

ReThink Health Action Learning Synthesis

*Shared Stewardship and the
Prospects for Thriving Together*

Midpoint Update: May 2021

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Learn more at ReThinkHealth.org and contact us with questions and comments at ThinkWithUs@ReThinkHealth.org.



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What Does it Take to Thrive Together through Shared Stewardship?

In 2018, ReThink Health (an initiative of The Rippel Foundation) initiated a three-year effort with support from the Robert Wood Johnson Foundation (RWJF) to discover what it takes to [**thrive together through shared stewardship**](#).

This effort's design extended a long-standing action learning relationship between ReThink Health and RWJF that had already revealed [**useful insights**](#) about how stewards, working in multisector partnerships, can transform the system that shapes who thrives, struggles, and suffers in communities across the country. For this next stage, ReThink Health worked with stewards of multiple types, in multiple settings, at multiple scales. This report is a midpoint inquiry into progress through the end of 2020.

Stewardship is an age-old concept that has been the subject of [**rapidly increasing**](#) interest in recent decades. However, despite stewardship's growing traction and potential, it has yet to become a fully defined or deeply ingrained practice. There is a pressing need, therefore, to discover how to strengthen stewardship at every scale and instill it as a widespread norm.

ReThink Health was [**founded**](#) with a stewardship focus more than a decade ago by a group of veteran changemakers that included Elinor Ostrom (who won a Nobel Prize for her work on stewardship), as well as Marshall Ganz, Peter Senge, Amory Lovins, John Sterman, Don Berwick, Elliott Fisher, and others. Their focus from the beginning was on learning how to become better stewards in real-world situations.

ReThink Health's work does not concentrate on any singular intervention nor does it strive to scale up a favored best practice. Its approach recognizes, rather, that our well-being relies on a system that was never built for everyone to thrive. But the system can be transformed if enough of us work together as stewards in a concerted movement for well-being, equity, and racial justice (see Figure 1).

Thriving Together as a North Star

There is a groundswell to organize local and nationwide action around a single unifying—and measurable—expectation: [**All people and places thriving together—no exceptions**](#).

Plainly stated, fully inclusive, concerned with visceral human experiences among individuals, as well as [**vital conditions**](#) in communities, the expectation of thriving together functions as both destination and compass for everyone who wants to create a future where all can participate, prosper, and reach their full potential.

Who are Stewards?

Everyone can be a steward.

Stewards are people and organizations who take responsibility for working with each other to create conditions that everyone needs to thrive together, beginning with those who are struggling and suffering.

Throughout history, stewards have worked to extend what is healthy and humane, while working with equal vigor to resist and remove what is toxic and cruel.

Dear reader: Throughout this synthesis you will find a wealth of information that is provided through links. See [**this overview**](#) if you would like an easy reference for the linked content.

Figure 1. Traditional Approach to Change vs. ReThink Health's Transformational Approach

Transactional

Interventions
(programs, projects)



Outcomes



Impacts

Well-Being

Equity

Transformational

Mindsets and Actions



**Shared
Stewardship**

Practices affecting...

- Aspirations
- Interdependence
- Experience and Expertise
- Learning and Adapting
- *Other frontiers*

Devoted to equitable...

- **Processes** (i.e., lived experiences)
- **Agency** (i.e., belonging and civic muscle)
- **Opportunities** (i.e., vital conditions)
- **Outcomes** (i.e., WIN measures, HP2030)

North Star

System
Designed
for Well-Being,
Equity, and
Racial Justice

Thriving People
and Places—
No Exceptions

The crises we face—from legacies of past and ongoing racism in our society, to bitter divisions in our public life, to fragmentation and short-sightedness in our organizations—compound one another and fuel unjust adversity. Phenomena like these are virtually impervious to narrow programs and projects; they demand a sweeping, systemic response. Because the work defies easy explanation and controlled intervention, it depends on stewards who know how to navigate complexity with purpose, humanity, and agility.

Stewards do not parachute into communities or organizations with a backpack full of answers. Instead, they live and work every day with the knowledge that any system, however toxic and complex, can be transformed if new mindsets and actions start to take hold.

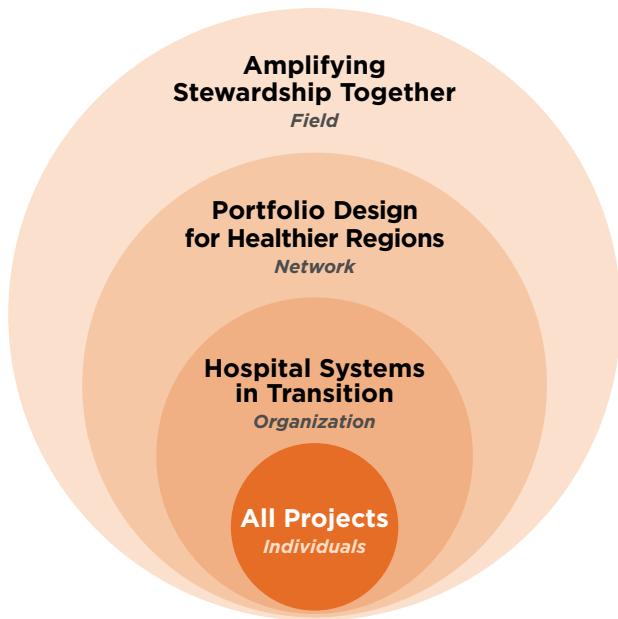
Picture a team of hospital executives charged with orchestrating a transition away from volume-based approaches toward a population health focus. Picture a community foundation and its grantees looking to move beyond a frustrating cycle of short-term, disconnected investments. Picture far-sighted **multisolvers** seeking to leverage the co-benefits of initiatives that lie at the interface of health, democracy, economic development, racial justice, and other goals. These are the kinds of innovators that ReThink Health works with—and learns from.

