. Assets can be discovered by standardising procedures for learning about people's lives outside of health care. Wellthcare could also create and value new professional roles and spaces for learning. For example, Explorers noted that there should be more opportunities for two-way listening between caregivers and care receivers, and more formal roles for people who can facilitate these exchanges.

The Explorers suggested that Wellthcare look outside of health care for examples of community based models that provide disruptive alternatives to corporate models. It should also look across cultures at informal systems that arise in communities with less developed formal infrastructure to learn how community-driven health care systems can co-exist with corporate models.

As it continues to explore asset-based health, Wellthcare will need to understand what health looks like to both individuals and groups. Individual perspectives of health and care provide depth and nuance that cannot be found when looking broadly at groups, and studying groups can lead to the recognition of patterns and themes that can help Wellthcare to develop systematic approaches to care.

Measuring the Value Found in Networks

Finally, the Explorers discussed ways to better understand the value of networks and the impact that networks make on health. They noted that Wellthcare will need to measure health progress at a network level as well as at the individual level.

Wellth, new, health-related value, deifined by what people want to do, supported by their nano networks, is being explored by its Pioneer, Pritpal S Tamber, with a view to delivering it in 2014. To contact Pritpal email: pritpal@wellthcare.com.

THE WELLTHCARE EXPLORERS

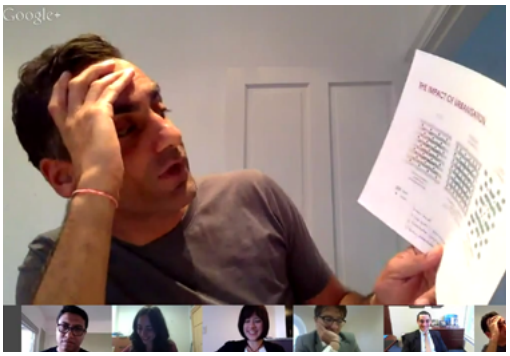
PRITPAL S TAMBER

The Pioneer of Wellthcare and the Clinical Editor of TEDMED 2013, a community of innovators and leaders in health and medicine, Pritpal's background is in how information can improve care, which is not only about how it is created, validated and delivered, but also about cultural readiness to change. Pritpal is based in London, UK. See Pritpal's LinkedIn profile and follow him on Twitter and via the Pioneer's Log.

LANDSCAPE

Wellth and Wellthcare are evolving concepts being explored by a small group of thinkers and doers called the Wellthcare Explorers. The starting definition of Wellth was: "the reclaimed currencies of health, created, delivered and nurtured by intimate communities". As a result of the second discussion amongst the Explorers this has evolved to "new health-related value, defined by what people want to do, supported by their nano-networks".

Wellthcare is the over-arching term for the tools and mechanisms for creating Wellth.

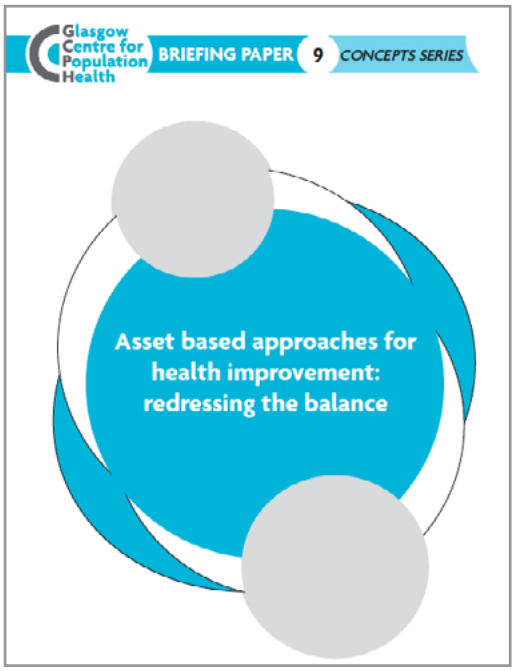


" I wondered if we build the assets that people have it promotes resilience in communities" – Pritpal

The third discussion between the Wellthcare Explorers focussed on people's "context". The topic was chosen as a result of a number of comments in the second discussion on how people's wants and needs are influenced by their networks, the assets within communities that might be leveraged, and the resilience that people build in response to their contexts.

