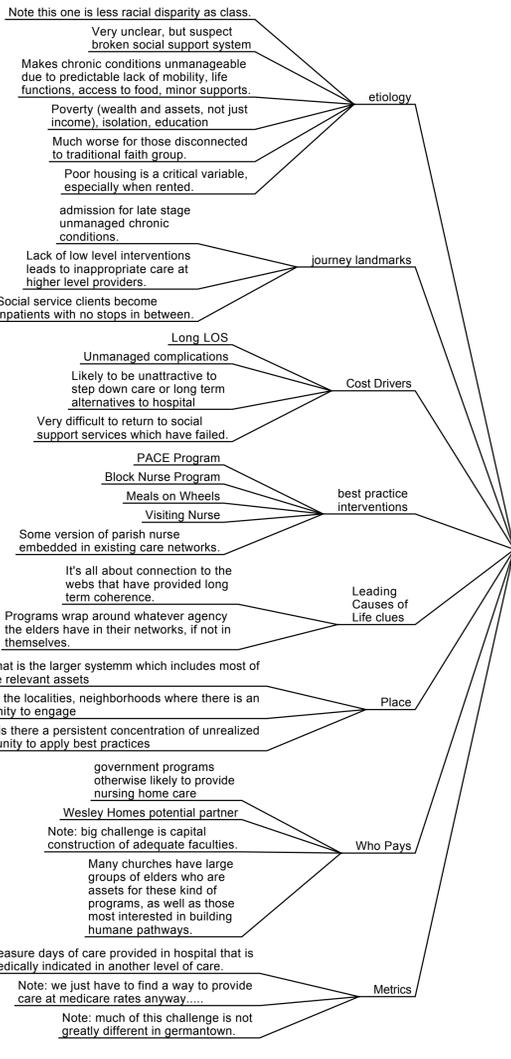
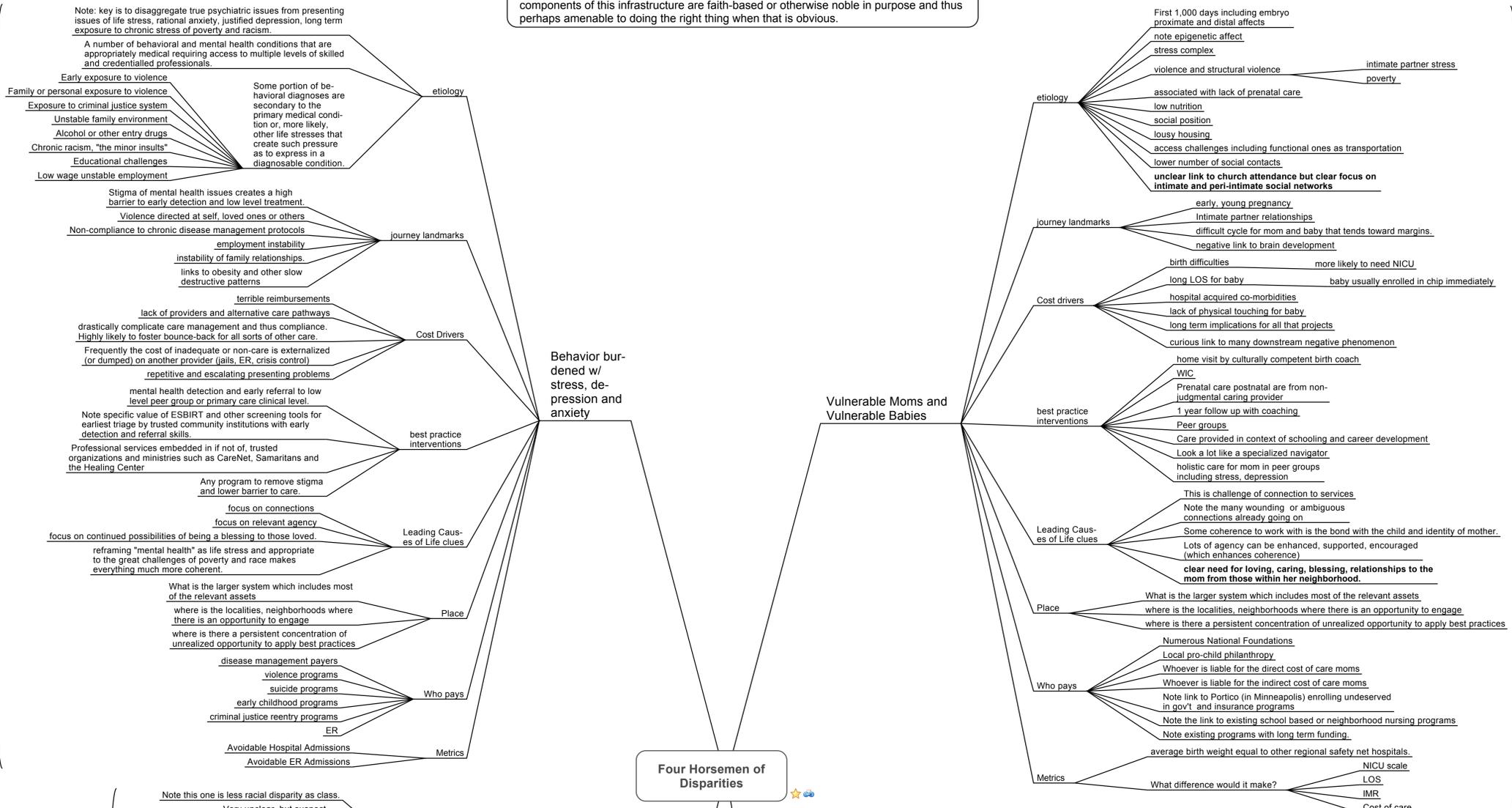