Three Projects at Four Scales

From 2016 to 2018, ReThink Health led the **Ventures project**, with support from RWJF, to explore how multisector partnerships could catalyze systems change in communities across the United States. The project identified a number of **essential practices** and developed **prototype tools**. To build on that progress, ReThink Health launched a trio of new action learning projects in 2018, working with stewards in three influential contexts. Each project was designed to have a different emphasis and primary constituency, with many overlaps among them (see Figure 2). The projects are:

- Amplifying stewardship as a rising field of practice,
- Shifting organizational investments and regional portfolios, and
- Transitioning organizational roles of hospitals moving toward population health.

Figure 2: ReThink Health Projects Operate Across Multiple Scales



Amplifying Stewardship Together (AST) promotes stewardship as a field of practice across the country by working closely with an expanding network of fellow field builders. Nationwide activities include:

- Conducting research and surveys on stewardship (~400 contributors)
- Convening networks of self-identified stewards (~75 participants)
- Casemaking and narrative change (~2 consulting teams, ~5 spotlight stewards)
- Strategizing with fellow field builders (~10 directors of peer nationwide initiatives)

Portfolio Design for Healthier Regions (PDHR) works with investors in communities (philanthropies, governments, hospitals, businesses) to shift their investment priorities and design regional portfolios for equitable health and well-being. Participants include:

- Palm Beach County, FL (4 funding agencies + community partners)
- “5 Healthy Towns,” MI (4 funding agencies + community partners across five rural counties)
- Stewardship Investor Labs (8 teams, 47 participants)

Hospital Systems in Transition (HST) focuses on exploring what it takes for hospitals transitioning toward population health to embrace the role of steward within the community ecosystems where they do business. Participants include:

- Trinity Health (focused in Detroit)
- Jefferson Health (focused in Philadelphia)
- Carilion Clinic (focused in Roanoke Valley, Western Virginia)
- Hospital Systems in Transition Stewardship Labs (3 teams, 27 participants)

A Midpoint Update

What follows is an emerging synthesis of [data collected](#) across these three projects through December 2020, at the midpoints of their project periods (2018-2021). Rather than wait to carry out a summative evaluation, ReThink Health conducted this interim inquiry in keeping with its dedication to work through intentional cycles of action, reflection, and further action.

External evaluators brought an outsider's perspective and enabled greater candor when gathering feedback from project participants. ReThink Health's internal evaluation team brought an understanding of context as well as first-hand knowledge of project design and implementation.

The combined evaluation team assessed what ReThink Health has learned so far from its work with stewards across the three projects. [The methodology](#) rests on established procedures for iterative [action learning](#). We chose this methodology because it best fits the multiple sites, scales, and years covered by these projects. We also concentrated on making sense of the data from several points of view, triangulating the perspectives of project partners, ReThink Health team members, and external evaluators.

With an emphasis on pragmatism, this midpoint update seeks to answer several straightforward questions about how to strengthen shared stewardship in real-world situations: what works, for whom, how, and under what conditions?

Sparking Change by Shifting Conditions

Stewards operate in situations that defy complete understanding. The arenas where they work have blurry boundaries, overlapping players and parts, and are constantly evolving. That messiness can be overwhelming and induce a "why bother?" feeling of hopelessness. However, it is possible to make sense of such a system and gain traction within it. It begins with learning to see—and shape—the [conditions](#) under which people experience the world.

Mindsets and actions vary greatly from person to person and setting to setting, making it difficult to create widespread change by attempting to intervene directly in how people think or behave. Individual changes, when they occur, are hard-won and slow to spread. A more practical—and scalable—approach is to alter the conditions that affect how people experience the world in a way that "stacks the deck" for new ways of thinking or acting.

As shown in Figure 3, these conditions (how we experience the world) sit at the intersection of a continuous loop of mindsets (how we think) and actions (how we behave). Changes in any one element may prompt a self-reinforcing sequence of changes in the others, and they can travel far beyond the initial catalyst (across individuals, organizations, networks, or the nationwide field). Significant shifts sometimes occur on their own, or they may be [catalyzed](#) by interactions with change agents like ReThink Health.

Extensive research in behavioral economics, complex systems, and other fields has shown that people's experiences strongly affect how they think and act. ReThink Health's work is deeply informed by this insight. Its team members create tailored experiences that strive to set the conditions for a cascade of further changes.