To aid the discussion the Explorers were asked to read an October 2011 Briefing Paper from the Glasgow Centre for Population Health entitled, *"Asset based approaches for health improvement: redressing the balance"* (see image).

What follows is a faithful description of the discussion ("Exploration") followed by my analysis ("Analysis").



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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 understood?". Sally is based in Cambridge, MA, USA. See Sally's LinkedIn profile and follow her on Twitter.

EXPLORATION

The third Explorers' call explored several themes: the substances that bind and move people; ways to explore asset-based health; and measuring the value found in networks.

THE SUBSTANCES THAT BIND AND MOVE PEOPLE

Explorers brought up several entities that bind people together in nano-networks, change the way people act and relate to others, and ultimately influence the movement of the network. Specifically, Explorers discussed the notions of trust, meaning, and resiliency.

TRUST

Trust is important for social capital

Lorenzo Rocco claimed that trust is related in some way to social capital. He claimed that we do not know exactly what social capital is, but we do know that it acts as the glue the holds networks together and arises from relationships that are strengthened through trust.

Perceptions of trust can change

Trust might be something people are born with or something that is taught, and Lorenzo pointed out that perceptions of trust are continuously updated through one's experiences. For example, children whose parents train them to assume that others are dishonest can - through the formation of new and positive relationships – realise that, in fact, some people can be trusted. Through positive and negative relationships and experiences, people are able to update their beliefs to more optimistic or pessimistic understandings of the trustworthiness of others.

Trust underlies relationships and collaboration

Lorenzo also noted that communities that are optimistic of others' trustworthiness tend to gain practical and economic benefits. In these communities, people believe positively in the possibility of forming trusting relationships with others and are thus more likely to cooperate for a shared, economically beneficial goal. These positive relationships in turn bolster trust and increase the likelihood that future collaborations will be successful.

Trust is key to lasting communities

Pritpal added that trust may also be a factor that differentiates sustainable relationship-building services from transactional services. Time banking, for example, is a service that allows people to trade skills and services using units of time as the currency, but, for the most part, only creates a short-term network through these transactions, he believes. It does not explicitly focus on incorporating into its system the trust that is needed for the maintenance of lasting communities.

MEANING

A sense of meaning is what sustains us

Maneesh Juneja proposed that one of the most important factors that drive humans to seek wellbeing is the idea that our lives have meaning. He noted that salutogenesis is one approach that addresses this. It emphasises wellbeing rather than disease-causing factors and focuses on how people cope with stress. The approach suggests that stress is harmful if it interferes with one's sense of coherence, which has three components: comprehensibility, manageability, and meaningfulness. Maneesh emphasised the latter, and underscored the fulfilment gained by knowing that life has meaning and that there is a purpose for caring about what happens to us.

Behaviour change is related to a deeper sense of purpose

Maneesh noted that services and devices will need to consider how to address human yearning for meaning if they are to improve health. Many new technologies measure what we eat, how much we weigh, and how many hours we sleep, but they do not do anything to remind us that our lives have meaning. There are some fitness tracking devices that link to social networks, but Maneesh noted that

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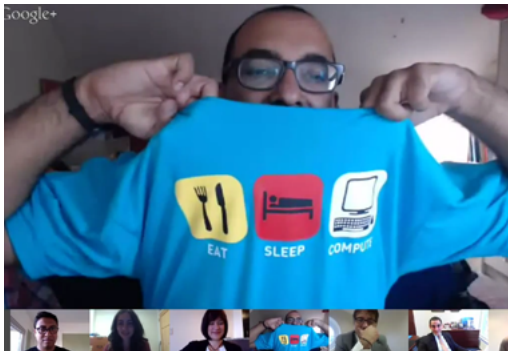
RUPERT DUNBAR-REES

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.