This mind map explores a way of thinking about a pathway to community health and well being by looking at four primary conditions that represent a very large portion of cost as well as opportunities. The conditions point toward a common social infrastructure which would benefit all and be strengthened strategic alignment and enhanced referrals, bundles of funding and warm hand-ons among us. Many components of this infrastructure are faith-based or otherwise noble in purpose and thus perhaps amenable to doing the right thing when that is obvious.



**Generative Social Infrastructure**

The four horsemen of disparities emerge from a long human story with distinctive local and even personal texture. They reflect complex social determinants. And will need an equally complex positive social strategy.

Almost all the best practice interventions on the four most significant conditions require social infrastructure that is trusted, accessible, non-judgmental, non-stigmatized.

All of the conditions require a smooth and trusted referral pathway from earliest level of detection and care to highest level intervention and back.

All of the conditions are likely to have long term etiology and implications for there person, family, neighborhood and social system with increasingly expensive and complex management issues for the provider system.

The implication is that the provider system at the core must be in close trusted visible relations with the networks of care at community and eventually neighborhood levels, including those networks of caregivers that are not reimbursed.

Note that the various parts of the social systems relevant to the health of the public and the component neighborhoods are motivated by a variety of factors in a complex weave that is difficult to align and sustain.

This new clinically relevant social infrastructure includes historical relationships that may carry impediments to trust. Of course. The negative and positive history is linked with race, ethnicity, patterns of wealth and access to many other services beyond health. The hospital is likely to be seen by the poor and excluded as inseparable from other negative aspects of the local social history.

In North Carolina the social infrastructure includes thousands of congregations and several thousand service organizations

- of many sizes with varied array of services and blend of volunteers and employed professionals.
- The array also varies in its relationship to faith structures such as denominations and how important the faith identity is in its culture and strategy. Many believe in philanthropy or government reimbursements as much as God. And some that talk a lot about God do, too.
- The journey or flow of people seeking help from this web is complex and almost entirely unmapped.