Figure 3. The Interplay of Mindsets, Actions, and Conditions



Examples include...

- Seeing the system
- Centering equity as a guiding priority
- Understanding organizational roles
- Viewing resources as being about much more than money

Examples include...

- Individual values and experiences
- Organizational mission, size, and culture
- Breadth and depth of relationships
- Policies, demographics, historical legacies

Examples include...

- Changing dominant narratives
- Transforming organizations to embody stewardship
- Honoring those with lived experience in all facets and at all stages
- Practicing continuous learning and adaptation

For instance, when they introduce a new tool, identify new ways to organize assets, or help to institutionalize new measures of success, the resulting experiences may create the conditions for new mindsets and actions to take hold. Even small changes in those experiential conditions have the potential to alter, sometimes profoundly, how stewards see their place in the world, how they act, and how they work with others. If those novel patterns become sufficiently strong and coherent, they may develop into an emerging practice, which our evaluation team can discern using [pattern analysis](#) based on data across all projects.

On page 10, we describe five emerging practices that stand out as significant at this midpoint moment. Before beginning that discussion, however, we will describe a simple formula that summarizes our main findings about what it takes to strengthen shared stewardship.

A Simple Formula for Strengthening Shared Stewardship

The expectation discussed earlier, all people and places thriving together—no exceptions, may feel daunting. It is certainly far removed from current reality, and the prospect of stepping into new roles as a steward is a difficult maneuver that has many [dimensions](#), risks, and challenges. Even worse, the moves that stewards make can be [invisible](#) or may appear to be idiosyncratic acts that are relevant only in special situations.

However, the patterns that we analyzed enabled us to discern an easy-to-remember formula for strengthening shared stewardship. It distills three practical factors that determine a steward's influence. When tested against the data in this synthesis, and in the context of wider scholarship on stewardship, the following formula seems to hold true regardless of who you are, regardless of the roles you play, and regardless of the conditions you encounter.

$S^R \times FC = TT$

How to Interpret the Formula: Stewards with a deep practice (S), powered by strong relationships (R), and multiplied by their fitness with respect to conditions they encounter (FC), can enhance the prospects for thriving together (TT).

$S^R \times FC = TT$, where...

- **S** stands for the depth of **stewardship** practice
- **R** stands for the strength of **relationships**, especially with fellow stewards
- **FC** stands for how well stewards' mindsets and actions **fit all conditions** they encounter
- **TT** stands for the prospects for **thriving together**

The next section describes a set of emerging practices that bring this formula to life. Afterward, we will revisit each part of the formula and consider its implications.

Emerging Practices

At this midpoint, we observed five emerging practices that seem especially important for strengthening shared stewardship.

Practice 1: Expanding Aspirations

Seeing and stepping into a “whole system” so that strategies, projects, and initiatives become clearly oriented toward well-being and justice

Practice 2: Embracing Interdependence

Distinguishing unique yet interdependent roles to enable closer alignment, deeper working relationships, and stronger mutual accountability among individuals and organizations

Practice 3: Centering People with Lived Experience

Emphasizing authentic working relationships between organizations and residents in the regions where they do business—ensuring that people from marginalized populations are integrally involved in co-creating change

Practice 4: Learning & Adapting

Embracing a culture of continuous action learning and adaptation to maintain a close fit between how stewards understand their role and the dynamic contexts in which they work

Practice 5: Championing Stewardship

Drawing new stewards into the field and deepening the practice of those already involved—building a critical mass of stewards at multiple scales (individuals, organizations, networks) and establishing shared stewardship as a rising norm

We used pattern analysis to identify and distinguish practices that stand out across all three projects.

For each project, ReThink Health negotiated partnerships with a select group of stewards.

Nearly all of the partners who chose to participate self-identified as stewards and expressed strong attraction to the role (even if the label itself was new). Nevertheless, we noted significant variation in depth of stewardship practice, across participating individuals, as well as within and between participating organizations.

A number of cross-cutting conditions affected the depth of stewards' practices. These conditions manifest across scales (among individuals, within organizations, across networks, and in the broader field). They are consistently seen in—and influence—each emerging practice.

- Importantly, the state of equity and racial justice drives and pervades all other conditions that stewards encounter, determining how one experiences and responds in every situation.
- Additionally, the compounding crises of the past several years (COVID-19, demonstrations against racial injustices, and economic strife) have both helped and hindered the cause of stewardship. It became easier to make the case for focusing on equity, racial justice, and well-being, thus facilitating shifts in mindset. However, financial losses, staffing challenges, and a focus on meeting urgent needs sometimes made it harder to act on this mindset shift.
- Those stewards who exhibited deeper practice did so by demonstrating consistency in voice, intent, and action across processes, issues, scales, and time. In any complex system, this level of coherence is critical to achieving systems change (see Figure 4).