EXPLORATION

this still does not get to the emotion of what provokes people to spend $150 on a device that tells them that they walked 50 more steps than yesterday.



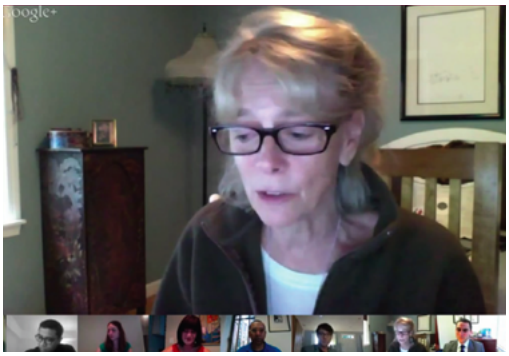
"When I look at all these technologies coming out, none of them, or their support systems and ecosystems, do anything to remind you that your life has meaning" – Maneesh

Many devices lead to short-term behaviour change, but sustainable change will require addressing the deep emotions and context associated with one's sense of purpose. One researcher found that people used fitness tracker apps for about two weeks before abandoning them, and Maneesh likened this to people who go to the gym for a couple weeks at the beginning of the new year. He said people go to the gym or track their steps because they feel guilty or to impress people in their networks, but these motivations still do not get to the root of what people care most about.

RESILIENCE

Resilience relates to optimising assets in the face of change

Pritpal noted that resilience is probably another important characteristic of strong and healthy networks, and suggested that perhaps there are ways to build it up within a community by promoting certain assets and behaviours. Sally Okun shared her observation that people who have demonstrated better resilience seem to more easily accept change and their inability to control it, and then make the most of the opportunities and assets that they still can control. Sally likened this to the serenity prayer, which is often abbreviated to: "God, grant me the serenity to accept the things I cannot change; the courage to change the things I can; and wisdom to know the difference."



"People who seem to have better resiliency seem to have a better understanding that change is something that they need to accept (and) being able to see opportunities or assets that they can capitalise on" – Sally

Various strategies can be employed to develop resilience

People develop resilience through many types of experiences, including established traditions and cultural practices, reactions to unplanned environmental occurrences, and teachings handed down through family and neighbours. Sally mentioned a recent NPR piece that focussed on successful Kenyan marathon runners who were incredibly adept at persevering and being resilient in the face of pain. The story contended that painful community rituals were responsible for developing some of this ability to work through hardship to reach a goal. One of the younger runners being interviewed said, however, that he did not want to subject his children to that kind of ritualistic teaching about resilience and would rather teach them through different methods.

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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.

EXPLORATION

WAYS TO EXPLORE ASSET-BASED HEALTH

Throughout the call, the Explorers discussed considerations that Wellthcare could incorporate into the processes, guidelines, and core values that it will use to explore a community's health-related assets.

INSTITUTIONALISING THE DISCOVERY OF ASSETS

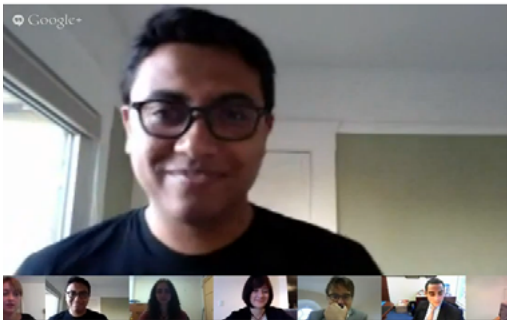
Reduce redundancy for maximum efficiency of assets

Sally mentioned that care systems should employ methods that reduce redundancy and use available (and possibly limited) assets efficiently. One method she uses for optimising assets involves giving fishbowls to families to fill with notes describing tasks that others could help with. When a friend calls to offer help, the patient and family draw a note from the fishbowl and ask if the friend is willing to do the task. This method relieves the family of the burden of constantly thinking of tasks to assign to people, and it also gives friends the option of accepting a task or identifying someone else who can do it.

