# A possibility for Vital Health Mapping

## Aim: Protect – Conserve – Mitigate Risk

2019 and 2020 being years known all over the world for the COVID 19 health threat.

This possibility revisits the need to design and implement a Solution for Vital Health Mapping, as the basis of the 2020 health threat has yet many issues like the need for a tested vaccine and bulk numbers to immunize the population, the need for bulk numbers of relevant test kits or the need for screening efficiency. The proportionate of need is not addressed as yet, the time ahead is concerning for one and all.

## 1. Current questioning (revisited)

With the current involvement, one sees that the healthcare organizations all over with the help of their governments are focusing on

1.1. **Diagnostic stewardship** to detect the affected people

1.2. **Burden reduction on healthcare providers and the governments**

1.3. **Transmission Dynamics** that determines the speed of spread or mechanism of spread (where by conservative entropy, an increase or decrease in temperature, humidity and wind velocity can change the spread)

1.4. **Use of Third Party Administrator (TPA) networks** to provide health insurance cover for people afflicted by the COVID 19

1.5. **Deployment of inter-related frameworks** that help Screening systems, Quick Infer and Heal Synergy, "burden reduction" related

points of concern, assessments, reports, public domain know-how etc

1.6. **And multiple many steps that each of the decision makers think is important** to protect people, conserve resources and mitigate risk

## 2. Vital support structures

**<u>This reckoner (revisited) does not delineate that we are amongst some of the best political decision makers of our times.</u>**

The vital support structures that are being used today

### 2.1. A R+ strategy for screening and testing

The R+ strategy is Reflective, Recognizable, Reportable and Responsive, where each of these factors are the basis for how the screening and testing is being done.

### 2.2. Premium Dynamics

The Premium Dynamics factors that matter are

**+ Location Analytics** (quarantining of locations, defining red zones where there are incidences or diseases),

**+ Social Analytics** (whether the people have followed the parameters of hand sanitizing, social distancing and confinement of mass interaction properly),

**+ History of infiltration and ex-filtration** (where this can help indentify outer influencers for any infection, incidence etc),

**+ Pulmonary Health Analytics** (whether the people are reporting signs of respiratory problems or illnesses),

**+ Hospitalization History Analytics** (of people who may have been hospitalized with a need for ICU, CCU and NICU services, where this

can make a difference to the health and wellness expected in a person in order to show resistance for adverse social influencers),

**+ Analytics for Accessibility and Availability of Public Health Services** (where this may have affected or can affect dependency, resultant action),

**+ Force Maejure Analytics** (where disaster incidence or preset disaster incidence could impact the involvement for infection screening and control (in this case preset incidence relates to having more time to react))

**+ Analytics of possible GST indicators and purchase records for Toiletry (hygiene and infection control), Geriatrics and Baby Care products / consumables** (where this can report different responsive or more dependent age groups that may not be explicitly known)

## 2.3. Trust level Dynamics

The trust level indicates resultant ability to foretell or mitigate risks. The dynamics could refer to

+ Whether the response for the lockdown and confined involvement was **monitorable** for a location?

+ Whether there was a controlled or uncontrolled movement of **couriers and consignments to a location**?

+ Whether the **waste generated indicators are as expected for a location**? The BBMP's Waste management network is well developed and can report the quality of waste management being practiced in locations.

+ Whether **people in a location are subscribers to news that publishes what the Government would like** people to know as on

date or as per phased lockdowns? If not, then what is the alternate means of enabling responsiveness?

+ Whether **people in a location are reporting financial crisis or cash crunch** for purchasing from shops, outlets or stores known to them before the lockdown? What are people resorting to?

+ Whether the **Government has found it necessary to implement Public Safety specific spraying of disinfectants** where mass movement is expected or where the number of critical paths are more?



**3. Could we need Votary systems?**

The system that connects all of us is that of **Dashboards of relevance** that help the governments and health authorities identify incidences or controlled incidence, **In-time response or emergency response**, **Relief and Rehabilitation liability**. The need is to **add a votary system** that uses Systemic self-management to address the current risk and possible remedial involvement.

Systemic self-management is known in the IT or manufacturing industry to mean autonomic behaviour for sustaining lifecycles.

Sustaining lifecycles are known to be auto-resolute for their life paths. Sustainable lifecycles manage difference in synergy better.

**3.1 People could proactively vote for a** People Welfare Mandate**, where the mandate could hence help people correlate to GOI control or healthcare needs and practice steps for the same**

Initiating the questioning for a Vital Health Mapping SMART Phone App that permits a person or collective identity to

+ Report age of family members or family circle to a People Welfare System

+ Report the needed medical history ..

+ Report Pattern of anti-biotic consumption, as good bacteria help our bodies fight foreign elements ..

+ Report Culture and sensitivity specific lower MIC values for different trait based streams ..

+ Report pulmonary health (via the use of Home spirometer or if permitted by the GOI via a sensor integrated to a SMART Phone App, where the relevant spirometer can report Forced Expiratory Volume at a 1 sec interval. Typically, proper testing and use of well known reference values can identify whether a healthy person or elder (more than 65 years) is showing signs of respiratory distress) ..

+ Report choice or ability to consume a proper diet with anti-oxidants (names not included) and vitamins A, B (specifically B1), C, D and E known to help respiratory wellness ...

If one cannot consume anti-oxidants and vitamins via food & nutrition, then report whether the anti-oxidants and vitamins are being consumed in tablet or medicinal form ...

+ Report choice to consume home-made herbal tonics or teas (as relevant made up of honey, lemon, mint, ginger and tulsi)...

+ Report incidences of being affected by water-borne viruses ...

+ Report choice to consume **Echinacea** (known in homoeopathy) and **Turmeric** to improve immunity ...

+ Report choice to use **Eucalyptus** for respiratory conditions ...

This reporting of information to a People Welfare System could make it easier for the GOI or Health and Family Welfare ministry to address emergent concerns related to respiratory health and wellness.

## 3.2 In conferring further

The GOI is doing its best to protect us. We must, if possible help in lockdown behaviour or assist problem solving via information that is more an open disclosure.

Real-world problem solving does not need one to circulate promising data or promising remedies, but to introspect as to whether there are heritage concepts for health and wellness which could help our aim to protect one and all.