Want to know more? Read detailed analysis of each project

[Health Systems in Transition \(HST\)](#)

[Portfolio Design for Healthier Regions \(PDHR\)](#)

[Amplifying Stewardship Together \(AST\)](#)

Cross-Cutting Conditions

- **Equity & Racial Justice** | Consciousness of ever-present legacies of trauma and exclusion, along with legacies of dignity and inclusion (for individuals, organizations, and networks)
- **The Individual** | Orientation to stewardship (personal values and lived experiences)
- **The Organization** | Organizational characteristics (size, culture, and mission)
- **The Network** | Depth and presence of trusting relationships (with individuals and organizations)
- **The Environment** | Features of the community and exogenous factors (demographics, economic trends, and strength of infrastructure)

Figure 4. Depth of Stewardship Mindsets and Actions: Examples from ReThink Health Projects

Increasing
depth of
stewardship
practice
leads to
increasing
leverage
for system
change



- Serving patients “in need”
- Collaborating externally to address complex issues
- Using personal and institutional influence to meet community needs without impairing organizational viability
- Being aware of your organization’s power and wielding it responsibly
- Building authentic relationships with those who have lived experience
- Ensuring that what is learned by working in the community influences organizational decisions
- Modeling stewardship for others, spreading stewardship practices
- Shifting investments—money, time, space, personnel
- Sharing decision-making power with external partners, especially those with lived experience
- Bringing coherence to all acts, small and large, with particular attention to equity and racial justice

Practice 1: Expanding Aspirations

Seeing and stepping into a “whole system” so that strategies, projects, and initiatives become clearly oriented toward well-being and justice

What is business as usual?

- Seeing only isolated parts of the system
- Celebrating incremental differences from fragmented approaches
- Thinking that health is the same as health care

What is the emerging practice?

- Stewards in these projects are developing a unifying well-being frame. This involves understanding the interplay between **delivering urgent services and expanding vital conditions**. This helps stewards to “see the system” in a way that is clarifying for their roles as change agents.
- We observed portfolio designers and hospital leaders in transition beginning to recognize a wider array of elements that foster well-being and equity and gaining a better understanding of how those elements interact.
- Both of these emerging practices feed stewards’ ideas about investing in vital conditions as the most transformative means to equitably improve community well-being.

How does ReThink Health make a difference?

- Develops and shares frameworks that **convey the dynamics of well-being** and introduces tools that help stewards assess how their organization **contributes** in efforts to thrive together.
- Provides focused facilitation and candid coaching that create space for stewards to try on new concepts in a “safe-to-fail” environment.

What other factors affect the emergence of the practice?

- Existence of individual and organizational alignment around values rooted in well-being and justice, starting with a focus on those who are struggling and suffering.
- Degree of ambition for comprehensive system re-design and dissatisfaction with the status quo.
- Crises of 2020-2021 heightening attention to, and increased fluency with, the core elements of equity and well-being.

“

We have shifted from using the word ‘leader’ to using the word ‘steward’ so we can move away from the idea that we are only running an organization—we are stewards for the community.

”

—Project participant

Expanding Aspirations: A Steward's View

The Michigan-based, multisector coalition [5 Healthy Towns](#) wanted to reconsider traditional approaches for improving behavioral health. Organizations participating in the group worked with ReThink Health to map each community's investments and organizational networks using social network analysis and a portfolio of vital conditions and urgent services. Those experiences led them to see a sharp distinction between optimizing services within their current behavioral health system versus transforming whether someone enters that system in the first place.

They developed—and are beginning to hold each other accountable for following—a set of “[simple rules](#)” when making funding decisions. For instance: “Ask yourself how to prevent rather than remediate.” And: “Focus on a big-picture, comprehensive view of the system, rather than a disconnected set of isolated efforts.” Looking forward, the individuals participating in the coalition are focused on using the simple rules to foster culture change within their organizations.

Practice 2: Embracing Interdependence

Distinguishing unique yet interdependent roles to enable closer alignment, deeper working relationships, and stronger mutual accountability among individuals and organizations

What is business as usual?

- Having a deep understanding of *only* your own mission, role, and assets
- Trying to do everything for everyone
- Thinking that the only way to address “big issues” is through a “big table”
- Collaborating inefficiently, plagued by turf wars and mistrust

What is the emerging practice?

- Stewards in these projects come to understand their relative roles more clearly; they are becoming increasingly cognizant of how their actions and investments produce distinct value.
- They have improved their grasp of others’ roles, including by understanding the values, strategies, and principles that drive the choices of other groups and organizations.
- They are letting go of the notion that their organizations can (or should) “be all things to all people.” This shift is facilitated by the realization that they are part of a system in which others can work with them to prioritize related needs and achieve shared goals.
 - Rather than employing a traditional “take the best deal” ethos, stewards show increased inclination to base their partnering decisions on the potential to combine resources and align their goals and values.
- They display increased candor and curiosity in interpersonal and inter-organizational relationships, including a willingness to share internal constraints and challenges. This helps to foster a sense of shared stewardship with essential players in their system.

How does ReThink Health make a difference?