Kerry Byrne noted that it will be very important for Wellthcare to develop clear processes and tangible methods of leveraging assets in networks. Wellthcare could look into tools such as eco-mapping or asset mapping as starting points for uncovering the strengths and skills that lie within a network.

Understand context for higher quality services

Kingshuk emphasised the importance of institutionalising the discovery of patients' assets, environments, and situations outside of the hospital in order to understand the context in which they maintain their health. He described work that he is involved with that focuses on creating processes and tools that help health system insiders go out into the community to learn more about a person's life. The information they find is added into the person's medical records, which brings family and contextual factors back into the domains that doctors and nurses care about.



"We have to look outside of health care and find good examples; there are different assets that people have embraced to create community-based alternatives to the corporate model" – Kingshuk

Kingshuk shared an example in which the hospital had written off one family as problematic because they never answered their phones and could not be reached. Finally, they spoke with the family and found that the hospital was continually calling the father during his work hours at a call centre where he would get fired if he took personal calls. The hospital had also been calling the mother within the only 2.5-hour window she had for uninterrupted sleep every day. There was no way that this family could respond to the health system, and an understanding of their lives was necessary for designing more effective strategies of engagement.

NEW SPACES AND ROLES

Create opportunities for two-way listening

The perspectives of everyone involved in a health system are important, and care will be most sustainable and effective if receivers and providers of care listen to and respect each other. Kingshuk noted that not only is it important for the caregivers and clinicians to understand the environments of the patients, but the patients should also be taught more about the caregivers. He explained that people have very high expectations for caregivers but are not always empathetic to what they go through in their lives outside of their jobs. A good health care system will be satisfying to both the receivers and providers of care, and both parties need to be consulted on what strategies best accommodate their lifestyles and values. Kingshuk's organisation has coined this "pact-based care".

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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.

EXPLORATION

Create new roles for conversation starters and people-linkers

Another important part of institutionalising communication is the establishment of new roles for people who can develop forums that facilitate mutual understanding between communities and the health care system. Kingshuk mentioned one program that created "ambassador" positions and charged these employees with initiating new conversations to discover ways in which the health system could better meet people's needs.

CROSS-SECTORAL LEARNING

Kingshuk proposed that Wellthcare look outside of health care for examples of community based models that provide disruptive alternatives to corporate models. Other sectors can provide more information on how to leverage network-related assets within communities in order to drive behaviour change.

Learn from models that leverage assets

The microfinance world, for example, has put a lot of effort into identifying assets in communities that will help to help to facilitate the growth of bottom-up entrepreneurial ventures. Kingshuk noted that they have made a lot of progress in identifying sources of trust within communities, and determining how to leverage it through the people who are externally viewed as most trustworthy. Microfinance organisations rely largely on the use of pre-existing community assets, both intangible (such as the notion of "saving face") and tangible (such as livestock).

Learn from models that link social networks to behaviour change

Kingshuk added that sectors outside of the formal health care system can also provide helpful models for using the power of social networks to drive behaviour change. For example, the Nike+ FuelBand encourages users to enrol in online networks of people who can see how much they've exercised and know whether they've met their goals. Like some microfinance strategies, this service relies on the notion of saving face to motivate users into action. Other services that could provide potentially useful models include Lift, a start-up purportedly attempting to attach the notion of social capital to behaviour change.

CROSS-CULTURAL LEARNING

Learn from communities with informal systems

Lorenzo suggested learning from informal systems that arise to protect health in communities that have less developed formal infrastructure. For example, many agricultural communities rely on informal methods of labour pooling for insurance against lost productivity from illness. Labour pooling involves groups of farmers who work together in each member's field and continue to cover all of the fields even when a member falls ill.

Community characteristics needed for informal systems

These informal systems are in large part successful because they function within intimate communities of well-acquainted people. Labour pooling works because people know each other well enough to trust and monitor each other; when someone doesn't show up to work, neighbours can easily stop by to check if she is really ill.

"The formal system provided by the government kills something that is otherwise present in natural societies. In the absence of formal systems people are able to create informal systems; there is a latent capacity of producing some services" – Lorenzo

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NAOMI ADELSON

As an Associate Professor of Anthropology at for 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.

EXPLORATION

Corporate and community-driven systems can co-exist

Lorenzo explained that the presence of informal community-led systems in areas with little infrastructure or wealth shows that groups of people possess latent capacity for developing these services when necessary. These informal systems are often crowded out when countries start to develop economically, but could perhaps be tapped into if the current health system cannot meet the demand for care.

MULTIPLE LEVELS OF PERSPECTIVE

Use both individual and group perspectives

Pritpal noted that Exploration conversations have moved from a focus on the individual and his or her wants or needs to a broader focus on networks and contexts. Scott Liebman claimed that both perspectives will be important for Wellthcare.

Scott mentioned that the individual and broader perspectives are similarly important in the pharmaceutical and biotech worlds. As drugs move through the phases of testing in clinical trials, for example, the focus expands from looking at efficacy in an individual to its effects on a population. They rarely looked at niche communities or people's nano-networks.

"All my clients, every single one of them, thinks 'n of 1' and then much, much broader" – Scott

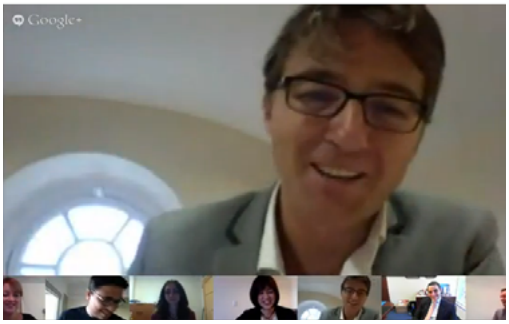
Sally agreed that understanding patients and providing quality care requires integrating the individual, 'n of 1' perspective with a more general understanding of groups. PatientsLikeMe, for example, highly values the original, individual voice of the patient and also recognises that common themes arise from groups of people who have similar life contexts, experiences, and feelings.

Individual perspective provides depth and nuance

Listening to individual voices will uncover the depth and nuance of an issue that cannot be detected through generalisations of large groups. In a project focussed on insomnia, Sally and her colleagues spent a lot of time talking to one person to better understand the nature of her condition. They found that this person's insomnia was related to three domains: the treatment she was taking, the stress of her work, and general sleeping problems. From this one woman they learned more about the very different experiences that can manifest in one unifying condition.

Lessons learned from individuals can inform an understanding of the group

Sally explained that rich information from the 'n of 1' perspective is often helpful in developing new ways of organising and developing themes across the entire group. In their insomnia project, the insight that Sally's team learned from the individual informed how they analysed the condition in 6,000 other people. Their new knowledge of the various domains that influence insomnia led them to look at the people's daily habits, ability to work well, relationships, treatments, and changes in treatments.



"People tend to respond on an individualistic basis but we do find that there are fairly common sets of responses, which speak more to a population; we find consistency, coherency." – Rupert

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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.

EXPLORATION

MEASURING THE VALUE FOUND IN NETWORKS

Explorers agree that there is value in networks that support health, and shared several examples of programs and services that recognise this value. A challenge will be to better understand more tangibly what this value is and the impact it has on health. Moving forward, it will be important to understand the impact of a network's qualities on the patient, and also on each caretaker and the network as a whole.