- Introduces concepts and **tools** that build understanding of organizational roles and approaches, helping stewards recognize the unique “value add” of their own and others’ organizations. They also surface important insights about how partners perceive each others’ contributions.
- Shares insights from **strong-tie network theory**, which helps stewards understand the importance of building fewer but stronger relationships.
- Leads exercises that help stewards **map organizational investments** across their entire system, making the full portfolio visible and helping to align investments across the community.
- Provides coaching and facilitation support that promotes honest discussions, emphasizes the importance of vulnerability, and fosters an awareness of power and its effects on interdependence.

What other factors affect the emergence of the practice?

- Existing relationships that have both quality and depth.
- Readiness to take risks to shift relationships—cutting ties where needed, building new relationships were needed—which is often influenced by:
 - Prior experience working together
 - Reputational respect
 - Competition and market-share concerns
 - History of conflict and collaboration
- Emphasis on building relationships through processes that reinforce equity and inclusion

Embracing Interdependence: A Steward’s View

When executives at the Carilion Clinic started their work with ReThink Health, they already knew mental health was among the most crucial challenges to address in the Roanoke Valley. They also were looking for more effective ways to collaborate with other organizations than the traditional “big table,” collective-impact approach.

With support from ReThink Health, Carilion decided to launch a tight-knit mental health network focused on co-investing resources and coordinating with key community partners around emerging mental health needs. They emphasized a “strong tie” networking strategy oriented around building fewer but stronger relationships. Looking forward, they are exploring how to expand the work and invite others in, while still retaining the trust and nimbleness that the small group affords.



The process of working together differently IS the work. It is not about picking one initiative and doing it together. It is being in relationships differently.



— Project participant

Practice 3: Centering People with Lived Experience

Emphasizing authentic working relationships between organizations and residents in the regions where they do business—ensuring that people from marginalized populations are integrally involved in co-creating change

What is business as usual?

- Engaging with leaders of community organizations and residents episodically through relationships that are primarily transactional (e.g., as customers or grantees, for marketing purposes, or for feedback on already-developed strategies)

What is the emerging practice?

- Stewards in these projects are increasingly dedicated to forming authentic working relationships with residents—both as a strategic priority for their organizations and as a way to advance a wider movement for well-being and justice. This entails respecting residents' needs and experiences, enhancing trust, and sharing and building power together.
- Organizational stewards (particularly large hospital systems and foundations) are becoming more aware of existing power dynamics and how their own power is used. They are beginning to recognize the limits of conventional, transactional relationships and are seeking new ways to build power with others.
- Many stewards are connecting with residents in ways that honor their dignity and agency.

How does ReThink Health make a difference?

- Emphasizes that stewardship involves forming deep working relationships with residents and organizational leaders.
- Presents **belonging and civic muscle** as both a vital condition for well-being and a practical capacity necessary for equitable action in every other kind of work.

What other factors affect the emergence of the practice?

- A strong mission oriented around well-being and justice mirrors the organization's culture and is consistently expressed both internally and externally.
- Systemic crises of 2020-21 made clear that, if we are to design a system for all people to thrive, we must center the wisdom of those who are most disenfranchised.
- Residents' experiences of systemic injustice and their healthy skepticism often undermine trust, unless openly acknowledged, reconciled, and made right.

Centering People with Lived Experience: A Steward's View

In Palm Beach County, Florida, organizations in the [BeWellPBC](#) collaborative have rededicated themselves to expanding belonging and civic muscle. This includes amplifying ongoing efforts to center the voices of residents with lived experience in all aspects of BeWellPBC's work.

With support from ReThink Health, they have clarified how a wider range of discrete investments—as well as a routine set of design principles—can foster a greater sense of belonging and power with residents, especially those who have been historically marginalized. They have also expanded existing advisory groups to more deeply lift up voices from residents in the community before new work commences and after it is underway. And, they have encouraged other organizations to deepen their commitment to centering resident voice in all facets of their work.



How does being aware of our community and being in partnership with our community change the way we make decisions internally, throughout our organization? That's stewardship for me.



— Project participant

Practice 4: Learning & Adapting

Embracing a culture of continuous action learning and adaptation to maintain a close fit between how stewards understand their role and the dynamic contexts in which they work

What is business as usual?

- Emphasizing zero-sum thinking and short-term outcomes.
- Believing that change processes are linear.
- Perceiving that the “rules of play” can’t evolve.
- Attempting to reduce and control uncertainty.

What is the emerging practice?

- Stewards in these projects have a growing awareness that it is necessary to test and apply insights from new approaches when working in complex, ever-changing systems.
- They are appreciating that a different worldview is required to effectively navigate complexity—one rooted in an “infinite game” with no beginning or end, no winner or loser, and where the goal is to adapt and keep playing.
- Leaders have an increasing openness to undertaking emergent work with community partners, looking for ways to balance “organizational viability and risk taking.” Relatedly, they are realizing that conventional planning approaches and impact measures are not always applicable.
- Stewards are consciously taking time to understand issues in the context of systems and appreciate the points of leverage available to different players. This often takes the form of stewards embracing patience and recognizing that immediate action might not be the best path to lasting and transformative results.

How does ReThink Health make a difference?

- Discusses **complex adaptive systems** in a way that helps people understand, and explain for themselves, the inherent messiness of the work they are doing.
- Acts as both a learning partner and credible “outsider,” which provides affirmation for stewards who want to deepen their stewardship practice and try new strategies.

What other factors affect the emergence of the practice?

- Orientation toward rapid cycles of learning, testing, and adaptation (more challenging for larger, established organizations).
- Tolerance for risk that increases willingness to invest in untested strategies.
- Ability to challenge accountability structures that reinforce a short-term focus, “finite game” orientation (e.g., construing return on investment in very narrow terms).

Learning & Adapting: A Steward’s View

The Philadelphia Collaborative for Health Equity (P-CHE) is an initiative of **Jefferson Health**, a health system centered in Philadelphia. Through work with ReThink Health, leaders of P-CHE shifted how they make the case for their efforts. Their casemaking demonstrates a new understanding of navigating complexity, one that conveys a broad lens, comfort with the unknown, and a strong orientation toward adapting approaches based on real-time insights. For example, they now have language to explain why a typical approach to implementation and measurement (e.g., achieving “impacts,” such as equity through discrete interventions) is not possible in work where everything is connected. Instead, they explain why a perspective based on interdependence is essential.

Additionally, they convey the importance of working differently with residents and leaders of community organizations. To inform their actions, they partner with those who have lived experience. Stewards are focused on spreading this understanding among the senior leadership of Jefferson Health to develop a shared understanding that large-scale community change efforts require a different approach than what prevails within hospital walls.



We have to use different eyes. As leaders of a major health system, we ‘think’ that we are the experts and we ‘know’ what we’re going to do. It’s hard for us to start from scratch and acknowledge that there are so many unknowable things—that there are things we have to learn by doing.



—Project participant

Practice 5: Championing Stewardship

Drawing new stewards into the field and deepening the practice of those already involved—building a critical mass of stewards at multiple scales (individuals, organizations, networks) and establishing shared stewardship as a rising norm

What is business as usual?

- Emphasizing scarcity and zero-sum approaches.
- Communicating with scripts that commonly backfire due to narratives that reinforce individualism rather than interdependence.
- Leading with crisis stories or making a case with unframed data.
- Holding one's identity as a steward as something tacit or private instead of openly inhabiting a stewardship stance in personal and professional interactions.

What is the emerging practice?

- Stewards in these projects are finding new ways to create and leverage opportunities for sharing concepts and making the case for an equitable system (within their organizations; with residents and other organizations; and nationally, with stewards who act as “super-multipliers”).
- Many project participants increasingly identify themselves as stewards. They are carrying this identity through all facets of their personal and professional lives and helping their organizations embrace stewardship.

How does ReThink Health make a difference?

- Emphasizes **casemaking** strategies that build public will for equitable system change because they lead with messages that are about solutions and inclusion, not crises and separation.
- Brings a consistent vocabulary that makes system concepts more accessible and compelling.
- Publishes reports, blogs, and tools that enable stewards to share concepts easily.
- Strategizes with “super-multiplier” stewards who have nationwide platforms to support widespread uptake and catalytic approaches across the country.

What other factors affect the emergence of the practice?

- Awareness that established ways of doing business can be especially slow to change in large organizations.
- Significant community response to COVID-19 and its compounding consequences (through food banks, shelters, public protests, record voter participation, and beyond).
- Uncertainty about the direction of public sentiment in response to a reckoning with racial justice and tests of democratic norms: will people across America affirm their devotion to unfulfilled democratic ideals of equal justice, or will there be deeper division, violence, and rising authoritarianism?

Championing Stewardship: A Steward's View

Working closely with ReThink Health, a range of fellow field builders are elevating and elaborating the thriving together ethos, as described in the [Springboard for Thriving Together](#). Examples include:

- [Well Being in the Nation Network](#)
- [Framework for Excellence in Mental Health](#)
- [Surgeon General's Report on Community Health and Economic Prosperity](#)
- [Healthy Neighborhood Investments Policy Scan & Strategy Map](#)
- [IP3 Assess Platform](#)
- [Federal Interagency Task Force on Long-term Resilience and Recovery](#)

When nationwide innovators like these endorse a common ethos and begin to channel assets toward the vital conditions, stewards across the country will have an increasingly solid platform for multiplying their efforts. The emerging infrastructure for thriving together asserts emphatically that the quest to achieve well-being, equity, and racial justice does not depend on any singular path but on shared knowledge, context-appropriate tools, and robust connections.



We need more compelling narratives that speak to our shared humanity and empower stories of what is possible. We need to give up on getting “back to normal” and accept that the broad disruption of society over the past year has made visible that what is unsustainable in the short term, for the many, is ultimately unsustainable for everyone.



— Project participant

ReThink Health's Activities

Table 1 shows how ReThink Health acts on each part of the formula ($S^R \times FC = TT$) in combination with other conditions that stewards experience, to increase the chances that new practices will take hold.