SYSTEMS THAT VALUE NETWORKS

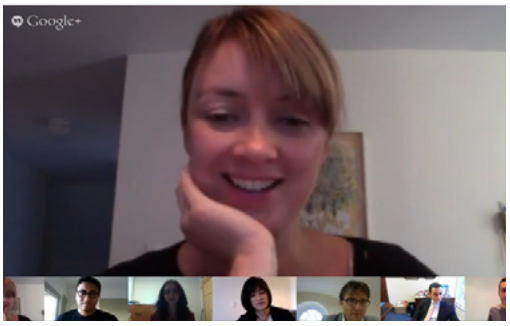
Kerry noted that geriatric rehabilitation is one area that approaches care from a network and relationship-centred perspective. When an 80-year-old is discharged from the hospital after a hip fracture, practitioners often encourage a family-centred care approach as a way to ensure his adherence to rehabilitation.

Sally added that though PatientsLikeMe centres around the concept of individual profiles, networks also play an important role in the program. As a participant creates his profile, he creates a surrounding network of other PatientsLikeMe participants. Furthermore, PatientsLikeMe is developing a feature that allows people to identify in their profiles care team members from their off-line world. They are still building this approach and deciding how to leverage it.

VALUE BEYOND INDIVIDUAL HEALTH

Understand the network's value to the caretaker

To understand the broad-reaching value of networks, Kerry noted that it will be important to learn more about their impacts not only on the patient but on the caregiver as well. In Sally's fishbowl example (see above), what is the neighbour's experience of the process? If someone with cancer forms a care network, how does this new community impact a family caregiver? A network formed around a patient has an impact that spreads far beyond that individual and influences the lives and behaviours of everyone involved.



"The innovation in all of this is how do you measure at the network level; I had to build the case that if you influence the life of the carer, you influence the life of the patient"
– Kerry

Ultimately, an improved caregiver experience could improve the patient's experience. Kerry claimed that the services and products that will have the greatest impact on the patient will be those that increase the quality of life for the caregivers as well.

Measure progress at the network level

Kerry explained that there are different ways of thinking about what an 'n of 1' means, and proposed using the network, rather than the individual, as the unit of measurement. She claimed that a huge innovation will be to determine how to measure progress at a network level and the extent to which one's actions impact the community. For example, Kerry wondered how, through Sally's fishbowl method of distributing tasks, the neighbour's contribution builds trust and lifts up the entire micro-community.

Kerry proposed that Wellthcare aim to build systems that benefit the entire network, not only the patient. The networks that improve the quality of life of everyone involved will be the most impactful, efficient, and wellth-enhancing.

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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.

ANALYSIS

As Wellthcare evolves, it will need to address many of the practical, theoretical, and philosophical questions that the Explorers discussed in this conversation. Specifically, Wellthcare will need to develop methodologies for identifying health related assets in case study communities, strategies for understanding entire networks, and services or products for strengthening these networks.

DISCOVERING HEALTH RELATED ASSETS

What methods will Wellthcare use to identify health related assets?

Pritpal plans to do case studies of Wellthcare implementation in several communities, and will need to develop processes for identifying and understanding the existing assets in the nano-networks that abound in these places. Wellthcare will need to determine which networks to evaluate, how to approach and engage the people in them, and the language and types of conversations that will most effectively uncover key assets from their stories and insights.

UNDERSTANDING ENTIRE NETWORKS

How does care impact the entire network?

To understand how identified assets can be best used to benefit people within a network, Wellthcare will need to determine how these assets are shared, transferred, and used to impact nano-networks positively or negatively. The discussion seemed to suggest that Wellthcare will need to encompass more than the wantified self and the individual needs of a patient to looking at how care meets the wants and needs of the entire network.

This will require deeper examination of how care affects those who are peripheral to the person being cared for at the centre of the network. What motivates a neighbour to offer to mow the lawn for a sick friend? When a man provides care for his mother, how does that affect and enrich his life? How does a specific hospital procedure affect a physician's work burden and family life? When several strangers are united through the care of a shared friend, do they get to know each other, and does provision of care generate and strengthen wellth in the carers' lives?