Table 1. ReThink Health Activities Work Across the Full Formula

Formula	ReThink Health tailors activities, in context, to help to build...	Combined with other conditions, leads to...
S Depth of Stewardship Practice	<p>Frameworks and tools for shared stewardship An ability to define and assess key mindsets and actions Space for learning and practice (labs, facilitation, coaching)</p>	<p>New Patterns of Mindsets and Actions for</p> <ul style="list-style-type: none"> • Hospitals in transition • Regional portfolio designers • Field builders
R Strength of Relationships	<p>Relationships with residents and among partner organizations that are transformational, not transactional Equitable change by expanding belonging and civic muscle Alignment with internal and external allies Intentional interdependence among individuals and organizations Clearly mapped and activated network ties Synergy among major nationwide initiatives</p>	<p>Emerging Practices</p> <ol style="list-style-type: none"> 1. Expanding aspirations 2. Embracing interdependence 3. Centering people with lived experience 4. Learning and adapting 5. Championing stewardship
FC Fitness to Conditions	<p>Creative inquiry in real-world situations (e.g., “What if we ...?” “How might we ...?”) Reckoning with the influence of legacies, past and future Tracking polls to exchange insights in turbulent times Pulse-check surveys to measure diffusion and alignment Simple rules that can guide decisions across conditions Comfort holding tension and asking questions as conditions change</p>	<p>Stronger Shared Stewardship</p>
TT Prospects for Thriving Together	<p>Unifying orientation toward the north star of thriving together Casemaking and narratives for thriving together Meaningful goals and measures</p>	<p>Greater Prospects for Thriving Together</p>

Midpoint Implications

Stewardship as Reflective Practice

When viewed as a practice (e.g., similar to medicine, law, art, yoga, community organizing), we see that stewardship has an emerging body of knowledge, as well as some increasingly codified practices. However, it can be enhanced through reflective practice. There are important questions that stewards need to resolve if they are to deepen their practice with an intentional focus on equity and racial justice. ReThink Health and the stewards with whom they work are raising questions such as:

- How can we unlearn outdated habits and embrace new ways of working that are equitable by design?
- How can we value different ways of knowing and interacting?
- How can we revive stewardship values and practices that have evolved over centuries in indigenous cultures, rural communities, and other marginalized groups?
- How can we incorporate insights and habits derived from liberating practices, such as: anti-racism, transpartisanship, the leading causes of life, positive deviance, multicultural art, and inclusive futuring?
- How can we grow the moral strength within ourselves and others to cultivate kindness and channel our creativity toward the expectation of *all people and places thriving together—no exceptions?*

Revisiting the Formula

Earlier, we identified a succinct formula to crystalize what ReThink Health is learning about how to strengthen shared stewardship:

$$S^R \times FC = TT$$

In light of the midpoint findings described above, we now return to the formula and further explore the meaning of each element.

- **S = the depth of stewardship practice**

- Deep practice means you show up as a steward every day, all day, in every way.
- Depth is reflected in the vitality, integration, and coherence of your stewardship mindsets and actions.

- **R = the strength of relationships, especially with fellow stewards**

- Breadth (diverse sectors, scales, and roles).
- Depth (foundation of trust, shared history, etc.).
- Activation (not only having a relationship, but activating the connection to advance system change).

- **FC = how well stewards fit all conditions they encounter**

- “FC” can have either a positive or a negative value.
- It includes acting in supportive conditions that reinforce or accelerate stewardship.
- It also includes responses to inhospitable conditions marked by inertia, indifference, or opposition.
- “FC” relates to stewards’ abilities to: act with integrity; “meet the moment” in any given situation; and adapt to complex, ever-shifting dynamics.

- **TT = prospects for thriving together**

- As demonstrated during the compounding crises of recent years, stewards must consistently confront new conditions and still find a way to move toward the north star expectation of thriving together.
- As the prospects for thriving together rise, the possibility of descending further into adversity shrinks.

Taken together, the full formula replaces a static, context-free search for best practices with an ever-deepening, context-fitting endeavor to move toward the expectation of thriving together.

The formula is grounded in observations from this synthesis and is consistent with decades of fieldwork done by ReThink Health and others. It begins to explain how a rising cadre of stewards could interrupt a spiral of adversity and injustice and move decisively toward a future of all people and places thriving—no exceptions.

Significance

For an organization like ReThink Health, unavoidable tensions arise when attempting simultaneously to catalyze, learn from, and evaluate transformational endeavors, such as the three projects in this synthesis. By conducting this midpoint synthesis, ReThink Health did not seek to eliminate the messiness (which is an impossible task), but to navigate through it, looking for practical insights. The significance of this synthesis is its effort to shift the conversation from surface-level descriptions to deeper explanations, from a rigid quest for scientific proof toward a pragmatic search for trustworthy signs of progress.