What motivates a caregiver to care?

Wellthcare could potentially engage carer (and community members in case studies) in a conversation around their own motivations for providing care for friends and family. Once these motivations are better understood, Wellthcare can begin to work out how these deep feelings can be leveraged for better health, as Maneesh suggested.

How do relationships provide meaning in life?

In addition to being driven by love and personal attachment, perhaps human support for one another arises in part from a greater sense of purpose and meaning generated from human interactions. Meaning requires context and the sense that one is a part of something greater, and this context is often made of other people and the wellth created between them.

SERVICES FOR STRENGTHENING NETWORKS

How will Wellthcare enable the growth of wellth?

Wellthcare itself cannot provide meaning in people's lives, but could attempt to determine ways of supporting elements (for example, trust, intrigue, shared location or interest) that nourish wellth and enable people to provide meaning to each other. In addition, just as there are safety standards for public structures and environments, Wellthcare could develop standards that certify services as wellth-enhancing.

How can existing programs incorporate wellth-enhancing elements?

As an initial exercise, Wellthcare could examine existing programs and explore ways in which they could be improved to

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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.

ANALYSIS

incorporate wellth-enhancing elements. For example, time banks already do a good job of identifying assets within a community, but they could perhaps do more to increase the likelihood that users form lasting relationships and networks. What additional new processes, tools, or people could time banks employ to increase the amounts of trust, meaning, and resilience in the networks they create?

How can Wellthcare consider "meaning" in people's lives?

Wellthcare must constantly self-evaluate to ensure that it does not merely become a new type of paternalism in its attempt to provide alternatives to the formal health care system. For example, Maneesh noted that there is no shortage of health-promoting devices, but people often use them only because they exist and are marketed successfully rather than because they really fill gaps in people's lives or satisfy real desires. In other words, their development, like the current health care system, is often driven by the suppliers rather than what people really want. Also like the health care industry, their promotion often makes people think they have problems that must be addressed, when in fact addressing them might only be a drain on one's stress management, money, time, effort, individual development, or relationships. By always considering wellth-enhancing elements, Wellthcare can more successfully build a system that adds true, meaningful value to a community.

How will Wellthcare break cycles of distrust and lessen trust inequity?

Just as economic poverty is associated with negative effects on communities, Lorenzo suggested that trust poverty can also hinder positive community growth. Since people's perceptions of trust seem to change with experience, networks that are infused with minimal amounts of trust are likely to breed more relationships with trust deficits. What can Wellthcare do to interrupt these cycles of distrust to ensure that the gap between the trust-rich and the trust-poor does not increase and lead to even greater inequities in relationships, health, and wellbeing?

How will Wellthcare make room for informal systems in societies that rely on formal structures?

Wellthcare aims to provide support, guidance, structures, and tools that will make it easy for people to seek and provide care informally within their networks. However, as Lorenzo noted, these informal community-based services are less likely to arise if similar services are already provided by a formal system. If something is already provided, people are less motivated to organise a better service that otherwise would arise out of necessity.

Wellthcare will need to make informal systems easy and affordable for those seeking care and health-promoting activities. Wellthcare should aim to support informal, network-based health care so that it becomes the default option, with formal health care as a backup.

In addition, Wellthcare will need to develop incentives that drive "informal" carers and health promoters to provide better support to those in their networks. Informal systems differ from formal systems in that they often rely on the participation of unpaid community members who are already busy with full-time jobs and other responsibilities. A formal hospital, on the other hand, provides services through paid providers and administrators. How can Wellthcare formalise these informal systems in a way that provides room for clear and attainable incentives while preserving the trust, familiarity, and unique knowledge found in informality?

THE WELLTHCARE EXPLORERS

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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.