Beyond the Midpoint

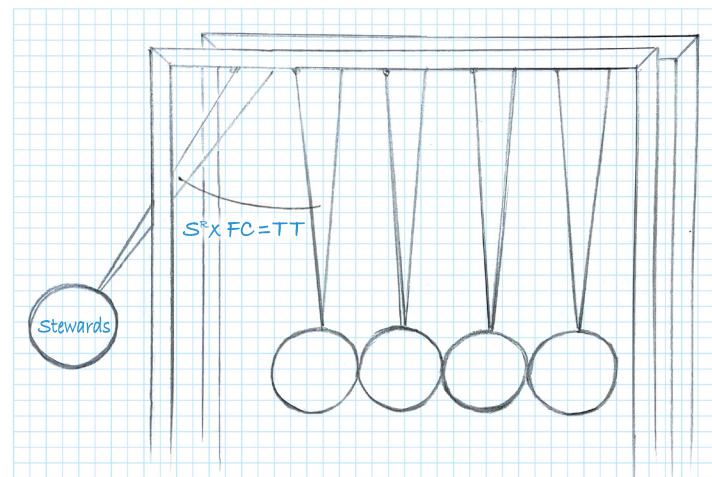
Data collection for this midpoint update concluded in 2020. The projects continue and their full stories are unfinished. The remaining work may be propelled by the momentum from emerging practices. Lessons from this synthesis show how stewards, acting in real-world situations and across many scales, are beginning to make noticeable progress.

The image of Newton's cradle on the cover nicely symbolizes why ReThink Health's efforts to understand and strengthen shared stewardship are noteworthy. To an observer focused only on the short-term, it looks as if nothing is changing in the middle.

But, if we understand systems behavior and closely study the movement of critical pieces, it becomes possible to anticipate the likely consequences from new ways of generating momentum and shifting power.

Transformative effects could eventually occur if more people and organizations were to become better stewards. Even while many concentrate on supporting those who are struggling and suffering, ReThink Health's work suggests that a rising cadre of stewards could also build a system for thriving together, by design.

This midpoint update found several signs of momentum, suggesting that shared stewardship may someday **displace** business as usual. We are closer to the beginning of this shift than to its culmination, but movement has begun—and, as anyone who has ever used a Newton's cradle knows, the energy you begin with makes all the difference.



Learn More

[Compendium of Selected Resources](#)

Overview of Content Linked Throughout the Synthesis

Thriving Together through Shared Stewardship

- [Narrative overview](#) of Thriving Together Through Shared Stewardship framework
- [Video summary](#) of thriving together framework
- [Detailed diagrams](#) of Thriving Together Through Shared Stewardship framework
- Web resources on [thriving.us](#)
- [Diagrams Depicting the Diffusion of Stewardship](#)
- yes! Article: [A Health Breakthrough that Depends on People, Not Drugs](#)

Vital Conditions for Well-Being & Justice

- [Narrative overview](#) of the Vital Conditions
- [FAQs](#) about the Vital Conditions
- [Detailed diagrams](#) of the Vital Conditions
- [Narrative overview](#) of Belonging and Civic Muscle

Select ReThink Health Insights from Past RWJF-Funded Work

- [Evaluation of the ReThink Health Ventures project](#)
- Health Affairs Article: [Multisector Partnerships Need Further Development To Fulfill Aspirations For Transforming Regional Health And Well-Being](#)
- Report: [Progress Along the Pathway for Transforming Regional Health—A Pulse Check on Multi-sector Partnerships](#)
- Health Affairs Blog: [What We Discovered At ‘The Frontiers’ About Financing And Leading Improvements In Health](#)
- [Narrative overview](#) of select insights and tools from ReThink Health Ventures
- Blog: [Doing Business Differently, Together—The Story of ReThink Health Ventures](#)
- Resource: [10 Essential Practices for Transforming Health and Well-Being Through Regional Stewardship](#)

Three Projects at Four Scales

- Amplifying Stewardship Together (AST)
 - [Narrative overview](#) of the project, including participants
 - [Project-level insights](#) from the synthesis
- Portfolio Design for Healthier Regions (PDHR)
 - [Narrative overview](#) of the project, including participants
 - [Project-level insights](#) from the synthesis
- Hospital Systems in Transition (HST)
 - [Narrative overview](#) of the project, including participants
 - [Project-level insights](#) from the synthesis

Action Learning Synthesis: A Midpoint Update

- [Summary of Methods](#)
- [Narrative overview](#) of ReThink Health's action learning approach
- [Narrative overview](#) of complex adaptive systems and action learning
- [Narrative overview](#) of the way in which ReThink Health views conditions
- [Narrative overview](#) of pattern analysis

Other Resources

- [Compendium of Select Resources from AST, PDHR, and HST](#)
- Designing a Well-Being Portfolio
 - [Narrative overview](#) of a well-being portfolio
 - Milbank Quarterly Article: [Which Priorities for Health and Well Being Stand Out After Accounting for Tangled Threats and Costs? Simulating Potential Intervention Portfolios in Large Urban Counties](#)
 - Toolkit: [Negotiating a Well-Being Portfolio](#)
- [Simple Rules from Portfolio Design for Healthier Regions Site Partners](#)
- [ReThink Health Stewardship Assessment](#)
- [Diagrams depicting the Three Horizons](#)
- SSIR Article: [The Magic of “Multisolving”](#)
- [Strong-Tie Network Theory \(Damon Centola\)](#)